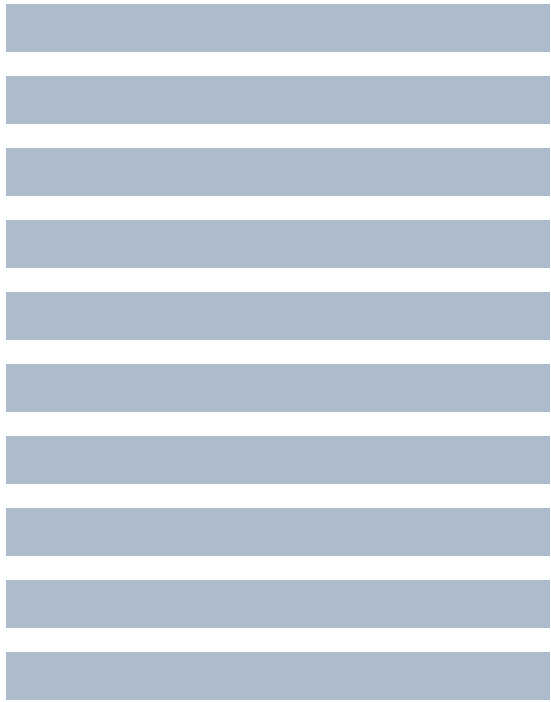




# Recruiting Quality Health Care Paraprofessionals

A PHI Technical Series  
Publication



**Paraprofessional**  
Healthcare  
INSTITUTE



# Paraprofessional Healthcare Institute

The *Paraprofessional Healthcare Institute (PHI)* is a national nonprofit health care employment development and advocacy organization, based in the South Bronx, New York City, with affiliates in five states.

PHI's mission is to facilitate:

- **The creation of decent jobs for low-income individuals**, with a special emphasis on women who are unemployed or transitioning from welfare to work, and
- **The provision of high-quality care to clients** who are elderly, chronically ill, or living with disabilities.

From within the health care industry, PHI has linked this twofold mission through a “**Quality Jobs / Quality Care**” school of thought: We believe that creating quality jobs for low-income individuals—who comprise the majority of paraprofessional health care workers—is not only consistent with, but necessary to, the provision of high-quality, cost-effective services to long-term care consumers.

We serve PHI's mission through:

- **Practice:** Facilitating the creation of employee-owned health care enterprises, consumer-directed demonstrations, and employer-based training programs—and then fostering a network of those initiatives to assist and challenge one another toward excellence and innovation.
- **Consultation:** Advising key stakeholder groups—including consumers, labor, and concerned providers—in adopting employee-centered innovations in the recruitment, training, job re-structuring, and supervision of paraprofessional health care workers.
- **Policy development:** Promoting fundamental change—on behalf of direct-care workers, public assistance recipients, and health care clients—in both public policy and health care industry practice.

Members of the Cooperative Healthcare Network include: *Cooperative Home Care Associates* and *Independence Care System* of New York; *VNA of Southeast Michigan Training Institute*; *Good Faith Fund Careers in Health Care* of Pine Bluff, Arkansas; *Home Care Associates* of Philadelphia; and *Quality Care Partners* of Manchester, New Hampshire.

To order individual copies of this publication, send \$8.00 with your request to:

*Publications*

## **Paraprofessional Healthcare Institute**

349 East 149th Street, Suite 401

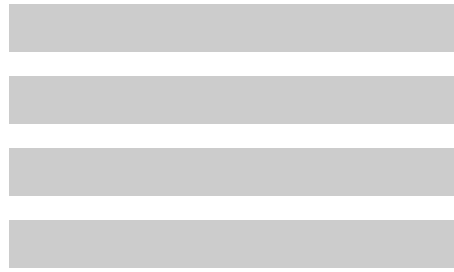
Bronx, New York, 10451

Phone: 718-402-7766

Fax: 718-585-6852

Email: [info@paraprofessional.org](mailto:info@paraprofessional.org)

Bulk rates are available.



# Recruiting Quality Health Care Paraprofessionals

A PHI Technical Series  
Publication

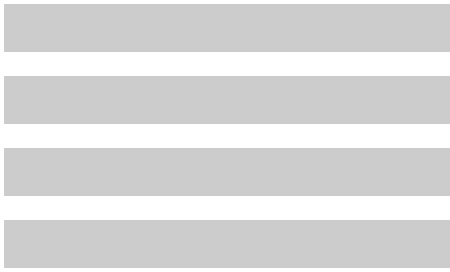


## **Acknowledgements**

PHI thanks the Cooperative Healthcare Network, including: Cooperative Home Care Associates (CHCA), Home Care Associates of Philadelphia (HCA), Quality Care Partners (QCP), VNA of Southeast Michigan Training Institute, and Good Faith Fund Careers in Health Care for sharing their experience and insights with the authors.

PHI also wishes to thank the Charles Stewart Mott Foundation, Annie E. Casey Foundation, and the IBJ Foundation for their generous support.

This manual was written by PHI Director of Communications Karen Kahn, with assistance from Training Specialist Katie Moody and Executive Administrator Peggy Powell.



**TABLE OF CONTENTS**

**Introduction** ..... 3

    The Paraprofessional Healthcare Institute ..... 3

    Purpose of Guide ..... 4

**The Challenge of Recruitment** ..... 5

**Recruitment Overview** ..... 6

**PHASE I: OUTREACH** ..... 7

        The “Ideal” Candidate ..... 7

        Recruitment Partnerships ..... 8

        Broad-Based Outreach ..... 9

        A Final Word ..... 10

**PHASE II: INTAKE AND ASSESSMENT** ..... 10

        Information Sessions ..... 11

        Individual Interviews ..... 13

        Pre-Enrollment Activities ..... 15

**ASSESSING THE EFFECTIVENESS OF YOUR RECRUITMENT STRATEGY** ..... 16

**Summary** ..... 16

**Appendix** ..... 19

    Home Health Aide Interview Questionnaire Guide ..... 21

    Interview Assessment ..... 24

    Outreach/Recruitment Assessment ..... 25



## Introduction

Our health care system is becoming increasingly reliant on paraprofessional caregivers—home health aides, certified nurse assistants and personal care attendants—who provide at least 70 percent of the health system’s direct-care services. Paraprofessionals provide care in hospitals, nursing homes, assisted-living facilities and other institutions; they also provide home-based care to the ill, elderly, and people with disabilities who need various levels of personal support—from bathing and toileting to cooking and companionship.

Although as a society we face a critical shortage of health care paraprofessionals, the health care industry has, until recently, made little attempt to improve the quality of paraprofessional jobs in order to attract and retain workers. At the bottom of the health care hierarchy, paraprofessional workers typically are paid poorly and are too-often treated with little respect. As a result, the turnover rate for paraprofessionals in home care agencies ranges from 40 to 60 percent and, in nursing homes, is often as high as 100 percent.

### **The Paraprofessional Healthcare Institute**

The Paraprofessional Healthcare Institute (PHI) is a national, nonprofit health care employment development and advocacy organization that is challenging the traditional model of paraprofessional health care employment. The mission of PHI is to facilitate:

- The creation of decent jobs for low-income individuals, especially women who are unemployed or transitioning from welfare to work,
- The provision of high-quality health care to clients who are elderly, chronically ill, or living with disabilities.

From within the health care industry, PHI links this twofold mission through a “Quality Jobs/Quality Care” school of thought. PHI believes that creating quality jobs for low-income women—who comprise the majority of paraprofessional health care workers—is consistent with the provision of quality health care. In fact, PHI’s premise is that the well-trained/well-supervised “frontline caregiver” is critical to the delivery of high-quality service.

This philosophy is at the heart of the recruitment and training strategies that PHI has developed in cooperation with the Cooperative Healthcare Network (CHN). CHN is a network of employee-centered paraprofessional health care agencies and training programs currently serving the South Bronx, Philadelphia, Detroit, Pine Bluff (Arkansas),

and Manchester (New Hampshire).<sup>1</sup> Several of these agencies are structured as worker-owned cooperatives; all are committed to improving the quality of client care through improving the quality of direct-care jobs. Today these paraprofessional agencies employ more than 700 low-income workers, the vast majority of whom are women, in jobs that offer both above-industry wages and benefits *and* career advancement opportunities.

By making recruitment and training a top priority, our network agencies have succeeded in their mission of providing exceptional service to the elderly, ill, and people with disabilities. Each agency is consistently rated among the highest-quality care providers in their respective markets.

## **Purpose of Guide**

This guide provides an overview of the recruitment strategies used by the Cooperative Healthcare Network. All CHN agencies recruit entry-level candidates into employer-based paraprofessional training programs and guarantee employment to those who successfully complete training. To excel in the marketplace, each agency must provide well-trained paraprofessionals who are capable of providing reliable, skillful, compassionate client-centered care; thus, *attracting and selecting the right individual is at the core of each agency's business strategy*. The focus of all recruitment efforts is on identifying those applicants who are most likely to succeed as frontline caregivers.

Although they share a similar approach to recruitment based on a set of common goals and principles, no two CHN agencies use identical recruitment practices. Each has had to structure its recruitment program to fit its own business market and labor needs, which vary considerably from state to state. As a result, the strategies documented here do not reflect the practices of any single agency. Rather, drawing on our experience with the Cooperative Healthcare Network, we describe an “effective practice model” that other agencies concerned with quality recruitment and training programs for health care paraprofessionals may wish to explore. Recognizing that we cannot provide a “one-size-fits-all” template, our hope is that the model described here will be used as a point of departure for further discussion among long-term care providers struggling to attract and retain high-quality front-line workers.

<sup>1</sup> A recent addition to the Cooperative Healthcare Network is Independence Care System, a consumer-driven managed care demonstration program for New York City residents with severe disabilities. ICS provides high-quality jobs to paraprofessionals, who are valued members of caregiving teams.

## The Challenge of Recruitment

Attracting, assessing, and selecting potential employees to provide high-quality paraprofessional care are challenging, yet ultimately rewarding, experiences. Why is it so difficult to recruit high-quality applicants?

First, paraprofessional care is a low-paying occupation that attracts mostly female workers with little formal education and few marketable skills. This group of potential workers tends to experience a high degree of instability in their lives, an instability often caused by the challenge of raising children in poverty. Violent neighborhoods (and sometimes homes), poor schools, insufficient affordable housing, and the bureaucracy of public assistance programs all contribute to this instability. Within such an environment, barriers to employment, such as finding reliable and affordable child care and transportation, often seem insurmountable.

Among this group of potential workers are many sincere and capable, even gifted, people who have the ability to become high-quality caregivers. Yet there are also those who are inappropriate for this kind of work—they may be uninterested in caregiving, lack compassion, or feel uncomfortable performing the intimate tasks necessary to personal care jobs. Or they may have a history of drug abuse or criminal activity that might disqualify them from paraprofessional employment. CHN agencies apply high assessment standards in order to identify those who will be successful caregivers.

CHN agencies have found that the challenges of recruiting paraprofessional trainees have multiplied in the 1990s, the result of two dramatic changes in this country's social, political, and economic context.

First, the expanding economy has given entry-level workers more employment opportunities from which to choose. Although paraprofessional health care can be a rewarding occupation, it is hard work, offering wages and working conditions that are relatively uncompetitive in today's labor market. In order to attract the best workers, CHN agencies try to provide higher-than-average wages and benefits. Since many low-income workers are well aware of the generally poor working conditions for paraprofessional health care workers, CHN agencies also entice workers by offering employee-centered workplaces that are supportive and respectful of paraprofessionals.

In addition to the challenges of a high-paced economy, the CHN has found that, ironically, their recruitment efforts have been hampered by "welfare reform." Where at one time, the majority of new paraprofessional trainees were women leaving public assistance, today individuals receiving public assistance who are considered "job ready" are

*Attracting,  
assessing,  
and selecting  
potential  
employees to  
provide  
high-quality  
paraprofessional  
care are  
challenging,  
yet ultimately  
rewarding,  
experiences.*

often discouraged by their case workers from taking part in skill-based pre-employment training; according to welfare reform's "work first" philosophy, these potential workers must find immediate employment, and thus, they have been directed away from the CHN's health care training programs.

This leaves the "hardest to employ" on the welfare rolls, and many of these recipients may be inappropriate for caregiving occupations, which require a high degree of maturity and responsibility. Therefore, in recent years, CHN agencies have had to re-evaluate their recruitment strategies, focusing not only on relationships with the public assistance system, but also on building recruitment partnerships with community-based organizations that share the network's mission of providing low-income women with decent jobs and opportunities for advancement.

The CHN approach to recruitment is designed to meet the varied challenges of attracting applicants to pre-employment training and identifying those most likely to succeed as high-quality health care paraprofessionals. Successful agencies find that, although the task is difficult, it brings great rewards. *By carefully choosing the right person for the job, CHN agencies overcome one of the major obstacles to maintaining a stable, competent, and compassionate workforce capable of providing the very best care to our nation's most vulnerable citizens.*

## Recruitment Overview

Recruitment is most easily understood as a two-phase process, involving first *outreach* and then *intake and assessment*. The *outreach phase* is the "marketing" stage. During this phase, recruitment staff educate the community about their training programs. We have found that an effective way to recruit high-quality applicants is to establish partnerships with public and private human service agencies. These agencies refer clients they deem appropriate to be considered for training. These partnerships are sometimes formal contractual relationships with, for example, a public welfare-to-work or workforce development agency, or they may be less formal arrangements with community-based organizations that serve low-income women.

*Intake and assessment* is the heart of any recruitment program. During this phase, applicants learn about the responsibilities of paraprofessional health care employment while the agency determines if the applicant is qualified to carry out those responsibilities. We recommend a three-part intake and assessment process that includes *information sessions, interviews, and health and criminal background screens*. The process is like an extended job interview, in that it allows applicants to be assessed in multiple settings.

Across the CHN, the person responsible for recruitment varies. Often it falls to the person directing training activities. If resources are available, and the training program is large enough, the training director may hire a full-time recruiter. As part of the training and recruitment staff, we also recommend hiring an on-site job counselor who can assist new trainees in overcoming barriers to employment. *CHN agencies with on-site counselors have significantly improved retention of new employees.*

Recruitment is most effective when the director of training forms a *recruitment team*. Members of this team always include the training staff, who are most aware of the qualities candidates need to complete training successfully, but also may include representatives from operations and management. The team works together to create a recruitment plan, develop recruitment materials, and interview and select candidates. We have found across our network that by using a team structure, agencies make better recruitment decisions, particularly when assessing “higher risk” candidates.

#### PHASE I: OUTREACH

Having a large prospective pool of applicants from which to screen the most suitable candidates is critical to the survival and long-term success of any training and employment program. The CHN recruitment process is especially demanding in this respect because it emphasizes an up-front screening process designed to eliminate candidates unlikely to succeed as para-professional caregivers *before they begin training*. Across our network the attrition rate from the point of initial inquiry to enrollment is 90 percent; that is, *CHN agencies typically enroll in their training programs only one in ten of the applicants who initially express interest.*

In order to develop an adequate pool of candidates, CHN agencies use two strategies: *broad-based outreach*, such as newspaper advertisements and flyers, and *targeted outreach*, which focuses on cultivating recruitment sources that will yield a high percentage of quality candidates. Though targeted outreach can be quite effective, it also requires a greater initial investment of time and resources. Consequently, the relative balance of targeted and broad-based outreach varies throughout the network, depending on available recruitment resources and local market needs.

#### The “Ideal” Candidate

The first step in recruiting candidates for any job (or job-training program) is to know whom you are looking for. Thus, throughout our network, we begin our recruitment efforts by identifying the target audience and developing a profile of the “ideal” candidate.

*We have found across our network that by using a team structure, agencies make better recruitment decisions, particularly when assessing “higher risk” candidates.*

*Our most successful candidates are mature, caring adults who have shown an interest in caregiving through some formal or informal past experience.*

As discussed above, we know that the people who most often become paraprofessional caregivers are low-income women with little formal education or work experience. This is the target audience for recruitment, but not all of the women in this population will be either interested in or appropriate for a caregiving job. Often those who are most interested have had experience caring for a family member or friend and find caregiving to be spiritually or emotionally fulfilling. They consciously choose to pursue paraprofessional health care training, even though the work is demanding and may not pay better than other occupations.

The profile of the ideal candidate varies depending on factors such as state certification requirements and local demographics, but generally we have found that our most successful candidates are mature, caring adults who have shown an interest in caregiving through some formal or informal past experience. Although it isn't always easy to assess a candidate's level of maturity prior to beginning the screening process, communicating the profile of the ideal training program candidate to recruitment partners is essential. The effectiveness of the partnership depends on the recruiter's ability to identify clients suitable to paraprofessional health care employment.

#### **Recruitment Partnerships**

As discussed above, *targeted outreach* is a "high investment / high yield" approach to identifying applicants for training programs. The focus here is on quality over quantity—i.e., looking for a select group of candidates who are most likely to succeed as paraprofessional health care workers. *To facilitate the recruitment process, we recommend building partnerships with a range of public and private human service agencies assisting clients with employment needs.*

Any number of organizations can act as recruitment partners for a training program. Private nonprofit agencies that work with low-income women in a variety of contexts—housing, abuse, health care, immigration—are all potential partners. Staff of these agencies, even when not specifically job-support programs, are always looking for ways to empower their clients and encourage independence; when appropriate, they will refer clients to job training. By cultivating relationships with program staff (e.g., social workers, teachers, health care workers), we ensure that they understand our mission and that they feel positive about referring their clients to our programs. These human service workers, thus, become a "sales force" for our training programs, encouraging clients to apply. *In the most successful partnerships, the partner's program staff understand the "ideal" candidate profile and recommend the program only to clients they believe will succeed as health care paraprofessionals.*

In addition to private nonprofit agencies, public welfare-to-work programs may offer opportunities for recruitment partnerships. Through contractual relationships, welfare-to-work programs can provide large numbers of candidates to a job training program; these relationships, however, may be hindered by inordinate amounts of paper work and regulations that force the program to take all applicants sent by the agency. Nonetheless, some CHN agencies have found such contracts to be an effective means of maintaining the flow of new trainees.

Recruitment partnerships are especially critical during periods of labor shortages. To be successful, however, these alliances, whether formal or informal, require a large commitment of time and energy in order to nurture and manage the relationship. We have found that successful partnerships depend on choosing organizations with:

- Shared values, even if they are reflected in different ways;
- Management staff who: (a) come to know and respect our organization as we respect theirs, and (b) have a commitment to work honestly and directly on problems as they arise; and
- Program staff who come to know and respect our recruitment and training staff and can work together relatively smoothly.

The potential benefits of recruitment partnerships make them well worth the effort. These relationships not only increase the quality of candidates applying to network training programs but also provide an opportunity for agencies to develop alliances with other important community actors interested in improving the quality of paraprofessional jobs and the quality of care in the community.

### **Broad-Based Outreach**

Although our recruitment model emphasizes building recruitment partnerships, we don't see this as an exclusive recruitment strategy. More traditional forms of recruitment—i.e., using newspaper advertisements; posting flyers and posters in community centers, housing developments, laundromats, and health clinics; or attending job fairs—are also valuable. This kind of broad-based outreach increases name recognition in the community, which, in the long run, furthers recruitment goals. Broad-based outreach may be a particularly important element of an agency's recruitment process during the early years when recruitment partnerships have not yet been fully established. In fact, this initial phase of broad-based outreach may help identify some of those very organizations that the recruitment effort will want to target in a later phase of more focused outreach.

*An effective way to recruit high-quality applicants is to establish partnerships with public and private human service agencies.*

## A Final Word

A final word about outreach methods—*they must be tailored to an agency's organizational structure and business needs*. In the CHN, for example, one agency has continued to rely heavily on newspaper advertisements. Another won a contract with its city's housing program and, thus, devoted a great deal of time to canvassing housing projects, meeting with liaison staff, and conducting recruitment efforts at public housing sites. Yet another has been building relationships with community-based organizations that hold welfare-to-work contracts. During periods when jobs are plentiful and workers difficult to attract, these partnerships have proved essential to maintaining a steady flow of applicants. Finally, all CHN agencies encourage their own trainees/employees to act as recruiters in their communities. There isn't a better recruiter than someone who has successfully completed the program, feels supported in her workplace, and enjoys her job. However, to maximize effectiveness, the recruitment team should train, organize, and provide support materials for employees who undertake this recruitment role.

Most importantly, with rapid industry changes as well as changes in the larger economy, a successful outreach strategy requires flexibility and a willingness to adapt to current market conditions. *Thus, a recruitment team must regularly monitor, review, and revise its agency's strategies for bringing in new trainees*. Of particular importance is avoiding too heavy a reliance on a single source of applicants. If the source disappears—as happened in the case of welfare reform in the 1990s—an agency can suddenly be faced with a critical labor shortage.

## PHASE II: INTAKE AND ASSESSMENT

The intake and assessment process, including final selection of suitable candidates for training and employment, is key to achieving our network's quality-care mission. Thus, we have focused on developing and refining an intake process that maximizes the likelihood of successful completion of training and the long-term retention of the majority of employees. Although the relative rigor of the up-front screening process varies according to the size, market needs, and available resources of each CHN agency, the goal of long-term retention remains paramount. A stable workforce is essential not only to providing quality jobs and quality care, but also to remaining a viable business competitor.

For the most rigorous up-front screening of training and employment applicants, we recommend a three-part intake and assessment process:

- Information Sessions
- Individual Interviews
- Pre-Employment Assessment Activities

Across these activities, we expect applicants to conduct themselves in a professional and responsible manner. Thus, one of the key criteria for assessment is the ability of candidates to adhere to a set of rules that replicate the responsibilities of employment. Throughout the intake and assessment process, CHN agencies ask candidates to:

- Take initiative.
- Call back as required.
- Show up on time for all appointments.
- Reschedule appointments ahead of time when a problem arises.
- Dress appropriately.
- Leave children at home.

When applicants fail to meet these expectations, recruitment staff must decide how to proceed. In a tight labor market, our agencies are more apt to explore the candidate's level of commitment more closely rather than immediately rejecting her application. Accepting a large number of "high-risk" candidates, however, inevitably leads to a higher attrition rate during and after training.

### **Information Sessions**

The first step in the application process is the information session. In order for potential applicants to show that they are interested and willing to take initiative, we ask them to sign up ahead of time for a particular time slot. If an applicant doesn't show up for the information session and doesn't call to reschedule, she may be dropped from consideration.

Information sessions have a dual purpose. The first is to introduce the agency and to provide potential applicants with sufficient knowledge about paraprofessional health care employment to help them make a more informed decision about pursuing training. In part, this is a "marketing" function—the goal is to provide an honest but enthusiastic presentation that will encourage those who are genuinely interested in caregiving to apply for training. Secondly, these sessions are the first assessment point for intake staff to observe applicants for key attributes, such as: specific interest in paraprofessional health care, a caring attitude, prior (formal/informal) caregiving experience, and the ability to follow instructions and work as a member of a team.

In order to fairly assess the candidates, typically, one staff person presents information while another acts as an observer. Keeping the sessions small—not more than 25 people—helps as well. Recruitment staff design sessions to be fun and engaging, always including participatory exercises. This gives the staff a chance to observe how people

*One of the key criteria for assessment is the ability of candidates to adhere to a set of rules that replicate the responsibilities of employment.*

present themselves and interact with one another. Staff members meet after the session to review their assessment of the attendees.

*Information sessions are the first assessment point for intake staff to observe applicants for key attributes.*

Minimally, recruitment staff cover two types of information in these

sessions. First, they market their programs by explaining what is unique and exciting about them. Staff generally emphasize these points in their presentations:

- The work of caring for the sick and elderly is valuable and rewarding.
- Training is free, and if successfully completed, leads to certification (making the graduate more employable in general) as well as a guaranteed job with good wages and benefits (specific wages are stated).
- The workplace is paraprofessional-centered and transitional support is available for those having difficulty balancing the responsibilities of work and home.
- The agency seeks to provide full-time employment and continual opportunities for advancement.
- In the case of worker-owned agencies, paraprofessionals are able to shape agency policies and share in agency profits.

Next, staff review the responsibilities of a paraprofessional health care worker and the expectations of the training and employment program. Topics include:

- The paraprofessional job description (tailored to the expected work environment: e.g., home care or facilities);
- The structure of the job: for example, erratic scheduling for home care, particular requirements regarding weekend and evening shifts;
- Transportation requirements;
- The “ideal” candidate: a mature, reliable, caring adult;
- Eligibility requirements: applicants must be in good physical health, drug free, have no serious criminal history, and be able to communicate in English;
- The content, structure, and expectations of the training program; and
- The assessment and selection process.

These sessions may also include a short quiz, in which attendees are asked to write answers to simple questions that review the content of the session. This technique is used to screen for listening skills, basic English literacy, and comprehension capacity.

As noted above, applicants unable to attend their assigned session are asked to call before their appointment to reschedule. Similarly, applicants are told that they must arrive

on time and may not bring children. Each agency develops a protocol for dealing with those who fail to follow these instructions. For example, although all agencies refuse admittance to applicants who arrive more than 15 minutes late or with children in tow, agencies that are aggressively recruiting to meet labor needs may allow candidates who express serious interest to attend a session at another time. Regardless of the degree of flexibility in an agency's recruitment policy, when it becomes clear that candidates cannot meet the basic requirements, they are dropped from consideration.

In order to encourage applicants to take initiative, they are instructed at the end of the information session to call the following day if they are interested in scheduling an interview. *We find that about two-thirds of those who attend an information session call back, and of those, about 70 percent show up for their interviews.* Candidates are refused interviews only if they behave in an obviously inappropriate manner during an information session or if they do not meet basic eligibility requirements (e.g., literacy skills, legal residency).

### **Individual Interviews**

To capitalize on the immediate interest of applicants, we schedule interviews within a few days of the information sessions. If a particularly large number of candidates apply, members of the recruitment team divide the interviews among themselves. With several team members conducting interviews simultaneously, we are able to complete many more during a single day (e.g., 3 team members x 6 interviews per member = 18 interviews).

The individual interview process is one of the strongest determinants of applicant suitability for training and long-term employment. While the "ideal" candidate rarely appears at our doors, across our network we have found that applicants must possess the following personal characteristics to perform well as paraprofessional caregivers:

- **Maturity:** not necessarily associated with age, but rather with certain characteristics such as independence, self-direction, and self-discipline;
- **Concern:** a strong desire to care for someone who is sick, elderly, or disabled;
- **Sensitivity:** an understanding of other people's lives and conditions and a tolerance for diverse groups and points of views;
- **Critical Thinking:** the ability to think through and solve problems independently;
- **Demonstrated Ability to Learn:** accumulated knowledge and skills — generally unrelated to grade completed in school;
- **Pattern of responsible decision making:** the ability to make responsible choices at critical life junctures;

- **Ability to Communicate:** the ability to express oneself well enough to communicate with clients, their families, agency staff, doctors/nurses on behalf of the client, as well as the ability to keep adequate written records of work activities and observations; and
- **Satisfactory Health:** the ability to cope physically with the demands of the job, such as standing for extended periods, walking, proper lifting and transfer techniques, stretching, and cleaning.

During the interview process, staff use a variety of techniques to screen for these characteristics. Among these techniques are: a detailed review of the application; probing questions; problem-posing situational questions; and short writing samples. Staff also explore each candidate's background to identify ways in which the individual is able to demonstrate—through prior experiences—trustworthiness, dependability, and reliability. When interviewing candidates who have not been recently employed, the interviewer also inquires about the degree of thought and preparation an individual has given to making the transition to training and full-time employment.\* Because these interviews represent the first opportunity to capture a more in-depth picture of the applicant, they can range in length from 20 to 45 minutes each.

To ensure that the interview process is relatively uniform regardless of who is conducting the interview, *we recommend providing training for recruitment teams in interview techniques and having the team collaboratively develop standard interview materials.* Most importantly, teams need to agree on a standard interview questionnaire guide and an interview assessment form (see Appendix for samples). An added benefit to developing these forms as a group is that the team discusses the qualities of an ideal candidate and comes to a common understanding of the criteria that will be used to assess individual applicants.

As is the case with the information sessions, we expect applicants to arrive on time for interviews, reschedule if necessary, dress appropriately, and arrive without children. Following the interview, the candidates are asked to call back to be informed of the staff's decision. Most of our network agencies eliminate from further consideration candidates who do not call back at the required time. Those who do call back and are recommended for the program are given information on the next steps in the application process.

*Recruitment staff inform candidates that they have not yet been accepted into the training program; a final decision will not be made until after the candidates have completed several "pre-enrollment activities."*

\* As an employer interviewing training applicants, you must be careful not to ask candidates questions that illegally intrude on their privacy. Questions concerning marriage status/child care arrangements, criminal convictions, and past or present drug and alcohol abuse all fall within legal "gray" areas. Speak with an employment attorney if you have any questions regarding the application of federal and state law.

## Pre-Enrollment Activities

Once a candidate is recommended for a CHN training program, she must still complete several steps before actual enrollment in the program. This one- to six-week period can be tricky to negotiate: Although candidates are being asked to complete additional assessments, it is easy for them to lose interest as they wait for the final results. All CHN agencies have different strategies for keeping candidates engaged during this delay between a successful interview and the first day of training. It is important to design mechanisms to stay in touch, whether through group sessions in which training staff explain the next steps in the process, basic skill assessments, or through individual meetings and assessments with an on-site counselor.

During this pre-employment period, *our network agencies require all candidates to undergo drug screens, criminal background checks, and physical examinations.* Increasingly, state and/or contractor regulations specify that all workers must show that they are drug-free, carry no communicable diseases, and have no serious criminal record.

If an agency has an on-site counselor, candidates meet with the counselor during this period. The counselor reviews the candidate's overall job readiness and assists in putting together a package of supports that will help the candidate succeed in full-time training and employment. For women leaving public assistance, this is an opportunity to ensure that all required documentation is completed and that the candidate is able to access transitional benefits such as child care, carfare, and uniform allowances. Public benefits (rent subsidies, Medicaid, child care subsidies) may also be available for women *not* currently on public assistance, depending on their circumstances.

The counselor's role, at this point, is an extremely sensitive and pivotal one. She is supportive, yet honest with the candidate as she assesses job readiness. When a candidate does not appear able to overcome immediate barriers to employment, the counselor will advise her to delay entry into the program. The counselor helps the candidate identify the supports and resources she needs to make a successful transition into the program, but the candidate is expected to take responsibility for resolving the problems on her own. This is another point where we assess a candidate's ability to take initiative, exercise good judgment, and take action. *We have found that the counselor's ability to work successfully with applicants at this juncture—especially in terms of addressing employment barriers—will greatly improve the degree to which an agency can hold onto quality candidates for future employment.*

*The counselor reviews the candidate's overall job readiness and assists in putting together a package of supports that will help the candidate succeed in full-time training and employment.*

Finally, during this last phase of the intake process, we recommend documenting the reading and math skills of new trainees. This information is sometimes required by funding contracts, but is also useful for documenting the demographic distribution, skill levels, and success rates of trainees.

*Careful tracking through the monitoring report, gives recruitment teams the ability to accurately assess the relative effectiveness of each strategy.*

ASSESSING THE EFFECTIVENESS OF YOUR RECRUITMENT STRATEGY

CHN agencies assess their recruitment strategies by tracking the effectiveness of each outreach effort. Using a monitoring report (see Appendix for sample), agencies record the costs and outcomes associated with newspaper ads, flyers, recruitment partnerships, and so on. For each method used to recruit trainees, agencies track the cost and the number of applicants who make inquiries; attend open houses; enroll in training; complete training; and remain employed for three, six, and twelve months. This provides important comparative data. For example, a particular recruitment strategy, such as a newspaper ad, might result in a large number of trainees, yet recruits from that ad might prove less likely to remain employed at the twelve-month mark than recruits garnered through a relationship with a local community organization. Careful tracking through the monitoring report, thus, gives recruitment teams the ability to accurately assess the relative effectiveness of each strategy—based not just on initial enrollment, but on long-term retention rates. By analyzing the data over time, CHN agencies have been better able to adapt their recruitment strategies to their local labor market.

## Summary

Designing a responsive recruitment mechanism is not a one-time event. In particular, welfare policy and industry practices are in a constant state of change. In response, each agency's recruitment strategy needs to be structured, yet flexible enough to make adaptations as need arises.

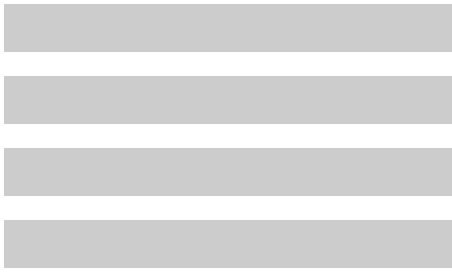
As such, the CHN recruitment process remains in a continual state of refinement. To ensure ongoing success in attracting and selecting the highest quality paraprofessional caregivers, each agency regularly monitors, analyzes, and reflects on the effectiveness of its outreach and intake methods, techniques, and instruments. A second, yet equally important, purpose is served by this regular review: It is a critical way to develop—over time—a common language and understanding of applicant suitability among members of the recruitment team.

Although each CHN agency continually revises its recruitment strategies, we have found that the most effective practice incorporates the following features:

- A focus on identifying the *right* candidates for the job in order to ensure a stable, high-quality workforce;
- A team approach that facilitates good decision making;
- Targeted outreach through partnerships with public and private human service agencies;
- A rigorous intake and assessment method structured around information sessions, interviews, and pre-enrollment activities that asks candidates to demonstrate throughout the process a high level of maturity, responsibility, and self-motivation; and
- A method of evaluating and refining recruitment strategies on an on-going basis.

A strong recruitment program is critical to the success of any paraprofessional health care agency; the strategies described here have been designed to support CHN's quality jobs/quality care mission while maintaining each agency's competitiveness in the marketplace. Although balancing our commitment to providing jobs for unemployed and underemployed low-income women against the need to provide the highest quality caregivers is sometimes difficult, we have found the rewards well worth the effort. Not only are we able to provide quality jobs to women who need them, but by doing so, we are able to provide our clients with the competent and compassionate care they need to maintain their well-being and dignity.





## Appendix

Home Health Aide Interview Questionnaire Guide	.....	21
Interview Assessment	.....	24
Outreach/Recruitment Assessment	.....	25



## **Home Health Aide Interview Questionnaire Guide**

### **Materials**

- *Application*
- *Interview Guide*
- *Organizing Skills Exercise*
- *Open House Questionnaire*
- *Interview Assessment*
- *Reading Sample*

### **I. Application Review**

*Review each part of application carefully; ask the following clarifying questions:*

- You are available to work which shifts? And every other weekend?
- While you are working, who will look after your children?  
*Explore in more detail family size and child-care arrangements. Ask if they are willing to place children in formal child-care arrangements, not only rely on family. Our experience is that formal arrangements are more stable, and family is best saved for emergencies.*
- Get clear picture of work history—ask if any work experience is not listed.
- Follow-up with asking what the current source of income is.

### **II. Attitudes Regarding Home Care Work**

1. Have you ever cared for anyone who was very ill before:
  - Who?
  - How long?
  - What was their illness?
  - What did you do while caring for them?

*If the person has cared for someone over a long-term period, explore that experience and use it as the context for posing some of the situational questions.*

2. What do you get out of doing this type of work? What do you like about it?

## HHA Interview Questions

Page 2

3. What do you think will be some of the harder parts of this job? Why?

Positive Responses:

- Discusses experiences in a caring manner (**verbally and non-verbally**)
- Shows awareness about specific health problems
- Helped with personal care a plus!
- Shows awareness and responsiveness to mood changes due to illness
- Acknowledges that this job can be difficult—physically or emotionally

4. Of all the tasks/duties a home health aide provides for her client, what do you think is the most important role she plays?

Response: Looking for companionship or some other patient-centered service provided.

### III. Job Skills / Problem-Solving Situations

1. You walk into the client's home on your first day on this case. The house is extremely dirty. The client also looks like she has not been taking care of her personal grooming. After you introduce yourself, she tells you that her sister will be coming by to clean her on a regular basis and she doesn't want you to worry about that part of the job. All she wants you to do is clean the house and do her laundry and shopping? What would you do?

Response: Discuss duties calmly with client. Try to persuade her in a caring manner to allow home health aide to do her full job. Ultimately, calls her coordinator to report problem if unresolved.

2. Your patient is an elderly woman who lives with her husband. There are no other family members involved with them. She asks when you prepare her meals, would you mind cooking a little extra for her husband and when you do her laundry, would you mind doing his? In this company, we leave that decision entirely up to the worker. What do you think you would do?

Response: Would cook for spouse and do laundry. Looking for openness in working beyond the defined limits of the job, **as appropriate**.

## HHA Interview Questions

Page 3

3. You are assigned to work with a client who speaks very little English. You are clear that she doesn't like the meals you have been preparing because she keeps giving the food back to you. Can you think of any ways you might be able to find out how to better prepare her meals, even though you can't communicate verbally?

*Response: Demonstrates tolerance for people from different cultures and struggles to find different ways to handle the problem.*

4. Your client gives you \$20.00 to buy groceries. You spend \$9.60. How much change does your client get back (applicant can write problem down or do in head)? After the math part of the question is answered continue:

You bring back the correct change and your client starts arguing with you saying that you owe her \$2.00. (She's elderly.) What would you do?

*Response: Looking for ability to make correct change **and bring receipt**. Also, looking for reaction to patient accusing person of stealing, particularly when patient may be confused. **Calm approach and appropriate report to office.***

5. Ask applicant to fill out the Organizing/Prioritizing Skills exercise. Offer to answer questions if there's something she does not understand. Review it with her when she is done; ask her reasoning for each answer.

### IV. Work History

If the candidate does not have any related work background, ask how s/he sees their previous work experience preparing them for the job of a HHA?

### V. Personal Traits

Pay attention to dress, body language.

## INTERVIEW ASSESSMENT

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

QUALITY	VALUE	SCORE	COMMENTS
<b>CARING ATTITUDE/INTEREST IN HHA WORK</b> - sincere interest in caring for people - ability to empathize, compassionate - willing to give the extra effort - ability to work with diversity of people - has formal or informal experience as caregiver			
<b>RELIABILITY</b> - demonstrated stable work history - sincere commitment to work - thinking re: what's needed to transition to work - has demonstrated follow-through/completion			
<b>PROBLEM SOLVING &amp; ORGANIZATION</b> - ability to reason through problems - ability to react in an emergency - ability to organize tasks/day - mature, able to handle difficult situations - ability to follow directions			
<b>COMMUNICATION SKILLS</b> - good listening skills - well-spoken & able to communicate - well presented, appropriate appearance - demonstrates confidence			
<b>BASIC SKILLS</b> - reading & writing skills - math skills - general cognitive - ability to learn			
<b>COMPANY FIT</b> - positive attitude - team player, flexible - sincere interest in HHA career - ability to be reflective - not overqualified			
Total	100		

Additional Comments:

---



---



---

Interviewer: \_\_\_\_\_  Accepted  Not Accepted

## Outreach/Recruitment Activities Monitoring Report

Time Period = per cycle/quarter

Tactic	Lead Staff	Initiated	Direct Cost (Quarter)			Staff Commitment			Inquiries			Open House			Interviewed			Enrolled			Graduated			90 Days			180 Days			One Year			
			Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	Budgeted	Actual	Dif	
EXAMPLE		10 / 1 / 99	\$600	\$550	\$50	10%	15%	(5%)	200	180	(20)	50	55	5	20	18	(2)	7	7	0	5	6	1	4	5	1	3	3	0	2	3	1	
TOTALS =																																	
EXAMPLE TOTALS			\$600	\$550	\$50	10%	15%	(5%)	200	180	(20)	50	55	5	20	18	(2)	7	7	0	5	6	1	4	5	1	3	3	0	2	3	1	

# Additional Publications Available from the Paraprofessional Healthcare Institute

## TECHNICAL MANUALS

*A Guide to Recruiting Quality Health Care Paraprofessionals.* Fall 1999. (65 pgs.)

This in-depth guide to implementing the recruitment strategies discussed in "Recruiting Quality Health Care Paraprofessionals" is distributed with consultancy services offered by PHI.

*A Guide to Developing an Employer-Based Home Health Aide Training Program.* Forthcoming, Fall 2000.

A guide to implementing a home health aide training program that is trainee-centered, emphasizes participatory learning techniques, and incorporates soft-skills development. This in-depth manual is distributed with consultancy services offered by PHI.

## CASE STUDIES

*Quality Care Partners: A Case Study,* by Karen Kahn. August 2000. (24 pgs.) \$8.00.

This case study traces the early development of a home care cooperative, initiated as a sectoral development project, in Manchester, New Hampshire. The study draws attention to key "lessons learned" in the areas of financing, leadership, market analysis, and customer development.

*We Are the Roots,* by Ruth Glasser and Jeremy Brecher. Center for Cooperatives, University of California Press, Forthcoming. A book-length exploration of the culture of a home care cooperative in the South Bronx.

"We Are the Roots: The Culture of Home Health Aides," by Ruth Glasser and Jeremy Brecher. In the *New England Journal of Public Policy*. Vol. 13, No. 1. Fall/Winter 1997. \$5.00.

A chapter of the larger book-length study, this article focuses on the contribution of the workers' culture to the success of Cooperative Home Care Associates.

*Closure: Cooperative Home Care of Boston. Accomplishments and Analysis.* By Steven L. Dawson. April 2000. (17 pgs.) \$5.00. CHCB, an initially highly successful enterprise, succumbed after six years to the forces of a changing marketplace. This paper describes CHCB's accomplishments and analyzes the causes of its closure.

## POLICY PAPERS

*Survey of State Initiatives to Improve Paraprofessional Health Care Employment.* Paraprofessional Healthcare Institute and National Citizens' Coalition for Nursing Home Reform. Forthcoming.

This survey of long-term care ombudsman in the 50 states identifies the varied state taskforces and legislative initiatives that are affecting paraprofessional wages and benefits, training requirements, supervision and management, and staffing ratios.

*Health Care Workforce Issues in Massachusetts,* by Barbara Frank and Steven L. Dawson. Presented at the Massachusetts Health Policy Forum, June 22, 2000. (32 pgs.) \$5.00.

Arguing that the price of labor must rise to attract direct-care workers, Frank and Dawson make a number of key recommendations for changes in state policy and provider practice.

*Direct Care Health Workers: The Unnecessary Crisis in Long-Term Care,* by Steven L. Dawson. A paper prepared for the Domestic Strategy Group of the Aspen Institute. May 2000. (55 pgs.) \$5.00.

Dawson examines the structure of long-term care, its financing, and the current labor crisis, arguing for sectorwide restructuring supported by labor, welfare, and health care policies that work together to support high-quality care for consumers, decent jobs for workers, and a more rational environment for providers.

*Paraprofessionals on the Front Lines: Improving Their Jobs—Improving the Quality of Long-Term Care,* by Mary Ann Wilner and Ann Wyatt. A conference background paper prepared for the AARP Long-Term Care Initiative. AARP, 1998. (75 pgs.) \$5.00.

This paper explores the role of the paraprofessional in long-term care and highlights the relationship between the paid caregiver and the consumer.

*Confronting the Decline of Paraprofessional Care,* by Steven L. Dawson. Presentation before the AARP National Conference: Paraprofessionals on the Frontlines: Improving Their Jobs—Improving the Quality of Long-Term Care. September 1998. (8 pgs.) \$5.00.

Dawson advocates reshaping policy and practice in ways that value the front-line worker and allow front-line workers to bring more value to long-term care.

*Welfare to Work after "Welfare Reform": New Barriers Encountered by the Cooperative Healthcare Network,* by Andy Van Kleunen. July 1998. (22 pgs.) \$5.00.

Van Kleunen examines the impact of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, the Welfare-to-Work Jobs Challenge, and the restructuring of federal workforce development programs on employer-based pre-employment training for paraprofessional health care workers.

*Welfare to Work: An Employer's Dispatch from the Front,* by the Cooperative Healthcare Network. January 1998. (10 pgs.) \$3.00. Key lessons for policy makers and practitioners concerning successfully employing and retaining workers transitioning from welfare.

*Jobs and the Urban Poor: Privately Initiated Sectoral Strategies,* by Peggy L. Clark and Steven L. Dawson, et al. The Aspen Institute. November 1995. (41 pages.) \$5.00.

Analyzing four sectoral initiatives, this report proposes a definition for "sectoral employment development," explores thematic issues, and makes recommendations for pursuing sectoral development as an approach to improving employment prospects in urban areas.

To order any of the publications described above, send your request and check to: Publications, Paraprofessional Healthcare Institute, 349 East 149th Street, Suite 401, Bronx, New York, 10451. Bulk rates are available. Please make checks payable to the **Paraprofessional Healthcare Institute**.



349 East 149th Street, Suite 401  
Bronx, New York, 10451  
Phone: 718-402-7766  
Fax: 718-585-6852  
Email: [info@paraprofessional.org](mailto:info@paraprofessional.org)  
[www.paraprofessional.org](http://www.paraprofessional.org)