Healthforce Center at UCSF

Pathways to Workforce Diversity

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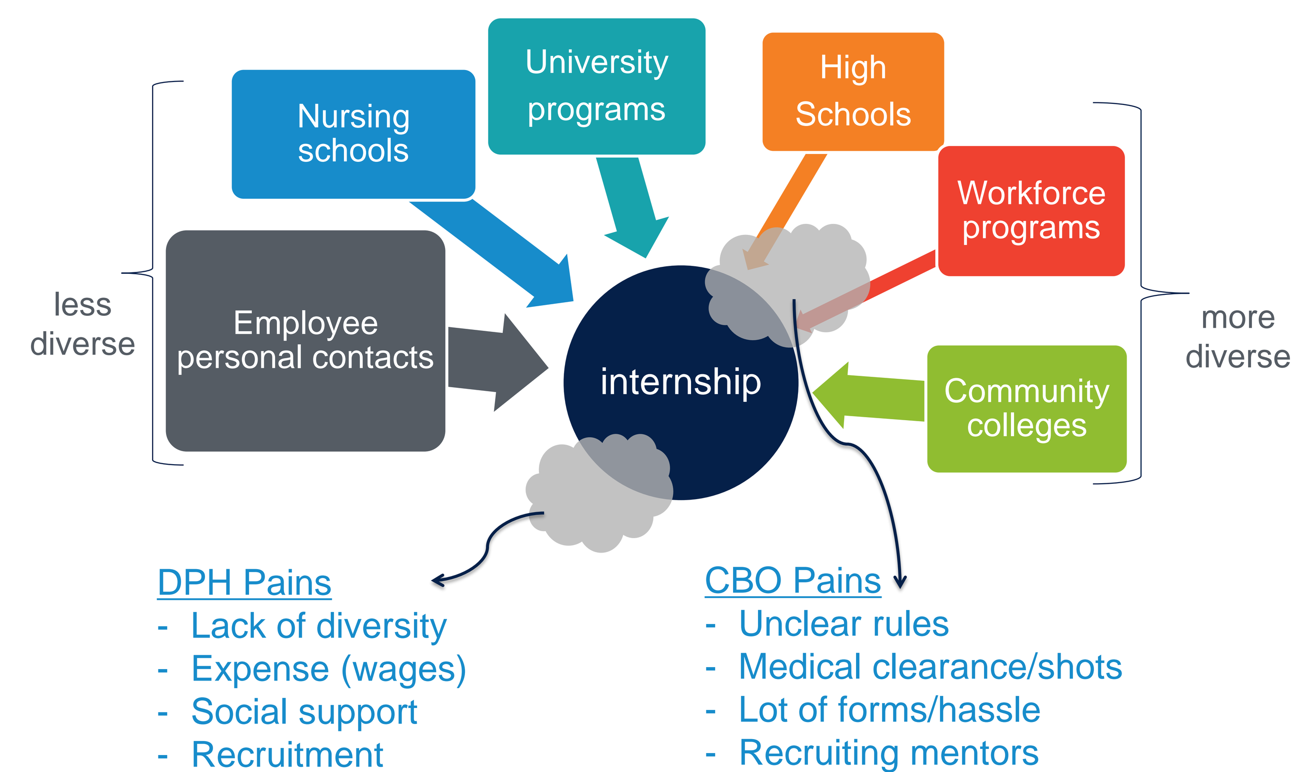
Problem Statement

Current efforts to increase hiring diversity are inefficient and ineffective, and exposure of local underrepresented youth to DPH would more effectively increase applicant diversity.

Discovery

My goal changed as I moved from an outsider position, the leader of a youth-serving non-profit, to an insider position, an executive within the local health department. I did about 50 interviews of DPH staff and leadership, as well as outside groups.

1. I developed an initial business model and interviewed youth service providers looking to improve and expand workforce programming in the community.
2. As I moved to my DPH position, I began to explore instead the role the department could play in promoting workforce expansion.
3. Based on my interviews with stakeholders inside and outside the department I shifted from a focus on benefits to youth, and modeled a program that fit the department goals of workforce diversification and reduced pains for the Department and placed community based organizations (CBOs) as co-beneficiaries.



Goals and Objectives

Goal: Building a public-private partnership between the Department of Health and local youth workforce agencies to increase the diversity of applicants to DPH jobs, and improve economic conditions in SF.

Outcome-oriented Objective: [by end of FY17-18]

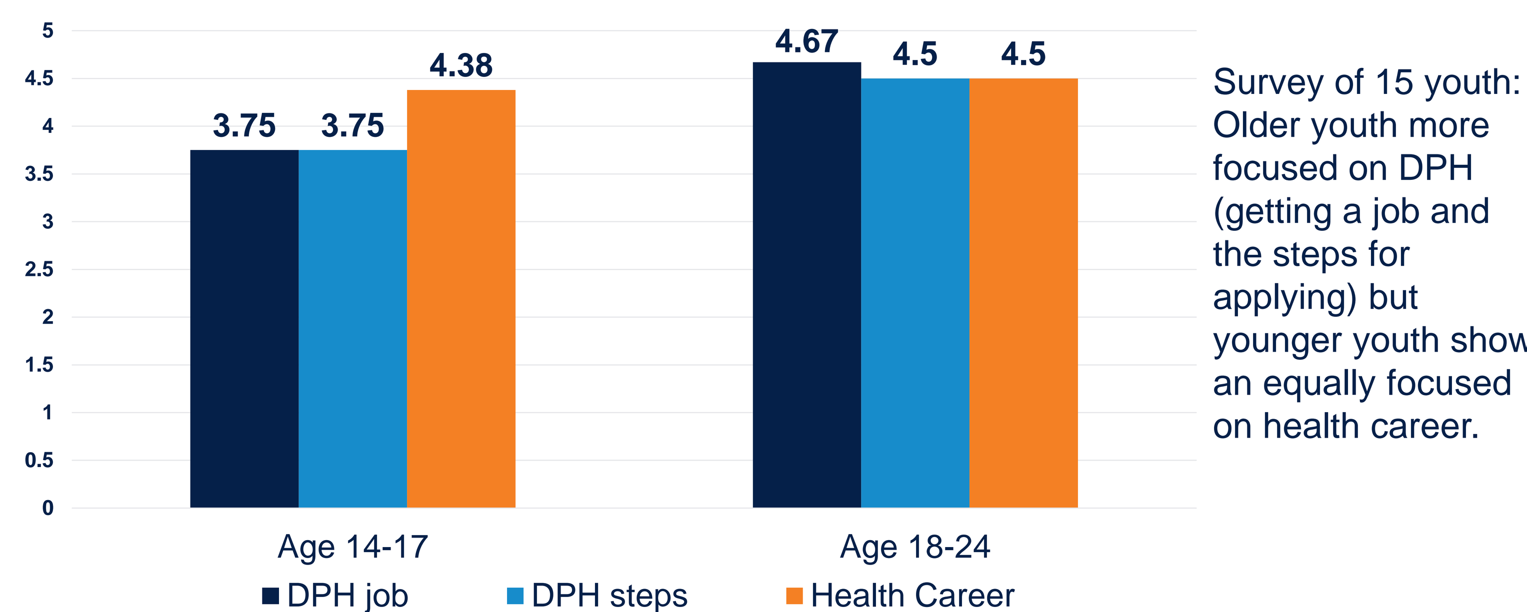
1. Three CBO partners established by MOU.
2. A stable funding source by the end of FY 2017-18.
3. A college partner by MOU.

Results

Summer pilot participant profiles

(5 point scale with 5 as strongly agree)

15 youth from local workforce programs were placed at two DPH hospitals and in the Environmental Health Branch. Youth were asked about their plans and concerns before and after the program.



Survey of 15 youth: Older youth more focused on DPH (getting a job and the steps for applying) but younger youth show an equally focused on health career.

Youth comments

"My main barrier is bills, survival."

47% list resources as a barrier (care, childcare, money).
38% list confidence or motivation as their main barrier ("myself").

"The dream profession for me would be a hands on Trauma Nurse."

54% list a health career as their ultimate goal at intake.
79% list further schooling as their next step to their goal.

Lessons Learned

Lessons Learned:

- Youth agencies were eager to participate in this model despite bearing the financial burden.
- Social support for youth paramount.
- I found slow implementation with ample data to justify change is key in a complex system with existing structures.
- Offering to fix existing pains was a better sales pitch then pushing even an attractive prosocial mission.
- Shared mission, even with differing objectives, is still important and a motivator in a mission-driven environment.

Next Steps:

- 3 new youth workforce partners end of FY'17-`18.
- Formal ties with two local community colleges.
- Develop tracking measures for school and HR outcomes.
- Explore sustainable funding through local government (workforce or youth agencies), or long-term philanthropy.

Mission Model Canvas

Key Partners

Mayoral staff organizing HOPESF projects (economic improvements for public housing residents)

Director of SF Workforce Development

City College of San Francisco leaders of the Health Education and Health Tech Departments

Skyline Community College

Mayor's Youth Employment and Education program

Department of Children Youth and Families

Key Activities

Processing through volunteer office

Orientation through volunteer services

Formal relationships with CBOs via MOU with clear expectations

Key Resources

Space – hospital and community college spaces for didactics

Staff time – volunteer directors at hospitals and outpatient clinics for program admin.

Mentor time for staff, some with additional pay

Value Propositions

Increased exposure to DPH for 40-50 potential applicants in target demographics (local, B/AA, Latino, PI) per FY

75% of youth express increased knowledge/interest in gaining future DPH employment

Decrease CBO staff time by 50% for admin re. to DPH internships

Decrease DPH staff time by 50% for admin re. to DPH internships

Proportion of interns who are underrepresented minorities exceeds 60%

Buy-in & Support

Advancing Equity group at ZSFG supports

Black African American Health Initiative members support mentor recruitment

Deployment

CBOs invited based on criteria set by DPH

Youth recruitment responsibility of participating CBO

Beneficiaries

Hospital CEO's & COO's– evidence of effort toward diversification

DPH Volunteer services staff – decreased time re. to internships

Staff at workforce CBOs doing youth placement– increased number of clinical placements, decreased staff time re. to placement

Executive Directors at CBO – increased and improved clinical placements improves viability to funders

Youth from underrepresented communities

Mission Budget/Cost

Non-profit youth programs to bear cost of youth wages

Youth wages may come through connections to other city programs/agencies (OEWD, DCYF)

Staff time for mentorship – some sites compensate for this

Exec staff time (mine) for program development

Mission Achievement/Impact Factors

Increased diversity of applicants – 2-4 years in the future
Improved functioning of volunteer department – 6 months to 1 year

Increased local underrepresented youth in local health certificate programs
Improved confidence among youth in viability of a health career, including at DPH