THRIVE!

Helping Older San Diegans Get Good Jobs through an Industry Sector-Based Approach

*Full Report*

March 27, 2012
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Among the members of the Advisory Board, we would especially like to thank representatives of the MAAC Project (particularly Karim Bouris and Karina Spilker), the San Diego Workforce Partnership (particularly Chuck Flacks and Gary Moss), and Employment and Community Options (particularly Kent Koopman and Cathy Sims) for their assistance in organizing and hosting focus groups with mature job-seekers, as well as numerous other forms of research support.

We would like to thank the representatives of the nine San Diego healthcare employers who shared their perspectives on the healthcare workforce, in-demand occupations, and the suitability of older workers for open positions. We would also like to thank the more than 20 sector and mature worker initiatives nationwide who shared their perspectives on effective practices in helping mature workers get good jobs.

Finally, we would like to thank the 44 mature job-seekers who described their experiences, often difficult, in seeking employment in a challenging labor market. It is for you and others like you that we continue to pursue the development of effective, sector-focused approaches to meeting older worker and employer needs.

About the Insight Center

The Insight Center is a national research, consulting, and legal organization that develops and promotes innovative solutions to help people and communities become, and remain, economically secure. Since 2007, the Insight Center has been convening aging leaders to better understand the barriers that low-income elders of color and women face in reaching economic security. Supported by a strong and diverse network, we seed innovative program and policy ideas to help older adults reach economic stability. The Insight Center was also among the first proponents of sector-based workforce development and has over a decade of experience developing the research methodology for sector initiatives, designing sector-specific workforce systems, and assisting sector initiatives’ start-up, implementation, and sustainability. In 1999, the Insight Center launched the National Network of Sector Partners (NNSP), a national association dedicated to promoting and supporting industry sector-based workforce initiatives.
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Introduction

“We want jobs that we can be proud of that don’t pay minimum wage, and whatever you can do, the magic that you can weave to get us in there, that is what we are here for.”

— Mature job-seeker

Older Workers Are Struggling

Older workers around the country are struggling. Job-seekers 55 and older have more difficulty than their younger peers in finding jobs and are more likely to experience long-term unemployment. Those who do find new jobs are more likely to work involuntarily part-time and to accept significantly lower earnings. As a result, older adults nationwide are suffering economically, cutting back on necessary expenditures, forgoing medical treatments, accumulating debt, and depleting savings. They are also doing all they can to survive a challenging labor market and stay in or reenter the workforce.

The situation for older workers in San Diego, California is no better. The unemployment rate (10.3% in 2010) for workers 55 to 64 in San Diego County has risen faster than for any other group (other than those 24 and younger), even as the cost of living has gone up significantly. Those not yet eligible for Medicare and Social Security need employment-related income and health insurance now; and even those 65 and older who receive income supports and health coverage often fall short of being able to meet their basic needs. A recent study found that 42% (or 131,000) of all older adults (65+) in San Diego County do not have enough income to cover their most basic needs, as defined by the Elder Economic Security Standard Index. The bottom line: fewer and fewer seniors in San Diego are making ends meet.

Older Workers Are Needed

Meanwhile, mature workers bring a wealth of experience and skills to the labor market and possess qualities employers often seek: reliability, good judgment, critical thinking, and strong interpersonal and communication skills. In San Diego, as elsewhere, older workers are the fastest-growing segment of the workforce, a trend that will only accelerate as the overall population continues to age. Because younger workers are too few to replace them, and because mature workers have skills and knowledge that businesses cannot afford to lose, these older adults will increasingly be needed in the workforce. If the labor participation rate of older workers is not increased significantly, labor shortages will result, with negative impacts for business competitiveness and economic growth. Especially for growing industries such as healthcare, employing and retaining older workers is increasingly a business imperative.

Moreover, even during times of high unemployment and overall labor surplus, industries need skilled, capable workers in order to thrive. Businesses often experience a mismatch between the qualifications of available workers and the changing demands of critical jobs. They expect not only occupation-specific...
skills but also dependability and willingness to work hard, ability to communicate and work well with customers and co-workers, and ability to solve problems and exercise good judgment. Older adults, with extensive work and life histories, often bring these assets to the job – and can be trained for industry and job-specific skills they lack.

The Challenge: Connecting Older Workers with Good Jobs

The world of work includes many aspects, including self-employment, volunteerism, continuing education, and intermittent or part-time employment. However, economically insecure older adults in focus groups told us that what they most wanted was steady jobs that offered stability, benefits, and adequate income to meet their pressing financial needs. Older workers face a range of challenges to obtaining well-paid jobs with benefits. They may need to update skills to transition to different sectors of the economy or may lack recent experience and comfort with the job search process. They may also face employer perceptions that older workers are more costly or less productive than younger workers. Low-income older adults especially may also need supports such as housing or transportation assistance, access to affordable healthcare, and help managing personal finances in order to complete training and find and maintain a job.

Existing workforce systems, under-resourced and, in a time of high unemployment, overburdened, are often unable to offer services tailored to meet the particular needs of older workers. They are also often not strongly connected to or coordinated with the other services and service providers assisting older adults. Fortunately, groups around the country have begun to experiment with new ways of meeting the unique needs of the aging workforce. The U.S. Department of Labor, for example, has provided funding to 10 partnerships around the country to improve services for older workers. In San Diego, the Mature Workers Coalition – a consortium of experts on older adult and employment issues who come together to further the interests of mature workers – has met since 2006 to develop new strategies to help older adults gain employment.

A Sector-Based Approach

Rigorous research has demonstrated that regional, industry-focused workforce partnerships, or “sector initiatives,” are highly effective at increasing the earnings of low-income people. Sector initiatives work because they inquire deeply into the needs of both specific industries and specific target populations. Sector initiatives involve employers as partners and design programs that provide participants the industry and job-specific skills required to offer employers what they most value: highly-qualified employees. Equally important, by providing occupation-specific training coupled with holistic case management services and supports, a sector approach enables low-income and vulnerable populations to find – and keep – jobs that lead to economic security.

For more than a decade a national consensus has grown about the effectiveness of the sector approach. A seminal, multi-year, random-assignment study conducted by Public/Private Ventures showed that participants in sector-focused programs earned significantly more than randomly-selected control group

“The scope and nature of the problems experienced by older workers suggest the need for robust employment and training programs and services that focus on the needs of older, unemployed workers.”

— Older and Out of Work: Trends in Older Worker Displacement, The Sloan Center on Aging & Work
members with similar characteristics, and they were significantly more likely to work in jobs with higher wages that offered benefits.\(^{1}\) Until now, however, the sector approach has not been widely applied to helping older adults.

**THRIVE! – The San Diego Mature Worker Sector Project**

In 2010, the Insight Center and the National Council on Aging (NCOA) developed the concept of a “mature worker sector initiative” with the goal of applying a proven practice in workforce development to a growing older adult population in need of new employment opportunities. In San Diego, this approach resonated with the work of the San Diego Mature Workers Coalition, as well as with the sector-focused approach championed by the San Diego Regional Workforce Funder Collaborative and its public workforce lead, the San Diego Workforce Partnership. It also aligned with the interests of the Gary and Mary West Foundation, which supports both aging services and sector-focused workforce development efforts – though never previously in an integrated way.

Through a grant from the Gary and Mary West Foundation and with guidance from an Advisory Board that built on the existing Mature Workers Coalition, the Insight Center conducted extensive research to serve as a basis for developing a pilot mature worker sector project to help older adults enter occupations in the healthcare sector. The research has led to recommendations for designing a program to help older workers enter occupations in the healthcare sector and included:

- **Analysis of the regional economy and labor market**, which identified healthcare as a growing sector with a range of accessible and self-sufficiency wage-paying occupations
- **Focus groups with older job-seekers**, which identified broad interest in healthcare occupations and flagged potential barriers that must be addressed
- **Employer interviews**, which highlighted strong interest in hiring mature workers and suggested home care provider and patient access representative as target occupations
- **Scan of support services** available to older adults in San Diego, including financial services, legal services, housing services, and transportation and nutrition assistance
- **National scan of mature worker initiatives**, which identified best practices in supporting employment of older adults as well as highlighting a dearth of sector-focused training partnerships tailored to meet older adults’ particular needs

The Insight Center is now working with local partners to build on this research and apply it to the development of an evidence-based program model to help older San Diego residents obtain employment.
and reach economic security, while also improving the aging and workforce development systems to better meet the specific needs of older adults.

About This Report

This report presents findings and recommendations from the research process to date. Local organizations are already using this research to develop a sector-specific, job training, job placement and income support program for older San Diegans.

The report is organized as follows:

Section I – Demographic and Labor Market Analysis presents information about the characteristics of San Diego’s older adult population and the growth industries and in-demand occupations likely to meet the needs of mature job-seekers. The research points to healthcare as a growing sector with a range of accessible and self-sufficiency wage-paying occupations for mature workers, and specifically to home care provider and patient access representative as good target occupations.

Section II – Job-Seeker Focus Groups presents information about the interests, needs, and assets of San Diego job-seekers 55 and older. The focus groups identified healthcare as a sector of interest, suggested that job-seekers ages 55 to 64 face particular struggles, highlighted the value older job-seekers bring to the workforce, and pointed to specific challenges an initiative to help employ older adults must address.

Section III – Employer Interviews presents information about the labor needs and practices of San Diego region healthcare employers. The interviews confirmed labor market analysis findings of continued employment growth in healthcare, with especially strong employment growth among home care agencies, and an interest among healthcare employers in hiring mature workers.

Section IV – Recommendations and Next Steps concludes with suggestions for actions by community stakeholders based on findings from the research process.
Section I: Demographic & Labor Market Analysis

“The vitality of the region depends on the diversity of the economy and the ability of the workforce to adapt to the ever-changing requirements of local employers.”

– 2011 Occupational Outlook Report, San Diego Workforce Partnership

Summary of Findings

Analysis of demographic and labor market information shows that, in San Diego County:

- The population is growing older, with people over 55 making up almost one in five residents (nearly 23% of the population) in San Diego County.
- The fastest population growth is occurring among older adults age 55 to 64.
- The population is growing more diverse and is now majority-minority, with most growth occurring among Latinos and Asian/Pacific Islanders.
- Unemployment remains high at 9.5%, and unemployment among those 55 to 64 is now higher than overall unemployment and increasing faster than for any other age group, except for people 24 and younger.
- The costs of living have risen sharply, as has the income required to make ends meet. 42% of all residents 65 and older – and significantly higher percentages of African American and Latino older adults – do not have income adequate to cover their most basic expenses.
- Health Care and Social Assistance is one of the largest and fastest-growing employment sectors, projected to grow by 6.4% and over 10,000 net jobs between 2012 and 2015.
- The healthcare sector provides an array of fast growing occupations, many of which pay self-sufficiency level wages and are accessible to elderly and low-income populations.
- Personal and home care aides is among the five fastest growing healthcare occupations in San Diego County, with projected growth of 9% between 2012 and 2015. Clerical positions in healthcare, such as Patient Access or Patient Services Representative, also project solid employment growth.

For more detailed findings, see below.

Demographics

San Diego County is growing older. Between the 2000 and 2010 Censuses, growth in the number of San Diego residents 55 and older accounted for 57.8% of the county’s overall population growth, increasing by 163,000 and totaling more than 680,000. The fastest-growing age segment was 55 to 64, which grew by nearly 125,000, equivalent to 44% of overall population growth. As of 2010, people 55 to 64 were 10.6% of the county’s population, up from 7.3% in 2000. Residents 55 and older were 22.7% of the county’s population, up from 18.5%.ii

San Diego County is also growing more diverse. Between the 2000 Census and the 2010 Census, the county became majority-minority, with the White, non-Hispanic population now representing 48.5% of the overall (down from 55.0%). Latinos now represent 32.0% of the overall population in the county (up from
26.7%), Asians and Pacific Islanders represent 14.2% (up from 11.4%), and African Americans represent 6.3% (up from 5.7%).

Within San Diego County, the population is most concentrated within the city of San Diego, especially in central San Diego and surrounding neighborhoods. This geographic concentration is also true for older adults. For a GIS mapping of areas with high concentration of San Diego residents ages 55 and older, see Figure 1 below.

**Figure 1**
Concentration of San Diego residents 55 and older

At the same time, the costs of living in San Diego are rising, and fewer families and older adults can make ends meet. According to the 2011 Self-Sufficiency Standard, a county-specific measure of how much a family needs to earn to cover basic expenses without public or private assistance, a single adult with no children in San Diego needs to earn $29,389 a year, or $13.92 an hour, just to get by. Comparison with the 2008 Self-Sufficiency Standard reveals that the cost of living has risen precipitously across all household types, rising by 22% for a family of four.

Older adults often have different costs to manage, such as those related to healthcare. According to the Elder Economic Security Standard Index (Elder Index), a county-specific index that factors in the costs experienced by seniors, a single, older adult (65+) who rents in San Diego County needs at least $23,434 per year to cover his or her most basic needs, or $1,953 a month. A UCLA Center for Health Policy study, moreover, found that 42% (or 131,000) of all older adults (65+) in San Diego County do not have enough income to cover these basic needs, as defined by the Elder Index. Elders of color experience even greater challenges: 75% of elderly Latinos and 63% of elderly African-Americans do not have adequate income to meet their basic expenses.

**Employment**

Unemployment in San Diego remains high. In March 2012, the unemployment rate in San Diego County was 9.5%, down from 10.1% one year prior and up from 9.4% the previous month.
The American Community Survey (ACS), which provides employment data by age, estimated overall annual unemployment in San Diego County at 11.3% for 2010 (the last year for which age-specific data are available). In the ACS estimates, unemployment among people aged 55-64 was 10.3%, higher than for any other age group except for people 24 and younger. This is consistent with a trend in earlier ACS data that showed that unemployment rose faster for people 55-64 than for any other age group, rising from 4.3% to 8.3% between 2007 and 2009.

More than one in six workers in San Diego County is 55 or older. In the third quarter of 2010, total employment in San Diego County was approximately 1.2 million, of which nearly 205,000 (17.0%) were 55 or older. More than 160,000 of these older workers were between the ages of 55 and 64, or 13.5% of total employment. Older workers were more evenly distributed by gender than the overall workforce, about equally likely to be women as to be men.

Labor force participation was lower for older adults than for younger populations (other than teenagers). Nonetheless, 64.4% of those ages 55-64 remained in the workforce. Labor force participation was significantly lower for older age segments, with the participation rate of those 65 to 74 at 25.2% and the rate for those 75 years and older at 5.5%. Labor force participation among all groups of older adults has increased steadily nationwide.

As with population, employment in San Diego County is most concentrated in the city of San Diego, particularly in central San Diego and surrounding neighborhoods. For a GIS mapping of areas with high job concentration, see Figure 2 below.

**Figure 2**
Concentration of employment in San Diego

![Map of San Diego showing job concentration](image-url)
Industries

To help identify a potential target industry for a mature worker initiative, we looked at the following factors for industries in San Diego County:

- **Size**: How many people does the industry employ?
- **Growth**: What job growth is projected over the next three years?
- **Wages**: Does the industry offer jobs that provide adequate wages and benefits for older adults not yet eligible for benefits to cover their most basic costs?
- **Accessibility**: What qualifications are required to enter the industry? Are there jobs that require no more than either a post-secondary vocational award or relatively short on-the-job training? Are there other requirements for entry that would pose a barrier for lower income older adults?
- **Mobility**: Are there opportunities for workers to increase wages in this industry, especially if entry-level jobs pay insufficient wages?

The five largest industry sectors by employment in San Diego County are:

1. Government;
2. Professional, Scientific, and Technical Services;
3. Retail Trade;
4. Healthcare and Social Assistance; and
5. Accommodation and Food Services.

The five fastest-growing industry sectors by employment in San Diego County are:

1. Professional, Scientific, and Technical Services;
2. Health Care and Social Assistance;
3. Finance and Insurance;
4. Government; and
5. Real Estate and Rental and Leasing.

Professional, Scientific, and Technical Services and Health Care and Social Assistance show the fastest growth of all industries, each projected at 6% between 2012 and 2015. These industries also show the largest net growth in employment, each projected to add over 10,000 jobs in that time span. On the other hand, although Retail Trade is the third largest sector in 2012, it projects little growth by 2015 (1%, or approximately 1,500 jobs added), while the Accommodations and Food Services sector shows modest growth (3%, or approximately 4,400 new jobs). For more detailed projections, see Figure 3 on the following page.
Unlike other rapidly-growing sectors, healthcare has a mix of both accessible and well-paying jobs. Such a mix suggests not only that good jobs may be available to trainees after relatively short training, but also that career ladder opportunities exist within the industry. An analysis of occupations in healthcare revealed that 62% of healthcare jobs were “accessible” as defined by requiring no more than either a post-secondary vocational award or on-the-job training (of between one and twelve months). By contrast, only 30% of jobs in Professional, Technical, and Scientific Services, another high-growth sector, were classified as “accessible.” Other high-growth sectors, such as Retail Trade (81%) and Accommodation and Food Service (85%) had higher percentages of accessible jobs but had among the lowest per-worker earnings for all industry sectors (just $25,850 per year for Accommodations and Food Service, for example, compared to $65,320 per year for Health Care and Social Assistance).

![Table](http://example.com/table.png)

**Figure 3**

Largest Industries in San Diego County: Projected Employment Growth and Average Earnings

<table>
<thead>
<tr>
<th>Description</th>
<th>2012 Jobs</th>
<th>2015 Jobs</th>
<th>Change</th>
<th>% Change</th>
<th>2012 Average Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>350,728</td>
<td>358,199</td>
<td>7,471</td>
<td>2%</td>
<td>$84,327</td>
</tr>
<tr>
<td>Professional, Scientific, and Technical Services</td>
<td>195,935</td>
<td>207,659</td>
<td>11,724</td>
<td>6%</td>
<td>$90,021</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>162,861</td>
<td>164,403</td>
<td>1,542</td>
<td>1%</td>
<td>$36,633</td>
</tr>
<tr>
<td>Health Care and Social Assistance</td>
<td>160,931</td>
<td>171,238</td>
<td>10,307</td>
<td>6%</td>
<td>$65,320</td>
</tr>
<tr>
<td>Accommodation and Food Services</td>
<td>147,598</td>
<td>152,035</td>
<td>4,437</td>
<td>3%</td>
<td>$25,850</td>
</tr>
<tr>
<td>Other Services (except Public Administration)</td>
<td>113,928</td>
<td>118,210</td>
<td>4,282</td>
<td>4%</td>
<td>$27,482</td>
</tr>
<tr>
<td>Administrative and Support and Waste Management and Remediation Services</td>
<td>109,229</td>
<td>112,272</td>
<td>3,043</td>
<td>3%</td>
<td>$41,954</td>
</tr>
<tr>
<td>Real Estate and Rental and Leasing</td>
<td>103,464</td>
<td>108,703</td>
<td>5,239</td>
<td>5%</td>
<td>$29,060</td>
</tr>
<tr>
<td>Finance and Insurance</td>
<td>99,112</td>
<td>107,259</td>
<td>8,147</td>
<td>8%</td>
<td>$79,846</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>98,938</td>
<td>96,060</td>
<td>-2,878</td>
<td>-3%</td>
<td>$106,542</td>
</tr>
<tr>
<td>Construction</td>
<td>80,635</td>
<td>83,779</td>
<td>3,144</td>
<td>4%</td>
<td>$64,362</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>48,897</td>
<td>50,588</td>
<td>1,691</td>
<td>3%</td>
<td>$79,972</td>
</tr>
<tr>
<td>Arts, Entertainment, and Recreation</td>
<td>44,398</td>
<td>45,907</td>
<td>1,509</td>
<td>3%</td>
<td>$30,277</td>
</tr>
<tr>
<td>Educational Services (Private)</td>
<td>35,623</td>
<td>39,510</td>
<td>3,887</td>
<td>11%</td>
<td>$44,275</td>
</tr>
<tr>
<td>Information</td>
<td>31,708</td>
<td>32,800</td>
<td>1,092</td>
<td>3%</td>
<td>$96,921</td>
</tr>
<tr>
<td>Transportation and Warehousing</td>
<td>30,201</td>
<td>30,847</td>
<td>646</td>
<td>2%</td>
<td>$48,673</td>
</tr>
<tr>
<td>Management of Companies and Enterprises</td>
<td>18,300</td>
<td>17,869</td>
<td>-431</td>
<td>-2%</td>
<td>$129,954</td>
</tr>
<tr>
<td>Agriculture, Forestry, Fishing and Hunting</td>
<td>17,571</td>
<td>17,584</td>
<td>13</td>
<td>0%</td>
<td>$35,984</td>
</tr>
<tr>
<td>Utilities</td>
<td>7,733</td>
<td>7,919</td>
<td>186</td>
<td>2%</td>
<td>$188,561</td>
</tr>
<tr>
<td>Mining, Quarrying, and Oil and Gas Extraction</td>
<td>1,118</td>
<td>1,282</td>
<td>164</td>
<td>15%</td>
<td>$50,997</td>
</tr>
</tbody>
</table>

Source: EMSI Complete Employment 2012.1
Healthcare

Sector-focused workforce development partnerships or "sector initiatives" focus on a single industry in which there is strong projected growth, accessible jobs for a target population, wages providing economic security, and opportunities for career mobility. Because the healthcare sector meets these criteria, and after consultation with our Advisory Board, the Insight Center decided to look more closely at healthcare occupations.

According to the North American Industrial Classification System, the Health Care and Social Assistance sector is made up of four sub-sectors:

- Ambulatory Health Care Services, such as doctor’s offices and clinics
- Hospitals, including general medical and surgical hospitals
- Nursing and Residential Care Facilities, including community care facilities for the elderly
- Social Assistance, including services for the elderly and people with disabilities

The boundaries between these sub-sectors are not always clear. For example, home health care service providers are included under Ambulatory Health Care Services, while non-medical home care service providers are included under Social Assistance.

A closer look at the Healthcare and Social Assistance sector shows that older workers are already well-represented there, suggesting that the industry as a whole may be friendly to older workers. Whereas workers ages 55 and up make up 17.0% of the overall workforce, they make up 19.7% of the Healthcare and Social Assistance workforce and are particularly well-represented in the Hospitals subsector, where they make up 22% of the overall workforce.

Working with older people and working in healthcare were also both cited as among the most desired fields by those looking for an “encore career” in a survey conducted by AARP. Older adults who participated in the job-seeker focus groups conducted for this study also expressed a strong interest in healthcare jobs and in helping professions more generally.

Healthcare employment in San Diego County is most concentrated in the city of San Diego, particularly in central San Diego. Given that the older adult population is also most heavily concentrated in central San Diego, this suggests another reason for focusing on the healthcare sector. For a GIS mapping of areas with high healthcare job concentration, see Figure 4 below.
**Figure 4**
Concentration of healthcare employment in San Diego County

![Map showing healthcare employment distribution](image)

**Occupations in Healthcare**

Accessible healthcare occupations projected to grow in San Diego County between 2012 and 2015 include those listed in the table below:

**Figure 5**
Accessible Occupations in Healthcare San Diego County, 2012-2015

<table>
<thead>
<tr>
<th>Description</th>
<th>2012 Jobs</th>
<th>2015 Jobs</th>
<th>Change</th>
<th>% Change</th>
<th>2011 Median Hourly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Aides</td>
<td>6,421</td>
<td>7,267</td>
<td>846</td>
<td>13%</td>
<td>$10.20</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>6,315</td>
<td>6,915</td>
<td>600</td>
<td>10%</td>
<td>$14.41</td>
</tr>
<tr>
<td>Nursing Aides, Orderlies, and Attendants</td>
<td>7,968</td>
<td>8,551</td>
<td>583</td>
<td>7%</td>
<td>$11.45</td>
</tr>
<tr>
<td>Personal and Home Care Aides</td>
<td>5,315</td>
<td>5,818</td>
<td>503</td>
<td>9%</td>
<td>$10.59</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>6,005</td>
<td>6,436</td>
<td>431</td>
<td>7%</td>
<td>$15.54</td>
</tr>
<tr>
<td>Licensed Practical and Vocational Nurses</td>
<td>3,987</td>
<td>4,300</td>
<td>313</td>
<td>8%</td>
<td>$22.69</td>
</tr>
<tr>
<td>Office Clerks, General</td>
<td>2,404</td>
<td>2,578</td>
<td>174</td>
<td>7%</td>
<td>$14.15</td>
</tr>
<tr>
<td>Receptionists and Information Clerks</td>
<td>2,947</td>
<td>3,059</td>
<td>112</td>
<td>4%</td>
<td>$13.65</td>
</tr>
<tr>
<td>Billing and Posting Clerks and Machine Operators</td>
<td>1,668</td>
<td>1,769</td>
<td>101</td>
<td>6%</td>
<td>$17.40</td>
</tr>
<tr>
<td>Social and Human Service Assistants</td>
<td>1,564</td>
<td>1,650</td>
<td>86</td>
<td>5%</td>
<td>$14.32</td>
</tr>
</tbody>
</table>

*Source: ESMI Complete Employment 2012.1*
Note that some of these occupations may also be employed in other industries; those jobs are not counted here. For a full list of accessible occupations among the top 50 largest occupations in healthcare, with growth projections, median wages, and educational requirements for each, see Appendix A.

Two of the fastest-growing occupations are in-home caregivers. Home Health Aides (projected to grow by 13% over three years) provide healthcare services to individuals in their own homes under the supervision of registered nurses. Home Health Aides must complete classroom and clinical training approved by the California Department of Health Services but otherwise face no educational requirements. Training is often offered in conjunction with CNA training and usually takes no more than 240 hours to complete. According to the California Employment Development Department,

“The outlook for Home Health Aides is excellent. With more people living longer, more Californians are living with disability and/or illness. Most people needing care would prefer being cared for in their home rather than a nursing home or hospital, leading to more jobs for Home Health Aides…. In California, the number of Home Health Aides is expected to grow much faster than average growth rate for all occupations.”

Similarly, Personal and Home Care Aides provide non-medical care, assistance with activities of daily living, and companionship to seniors and people with disabilities living at home. The position has no education or training requirements, and employment is also projected to grow much faster than for other occupations.

While these jobs are accessible with short-term training and are growing rapidly, wages are relatively low, with a median hourly wage of $10.20 for Home Health Aides and $10.59 for Personal and Home Care Aides. Mobility also seems limited, as home care agencies employ few other types of workers. On the other hand, as discussed in Section III, wages do vary, and employers were identified that do provide good jobs for older workers with higher hourly wages. Because the work itself can also be strenuous and challenging, it will be important to assess potential trainees for both appropriateness and the ability of these positions to meet their economic security needs.

Occupations with clerical and customer service responsibilities make up many of the remaining high-growth healthcare occupations. Of those listed, Medical Secretaries and Medical Assistants are employed primarily in healthcare settings, and both project strong growth (600 new jobs and 10% growth for Medical Assistants and 431 new jobs and 7% growth for Medical Secretaries) between 2012 and 2015.

Medical Assistants greet patients in medical offices or other medical settings where they help doctors with examinations and other aspects of medical care. Most Medical Assistants complete one- or two-year vocational training leading to a certificate at community or private vocational colleges. According to the California Employment Development Department,

“Medical Assistants are one of the fastest growing occupations in California. They will continue to be in high demand through the projections period…. In California, the number of Medical Assistants is expected to grow much faster than average growth rate for all occupations.”

Medical Secretaries provide similar administrative or clerical support – but not assistance with medical procedures – in healthcare settings. Training on medical office procedures and medical terminology is
generally required. According to EDD, “Opportunities should be very good for those with knowledge of medical terminology and computer skills.”

In interviews (described in Section III), hospital representatives also identified two high growth positions, Patient Access Representative and Patient Services Representative, that require both clerical and customer service skills but are not identified by title in the Standard Occupational Classification system and may be reported under several job titles. These positions are employed especially at hospitals and clinics and assist with patient registration and admitting or appointment scheduling; gather financial information, including insurance verifications and co-payments, and enter data to update patient records.

Wages for Medical Secretaries ($15.54 an hour) and Medical Assistants ($14.41 an hour) are good, and employment is always or usually permanent full-time and benefited. It is likely that career advancement opportunities within healthcare settings also exist for these positions, but demand and details about the varieties of medical clerical and customer service positions should be confirmed with employers.
Section II: Job-Seeker Focus Groups

“As an aging adult, I have a library of knowledge to offer.” – Mature job-seeker

Summary of Findings

To understand the interests, needs, and assets of job-seekers 55 and older, the Insight Center conducted three focus groups with a total of 44 older San Diego residents.

Findings included:

- Older job-seekers were eager to work and described assets to offer employers, including reliability, interpersonal skills, good judgment, maturity, and extensive work experience.
- Older job-seekers had many reasons to work, including desire to use knowledge and skills, desire to be productive and make a difference, and desire to meet financial needs.
- Older job-seekers cited a range of barriers to employment, including age discrimination, lack of industry-specific knowledge, credentials, and experience, and difficulty getting an opportunity to demonstrate their value to employers.
- Older job-seekers were interested in working in healthcare, particularly in clerical and care-giving positions, but cited difficulties in transitioning from other industries.
- Older job-seekers expressed interest in employment and training services leading to a job and cited particular interest in internships, computer skills training, job search training and assistance, and training for job-specific skills.
- Older job-seekers expressed interest in support services to help them complete training and obtain and keep employment, including peer support, health services, housing services, financial services, and transportation assistance.

Focus Groups

The Insight Center conducted three focus groups of San Diego job-seekers 55 and older in partnership with:

- MAAC Project
- Employment and Community Options
- San Diego Workforce Partnership

The purpose was to gather first-hand information from older local residents about their work and job search experience, interest in specific industries and occupations, assets and barriers with respect to employment, and experiences and interests related to a range of employment, training, and supportive services.

Each group focused on a different population: low-income residents of a predominantly Latino neighborhood; unemployed older adults using the public workforce system; and participants in a local Senior Community Service and Employment Program (SCSEP), a federally-funded subsidized employment and community service program.
Overall characteristics of participants were:

- **Age:** from 54 to 73, with a median age of 62
- **Gender:** 61% female, 39% male
- **Ethnicity:** 41% Latino, 27% black, 25% white, 9% Asian/Pacific Islander (one participant self-identified as both Latino and Asian/Pacific Islander)
- **Educational attainment:** 12% some high school, 12% high school diploma, 59% some college, 12% Associate’s degree, 6% Bachelor’s degree
- **Median per-capita household income:** $9,500 per year
- **Employment status:** 10% employed, 90% unemployed (not counting SCSEP participants, who are employed in subsidized jobs)
- **Length of unemployment:** from 4 to 216 months, with a median of 24 months

Findings were generally consistent across populations and focus group sites; however, where findings specific to a particular group occur, they are identified below.

Why Work?

“You cannot retire knowledge and experience.” — Mature job-seeker

Focus group participants expressed a range of reasons for wanting to work, including desire to use their skills and knowledge, desire to be productive and make a difference, and desire to meet their financial needs and access health benefits.

Foremost in the reasons cited by participants was the conviction that they still have important assets to contribute to the workforce. Most notably, they cited personal traits, such as work ethic, follow-through, detail-orientation, and dependability. As one participant put it, “One of the things we do bring is maturity.” Participants also cited skills and knowledge related to their extensive work histories. They described a wide range of past areas of expertise, industries of employment, and occupations, many at a professional level. Participants included accountants, software project managers, long-haul truckers, and teachers, among other occupations.

In related comments, participants expressed a continuing desire to be productive and to make a difference. Some missed the structure, activity, social interaction, and sense of accomplishment afforded by work. Others cited the opportunity they saw at this stage in their careers to choose work that appealed to their personal values. In the words of one participant, “I really want to be able to say that in my life I could do something that made a difference for people.”

Of course, focus group participants also cited strong economic motivations for work. For some, particularly those ages 55 to 64, the need for earned income as a primary source of economic security was paramount. For these participants, not yet eligible for Medicare, obtaining health benefits was also important. “If you’re 55-64, you have no coverage,” one said. Even among those 65 and older, some participants expressed the value of health benefits provided by an employer as a supplement to Medicare.

There was no clear consensus among participants about what would constitute “adequate” wages, though some suggested that $15/hour would be adequate to meet their basic needs, while $11 - $12/hour...
would provide survival-level earnings. Neither was there clear consensus about whether full-time or part-time employment would be preferred. Decisions about these issues seemed to depend upon a range of personal factors, including overall financial situation and particularly whether earned income would supplement other sources, such as Social Security and Supplemental Security Income, or would serve as the primary or sole source of household income.

Which Work?

“I’m sure everyone here would be open to healthcare if they [healthcare employers] were open to us.”

– Mature job-seeker

Focus group participants expressed interest in working in a wide range of industries, often those related to their previous experience. Even so, healthcare emerged as the sector of strongest overall interest, particularly among those interested in transitioning to new sectors of the economy. When asked what they found particularly appealing about healthcare, participants cited strong and stable employment prospects, the social mission of healthcare, and other factors, such as diversity in types of work, members of the workforce, and people served.

Participants correctly identified healthcare as an employment sector that is growing or at least not going away. In the words of one mature job-seeker, “there are opportunities in healthcare.” As another put it, “one of the nice things about the healthcare industry is I don’t think they are ever going to offshore patient care.” Particularly for those who had lost jobs in industries strongly impacted by the recession, such stability in employment was important.

At the same time, the intrinsic value of healthcare clearly appealed to many participants. “You know you’re doing something good when you make someone well,” one said. Several participants had positive personal experience providing care to family members, leading them to consider professional care-giving occupations. Others liked other characteristics of the industry, citing the wide range of healthcare occupations and the prospect of “working with diverse communities, people who need healthcare.”

Within the industry, participants expressed interest in both clerical and care-giving positions. At Employment and Community Options, participants showed particular interest in clerical positions, citing previous clerical experience and the desire for less physically-demanding work. At the MAAC Project, however, many expressed interest in care-giving occupations, highlighting the nature of the work and the personal connection established between care-giver and client. Many participants at the MAAC Project also expressed strong interest in the promotora position (community health outreach worker), citing the social and community value of helping low-income people access healthcare and manage health issues. These participants also identified specific assets they felt they could contribute to the job in the form of community connections and cultural and linguistic competence.

Not all participants found healthcare environments or jobs appealing, however. Some expressed concerns about the physical demands of care-giving. One participant who had recently worked as a care-giver said, “At this point in my life, I can do it, but at some point, I’m not going to be able to lift this person, and I’m not going to be able to roll that person.” Other participants expressed dislike for healthcare environments and concern about variable work schedules and the stress associated with being responsible for the well-being of those in poor health. While healthcare is clearly a sector of interest to many, it won’t and perhaps shouldn’t be for everyone.
Challenges

“They didn’t tell me, ‘you are too old,’ but they said they were looking for someone young and energetic.”

– Mature job-seeker

Despite overall high levels of educational attainment, lengthy work histories, and stated willingness to accept pay cuts and change careers, focus group participants consistently cited long-term unemployment, with median duration for each group ranging from 11 to 36 months, as a challenge to reenter the labor force. Moreover, participants cited significant barriers to employment, including perceived age discrimination, lack of access to growth industries such as healthcare, and the need for opportunities to get their feet in the door so as to demonstrate their value in the workforce.

Participants also identified skills gaps they felt contributed to their unemployment. For example, they consistently expressed the need to improve their job search skills, citing changes in hiring processes and job search methods since their previous job searches. Even so, participants displayed considerable knowledge of current job search methods and were able to enumerate numerous online job boards and identify the value of personal and professional networking. By the same token, many participants expressed concern about the need to update their computer skills, even though several participants in the Employment and Community Options group, in particular, were themselves computer skills instructors.

Participants also suggested that healthcare could be a particularly difficult sector to break into. “What they are looking for is experience in healthcare,” one participant said. Others suggested that understanding the jargon of the industry was important for employment in any industry sector. As one put it, “There’s just this code language that they use, and if you don’t speak that language, you can’t get in.” Participants also highlighted the credentials and specific skills training required for many positions, such as those in health information technology or medical billing and coding, and pointed out that some training programs, such as to become a physical therapist, can take a year or longer to complete.

Participants also identified other potential challenges, such as lack of good transportation options to and from job-sites for those who lacked cars. Concerns about public transportation focused on scheduling (“it doesn’t fit within the hours”), convenience (bus lines not near either home or place of work), time (“it’s not speed transit,” particularly if you need to take multiple buses), and reliability (“I’d rather go to public transportation, but it’s not dependable”).

Other participants identified concern about “benefits cliffs,” citing the danger of losing needed supports such as Medicaid when one’s income exceeds a specific ceiling.

Finally, nearly all focus group participants perceived discrimination against them on the basis of their age. Some merely felt that their previous experience and transferable skills deserved to be more highly valued. Others described experiences when they believed assumptions had been made about them because of their age, such as that their salary expectations would be too high for a given job or that they wouldn’t work as hard as a younger worker. Many described interviews in which their younger interviewers had not seemed interested in considering them seriously as candidates, and nearly all reported having been told that they were “overqualified.”

Some focus group participants singled out human resources screening practices as a factor in this discrimination. In particular, some participants expressed the desire to be able to describe or demonstrate their skills directly to hiring managers who might better be able to see the potential value of older workers.
One participant described this situation as “the barrier of HR” and lamented the fact that, “you’re not literally talking to the person that has the job whose department you’re going to be working in.”

Solutions

“If you give us the training, how do you get our foot in the door?” – Mature job-seeker

Employment and Training Services

Focus group participants identified a range of employment, training and support services they felt could help them obtain employment and address the challenges described above. Interests in employment and training services included:

- training for job-specific skills
- computer skills training
- internships or work experience that could give them relevant experience and the chance to demonstrate their skills to prospective employers
- job search skills training and
- job search and placement assistance.

Nearly all participants said they would be willing to participate in job-specific training, as long as they had confidence that it would lead to a job. Training leading to certification in established occupations would help build that confidence, as would demonstrate connections with and involvement of employers in the training process. Many participants had prior experience in job training, not all of it positive. In one focus group, participants described having completed a job training that they considered excellent, only to discover that it was not well-aligned with what employers actually needed. Very few of their classmates were able to find employment on the basis of this training, and neither had they themselves.

Other contributing factors in the decision about whether to participate in training included: location, schedule, duration, and intensity of training. No clear consensus emerged about what would be most desirable for participants with respect to any of these factors. In general, however, participants expressed a preference for shorter training of four months or less, as long as it gave them the necessary skills and certification to get a job they wanted. Few participants expressed willingness to participate in training longer than six months, citing the need to earn income to support themselves and their families. For some, even participation in shorter-term training would be a financial hardship, and participants identified stipends as a strategy that might help.

Some participants expressed that the schedule of training would have to be compatible with their work or other commitments, but no particular time or schedule was identified that worked for all participants. Many participants said full-time training would be okay; for a few, however, part-time training of up to 20 hours per week would be preferred.

Participants also cited internships or other forms of work experience, including volunteering, as a highly desirable component of training. These would allow participants to gain relevant work experience, demonstrate work-related skills, and establish relationships with employers in their field of interest. One participant proposed the idea of “senior internships,” described as follows:
“There are a lot of college internships where you can come out of college and they’ll get an internship. I’ve never seen a senior internship where you can get some training… and get your foot in the door based on that training, where an employer can say, ‘We’ll hire you… We get to see you as an employee… and what you have learned, and you get to network and meet people and find out about the industry.”

Participants also described the value of including computer skills training, job search skills training, job search coaching and assistance, and peer networking and support as important components of a training program in which they would like to participate. For a list of employment and training services suggested, as well as their relative importance as determined by votes received, see Figure 5 below.

**Figure 5**
Employment and Training Services – Interest Tally

Overall, participants also expressed a desire for services grounded in respect for their value as workers and customized to meet their particular needs and interests. Some participants described prior negative experiences when they felt they had been treated with insensitivity or their employment goals had not been respected. As one participant put it:

“A lot of time they want you to fit into their mold and are not willing to expand those designs to fit your need. Because we already have the knowledge of what we want to do, we’ve had that assessment test, and we’re out there trying to promote ourselves… They have knowledge and they shut you down.”
Focus group participants also identified a range of support services they felt could help them address challenges to completing training and gaining and keeping employment. Interests included:

- peer support and networking
- health services
- housing services
- financial services
- transportation assistance

For example, some participants cited the benefits of affordable housing for those lucky enough to have it – and the financial challenges for those who did not. “Affordable housing is not generally available,” one said. Others identified the need for services to help seniors understand the consequences of missing rent payments and to develop strategies for avoiding eviction.

For a list of supportive services identified by focus group participants as beneficial, as well as their relative importance as determined by votes received, see the support services interest tally below.

**Figure 6**
Support Services – Interest Tally
Section III: Employer Interviews

“There are two challenges within recruitment: either you have a challenge finding the right people among the group that has applied, or you have a position and you can’t fill it.”

– Hospital representative

Summary of Findings

Interviews with human resources leaders from nine San Diego healthcare employers:

- Confirmed labor market analysis findings of continued employment growth in healthcare
- Confirmed especially strong employment growth among home care agencies
- Highlighted finding quality caregivers as the primary challenge for home care agencies
- Highlighted identifying quality employees among large applicant pools as a challenge for hospital and community clinic employers
- Found that successful recruitment practices for healthcare employers include partnering with area colleges and training providers, employee referrals and internships
- Suggested consideration of two potential target occupations for older workers:
  - Home care provider
  - Patient access or patient services representative
- Revealed strong interest among healthcare employers in hiring older workers
- Identified employers that provide good jobs for older workers and are willing to partner in designing customized training and employment programs

Healthcare Employer Interviews

To validate labor market information and gather additional input for program planning and design, the Insight Center interviewed representatives of nine San Diego healthcare employers. Employer outreach was supported by the project’s advisory committee, including the San Diego Workforce Partnership, the MAAC Project, Aging & Independence Services, Manpower, and local members of the Society for Human Resources Management.

Goals for the interviews included:

- Identifying employer needs, including employee skills gaps and hard-to-fill positions
- Validating projections for growth and learning about current and anticipated hiring needs
- Understanding recruitment and hiring processes and criteria
- Learning about involvement in existing training and workforce development initiatives
- Assessing interest in hiring older workers and participating in the project
- Understanding the kind of training, skills, and characteristics that would make mature workers more competitive job applicants
Participants were senior human resources leaders able to speak strategically about the current and projected workforce needs of their companies, with insights into employment needs for healthcare sector in general. Employers included:

- Home care agencies (3)
- Hospitals and health systems (5)
- Community clinics (1)

Because the information provided by home care agencies was often so distinct from that provided by hospitals and community clinics, we will discuss most findings for these two employer groups separately.

Industry Background and Projected Growth

“We doubled in size in the last 2½ years and expect to double in size again in the next three years.” – Home care employer

Interviews confirmed labor market projections of continued employment growth in healthcare. Home care employers projected especially rapid growth, exceeding labor market projections. Hospital and clinic employers also projected growth, albeit not at the rapid rate of home care.

Home Care

Home care agencies provide seniors companionship and assistance with activities of daily living, such as housekeeping, meal preparation, transportation to appointments, and reminders to take medication. “Home care” is distinct from “home health care” in that it is not doctor-prescribed, nor necessarily provided by nurses or licensed health aides. We interviewed representatives of home care, not home health care, agencies, though some of these businesses may in fact provide both home care and home health care services.

Home care employers have experienced and anticipate continued rapid growth. One expects her workforce to double in the next three years, as it had in the previous 2½ years. Another described growth of 6% last year and projected growth of between 15% and 25% over the next two to three years. All described such growth as not unique to their specific agencies but reflective, at least in part, of overall growth across the industry as San Diego’s population ages.

Participating home care agencies each employed between 24 and 250 caregivers, making them among the larger agencies in the area. According to one employer, home care is primarily made up of small businesses, with perhaps 200 or more in greater San Diego. These businesses are largely unregulated, requiring little more than business licenses to operate, and range from franchises of national chains to mom-and-pop operations. Such variability and fragmentation within the industry can pose challenges for employer outreach and involvement.

Pending policies and regulations may affect the home care workforce in yet-to-be-determined ways. Specifically, employers mentioned pending state legislation that would require licensure for home care businesses and could require training standards for care-givers, who are currently not regulated. While these changes may make it more difficult for some agencies to find qualified candidates or require them to provide increased initial and ongoing training, they could also improve the quality of home care services and provide a basis for increasing both reimbursement rates for such services and caregiver pay.
Hospitals and Community Clinics

In contrast to home care agencies, hospitals and community clinics interviewed include some of the largest employers in San Diego County, ranging in size from 900 to 15,000 employees. In fact, most were health systems with various facilities, such as general and specialty hospitals, outpatient medical clinics, skilled nursing facilities, research centers, and administration. Because these different facilities require different staffing, interviews focused on hospital and clinic operations and excluded skilled nursing facilities and administration and research centers.

Hospital and community clinics projected moderate, not rapid, growth in their workforces over the next several years. Growth is driven by continued growth in demand for healthcare services. In several cases, hospital employers cited planned expansion, such as construction of new hospitals, to meet the growing need.

The Affordable Care Act, also known as “healthcare reform,” will have widespread and uncertain implications for hospitals and clinics but is seen as likely to increase demand for healthcare services over the next several years, assuming full implementation of the law. According to projections cited by one employer, up to 300,000 more people in San Diego County will be eligible for healthcare services when final provisions of the law are scheduled to go into effect in 2014, creating the need either to ramp up staffing in traditional healthcare facilities or to develop alternative means of delivering care.

The Act also changes medical coding standards, requiring a shift from the old classification system (ICD-9) to a newer system with many more codes (ICD-10). As a result, all current medical coders will need extensive retraining, and perhaps more coders overall will be needed.

Other changes affecting the industry include the implementation of electronic health records and increasing application of health information technology, which affects skill requirements for many positions and, in some cases, creates the need for new positions, and job classifications, such as data analysts, while reducing the need for others, such as hospital unit secretary.

Overview of Workforce and In-Demand Occupations

With the exception of specialized, highly-skilled occupations, neither home care agencies nor hospitals and clinics cited difficulty in finding candidates for jobs. Instead, they report a different challenge: finding candidates with the specific skills and attributes they need and identifying those quality candidates among large applicant pools.

Home Care

“It’s hard to find good caregivers. I want to provide a person that I would feel comfortable with in my home taking care of my mom or my grandma.” – Home care employer

Most home care employees are caregivers – direct providers of home care services. Among home care agencies interviewed, caregivers comprised between 83% and 93% of their workforce, making the quality of these employees perhaps the most important factor in customer satisfaction and thus, the success of their businesses. Because of the growth projections for the industry described above and the critical role of the caregiver within home care agencies, the caregiver position is and likely will continue to be an in-demand occupation for these employers.
Employers cited starting wages for caregivers of between $8.50 and $11 an hour and identified factors, such as prior experience and Home Health Aide (HHA) or Certified Nursing Assistant (CNA) certification, which can increase that wage. While starting wages can increase by 50 cents an hour within 90 days after hire, no employer cited regular wages higher than $12 an hour, making these positions unlikely to provide economic self-sufficiency for single older adults.¹⁴ In the words of one employer, “this is mentally and physically demanding work for a wage that is not as high as it should be,” and it requires particularly dedicated workers.

Employers described varying approaches to wages, hours, and benefits. One said it was common for home care agencies to employ a large pool of per-diem staff, many of whom work limited hours. When combined with low wages, such employment practices are unlikely to provide older workers the economic security they need. The same employer described her agency’s contrasting approach – “We keep our census low so as to keep our employees working as much as they want to be working” – and cited surveys that identified having enough hours as the most important factor in employee satisfaction. She was also the only employer to offer healthcare benefits to full-time employees, and the only one that did not identify employee turn-over as a problem.

Given the variation in wages, benefits and hours, mature worker initiative leaders should identify home care agency partners who provide wages at the higher end of the spectrum, as well as adequate hours and benefits. Local leaders should showcase these examples and work with these agencies to help other home care employers adopt such high-investment approaches that result in lower turn-over and higher employee satisfaction and quality of care. Local leaders should also promote public policies that support these kinds of home care agencies.

Hospitals and Community Clinics

“Most positions we find hard to fill require specialized experience or are on undesirable shifts.”

– Hospital representative

Community clinics and hospitals have large, complex workforces involving a wide range of positions. Jobs range from low-skilled support to doctorate-level positions and include virtually every level of education and training in between. In order to best identify opportunities for mature job-seekers who preferred short-term training, interviews with hospital and clinics focused on “accessible jobs” for which job-seekers can be prepared in six months or less.

In general, hospitals and clinics reported little difficulty filling positions. With the exception of a few specialized and highly-skilled occupations, hospitals reported receiving many applications – even hundreds – for open positions within just a few days. Even positions ordinarily thought of as in-demand, such as registered nurse, were described as not hard to fill, with new nursing graduates seen as available for all but specialty nursing positions, such as in critical care.

Although labor market analysis identified medical assistant as a rapidly-growing occupation, employers reported little difficulty finding medical assistants, citing the availability of many new trainees. There are so many candidates available that one hospital now requires all its new medical assistants to have experience, unless hired through an internship. Community clinics continue to need medical assistants and expressed some difficulty in identifying high-quality candidates among the large number of applicants: “Because there are so many, you have to weed through those who don’t have the skills to find those who do have the skills.”
Phlebotomy training, even without state licensure, is highly valued for medical assistants, as it allows them to draw blood and give injections under the supervision of a physician. Clinics also expressed a need for career advancement training for their current medical assistants to become Licensed Vocational Nurses (LVNs), a position for which clinics have ongoing need but for which evening and weekend LVN programs accessible to working adults are lacking.

Interviews revealed several in-demand clerical and customer service positions at hospitals and clinics, including patient access representative and patient services representative, who greet and register patients for clinics or in-patient units. Related positions include: financial counselors, who talk with patients about insurance or options for payment; clinical support specialists, employed at clinics; and call center specialists, who schedule appointments and often provide first contact with the hospital. Because patient satisfaction is becoming a criterion affecting payment, hospitals cited the increasing importance of strong customer service skills for such positions and the difficulty of finding candidates with those skills. As with other positions, however, there are many candidates for these jobs, and the challenge for employers is finding the right people, not getting enough applicants.

Hospitals expressed a pressing need for clinical lab scientists, albeit not in large numbers. Because the average age of clinic lab scientists is high – cited by one employer as 52 and including workers as old as 75 – hospitals are concerned about a pending wave of retirements and difficulty finding qualified replacements. Other positions identified as hard to fill included radiologic technicians, physical therapy assistants and occupational therapy assistants, pharmacists, and EEG technicians, for which they cited a lack of training programs in the area.

Hospitals also anticipate a need for medical coders, whose skill requirements will increase and demand for which is projected to grow. In particular, coding specialists are needed (as opposed to those with brief training on coding included in other training). As one employer put it, “We need the people who have a two-year program – professional coders, not just people who have taken a class.” Other projected needs include information technology workers (with both healthcare expertise and technical skills) and analysts to interpret the increasing quantity of healthcare data.

Finally, hospitals noted that, because they are in constant operation, work schedules vary and may include twelve-hour shifts and evening or nighttime hours. Evening shifts, in particular, can be hard to fill. Some jobs, such as CNA, also require strenuous physical exertion; both factors should be considered in determining target occupations for older worker training.

**Recruitment and Partnerships**

“When the recession hit, the number of candidates for jobs tripled.” – Hospital representative

With high unemployment and many job-seekers, healthcare employers consistently reported few challenges in generating interest in open jobs. Job postings on a hospital website often generate hundreds of applications within a few days. The recruitment challenge for healthcare, therefore, isn’t about generating enough applications – it’s about generating the right ones.

Unsurprisingly, healthcare employers consistently cited referrals from current employees as their most trusted source of candidates. Such referrals are, in essence, pre-screened by current employees who understand both the actual job requirements and the qualifications of a particular candidate to meet those requirements. Since the success of a new hire reflects back on the employee who referred them, these referrals also bring with them added peer support and investment. Programs that help participants...
develop such peer referral networks, such as via internships, can capitalize on the high value employers place on this recruitment method.

Many hospitals and clinics do offer internships. “We do all kinds of internships,” one said. “We’ll take as many as we can get.” Another has an internship for medical assistants that is full-time for four weeks. Home care agencies, however, said they do not offer internships, citing concerns about liability and client comfort. Exploring internship options for caregivers, including volunteer care-giving and externships included as part of training, would help caregiver trainees develop referral relationships with existing employees.

Healthcare employers also identified partnerships with area colleges as an important source of candidates, particularly for positions requiring specialized training. Home care employers cited partnerships with schools they considered reputable who provided Certified Nursing Assistant and/or Home Health Aide certification. These included private colleges, such as Newbridge College, UEI College, and Kaplan College, and community colleges, such as Southwestern College, and the Regional Occupational Program in Escondido. Developing and maintaining referral relationships with staff at training centers was key to the success of this recruitment method, which should be replicated in any new program developed to train and place older workers.

Home care employers were particularly interested in partnering with training providers to develop and implement a program customized to meet their needs. Some hospitals, however, were more guarded about the value of such partnerships, citing the need to focus on hard-to-fill occupations. “A lot of the training programs address areas where we already have seen a glut of candidates,” one employer said, further citing the specific value of partnerships that expand the pool of potential candidates. “With certain types of activities, we end up getting who we would get already. We want to expand the pool rather than just reach the same people.”

Most healthcare employers post job announcements on their website and on local job boards. Hospitals, in particular, also cited increasing use of social media, such as Facebook, LinkedIn, and Twitter, in recruitment. To be effective, job search skills training must prepare participants to respond to these new and ever-evolving recruitment methods, and employment staff themselves must be familiar with and plugged into them.

**Desired Qualifications**

Across organization types, healthcare employers cited identifying quality employees as critical to the success of their business and their ability to provide quality care. Even for positions that receive hundreds of applicants, employers expressed difficulty identifying candidates with all the skills and attributes they seek and cited several desired qualifications, such as computer skills, interpersonal skills, and critical thinking skills, that they often find lacking among new hires.

**Home Care**

*“We hire for the heart and the skill level, with a stringent background check.”*  
– **Home care employer**

Because care-giving is challenging work, performed by individuals working independently, that involves caring for vulnerable elders in their own homes, home care employers have high standards for new hires.
In addition to specific skills, motivation to provide care, trustworthiness, and reliability are paramount. As one employer put it, “our care-givers need to be reputable and honest. Our clients entrust us to care for them, and it’s a huge responsibility we have taken on as a business.”

Home care employers conduct rigorous background checks on all candidates, reviewing criminal and driving records – with theft, abuse, or sexual offenses effectively disqualifying applicants from consideration. Because transporting clients to appointments and on errands is an essential part of the job, an active driver’s license and clean driving record are also required. While it may be possible for a caregiver to use a client’s car, such arrangements were described as exceptional. Most home care agencies require employees to have access to their own car.

Ability to speak and write English was also cited as a prerequisite, assessed informally by interview. “Writing is important,” one employer said, “because they document in log books. So is reading, because they will be given instructions in writing about what to do with clients.” Another employer said that caregivers “must be fluent in English without an accent,” citing client discomfort with any communication challenges with their caregiver.

Once candidates pass initial screening, home care agencies look for desire to provide care, prior experience caring for elders in the home, and care-giving skills or training, in that order. Motivation to work as a caregiver was consistently cited as the most important differential between promising and unpromising candidates. Care-giving can be difficult work, and those not strongly called to it will not make successful employees.

With respect to experience, home care agencies particularly want geriatric care-giving experience, preferably in a home care setting. Prior experience caring for aging family members was described as beneficial, and one employer noted that older candidates often have this experience.

In cases when candidates lack experience, training can serve as at least a partial substitute. According to one employer, a Certified Nursing Assistant (CNA) or Home Health Aide (HHA) certificate can help candidates with less than a year of professional care-giving experience get in the door. However, because CNA training is not specific to elder care, a CNA license alone may not be enough. According to another employer, “HHA certification on top of CNA is hugely valuable. They’ve decided that facility work may not be their cup of tea. That person is huge in our books; they can be at $12 an hour within 90 days.” HHA certification may also be earned as a stand-alone credential and seems likely to be valued by employers as evidence not only of skills but also of desire to provide home-based care.

Even among successful new employees, employers find skill and knowledge gaps that they must address through in-house training. Areas identified as lacking among new hires include:

- understanding elder illnesses and dietary needs of seniors
- specifics of dementia care
- technical skills, such as transferring a client from a bed to a wheelchair safely
- patient privacy (HIPAA regulations)
- infection control

Desired care-giver qualifications:
- Motivation to provide care
- Care-giving experience
- Care-giving skills or training
- Good judgment, problem-solving
- Trustworthiness, reliability
- Communication skills
- Home Health Aide certification
• professional boundaries
• problem-solving/common sense
• safety
• ability to work in different cultural settings, including culturally sensitive meal preparation

Caregiver training that anticipates and addresses these gaps may help employers mitigate their in-house training costs while offering trainees a competitive advantage in the hiring process.

Assessing such intangibles as motivation and dependability is difficult even for experienced human resources staff. “We don’t really know somebody until we use them,” one employer said. In this context, it’s no wonder that referrals from trusted sources, such as valued employees and training partners, take on added importance.

Hospitals and Community Clinics

“Access reps have to have good customer relation skills; they are often the first people patients and their families meet when they come into the system.” – Hospital representative

Community clinics and hospitals hire a wide range of employees, including many with industry-recognized credentials and state licenses. Candidates for positions requiring such credentials must have licenses in good standing even to be considered, and minimum qualifications for most positions are clearly articulated in job descriptions and are not subject to discretion. Given such baseline requirements, in conversations with hospitals and community clinics, we focused primarily on general criteria for entry-level jobs, including for clerical and customer service positions, such as patient access representative or patient services representative.

Beyond reviewing applications for consistency with stated qualifications for jobs, such as licensure, screening also includes criminal background check, review of driving records (for positions that require driving), review of credit records (for people who have access to cash or accounts), drug screening, and reference checks.

In addition, computer skills are required of all employees. “Computer skills are incredibly important to us. Everything we do requires strong computer skills,” one employer said. Perhaps as a result, applicants for nearly all hospital jobs must apply online. One employer tests computer literacy among applicants, as well as service orientation, cash-handling, and call-handling for jobs that require those skills. Computer skills remained the area in which candidate skills were most often found lacking, along with language skills and critical thinking skills. The last of these was cited by employers as particularly difficult to assess: “usually, you find out when they’re on the job,” one said. In addition, customer service and communication skills were identified as particularly important for patient access representatives.

Bilingual skills, especially in Spanish, are valuable but cannot substitute for English proficiency. Neither does fluency in more than one language necessarily allow employees to serve as interpreters. Due to the need for precise communication with patients and the specific healthcare terminology involved, all
interpreters must pass an industry-specific test. That said, in at least one hospital, staff that are tested and qualify for bilingual positions are paid a positive wage differential. Community clinics cited an especially strong need for bilingual employees.

Interest in Hiring Older Workers

Healthcare is widely perceived as a sector friendly to older workers, and labor market analysis showed that older workers are more prevalent in healthcare than in other industries, making up more than a fifth of the healthcare workforce, compared to 17% across all industries. Employers interviewed expressed interest in hiring older workers, with home care agencies expressing particularly strong interest.

Home Care

“Besides skill and knowledge, we want common sense and the ability to make good judgments, as well as good personal boundaries. The mature population can bring this. The elder worker is dynamite.” – Home care employer

Home care agencies had particularly compelling reasons for hiring older workers, citing the value of good judgment and critical thinking informed by life experience. Employers also cited inter-personal and intra-personal skills they attributed to older workers, such as clear communication and overall maturity, and suggested that older workers might better be able to identify and develop relationships with their elder clients. As one employer put it, “older workers may be able to handle the emotionally demanding part of the job better than younger workers and may be more creative in thinking about activities clients can do and are interested in.”

While home care can be physically strenuous work, home care agencies did not express strong reservations about older workers due to concerns about their fitness. In part, the job’s physical demands may be mitigated by appropriate matching between caregiver and client, but home care employers also discourage heavy lifting by caregivers of all ages, so as to avoid job-related injuries. Still, a basic level of physical fitness is required, as caregivers must be able to perform some physical tasks, such as lifting a wheelchair into the trunk of a car. As one employer put it, candidates should be able to lift 25 pounds repeatedly and 40 pounds occasionally.

Hospitals and Community Clinics

“I would like to see older workers throughout the organization. They add a different level of maturity among the ranks.” – Hospital representative

Hospitals and community clinics also expressed strong interest in hiring older workers. In fact, one employer participating in the project, Scripps Health, was recently named by AARP as the top employer in the country for workers 50 and up. Scripps Health has consistently been listed in the top ten nationwide in this category, with a range of innovative investments in hiring and retaining older workers. Examples include:

- working with senior placement agencies to target recruitment of mature workers;
- offering flexibility and support to older employees providing care to family members;
- promoting life-long learning through tuition reimbursement and in-house training; and
• deliberately incorporating age diversity across all of its operations, including the development of new business processes.

Employers consistently cited the business value of age diversity in their workforces, including among new hires, describing the importance of “having a good blend of experienced people coming through the door.” Such diversity provides opportunities for peer learning and mentorship and brings a greater range of perspectives to key decisions and services, including those affecting patients who are older adults. Concern about the retention of aging workers in highly-skilled, hard-to-fill occupations, such as clinical lab scientist, was also widespread.

Hospital employers agreed that older workers often bring highly-valued attributes, such as critical thinking, interpersonal skills, reliability, and communication skills, to their workplaces. While not ruling older workers out from any occupation, they suggested that older workers could be a good fit for customer-serving positions, such as patient access representative.
Section IV: Recommendations

“The scope and nature of the problems experienced by older workers suggest the need for robust employment and training programs and services that focus on the needs of older, unemployed workers.”

--Older and Out of Work: Trends in Older Worker Displacement, The Sloan Center on Aging & Work

Develop a mature worker sector initiative.

1. Aging services providers, workforce development organizations, employers, and others in San Diego should continue to collaborate to develop and implement a mature worker sector initiative.

   Rigorous research has demonstrated the effectiveness of sector initiatives – regional, industry-focused partnerships that improve older workers’ access to good jobs in ways that strengthen an industry’s workforce – for increasing the earnings of low-income individuals while meeting the needs of employers. An important opportunity exists to leverage the power of this approach and to incorporate best practices from successful mature worker initiatives around the country to help older adults in San Diego gain and retain employment so more can achieve economic security.

2. The initiative should focus on the healthcare sector and two occupations within it:
   - **Home Care Aide**, to help home care agencies meet a pressing need for more and better-skilled care-givers; and
   - **Patient Access Representative or Patient Services Representative**, to help hospitals and clinics find high-quality candidates by delivering older workers trained to their specifications.

   Healthcare employment continues to grow in San Diego and offers older workers a mix of accessible and high-quality jobs. Moreover, older job-seekers expressed more interest in working in healthcare than in any other sector, and healthcare employers, particularly home care agencies, expressed strong interest in hiring older workers. Healthcare already employs a higher proportion of older workers than other sectors and is seen as supportive of older workers in general. In fact, one employer on the project’s Advisory Board, ScrippsHealth, was named by AARP in 2011 as the nation’s top employer for older workers and has been on AARP’s national top ten list for most of the past decade.

   Home Care Aide is among the region’s fastest-growing occupations, and a targeted training program can help home care employers address an increasingly critical workforce need, avoid skills shortages, and improve the quality of care that is fundamental to their business success. Given the physicality of home care work and its relatively low pay, however, would-be caregivers should be carefully screened, both for desire to provide care and for the ability of home care jobs to meet their economic needs. While older adults in our focus groups expressed an interest in home care and asserted that even the occupation’s relatively low wages would meet their financial needs, these jobs will certainly not be for everyone.
Patient Access Representative or Patient Services Representative, on the other hand, is a relatively well-paying position for which hospitals and clinics already receive many applicants. In this instance, a targeted training program designed in partnership with employers can help hospitals and clinics identify the most qualified candidates by providing them a trusted source of thoroughly-vetted referrals trained to their specifications. Employer interest in hiring trainees for these positions, however, needs further validation and commitment.

In the future, it may be useful for the project or individual partners to address other needs identified by healthcare employers through this research process, such as an evening and weekend LVN program (for community clinic employees), phlebotomy training for medical assistants (to make them more marketable), EEG technicians (if enough of them are needed), clinical lab scientists and technicians (as existing employees begin to retire) and medical coders (to meet the new ICD-10 regimen). It may also be beneficial to look for ways to support the career advancement of front-line workers, particularly in the case of home care where no obvious advancement opportunities necessarily exist within the agencies.

Finally, it may also be useful in the future to conduct similar research to identify opportunities to employ older workers in other growing sectors of the San Diego economy.

Establish partnerships and define roles.

3. A lead organization or organizations should take responsibility for leading program design and implementation and for securing funds to launch and sustain the initiative.

A few funders have already expressed interest in supporting this project, but a lead organization or organizations should pursue these opportunities further and lead the development of each targeted training program. These organizations should ensure that the program is comprehensive and includes the characteristics articulated in more detail below, including strong employer relationships, person-centered case management, support service referral partnerships, curriculum development and training, participant outreach and assessment, outcomes tracking and evaluation, and overall project coordination and management.

Several leadership structures could emerge. For example, one lead organization may develop the home care component, while another pursues the patient services representative track. Alternatively, one organization could provide intensive case management services and participant tracking, while another leads employer outreach and occupational skills training development and implementation. In any case, it is critical that responsibilities are clear, accountability maintained, and participant services integrated throughout the process through written agreements and close, ongoing communications.

4. Participating organizations should develop memoranda of understanding to formalize partnerships based on complementary expertise.

Because no single organization has the expertise to meet the full range of older worker and employer needs, we recommend that the initiative formally establish partnerships, particularly between organizations that deeply understand the needs of older adults and organizations that understand the needs of industry and have expertise in developing industry-focused workforce development programs for disadvantaged workers. Key partner roles and capacities include:
• **Project management**, requiring capacity to raise and administer funds, facilitate partnerships, and track, evaluate, and manage projects to achieve intended outcomes;

• **Case management**, requiring understanding of older adults and resources available to meet their needs, as well as a holistic, person-centered approach to working with them;

• **Employer involvement**, requiring understanding of industry and credibility with industry representatives, including ability to engage with employer partners on their terms;

• **Development and delivery of training**, requiring capacity to customize both occupational and basic skills training for the healthcare sector and for older workers;

• **Job search assistance**, requiring familiarity with industry-specific job search processes and ability to provide contextualized instruction on job search skills;

• **Support services**, requiring relationships with a wide array of service providers and the ability to provide timely and responsive client support in partnership with others;

• **Outreach and referral**, requiring commitments to provide information about the program to appropriate participants and generally to assist with recruitment and screening; and

• **Funding**, including both financial and in-kind contributions.

Partnerships should be built around complementary areas of expertise and a shared commitment to meeting the needs of both job-seekers and employers. Memoranda of understanding should ensure that roles and responsibilities are clear and agreed upon from the outset.

5. **Organizations providing case management should have or develop partnerships with aging services and other human services providers.**

Helping mature workers gain employment and achieve economic stability depends on providing supports to address the range of needs that may arise and would otherwise prevent older adults from working. Case management should include referrals to agencies that provide health services, housing services, financial services, and transportation assistance. It may be necessary to identify those existing services most accessible to and appropriate for older adults and to address service gaps, if any.

**Meet the needs of mature job-seekers and employers**

6. **Services should target job-seekers between the ages of 55 and 64.**

Focus groups in San Diego highlighted the precarious situation of unemployed adults between the ages of 55 and 64 who face particular challenges in the labor market but do not yet have access to public benefits such as Medicare and Social Security. These older adults, caught in a “benefits gap,” are likely to suffer economically by cutting back on necessary expenditures, forgoing medical treatments, accumulating debt, and depleting their retirement savings. Those who opt for early Social Security benefits at age 62 will receive diminished social security income for the rest of their lives, compromising long-term economic security out of short-term financial necessity. With a pressing need for employment-related income and health insurance, many of these older adults expressed strong interest in training leading to employment.

To reach these job-seekers, as well as those 65 and over who are also experiencing financial hardship or desire to work, program outreach should be conducted in partnership with
organizations that specifically serve older adults, as well in other places where older job-seekers may be found, including the public workforce system and community organizations.

7. **All participants should receive comprehensive, person-centered case management.**

Helping mature workers gain employment and reach economic stability depends on providing them supports to address a range of needs. We recommend providing all participants comprehensive, person-centered case management within an economic security framework. To identify and develop plans to address barriers to employment, participants should receive up-front assessment, including benefits screening, with the goal of helping them achieve economic security (as measured by local indices like the Elder Index). Potential barriers identified by older workers in focus groups included needs for health services, housing services, financial services, and transportation assistance, and a scan of available resources in San Diego reveals a multitude of service providers addressing such needs. It will be beneficial wherever possible to establish referral agreements, so that partner organizations each understand what constitutes an appropriate referral and both parties share a commitment to the older adult’s success.

Participants should also receive ongoing support to identify and address problems that arise in the program and early phases of employment, as well as intensive help in searching for and getting a job. Because the job search can be particularly discouraging for older workers, we also recommend providing opportunities for ongoing peer networking support. Intensive job placement assistance and retention services should be provided to all participants.

8. **Health care employers must be involved in all aspects of the program.**

Research has shown that employer involvement increases the effectiveness of workforce programs. Such participation ensures that training is aligned with job opportunities and industry trends, and deepens the investment of employers in hiring graduates and supporting the program in other ways. Employer involvement, from program design to curriculum development to training delivery to evaluation and sustainability, should be incorporated wherever possible.

For example, employer participation in assessment and screening of training candidates can help identify potential barriers to their eventual employment while providing program staff important insights into the characteristics most sought after. Visits to employer sites can provide program participants exposure to work environments with which they may be unfamiliar and allow them to identify preferences and concerns before hire, rather than after. Use of training materials provided by employers ensures that curriculum is customized and participants are prepared to meet the specific requirements of the job.

Each such involvement, properly managed, strengthens a relationship based on mutual trust and understanding, so that program staff come to be seen by employers as partners in the hiring process and program staff learn to treat both employers and job-seekers as customers whose satisfaction is critical to the project’s success. It is in the context of such a partnership that it becomes possible for program staff to work with employers to develop solutions to problems that arise, such as by identifying hiring processes, internships, or preferential screening of applications that can be used or modified to help older workers get a “foot in the door” and ultimately get hired.
9. The initiative should establish two employer advisory groups.

Success in helping mature workers gain employment depends upon deeply understanding and meeting the needs of employers and older adults. We recommend that a lead organization or organizations develop and maintain partnerships with healthcare employers, beginning by forming employer advisory groups invested in the project’s success. Because the needs of home care agencies are so distinct from those of hospitals and clinics, we recommend a separate advisory group for each sub-sector rather than one combined “healthcare” advisory group.

It is not necessary that the same organization take responsibility for developing and managing these groups. However, it is necessary that a single organization be identified to lead and coordinate efforts with each group. A lead organization or “workforce intermediary” should assume responsibility for working with each employer group to:

- Aggregate input and needs of multiple employers;
- Engage new employer partners and deepen involvement of existing partners;
- Communicate progress and challenges; and
- Develop solutions to meet emerging employer and worker needs.

10. Training should be tailored to meet the specific needs of older adults.

Training should include computer skills, which older job-seekers specifically identified as areas of need, because employers now require computer skills for virtually all positions and computer skills are also required for the job search. Moreover, older workers may lack or be perceived as lacking computer skills; incorporating computer skills training will address both concerns.

Training should also include job search skills, which older workers also identified as critical to their ability to find employment. Job search skills training should include use of the Internet and social networking to find jobs and complete on-line applications.

In general, training should be grounded in rigorous up-front skills assessment and gap analysis. For older adults who have been out of the workforce for some time or for those transitioning from other industries, it will be important to provide contextualized training on workplace expectations in the healthcare field in particular. Training design should also take into account both the prior work experience of older adults and the likelihood that they have not recently participated in education and training. The pace and schedule of training may need to be adjusted to meet the particular needs of older participants.

11. Training should be tailored to meet the specific needs of local healthcare employers.

Curriculum must be industry and occupation-specific and be developed in close consultation with employers, particularly with hiring managers and expert workers who know the intricacies of target jobs. Wherever possible, training should address commonly-observed skills gaps, so older adults have a competitive advantage in the hiring process. To incorporate best practices of adult education, even foundation skills training, such as computer, job search, and work readiness, should be contextualized for healthcare work environments. This contextualization – such as using patient care scenarios to teach customer service skills or hospital websites to teach online job applications – increases relevance for learners, aids in retention and application of learning,
and addresses industry-specific aspects of the topics taught. In addition, training should be delivered by instructors with industry expertise and should involve employer representatives, materials, and work-sites wherever possible.

12. **Training should incorporate internships or “try before you buy” approaches to allow older workers to “get a foot in the door” and demonstrate their value to employers.**

Because older job-seekers identified a specific challenge in getting a chance to demonstrate their value to healthcare employers, program design should include internships or “try before you buy” approaches to help older job-seekers get a foot in the door. This approach has been successful for both sector initiatives and mature worker initiatives around the country, such as a healthcare-focused mature worker sector initiative developed and implemented by the National Council on Aging.

**Pursue systemic changes.**

13. **The San Diego Mature Worker Sector Project Advisory Board should continue to meet to work on systemic reforms and to help develop new programs for mature workers.**

Around the country, aging services providers and workforce development organizations are rarely connected in any significant way. San Diego is to be commended for its sustained, collaborative efforts to build interagency partnerships and develop solutions to increase the employment and economic security of older adults. The project partners, listed in Appendix B, should continue these important efforts and build on the momentum gained in recent years.

14. **The project should pursue systems changes that will improve workforce and aging services, employer practices, and policies that support the employment of older adults.**

We recommend that the project consciously work to identify and address structural barriers to meeting worker and employer needs. For example, efforts to protect Senior Community Service Employment Program (SCSEP) funding from further cuts and to help orient the program toward preparing older adults for competitive jobs may increase SCSEP’s impact. Changes in the public workforce system, such as including low-income older workers as a priority population for funding or making it easier and less expensive to partner with the community college system for customized training, could benefit both program participants and numerous other older adults.

Similarly, job quality for Home Care Aides is a major concern. Although home care agencies are limited by external factors in how much they can pay caregivers, there may be other ways they can improve the quality of their jobs, such as ensuring employees adequate hours and providing support for career advancement, as well as the quality of the care provided. It may be possible for program partners to work with home care employers interested in providing quality care and quality employment opportunities to pursue changes in public policy and industry practices that raise the wages of home care aides and improve their job quality in other ways, especially with the increasing likelihood of some kind of industry regulation in the future.

Finally, and importantly, older job-seekers feel strongly that they face significant age discrimination in the labor market. To learn more about employer perceptions of older workers and to promote the hiring of older adults, the project may employ such strategies as employer dialogues, which involve frank, two-way conversations, grounded in research, between employers and experts on older adults. Alternatively, the project may pursue efforts to highlight the value of
older workers and to recognize employers supportive of older workers, such as through a public relations campaign comprised of public service announcements, editorials, and other media outreach.

Conclusion

In the current economy, unemployed older workers and employers each face challenges. On the one hand, older job-seekers struggle to compete with younger applicants to gain or regain the employment needed for their economic security. On the other hand, employers continue to have difficulty finding qualified candidates for selected growth occupations and in identifying the most-qualified candidates among the flood of applicants for many open positions.

The research and recommendations presented here are the first step toward improving the employment prospects and economic security of older adults in San Diego, while also helping to address the needs of their potential employers. Although many older workers are struggling in the labor market, they are also increasingly needed as the entire workforce ages. As the demographics of San Diego, like the rest of country, continue to shift, the practices of employers, workforce development organizations, aging services providers, and others must adapt to recognize older workers as important assets and contributors to our economy. The partners engaged in THRIVE! clearly have the vision, capacity, expertise, commitment, passion, and wherewithal to do so. The time to act is now.
## Appendix A

### Accessible Jobs in Healthcare and Social Assistance, San Diego County

<table>
<thead>
<tr>
<th>Description</th>
<th>2012 Jobs</th>
<th>2015 Jobs</th>
<th>Change</th>
<th>% Change</th>
<th>2011 Median Hourly Earnings</th>
<th>Education Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Aides</td>
<td>6,421</td>
<td>7,267</td>
<td>846</td>
<td>13%</td>
<td>$10.20</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Personal and Home Care Aides</td>
<td>5,315</td>
<td>5,818</td>
<td>503</td>
<td>9%</td>
<td>$10.59</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Office Clerks, General</td>
<td>2,404</td>
<td>2,578</td>
<td>174</td>
<td>7%</td>
<td>$14.15</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Child Care Workers</td>
<td>10,428</td>
<td>10,550</td>
<td>122</td>
<td>1%</td>
<td>$8.85</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Receptionists and Information Clerks</td>
<td>2,947</td>
<td>3,059</td>
<td>112</td>
<td>4%</td>
<td>$13.65</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Billing and Posting Clerks and Machine Operators</td>
<td>1,668</td>
<td>1,769</td>
<td>101</td>
<td>6%</td>
<td>$17.40</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Healthcare Support Workers, All Other</td>
<td>1,194</td>
<td>1,277</td>
<td>83</td>
<td>7%</td>
<td>$16.08</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Recreation Workers</td>
<td>809</td>
<td>875</td>
<td>66</td>
<td>8%</td>
<td>$11.43</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Truck Drivers, Light or Delivery Services</td>
<td>765</td>
<td>811</td>
<td>46</td>
<td>6%</td>
<td>$14.53</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Teacher Assistants</td>
<td>1,329</td>
<td>1,361</td>
<td>32</td>
<td>2%</td>
<td>$13.27</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Maids and Housekeeping Cleaners</td>
<td>1,094</td>
<td>1,117</td>
<td>23</td>
<td>2%</td>
<td>$10.25</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Counter and Rental Clerks</td>
<td>754</td>
<td>770</td>
<td>16</td>
<td>2%</td>
<td>$11.60</td>
<td>Short-term on-the-job training</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>6,315</td>
<td>6,915</td>
<td>600</td>
<td>10%</td>
<td>$14.41</td>
<td>Moderate-term on-the-job training</td>
</tr>
<tr>
<td>Medical Secretaries</td>
<td>6,005</td>
<td>6,436</td>
<td>431</td>
<td>7%</td>
<td>$15.54</td>
<td>Moderate-term on-the-job training</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>3,526</td>
<td>3,799</td>
<td>273</td>
<td>8%</td>
<td>$17.16</td>
<td>Moderate-term on-the-job training</td>
</tr>
<tr>
<td>Social and Human Service Assistants</td>
<td>1,564</td>
<td>1,650</td>
<td>86</td>
<td>5%</td>
<td>$14.32</td>
<td>Moderate-term on-the-job training</td>
</tr>
<tr>
<td>Bookkeeping, Accounting, and Auditing Clerks</td>
<td>1,080</td>
<td>1,143</td>
<td>63</td>
<td>6%</td>
<td>$18.04</td>
<td>Moderate-term on-the-job training</td>
</tr>
<tr>
<td>Secretaries, Except Legal, Medical, and Executive</td>
<td>906</td>
<td>922</td>
<td>16</td>
<td>2%</td>
<td>$16.05</td>
<td>Moderate-term on-the-job training</td>
</tr>
<tr>
<td>Nursing Aides, Orderlies, and Attendants</td>
<td>7,968</td>
<td>8,551</td>
<td>583</td>
<td>7%</td>
<td>$11.45</td>
<td>Postsecondary vocational award</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>3,987</td>
<td>4,300</td>
<td>313</td>
<td>8%</td>
<td>$22.69</td>
<td>Postsecondary vocational award</td>
</tr>
<tr>
<td>Preschool Teachers, Except Special Education</td>
<td>2,010</td>
<td>2,081</td>
<td>71</td>
<td>4%</td>
<td>$13.02</td>
<td>Postsecondary vocational award</td>
</tr>
<tr>
<td>Emergency Medical Technicians and Paramedics</td>
<td>982</td>
<td>1,038</td>
<td>56</td>
<td>6%</td>
<td>$13.51</td>
<td>Postsecondary vocational award</td>
</tr>
</tbody>
</table>

Source: EMSI Complete Employment – 2012.1
Appendix B

Advisory Board

The San Diego Mature Worker Sector Project is guided by an Advisory Board made up of the following leaders from workforce development, aging services, and business organizations:

- **Jade Arn**, Program Manager, Coastal Counties Workforce, Inc.
- **Trevor Blair**, Business Development Manager, Manpower San Diego
- **Karim Bouris**, Director of Community & Workforce Development, MAAC Project
- **Paul Downey**, President/CEO, Senior Community Centers
- **Maxine Fischer**, Operations Manager, Southern CA Region, AARP
- **Chuck Flacks**, Research Director, San Diego Workforce Partnership
- **Esteban Gonzales**, Project Coordinator, Region III, SER Jobs for Progress
- **Rosanna Indie**, Director of Community Relations, Jobing.com
- **Peter Kane**, Principal, Kane Consulting
- **Kent Koopman**, Employment & Training Specialist, Employment & Community Options
- **Carleen MacKay**, Director, Mature Workforce Initiatives, Career Partners International
- **Leane Marchese**, Executive Director, ElderHelp
- **Gary Moss**, Labor Market Information Specialist, San Diego Workforce Partnership
- **Sandra Nathan**, Senior Vice President, Economic Security, National Council on Aging
- **Dianne Partain**, Assistant Project Coordinator, Region III, SER Jobs for Progress
- **Susie Perkins**, Strategic Initiatives Manager, Tecumseh Area Partnership
- **Elizabeth Reynolds**, Human Resources Director, Elder Care Guides
- **Ellen Schmeding**, Assistant Deputy Director, Aging & Independence Services, Health & Human Services, County of San Diego
- **Leslie Shimazaki**, Dean, Parent Education and Emeritus, San Diego Continuing Education, San Diego Community College District
- **Catherine Sims**, Employment & Training Specialist, Employment & Community Options
- **Pam Smith**, Deputy Director, Aging & Independence Services, Health & Human Services, County of San Diego
- **Susie Smith**, Director, Building Economic Security for All, Insight Center for Community Economic Development
- **Erin Spiewak**, Executive Director, Gary and Mary West Foundation
- **Jim Torrens**, Program Manager, Insight Center for Community Economic Development
- **Nina Woodard**, President, Nina E. Woodard & Associates
- **Veronica Zaman**, Corporate Vice President, Human Resources and Learning, Scripps Health
Notes

1 Tuning in to Local Labor Markets: Findings from the Sectoral Employment Impact Study, Public/Private Ventures
3 Profile of General Population and Housing Characteristics: 2010 and Profile of General Demographic Characteristics: 2000, U.S. Census Bureau
4 Half A Million Older Californians Living Alone Unable to Make Ends Meet, Wallace SP and Smith SE. UCLA Center for Health Policy Research, 2009.
6 LEHD California Industry Reports – Quarterly Workforce Indicators, San Diego County, Q3 2010
7 Industry classifications used throughout are those of the North American Industrial Classification System, the standard used by Federal statistical agencies, such as the Census Bureau, in classifying business establishments and organizing industry-specific employment data.
8 AARP Bulletin, “50 Jobs for a Second Career” (6/22/11)
9 (Source: EMSI Complete Employment - 2011.4 )
10 “Summary Guide for Home Health Aides in California,” California Employment Development Department
11 Summary Guide for Medical Assistants in California,” California Employment Development Department
12 “Medical Secretaries,” California Occupational Outlook Report
13 According to the Self-Sufficiency Standard for San Diego, a single adult younger than 65 needs to earn $2,449 a month or $13.92 an hour for full-time work (40 hours per week) to make ends meet. According to the Elder Index, a similar measure for seniors, a single renter 65 or older needs to earn $1,953 a month or $12.20 an hour for full-time work to make ends meet.