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Immigrants and the Massachusetts Health-Care Workforce

by Marcia Hohn
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Health care is a $9 billion industry in Massachusetts and the state's largest employer, accounting for 15 percent of the workforce.[1] It employs almost half a million people, who work in 16,353 establishments. Health-care jobs are growing twice as fast as the average for all industries in the state, with 72,480 job openings projected between 2000 and 2010. Health care, therefore, is also an industry needing a continuous stream of new employees and workers capable of moving up steadily into more demanding jobs.

Immigrants in Health Care

By 2005, foreign-born workers showed an increasingly robust presence across the spectrum of health care in Massachusetts, filling critical vacancies. Clustered at the high-skill end were medical scientists (52 percent immigrants), pharmacists (40 percent immigrants), and physicians or surgeons (28 percent immigrants).

Immigrants are also clustered in lower-skilled occupations. They serve as aides in nursing, psychiatry, and home health care but may remain stuck in those jobs because of inadequate education and English skills. The wasted potential should be a concern for communities.

Health care is an industry where worker shortages loom because of increased demand from an aging population, greater access created by the state's health-care reform, and a decline in the native-born workforce. Immigrants could be trained to help fill the gaps. It is already clear that there are not enough registered nurses to meet future demand, and policymakers are becoming alarmed at the diminishing pipeline of new workers from nursing schools. In spite of a projected demand of almost 30,000 new and replacement openings in the decade 2000 to 2010, the foreign-born population in nursing remained stagnant at 10 percent of Massachusetts nurses from 2000 to 2005.

Training for Health Care

In entering and remaining in the U.S. workforce, immigrants often face challenges that their American-born counterparts do not, especially with regard to language and education. The barriers may include language, limited education, and a lack of local support structures. Workforce-development policies have had difficulty keeping up with the rapid pace of the health-care labor market's changing needs and the needs of the workers themselves. In spite of many creative initiatives, health-care businesses still experience unacceptable job vacancies and retention problems; workers miss out on advancement and earnings opportunities; and many patients lack high-quality, culturally sensitive care. Fortunately, some emerging and promising practices, policies, and programs are starting to improve the labor-market outcomes for immigrant health-care workers.

The Boston Welcome Back Center

The Boston Welcome Back Center started in October 2005 as a partnership among Bunker Hill Community College, Mass Bay Community College, Massachusetts Board of Higher Education, Roxbury Community College, and the University of Massachusetts, Boston. The center focuses on serving internationally educated nurses. Its mission is to build a bridge between such nurses and underserved communities that need linguistically and culturally competent health-care providers.[2] Through a system of individualized case-management support, the center has developed a career pathway that builds on each nurse's strengths, skills, experience, and education. Included in the pathway are English for Speakers of Other Languages (ESOL), educational support, and preparation for the Massachusetts licensure process

and other required exams. There have been 260 active participants. To date, 51 percent completed the program's credential exam, 17 percent passed the English proficiency exam, and 19 percent passed the National Council Licensure Exam for Nursing.

Northern Essex Community College

Established in 2003 with funding from the state legislature, Northern Essex Community College's Learning Enrichment Group Program (LEG) is a partnership between the Massachusetts Board of Higher Education, the Massachusetts Hospital Association, and other stakeholders. It tackles the nursing shortage problem from two angles—the shortage of health-care workers, and nurses in particular, and the shortage of nursing educators. In doing so, it aims to rapidly increase the number and quality of skilled health-care workers and nursing faculty, and the capacity of public higher education nursing programs. One way the initiative achieves its goals is by providing funding to public higher education institutions that run related programs.

After a substantial planning period, the LEG program got off the ground in 2005. The curriculum focuses on increasing the number of bilingual and bicultural nurses who enter the Merrimack Valley workforce by supporting their efforts for upward career mobility. Through one project, the LEG program provides coaching to assist bicultural and bilingual nursing graduates to pass licensure exams. Through a second project, LEG provides support for licensed practical nurses (LPNs) to enter the second year of the registered nurse (RN) program through an advanced placement process. In 2005, there were 11 active participants in the exam preparation program, and eight passed the licensure exam. In that same year, two LPNs participated in the Advanced Placement program and are continuing to prepare for the licensure exam.

A Neighborhood Group's Role

A six-year experiment that worked well as a model for how health-care organizations might train people was the Boston Health Care Research and Training Institute, which was launched in 2002 with help from the Jamaica Plain Neighborhood Development Corporation.

A partnership between eight major employers in the health-care and medical research sector, it grew into a major workforce intermediary, with 26 partners. There were 11 employers, including the largest health-care employers within Boston's Longwood Medical area; 15 organizations of higher education; a labor union; the Boston Private Industry Council, social services agencies, and community organizations. The Training Institute provided free workforce development training, education, and social service support to underskilled, economically disadvantaged individuals, most of whom resided in the Fenway, Jamaica Plain, Mission Hill, and Roxbury neighborhoods of Boston.

The Health Care Training Institute has broadened its reach beyond the Longwood area to a dozen major health-care centers in Greater Boston.

The long-term goals included improving the ability of entry-level workers to advance economically; boosting the efficiency of health-care employers by helping them improve retention and fill vacancies in nursing and other allied health professions; and building career ladders that would be replicable by other health-care employers. More than 1,000 people participated in various parts of the program. In 2007, 79 percent of the 174 incumbent workers improved their English and productivity and achieved wage increases (16 percent of those were merit-based increases and 9 percent were job promotions). Twenty-eight participants in the pre-college program enrolled in college programs for nursing and surgical technology.

The Training Institute succeeded in getting disparate stakeholders involved in building a health-care workforce, but ultimately partners had difficulty agreeing on who would pay for what and disbanded in 2008. Some partners decided to focus on in-house training, and the rest of the Training Institute was merged into the nonsectarian Jewish Vocational Services (JVS). The newly created Health Care Training Institute at JVS provides education and training to incumbent workers in the Longwood Medical area and includes ESOL, career coaching, and college preparation. A pre-employment program was also established for residents of the Mission Hill area of Roxbury in collaboration with a community-based organization. Today the Health Care Training Institute has broadened its reach beyond the Longwood area to a dozen major health-care centers in Greater Boston.

The high level of collaboration that the models described here require can lead to challenges in sharing costs equally and finding ways to sustain funding, but collaboration remains a key element of success. Targeted support for students and workers is also critical. Depending on individual situations, that might involve ESOL, basic education, exam preparation, career guidance, interpersonal-skill coaching, or help with balancing the demands of work, school, and family. Every program spoke to the challenges that participants face in handling not only basics such as child care and transportation but also career ladders and preparation for upward steps. At the same time, program leaders learned what it takes to run an effective initiative.

Health Care's Youthful Assets

It is worth noting that the immigrant population is young. A snapshot of this population in 2004 by the Center for Labor Market Studies at Northeastern University found that two-thirds of new immigrants were in the prime age group (20 to 44 years old) for workers. This means that the immigrant population will have many working years to grow and develop in health-care occupations. As their skills, productivity, and earning power increase, they can more fully participate in the economy as homeowners, consumers, and taxpayers. Moreover, they will enhance culturally competent patient care and fill critical vacancies in caring for the aging population.

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Endnotes

[1] This article is drawn from Ramon Borges-Mendez, Donna Haig Friedman, et al., "Immigrant Workers in the Massachusetts Health Care Industry" (Malden, Massachusetts: The Immigrant Learning Center, 2008), http://www.ilctr.org/news/pdf/ILC_WebPDF_File.pdf. See http://www.bhcc.mass.edu/inside/18.