

Building a Pipeline to Success:

A Look Inside the Making Connections Louisville Career Development Initiative



Ron Swope walks past rows of two story public housing units in Smoketown, a historic, but challenged urban neighborhood near the center of Louisville. Six feet five inches tall, 250 lbs, wearing a dress shirt and tie, Ron attracts a lot of attention as he moves about.

“Hi, my name is Mr. Swope,” he says energetically approaching two women waiting for the school bus to arrive. “I’m in the neighborhood recruiting for Norton Hospital. Are you interested in the medical field? Do you want to go into housekeeping, dietary or clerical?”

Ron Swope goes into the community to recruit people for a program that can lead to a job at nearby Norton Healthcare.

The women, wary at first, warm up quickly and begin asking questions about the application process. Ron encourages them to come to a brief pre-application meeting at the nearby Presbyterian Community Center and moves on.

He’s got a lot of territory to cover—the Barber Shop, the Beauty Salon, the Rental Office—all of these are fertile recruiting ground for potential applicants.

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—Dana Jackson

“It’s been a task getting the community used to who I am.” explains Ron Swope. “I own a black four-door Ford 150 pick-up and when I first came out, people thought I was an undercover narcotics officer with the police department. Once the message got out that I’m actually a recruiter with Norton Healthcare, I had a lot of clients come up to me and say they want jobs.”

Ron Swope’s presence in Smoketown is part of a new workforce development initiative created as a pilot between Making Connections Louisville and Norton Healthcare, the third largest employer in the state of Kentucky.

The Career Development Initiative targets residents in the four Making Connections Louisville focus neighborhoods—Smoketown, Shelby Park, Phoenix Hill and California—and provides them a direct link to recruiters at Norton Healthcare, as well as the supportive services necessary to maximize their success.

The project also helps these residents prepare to apply for a job, requiring that they attend a workshop on interviewing skills and work with a career advisor to address potential barriers to employment. Only after these steps have been completed will a resident’s application be sent to Norton.

The initiative is still in its early stages, having recently completed a pilot project designed to test the concept. That pilot effort proved to be a success, both in helping residents get jobs

and in helping the team running the initiative learn some important lessons.

The pilot project met its goal of getting 30 people hired at Norton Healthcare. Dozens of other residents are in line to be hired, engaged in short-term training or have found other jobs.

“We set a target of 30 folks, we have 30 folks,” says Dana Jackson, Making Connections Louisville’s Site Coordinator. “These folks are being paid between nine and eleven dollars an hour for full-time work with benefits. When you take that and multiply it by 30, we’re talking about over one-half million dollars in income to folks in our neighborhoods, and I think that’s awesome.”

Norton Healthcare has also been encouraged by this early success. “I just think it’s the right thing to do for the city of Louisville,” Says Kim Maffet, Vice President for Workforce Development. “We have got to support the residents of our own community. To me that is our most valuable resource and I am so thrilled with the success of it. I look forward to hiring many more people and I encourage many other employers around the city of Louisville to do the same.”

The person who has helped run the initiative, Kim Katz of Career Resources, Inc., thinks it can become a model. “This project is special to me because it sets an example of how a major employer gets together with an organization that provides workforce development assistance and targets people who need help.”

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The initiative grew out of a series of meetings in early 2004 with community leaders and residents in the four MCL neighborhoods—a group process called the “SATs” or “Strategic Advisory Teams.” The teams met regularly over several months to develop strategies for bettering the lives of residents, focusing on three major areas: Jobs and Assets; School Readiness, Education and Family Services; and Neighborhoods and Effective Services.

The people on the Jobs and Assets team quickly focused on jobs. “Folks need jobs,” was their conviction, according to Jackson. “People want to work.” For Louisville as a whole, 73% of households include at least one employed person. For the four MC neighborhoods, the comparable figure is 59%.

As the team—led by workforce development expert Pamela Anderson – studied this issue they determined that the issue was not a lack of jobs. The problem was in connecting MCL residents with those jobs.

With this in mind, the team decided to focus on what is called a sector-based approach, connecting neighborhood residents to opportunities with high-growth employers who work in certain expanding “sectors” of the local economy, such as health care. The team also looked for employers who provide major supports to their workers, such as helping pay for job-related education.

With a conveniently located downtown campus and a nationally recognized benefits package, Norton Healthcare was a logical choice as a partner. They were already involved



The Norton Healthcare complex is within a mile of three Making Connections neighborhoods.

with the Making Connections jobs work, in part because of a very useful connection: MC Louisville consultant Carolyn Gatz was on Norton’s board.

Norton also understood the long-term need for new approaches to recruiting employees, according to Maffet. “We know at Norton Healthcare that in the next 20 years we will be facing some major workforce shortage problems. This actually gave us an opportunity to be creative in our recruiting.”

As a result, Norton made a firm commitment to the project’s success, assigning a lead recruiter and three members of the recruiting staff to work specifically with the MC pilot.

“Norton was a wonderful partner,” says Jackson. “They were very forthcoming. Their attitude was, ‘Whatever we can do to help.’” This included a willingness to learn from the pilot project, Jackson adds.

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From Flyer to Hire: How Louisville’s Workforce Development Process Works

• Recruitment

Recruiting begins in the Making Connections neighborhoods—on the streets, in church basements, at community events and recreation centers, and through community agencies like New Directions, Presbyterian Community Center and the Coalition for the Homeless.

Recruiters and Career Advisors from CRI and Resident Organizing Coordinators from Making Connections are on the ground, passing out flyers, meeting with residents and networking with neighborhood leaders to spread the word about the Norton initiative and other employment opportunities available to residents.

The main objective in this initial contact is to convince residents to come to a workshop where they can learn more about these opportunities, and how to put their best foot forward in an interview. This point of entry is critical to making that important connection between the resident and Career Resources Inc. Once that connection is made, CRI can provide on-going support and outreach to help that resident be successful, either with Norton Healthcare or elsewhere.

• Interviewing Skills Workshop

Many of the residents in the Making Connections Louisville neighborhoods have limited experience in formal interviews, particularly when it comes to appropriate dress and conveying the proper attitude. CRI holds these workshops to help residents polish their interviewing skills and prepare them for the hiring process. At the end of this first session, attendees are sent home to prepare their job history and gather references so that they can fill out an application at the next session.

• Application Workshop

After attending the first workshop, residents return to fill out an application for Norton Healthcare, if interested. If they are not interested, the career agent from CRI helps them determine an alternate direction – perhaps they are interested in training, or in working in a different industry.

Some have opted to pursue additional training as a certified nurse’s assistant or licensed practical nurse, which will qualify them for a higher income. When these people finish their training, they may get hired at Norton Healthcare.

If CRI staff determine that the applicant is prepared for an interview with the recruiting agent from Norton Healthcare, a purple application is sent over to Norton, often with a hand-written note saying something like “Great candidate!” indicating the person is worth a serious look. However, many times CRI must hold back candidates because they are not ready—either they have spotty skills or a poor attitude.

Though many candidates complain about the two-step process (interview workshop then application workshop), it’s very helpful in pinpointing those people who simply aren’t motivated enough to hold a job. “The issues that prevent someone from attending a workshop will prevent them from being successful on the job,” explains Katz of Career Resources Inc.

• Pre-interview with Norton Recruiter

Once the Norton Healthcare recruiters receive the purple application, it is reviewed for skills to see where the person might best fit, generally the Food and Nutrition Department or Environmental Services.

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In the pre-interview, applicants are asked if they have any felony convictions. They are also asked what they think their former employer will say about them if questioned.

A background check is then performed, and anyone who fails by the Norton guidelines is immediately dropped from the hiring process. Any charges related to violence, drug abuse or theft typically warrant this action. Charges such as speeding or writing bad checks are usually forgiven.

• **Interview with Department Managers**

Once the recruiter deems an applicant appropriate, he or she is sent to a hiring manager from one of the hospitals or facilities in the Norton Healthcare network. If an applicant is sent to a particular facility and doesn't get the job, that person may be referred for a similar position at another hospital. An applicant may interview for as many as three or four positions before being hired.

• **On-going Meetings with Norton Recruiters**

Everyone who applies for a job at Norton is entered into a tracking spreadsheet, which charts the course of all applicants through the process. The recruiters all have access to a shared database and they update it as necessary.

Once every two weeks, the recruiters from Norton, the team from CRI and consultants Pam Anderson and Carolyn Gatz meet to discuss each participant—noting who was hired as well as who was not hired or was terminated—so that appropriate follow-up can happen.

One of the first steps was to identify how many MCL residents were already employed at Norton Healthcare. “With the approach we are using,” explains Jackson, “we want to be very cognizant of place—where folks are who need jobs, and where jobs are.”

“What we found is that when you look at the whole of Norton, not many people from the neighborhood were actually employed. We were all pretty shocked, including the folks from Norton.”

One reason they were shocked is that, in Jackson's words, “Norton is a neighbor.” Three of Making Connections' neighborhoods are within a mile of its hospital. “Often when you talk about going to work, transportation is an issue,” Jackson explains. “You can take that out if you can walk to work.”

The initiative's working team determined that the partnership with Norton Healthcare would begin as a pilot project. The main objective was two-fold: place 30 residents in jobs with Norton Healthcare and develop a prototype to use with other health-care systems and industries.

Career Resources Inc. (CRI), which operates Louisville's one-stop career center system, was brought on board to assist with recruiting and case management and to provide supplemental services for those people who didn't want to pursue a career at Norton or in the health-care field.

While none of the partners expected the project to be an instant success, no one antici-

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pated just how painstaking and complex the process would be. “What we learned is that getting it in place and operational has been extremely difficult. What we thought should have taken 100 steps has taken 1000 steps,” states Gatz, one of the project’s designers.

Those 1000 steps ultimately created a successful initiative. Not only have 30 people found jobs, 23 more are in line to be hired and 28 residents chose to enroll in short-term training before seeking employment. Six others secured jobs with other employers.

The pipeline to Norton will move ahead as a full-scale initiative. The team is planning to expand to other partners in the health-care

field and potentially other industries. But how the team arrived at this place—how it took one step forward and two steps to the left before finally hitting its mark—is an instructive story.

How it Came Together: Identifying Obstacles and Overcoming Them One at a Time

“A project like this takes an understanding that it’s going to be a bumpy ride,” says Katz of Career Resources. “You have to be willing to just start and then come back together and re-evaluate and change what isn’t working.”

A quick look at the initial design proves that point quickly—it bears little resemblance to the process now in place. The original design called for residents to come to a workshop entitled “Learn about Careers in the Medical Field,” but CRI staff soon discovered that the residents would benefit more from an interviewing skills workshop.

Initially it was hoped that residents would take an assessment to determine if they were a good match for the medical field, but the residents did not want to take an assessment.

The design called for a hospitality package to be developed and offered as an alternative to a career in the medical field, but CRI had difficulty finding partners in the hotel industry to commit to the project.

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Originally the plan was to establish mini-career centers at the neighborhood centers, but the mostly volunteer staffs at these organizations were unable to meet that challenge. And this was just the beginning.

Many of the issues the team faced were organizational – how do you do something that has never been done before? Despite the best intentions of all the players, there were some inevitable missteps and disconnects.

• Logistics of Tracking

“Last year we had 120,000 inquiries for 2000 jobs,” states Dawn Manning, one of the Norton Healthcare recruiters. “This project is just one very small part of what we do.”

With such a high volume of applicants circulating through the Norton system, the relatively small number of MCL applicants could easily slip through the cracks. Early on, after applications were lost, it became clear that special systems would have to be designed for tracking. One of the first inventions was a purple application form for flagging Making Connections candidates.

The second invention was a tracking sheet for candidates, but the early versions were very rudimentary and difficult to follow. For instance, hires and “track outs” (those who didn’t get hired) and candidates waiting to be hired were all mixed together, making it difficult to determine useful statistics. A more detailed tracking sheet was developed that breaks down candidates into three categories:

Current Applicants, Track-outs and Hires.

Another challenge appeared when it was discovered that people were being fired from positions, but the recruiters and CRI staff were not informed and so their names still remained on the “Hired” page. Because hiring managers do not have to report back to recruiting managers on such matters, the recruiters realized they must manually check termination records every week to look for MCL residents.

• Consistent Communication

When the project began, Norton Healthcare had a dedicated point person who was in regular contact with the CRI point person. However, he left shortly after the program began, causing some understandable disconnects in communication.

The team eventually decided to meet once a week to work out bugs in the tracking process and perform a systematic review of every candidate. Within several months, they were able to go to bi-weekly meetings. These meetings have become a cornerstone of the process. If a member of the team leaves, the meetings ensure that the process does not grind to a halt.

• Residents Making Contact with Norton Directly

In the MCL neighborhoods, news that Norton Healthcare was actively hiring local residents

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spread swiftly. Previously, the word on the street had been that it was difficult to get a job at Norton. Now that was changing.

Several months into the pilot, residents began applying directly to Norton Healthcare, bypassing the referral from CRI. Many of them were hired. In fact, of the 30 hired by Norton during the pilot, 13 of them came from the outside. This was discovered during a search of all employees at Norton Healthcare who live in an MCL zip code.

Due to privacy issues, Norton Healthcare cannot allow CRI to contact employees directly. Norton did give CRI permission to send a letter to outside hires, informing them of support services and assistance they could receive from CRI. So far no one has called for assistance.

Another problem arose when residents from neighboring areas, living in very similar circumstances, wanted to access this special employment pipeline. In June, CRI received 50 phone calls from residents outside the MCL neighborhoods—some of them by only a block or two.

After consideration, it was decided that a few people from a similar demographic could enter the program, but only if they have extenuating circumstances. These people will not be counted in the statistics evaluating the success of the program for residents of the Making Connections neighborhoods.

Facing the Deeper Challenges of Recruitment and Attrition

The organizational challenges, while taxing, paled in comparison with the ongoing issues of recruitment and attrition.

With only 50% of the households in the MCL neighborhoods having one or more employed persons (compared to 70% of households in the Metro area), finding recruits for employment opportunities would not seem to be a difficult task—but it was. Months went by when the number of hires only increased by one or two. The pipeline, far from a robust stream of candidates, was a mere trickle. MCL staff even wondered publicly, “What if you have an initiative and no one shows up?”

“The recruitment piece is tough,” reflects Jackson. “It takes everybody pulling in the same direction to make that happen.”

According to Katz of Career Resources, the issue was not finding enough people but finding enough people who were prepared to apply and to work at Norton. “We were getting a lot of people who weren’t ready,” states Katz. “In the end, we could get all the numbers we want but it serves no purpose if the people aren’t ready. We take that very seriously, even if it means our recruiting engine slows down.”

The numbers do tell an interesting story. According to Jackson, about 129 residents expressed interest. Of these, 86 attended an ini-

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tial workshop to hear about careers in health care. But only 47 completed an application.

When asked why they didn’t attend a workshop for which they had signed up, residents often cited similar reasons. “I forgot. I overslept. I couldn’t get child care. I missed the bus.” If they made it to the first session, they often missed the second one, often for slightly different reasons, usually pertaining to self-confidence: “I’m nervous. I’m not sure I’m ready.”

At one point, feeling some pressure to boost the number of applicants, Katz sent an applicant to Norton who was recruited, put

through a workshop and encouraged to fill out an application all in the same day. The applicant arrived at Norton very inappropriately dressed with facial piercings, all of which was duly noted by the recruiter, who wondered why the applicant had been sent over. “I won’t make that mistake again,” laments Katz.

Even those that made it as far as an interview with a Norton recruiter often failed to show up for interviews or were exceedingly late. Some arrived dressed inappropriately or displayed a negative attitude. Once they were hired, some failed to show up for orientation or missed work without calling, and they were fired.

“At first I thought it was nothing....”

When she first heard through her church about a project that was connecting residents of her neighborhood to jobs at the Norton hospital complex, Smoketown resident Anjonette Lewis was skeptical. But she knew that the last job she had, cleaning a large office of a lawyer, offered few if any opportunities for growth, so she decided to become part of this new project.

“At first I thought it was nothing. We’re going through all this effort and I’m not going to get a job. But then I said, just go ahead and give it a try. And then it was like—one day, two days, three days—and then finally, ok I’m in the door and it felt so great.”

Lewis got a job in Environmental Services, sterilizing the rooms of patients who have been discharged. Her long term goal is to finish school and become a physical therapist, a goal that working at Norton could make attainable. Not only will it subsidize education for its employees, it will allow them to move to other departments, physical therapy in Lewis’s case.



“Working at Norton’s is a real opportunity to move up,” says Lewis’s supervisor, Martha Thomas. She started as a personal care assistant, moved to the transportation department, then became a supervisor in Environmental Services. “It’s where you want your goal to be. It’s up to you.”

Lewis agrees. “At Norton, you have people who are willing to push you forward and tell you to go for it and further yourself as far as you can go and in the long term you’ll finally meet that goal.”

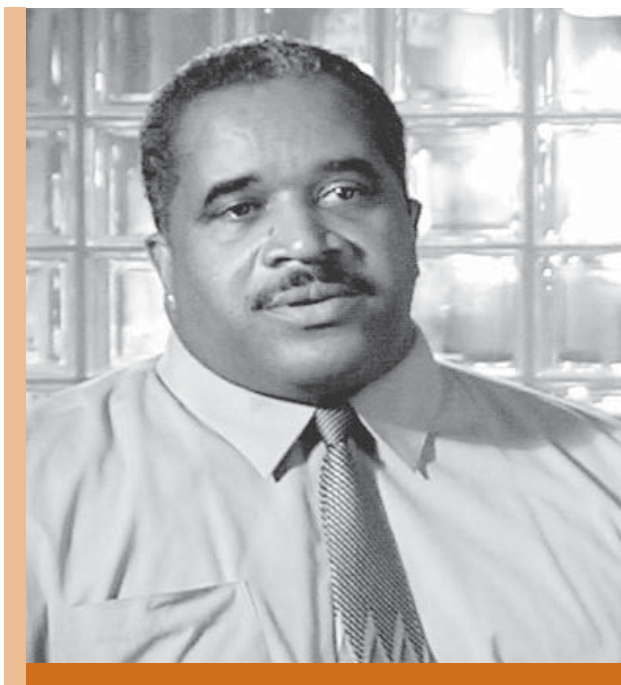
“We have found that a single point of contact is very important. Ron builds a relationship with people. If a problem comes up they can talk about it with Ron.”

—Dana Jackson

The stakes for Making Connections and CRI were and are high. In order to maintain a good relationship with Norton, they must send over only those candidates who are job ready. The applicants in this process have the benefit of getting a “good look” by a busy Norton recruiter. But they must still compete with the other applicants for the jobs. The recruiters need them to come to the interview prepared and job ready.

“The hiring managers expect me to send them people who are qualified for the job,” states Norton recruiter Dawn Manning.

The team realized that more effort was needed on the front end of the process to coach residents and make certain they were job ready—or the initiative could not be sustained.



The Response: A Culturally Competent Full-time Career Advisor

Ron Swope spies a young woman across the street and calls out to her, “Hey, what happened to you? I thought you were going to fill out an application.”

“I did but I never heard back from them,” she replies.

“Well, are you still interested in getting in with Norton?”

“Yes,” she replies.

“Well meet with me and we’ll fill out another application.”

This level of support and follow-through turned out to be the missing link in this process. Without it, residents simply fell away too easily when things didn’t go smoothly.

Though there had been a career advisor in place before, the position was only part-time and residents were not engaged by this advisor until they applied at Norton. Another CRI

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—Ron Swope

The numbers prove that a single point of contact works. Almost immediately after Ron started, the number of applicants in the pipeline jumped, as did the numbers of hires. More importantly, Norton recruiters stated that applicants seemed better prepared and motivated.

employee did the recruiting and yet another person conducted the interviewing skills and application workshops. This lack of consistency only fueled attrition.

The full-time career advisor position was created with the assistance of an augmentation grant requested mid-way through the pilot.

“What we’ve been trying to do is be intentional about a single point of contact,” states Making Connections’ Jackson. “So, if in fact it is Ron Swope who has done the recruiting, they see him as the recruiter. Then they also see him at the workshop. They can contact him. He works with them through the total process.”

“We have found that a single point of contact is very important,” says Jackson. When a person who is nervous anyway must interact with so many different people, Jackson believes that, “This can be a show-stopper. It puts people ill at ease.”

“People are scared,” confirms Myra Thomas, a resident who had applied eight times to Norton before entering the program and getting a job. “That’s normal. Keep pushing them.”

Having one person be an applicant’s “touchstone” makes a huge difference, Jackson believes. “Ron begins to build a relationship and establish a rapport with people.” If a problem comes up—no child care, nothing to wear to an interview—these people “already have a relationship with Ron and they can have these kinds of conversations.”

This relationship also helps Ron “have more in-depth information about each person and what their needs and aspirations are,” Jackson adds.

The reality of working in a community where many residents have not been part of the workforce is that people need support, Jackson believes. This can range from transportation and reliable child care to basic planning and coping skills needed to multi-task or handle interpersonal conflicts. Many applicants have felony backgrounds or are unable to pass mandatory drug tests.

With all these barriers, Swope says that a consistent, supportive presence can make all the difference. “I think what I do is develop myself as a good role model in this community. In a sense I’m a big brother. I’m a leader in the community even though I’m not a resident, but they understand that I’ve been there.

“I know what it’s like to grow up in the projects because I grew up in the projects. I know what it’s like to grow up around drugs, because I grew up around drugs. I don’t have to lecture them about what they’re going through. But I talk to them about the ways they can advance their goals.”

Indeed the numbers prove that a single point of contact works. Almost immediately after Ron started as a full-time career advisor, the number of applicants in the pipeline jumped, as did the numbers of hires. More importantly, Norton recruiters publicly stated that applicants seemed better prepared and motivated.

“What we’re finding is that the folks who go through this process have a higher rate of retention than the folks who just come in off the street. I think that really celebrates this kind of approach.”

—Dana Jackson



Site Coordinator Dana Jackson believes that Making Connections is well placed to build a pipeline like this one.

than the folks who just come in off the street,” states Jackson. “I think that really celebrates this kind of approach.”

Jackson believes that, for potential partners in health-care or other industries, this is compelling evidence that this initiative offers more than the opportunity to enhance community relations. She says it is sound business practice as well.

What This Initiative Provides

• For the Employer— Higher Retention Rates

In the health-care field, retention is a constant issue. Companies like Norton Healthcare spend hundreds of thousands of dollars replacing employees who leave their system. Losing one employee can cost anywhere from \$2000 to \$80,000 to replace depending on the specialty. Turn-over in entry-level positions is particularly high.

“What we’re finding from our Norton partners is that the folks who go through this process—through the soft-skills training and the mock interviews and they have that support—those folks have a higher rate of retention

• For the Employee — A Different Kind of Network

Most people can point to a moment in their lives when they received a critical “leg up”—an uncle had a friend down at the union hall, the next-door neighbor knew the Director of Human Resources at a large company, a friend from college heard about a job opening at his firm before it was posted. As the old saying goes, “It’s all who you know.” For many residents in MCL neighborhoods, those kinds of connections simply don’t exist.

Jackson reflects on how this initiative provides MCL residents the kind of boost most people take for granted. “It gives the applicants a network and a support system that would otherwise be absent. If I’m applying for a job, I’d like to believe I have a group of

“I had so many emotions — it really pumped me up. I felt like the door was finally open.”

—Myra Thomas

people who can vouch for me and say she does good work.

“That’s what this is doing. It gives them a different kind of footing to get their foot in the door and stay in the door. It’s also providing that on-going support and that coaching piece that we may get from family and friends who say, ‘You can do it.’ It’s instilling that yes-you-can attitude until it becomes not yes you can, but yes I can.”

The critical importance of having a connection like this is shown by the experience of Myra Thomas, a resident who had applied to Norton eight times without getting a job. “I was either overqualified, underqualified, or the position was already filled.” stated Thomas.

But once Thomas was able to apply through the pilot project with a purple application, she was hired immediately as a Patient Care Assistant. “I had so many emotions — it really pumped me up. I felt like the door was finally open.” Thomas is now working with Norton’s Human Resources department to get help to attend nursing school from the Health Careers Assistance Program, or HCAP.

How It Looks from Here — Full-steam Ahead

Though the pilot is clearly a success and will move to a full-scale initiative, those involved with this initiative say that there is still more work to be done.

1. Provide post-employment coaching.

Helping residents from MCL neighborhoods obtain entry-level jobs with Norton Healthcare was only the first part of the challenge. The next hurdle is helping these employees see that they have more than a job—they have the beginnings of career.

“One of the biggest challenges we have is just enabling people to believe in themselves and to dream big,” states Maffet of Norton Healthcare.

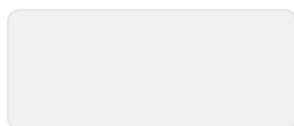
To address this issue, MCL requested and received an augmentation grant from the Annie E. Casey Foundation for a full-time “Career Coach” to operate as an employee of Norton Healthcare. Norton Healthcare provided matching funds. It is expected that this position will be filled early in 2006.

This Career Coach will be able to make contact with everyone who enters the Norton Healthcare workforce and help them connect with the myriad of services and educational opportunities open to them through Norton. Many of the jobs available to residents are entry-level positions in dietary or housekeeping. The pay for these positions is between \$9-\$11 per hour with benefits. Though this is a comparatively high starting salary, these positions offer little room for advancement without additional training.

Jackson explains that employees need to be made aware of the training and educational opportunities available to them, but more importantly, they need someone to help them

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see the long-term benefits of pursuing these options. She believes they need a coach in the truest sense of the word—someone who motivates and inspires as well as instructs.

“They will have someone who can help anchor them,” Jackson says. “We see this post-employment coach as someone who can help them navigate the Norton system, helping them figure out how they can advance through this system, which is huge. People say it’s like a small city.”

The Career Coach will also be able to connect employees with CRI and services available through WIA (Workforce Investment Act), such as skills upgrade training. The career coach will work closely with CRI’s lead Career Advisor. They will act as primary and secondary case managers respectively.

But Jackson says that this career coach will provide other support as well. The coach will sit down with employees and help them think through their needs. “What happens if that person’s child care arrangements fall through? What if the car breaks down? What’s plan B? Plan C?”

The coach will also help with the almost inevitable problems that come up for nearly anyone at work, Jackson says. “It’s not always great at work. There are issues. Often you need to blow off some steam. I know I do. It’s good to know you have support, someone who can help you put things back in perspective.”

2. Address barriers to employment.

An inordinately large number of applicants in this pipeline were denied because of criminal background records. In the MCL focus neighborhoods, this is a very common problem. All health-care organizations have very strict guidelines about criminal records, which means that some very good applicants have been automatically disqualified. This has caused genuine distress for all those involved—the residents and the team from MCL and Norton.

Some residents have been referred to the Urban League’s ex-offender job-training program. Additionally, some residents have been able to expunge their record because they were not actually convicted of a crime—only charged with a crime. Background checks do not make a distinction between being charged with a crime and being convicted of a crime.

“The first issue is to get everyone to wrap their mind around the issue and see the need. They are asking themselves, ‘Why should we single out a certain population?’”

—Carolyn Gatz

Nonetheless, it must be noted that this was and is a significant challenge with the Norton job pipeline and will be with any other partners in the health care sector.

3. Develop a more sophisticated tracking system.

There is a need for a common tracking and case management system, according to Pam Anderson, leader of the team directing this initiative. The team needs to set more concrete goals and have a means for tracking them more accurately.

She asks that, if the goal is to close the gap between MCL neighborhoods and the larger Metro Louisville area in terms of employment, how is this pipeline working towards that goal? The team must look at these questions and determine how and when to implement a new system.

Critical Elements of Success for Future Partnerships

The next phase of the initiative involves expansion to other partners in the health-care field, specifically the University of Louisville, Jewish Hospital and Kindred Healthcare. Based on the learnings from the Norton pilot, the team has identified several key areas for improvement in future partnerships.

1. Get “buy-in” from all partners for the concept.

There is a widespread agreement that a critical factor in the pilot’s success was the degree of buy-in by Norton Healthcare. “I can’t say enough about Norton Healthcare,” says Jackson. Without Norton’s active participation, she adds that, “We really couldn’t have done this and experienced the success we have had.”

How do you get that kind of buy-in? “The first issue is to get everyone to wrap their mind around the issue and see the need,” believes team member Carolyn Gatz. “They are asking themselves, ‘Why should we single out a certain population?’”

“We’re inventing something that’s never existed and that’s difficult,” she adds.

For other potential partners, involvement in this initiative will require dedicating personnel, time and resources in amounts relatively disproportionate to the number of applicants involved—at least initially. Partners must believe in the value of the project in order to justify these additional efforts.

This buy-in needs to start at the top of a company. Once the CEOs are on board, there must be efforts to carefully orient and train all staff working on the project so that they too buy in. Otherwise, they might ultimately resent the extra paperwork and time the project requires, or worse, find excuses not to do it.

Again, Norton did this, Jackson says. “The recruiters have been great.” She explains that

“The Norton Pilot reaffirmed for me the importance of having the right set of partners. Partners who are willing to stay at the table, struggle through difficult times, quickly change processes that aren’t working and be bound only by the limits the group imposes on itself.”

—Dana Jackson



I think what I do is develop myself as a good role model in this community. In a sense I’m a big brother.

—Ron Swope

they went beyond simply recruiting people. They also worked with the supervisors who would be managing the new employees.

Future partners need to know that they are not being asked to hire unqualified or otherwise inappropriate applicants. They are being asked to give a certain population of people who live in highly distressed communities “a good look.” They are being asked to be a little more flexible in how they approach interviews and hiring with residents from these neighborhoods, while still maintaining the integrity of their hiring practices.

“The Norton Pilot reaffirmed for me the importance of having the right set of partners,” Jackson says. Who are they? “Partners who are willing to stay at the table, struggle through difficult times, quickly change processes that aren’t working and be bound only by the limits the group imposes on itself.”

A video developed about the Norton Healthcare pipeline that provides an overview of the process could be a useful tool in orienting new team members. (How get this? Our website?)

2. Clearly identify “point people” from each partner.

With so many different people involved, point people from each partnering entity must be identified from the beginning. These point people will be responsible for ensuring that the process moves forward in a timely fashion and that all applicants are tracked through the system properly. If confusion or questions emerge, it will be clear who to contact.

In the event that one of these point people seeks employment elsewhere, another point person must be designated and trained.

3. Be very clear about how the process works.

Through the process of addressing obstacles in the Norton Healthcare/Making Connections Workforce Pilot, a clearly defined process has emerged. The need for regular case management meetings has been established. The necessity of specially colored forms has been identified. Nearly all of the systems are in place and tested. (The only exception concerns the role and responsibilities of the post-employment coach. This will need to be adjusted once the position begins and the inevitable “kinks” emerge.)

“The Making Connections network provides a ready audience to begin to match employers and would-be employees. It can plug people into opportunities.”

—Dana Jackson

For potential partners, it's important to have the process carefully described to them in writing so that they understand the ramifications and responsibilities of their involvement.

Jackson is quick to add that the lessons Louisville has learned so far are just the beginning. “We don't have it all figured out. We are learning as we go.

“We are pleased with our progress but we know we have a lot more to do to make the kind of systemic change we want to see.”

She thinks that starting as a pilot project was critical. “The value of doing this as a pilot is that you're able to make mistakes and learn from them. There has been a huge amount of learning going on. You can then feed that back into the system.”

As this system becomes more and more effective, Jackson says that her “greatest hope” is that many other employers will embrace this new approach to recruiting and supporting new employees. “When people see that it works, we hope that others will work with us, not only in health care but in many other sectors.”

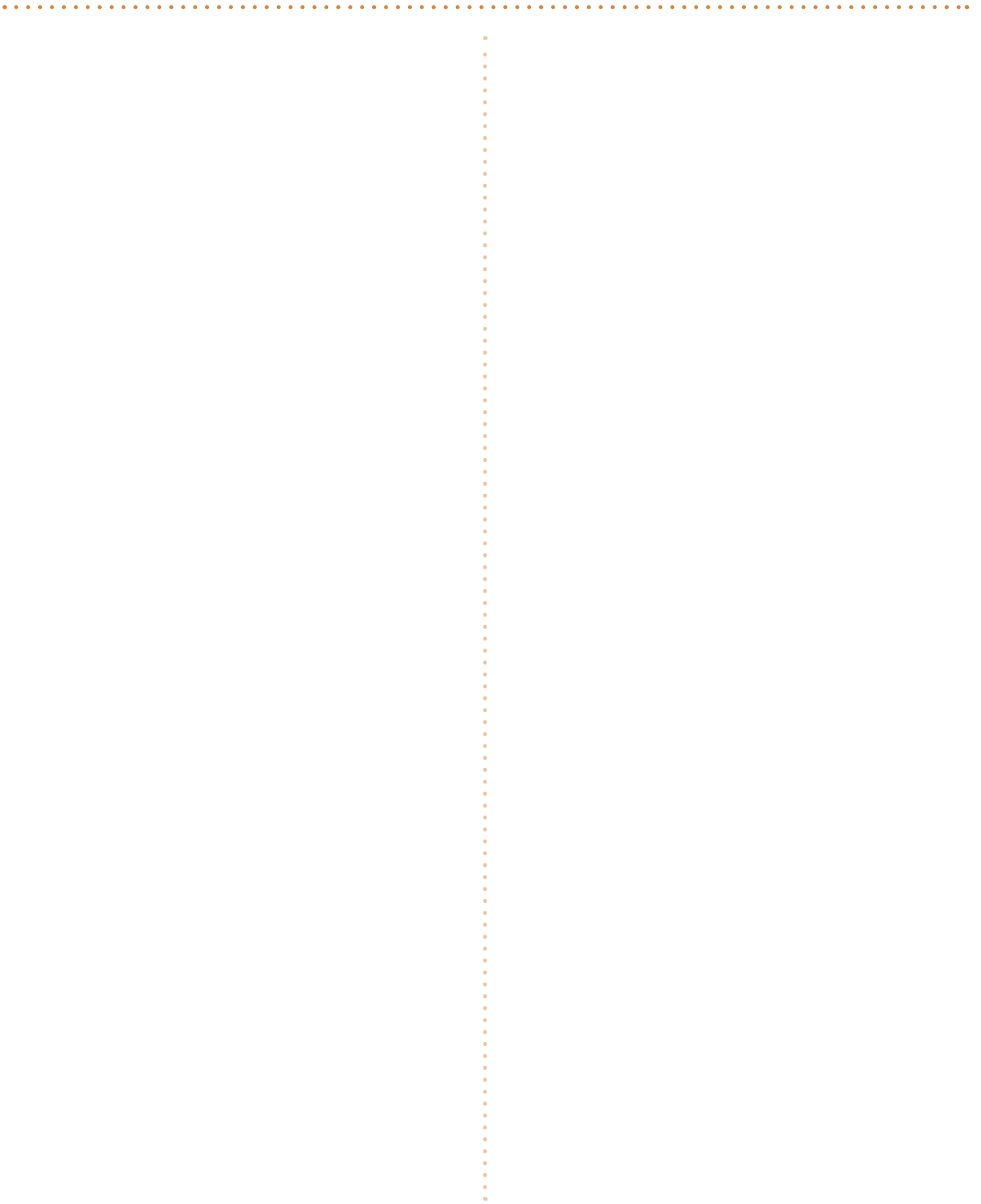
Jackson also thinks that Making Connections is well placed to build a pipeline like Louisville's. Many elements of Making Connections can be used to help the pipeline succeed. For example, Louisville's Resident Organizing Coordinators or “ROCs” have been “very instrumental in talking up the project and getting a buzz going with their neighbors and friends,” Jackson explains.

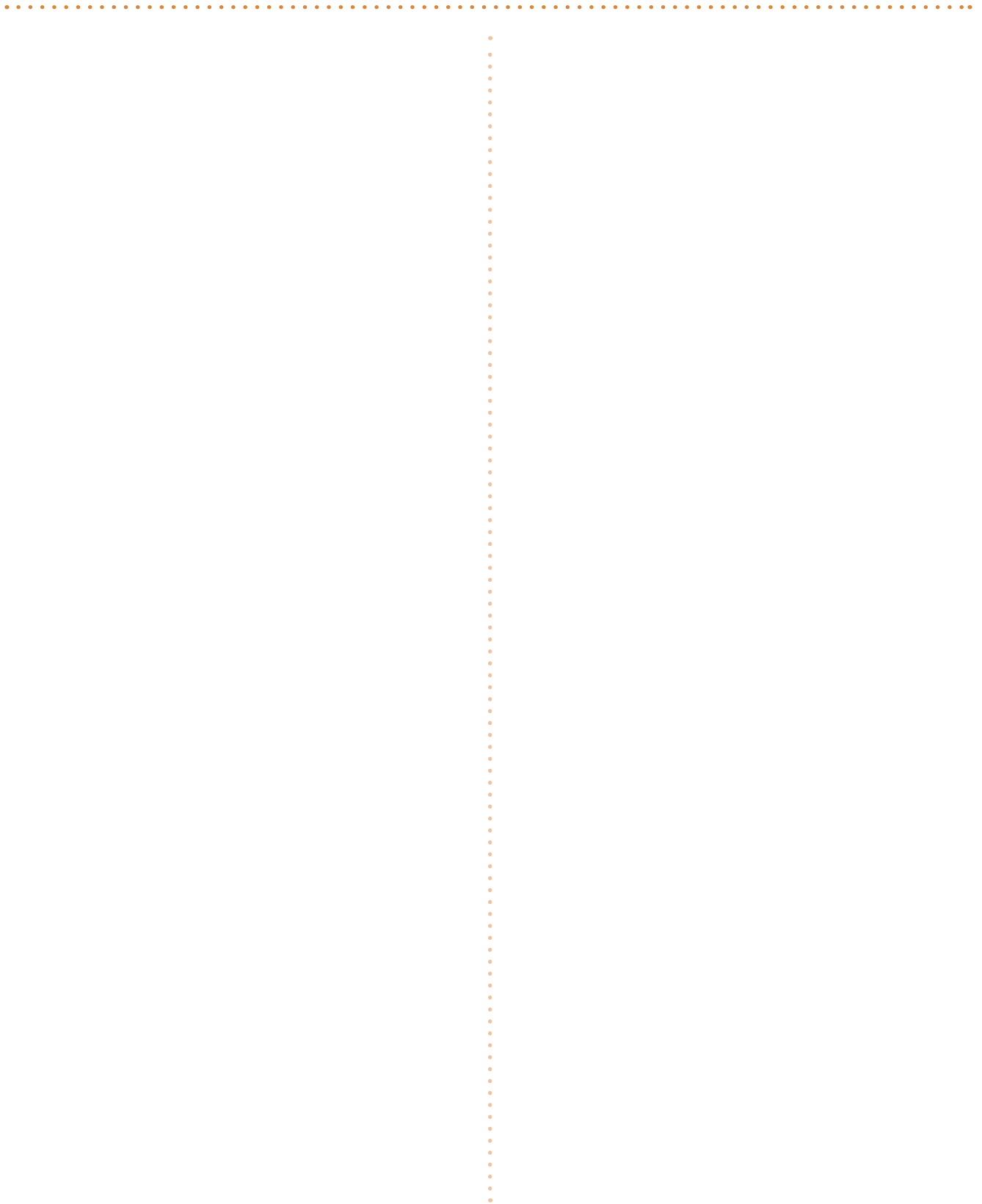
Similarly, Making Connections network of partners can also play a key role. “We've tried to make sure that we're talking it up with our partners and getting the word out. It's a networking approach to recruitment.”

Altogether, Jackson says that Making Connections Louisville has more than a 1000 members. “All of these people have talents and skills—things they can bring to an employer. Or they know people who have certain skills. The network provides a ready audience to begin to match employers and would-be employees. It can plug people into opportunities.” At the same time, Jackson adds, this network can help provide the supports that people may need to take advantage of these opportunities.

“One thing this health-care pilot does is provide a different kind of support and a different kind of network,” a network not unlike what many middle class people take for granted. “Our lead organizer, Delquan Dorsey, says this marvelously. He says that if residents had our networks, if they knew the folks that we know, they would have access to all kinds of opportunities.” Creating a network like this for residents is the promise of this pilot project, Jackson believes.

“Who you know really opens the door to another level of opportunity. That is what this pipeline does. It gives people a network and a support system that otherwise would be absent. It gives them a way to get their foot in the door and to keep their feet in the door. It starts to give them what I have when I apply for a job: a group of people who can vouch for me and say she does decent work, she's a good person, she is a hard worker.”





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The Diarist Project

This is one of a series of publications about the Annie E. Casey Foundation’s Making Connections Initiative put together by The Diarist Project. The project is a new approach the foundation is using to learn from its efforts to strengthen families and transform struggling neighborhoods.

Diarists work to capture strategies and insights of the people who are leading the neighborhood transformation work. In Making Connections, the diarist works closely with the staff people who lead the work in each city, the Site Team Leader and Local Site Coordinator.

This article was written by Laura Crawford, Making Connections diarist Louisville. It was published in February 2006. Photos by Laura Crawford from her video, “One Rung at a Time: The Making Connections Louisville Career Development Initiative.” It is available from Making Connections.

Making Connections is a Casey Foundation initiative to support work that demonstrates the simple premise that kids thrive when their families are strong and their communities supportive. What began in 1999 as a demonstration project in selected neighborhoods in 22 cities is now an intricate network of people and groups committed to making strong families and neighborhoods their highest priorities.

The Annie E. Casey Foundation works to build better futures for disadvantaged children and their families in the United States. Its primary mission is to foster public policies, human service reforms and community supports that more effectively meet the needs of today’s vulnerable children and families.



“Finally I’m in the door and it felt so great.” —Anjonette Lewis

For more information about **The Diarist Project** or to receive copies of its publications, contact:
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**Making Connections - Louisville XXXXXx
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