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Bringing Work to Life

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## Welcome

Welcome to the latest quarterly issue of Bringing Work to Life. We are pleased that our latest book, *How to Build a Nontraditional Career Path: Embracing Economic Disruption*, (Praeger, 2014) is being well received. Our book describes why, when, and how to create an inspiring and practical nontraditional career path from more than one source of income: <http://www.abc-clio.com/product.aspx?isbn=9781440831584>

It complements our three existing books:

*Business Behaving Well: Social Responsibility, from Learning to Doing*, (Potomac Books, Inc., 2013) that provides a rationale and roadmap for organizations to incorporate socially responsible practices, building on principles of social justice:

<http://www.nebraskapress.unl.edu/product/Business-Behaving-Well,676586.aspx>

*Building Workforce Strength: Creating Value through Workforce and Career Development* (Praeger, 2010) that describes the application of workforce and career development principles and practices to strengthen organizations:

<http://www.abc-clio.com/ABC-CLIOCorporate/product.aspx?pc=C3236C>

and *Affiliation in the Workplace: Value Creation in the New Organization* (Praeger, 2003) that describes leadership approaches to integrate the needs of the individual with the needs of the organization for the benefit of both:

<http://www.abc-clio.com/product.aspx?isbn=9781567204360>

This newsletter contains two articles: *Assessing Workforce Strength*, and *Community and Healthcare Trends*.

## Assessing Workforce Strength



Ron Elsdon, Ph.D., is founder of *Elsdon Organizational Renewal*, which focuses on supporting organizations enhance effectiveness through revitalized workforce relationships and leadership practices. Prior to establishing his practice, Ron held senior leadership positions at diverse organizations. Ron is also co-founder of New Beginnings Career and College Guidance, which provides caring and personalized help to individuals and families in career guidance, coaching and college planning.

Ron is author of *How to Build a Nontraditional Career Path: Embracing Economic Disruption*, which describes why, when and how to create an inspiring and practical nontraditional career path from more than one source of income; editor of *Business Behaving Well: Social Responsibility, from Learning to Doing*, which provides a rationale and roadmap for organizations

In Accenture's 2015 U.S. College Graduate Employment Study, only 15% of the new graduates surveyed wanted to work for a large company. This is not surprising for, as pointed out in *How to Build a Nontraditional Career Path*, working in a conventional job is becoming less attractive when compared with nontraditional paths that are self-directed. So creating a strong workforce in a large organization is a challenge. What is the best way to approach this? We will look at the first step here, assessing the current level of workforce strength.

As described in *Building Workforce Strength*, workforce strength is the combination of knowledge, skills, practices, and shared values, embedded in the workforce, which enable an organization to deliver exceptional performance while adapting to constantly changing needs. This builds on the concept of organizational value, described in *Affiliation in the Workplace*, as the sum total of the organization's knowledge, capabilities, operating practices, connections inside and outside, how they fit together, and the ability to marshal these to meet constituencies' needs. Workforce strength matters because it benefits the many constituencies of organizations outlined in *Business Behaving Well*. Workforce strength benefits the shareholders or owners of for-profit entities through improved financial performance; it benefits sponsors of nonprofit entities in the ability to more effectively achieve mission and program objectives; it benefits employees in terms of the nature of the work environment and the potential for sharing in the organization's success; it benefits union partners in providing better working conditions for members; and it contributes significantly to community well-being through community members, suppliers, customers, and partners.

Let us examine workforce strength from the perspectives of capability and flexibility. As outlined in *Building Workforce Strength*, capability means having the skills needed to deliver services or make products better than others. This includes embedding these skills in systems that focus on providing exceptional outcomes for constituencies, whether internal or external. This, in turn, means creating a workforce environment that values contributions from all in the organization, built on a consensus about the right path forward.

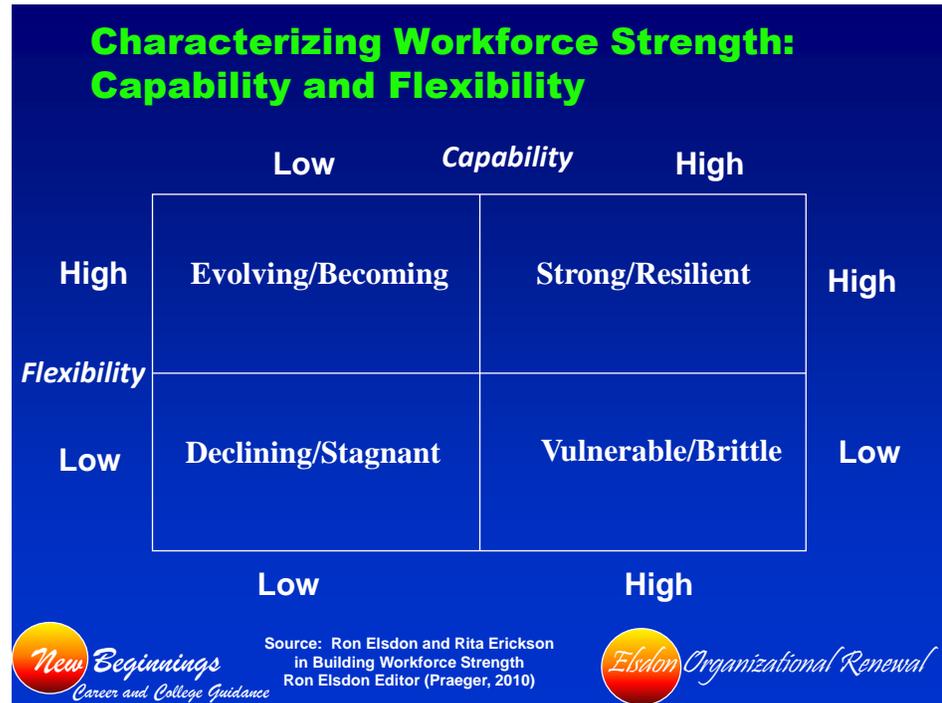
Workforce flexibility is the capacity of an organization to adjust capabilities and systems to changing needs. Here are some examples of flexibility:

- In healthcare, adjusting to the use of electronic medical records for rapidly sharing patient information by equipping doctors, nurses, and other primary healthcare providers with the ability to enter and access medical data directly, rather than relying on handwritten medical records
- In the world of technology, adjusting to business opportunities from evolving mobile platforms, increased processing speed, or emerging information delivery capabilities

Providing needed flexibility includes blending permanent and contingent staff to handle changing demand for services, for example evolving needs for nursing capacity in a healthcare organization. Flexibility also includes service or product providers working hand in hand with educational institutions to equip people with requisite skills. It may mean organizations working together to match skill and learning needs to changing industry standards.

to incorporate socially responsible practices, building on real-world examples from contributing authors, and principles of social justice; editor of *Building Workforce Strength: Creating Value through Workforce and Career Development*, a book that describes the application of workforce and career development principles and practices to strengthen organizations; and author of *Affiliation in the Workplace: Value Creation in the New Organization*, a book describing leadership approaches to integrate the needs of the individual with the needs of the organization for the benefit of both. Ron holds a Ph.D. from Cambridge University in chemical engineering, an M.A. from John F. Kennedy University in career development and a first class honors degree from Leeds University in chemical engineering. With his co-author he was awarded the Walker Prize by the Human Resource Planning Society for the paper that best advances state-of-the-art thinking or practices in human resources.

We can create a workforce capability/flexibility grid as shown in the following figure:



The bottom left quadrant houses organizations with low workforce capability and limited flexibility. These are organizations in decline or stagnant; examples are those banks that made excessively risky loans because of a lack of understanding of evolving market dynamics. In the lower right quadrant are organizations that are vulnerable to changing conditions, having become strong in an area that is no longer needed as before. Their brittleness speaks to the challenge of changing with the needs of the market or environment. Some large, traditional U.S. retailers may fit here. In the upper left are evolving organizations with great flexibility but with the need to develop core capabilities. They are in a stage of becoming something greater. Many start-ups fit here, for example, Google in its early days when it was evolving its core search capability. In the upper right are strong, resilient organizations with both established capability and the ability to flex. DuPont, in the chemical industry, is one such example, able both to build workforce strength in depth in its core business areas and evolve business focus on a regular basis over its more than 200-year history. Organizations in the upper left and lower right quadrants can shift to the top right quadrant. Doing so means building either or both workforce capability and flexibility.

How can we assess a given organization’s workforce capability and flexibility? Here are items to consider in such an assessment:

For capability:

- The extent to which the organization has the current capability to deliver superior products and/or services
- The effectiveness of processes used to assess and refine current capabilities

- The extent to which there is shared understanding within the organization about needed current capabilities
- How the development of individuals strengthens organizational capabilities
- The extent to which customers rate staff as among the best in the sector

For flexibility:

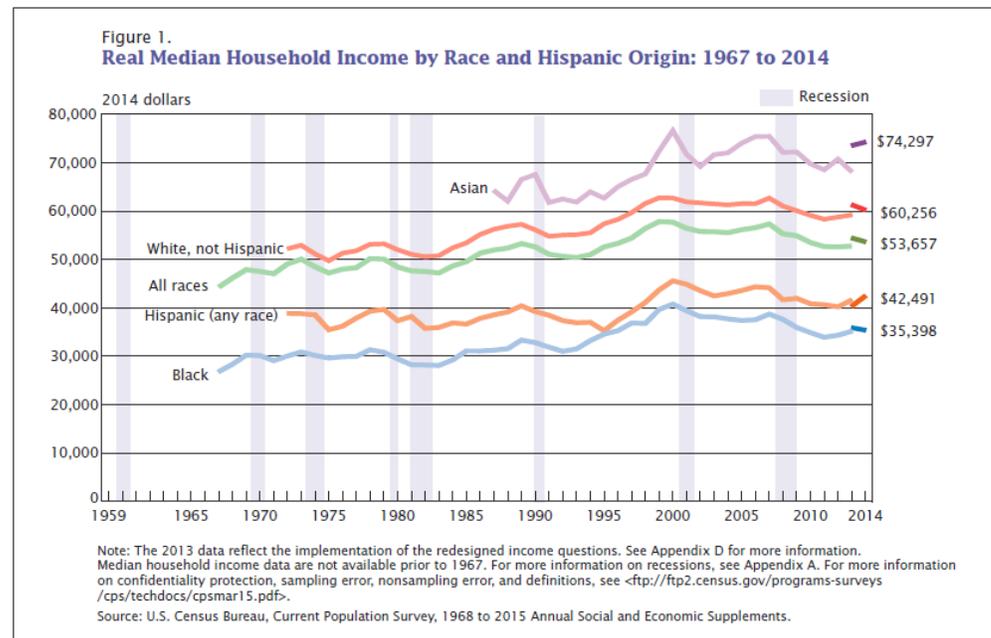
- The ability to adjust workforce structure and capability to address external changes
- How effectively internal systems identify future workforce needs
- The extent to which workforce change is driven by changing business needs
- How well recruiting and development practices address future capability needs
- The ability of the organization to use flexible employment approaches, such as contingent relationships, as needed

Such an assessment provides a basis for prioritizing workforce planning and development practices. It helps guide the focus of attention and resources, whether on strengthened capability, flexibility, or a combination of the two.

Parts of this article are drawn from *Building Workforce Strength: Creating Value through Workforce and Career Development* edited by Ron Elsdon (Praeger, 2010).

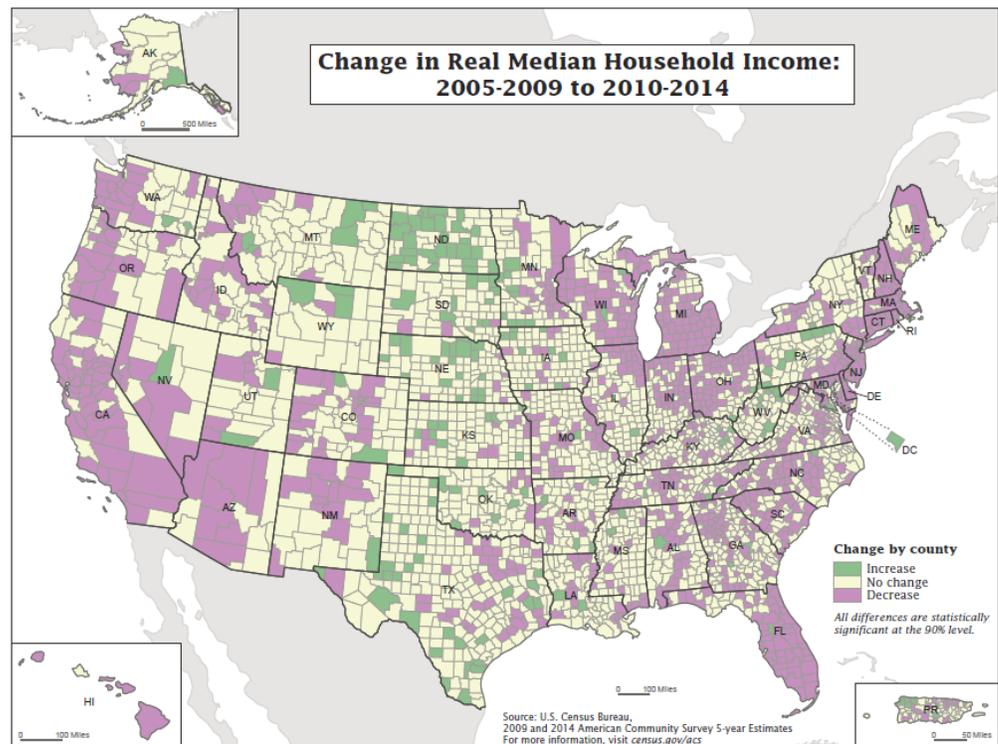
## Community and Healthcare Trends

Real median household income has stagnated for the last twenty years in the United States as shown in the following figure (while the wealthiest have prospered as we saw in our last newsletter):



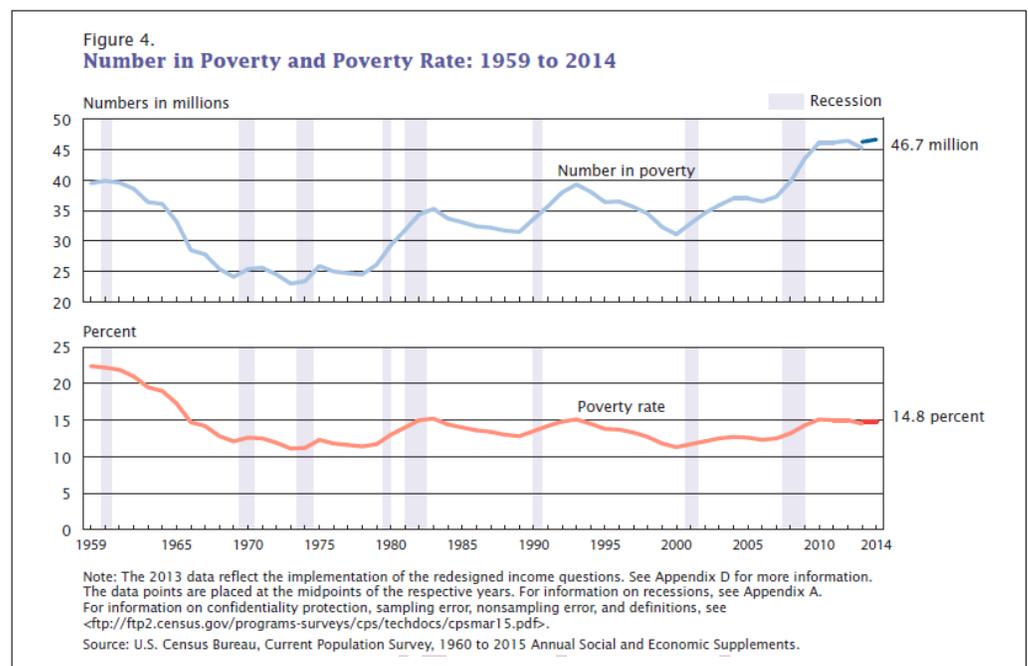
Source: Income and Poverty in the United States: 2014, United States Census Bureau, September 2015.

The pervasive affects of the recession continue for many people. Between 2005-2009 and 2010-2014 median household income declined in 32% of counties, and increased in only 6% of counties as shown in the following figure:



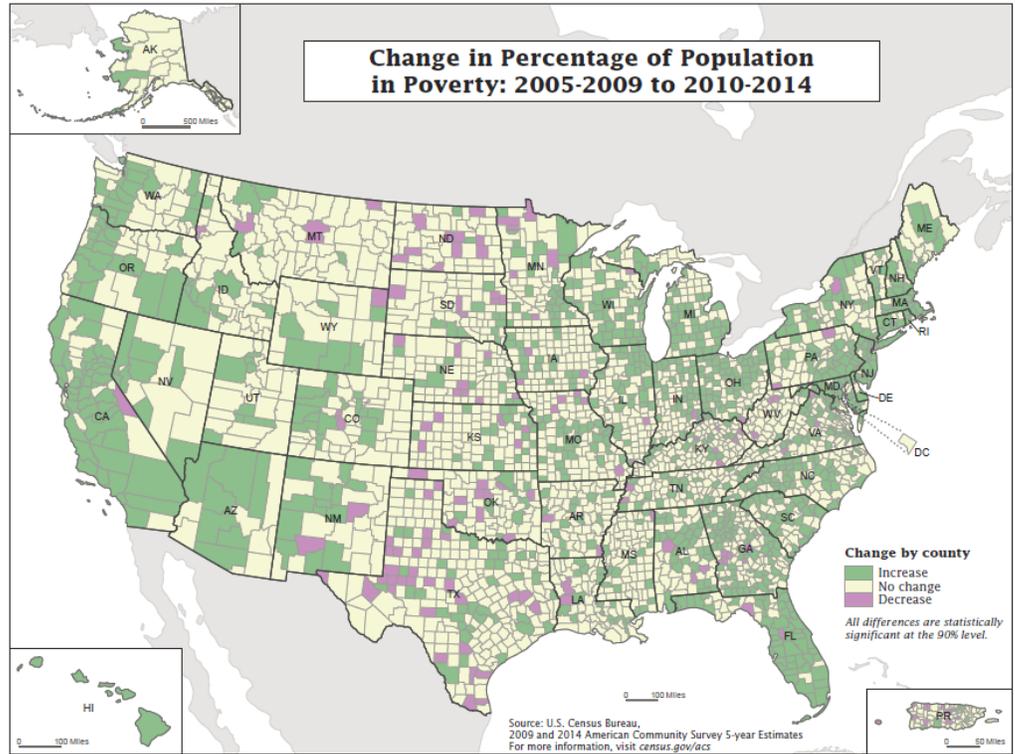
Source: American Community Survey: 2010-2014, United States Census Bureau, December 2015.

Our poverty rate remains close to 15%, with more than forty-six million people in poverty as shown in the following figure:



Source: Income and Poverty in the United States: 2014, United States Census Bureau, September 2015.

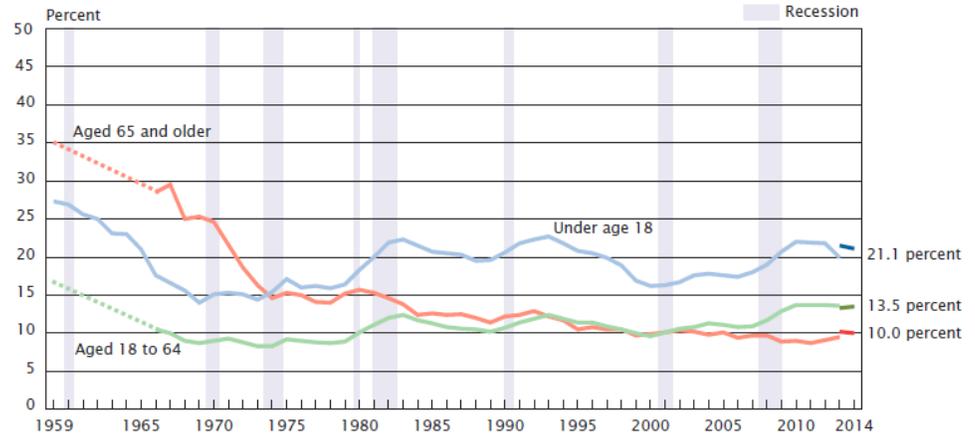
Poverty rates increased in 33% of counties between 2005-2009 and 2010-2014, and decreased in only 4% of counties as shown in the following figure:



Source: American Community Survey: 2010-2014, United States Census Bureau, December 2015.

The community contribution of social security and Medicare is clear in the following figure where we see a substantial decline in poverty rates for those aged 65 and older. We still have much to do though, as the poverty rate for children stands at more than 21%, and it is increasing for those aged 18 to 64.

**Figure 5.  
Poverty Rates by Age: 1959 to 2014**

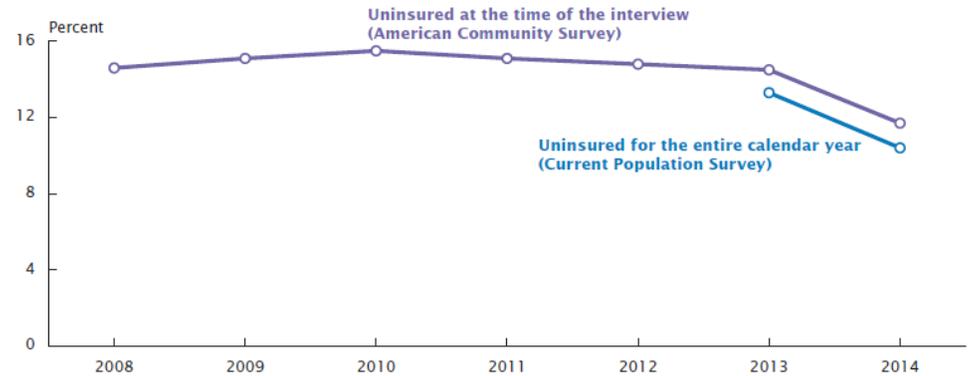


Note: The 2013 data reflect the implementation of the redesigned income questions. See Appendix D for more information. The data points are placed at the midpoints of the respective years. Data for people aged 18 to 64 and 65 and older are not available from 1960 to 1965. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>.  
Source: U.S. Census Bureau, Current Population Survey, 1960 to 2015 Annual Social and Economic Supplements.

Source: Income and Poverty in the United States: 2014, United States Census Bureau, September 2015.

While the Affordable Care Act leaves much to be desired in terms of universal coverage and effective cost controls it has shown major societal benefits by substantially reducing the percentage of those without healthcare insurance as shown in the following figure:

**Figure 1.  
Uninsured Rate: 2008 to 2014**

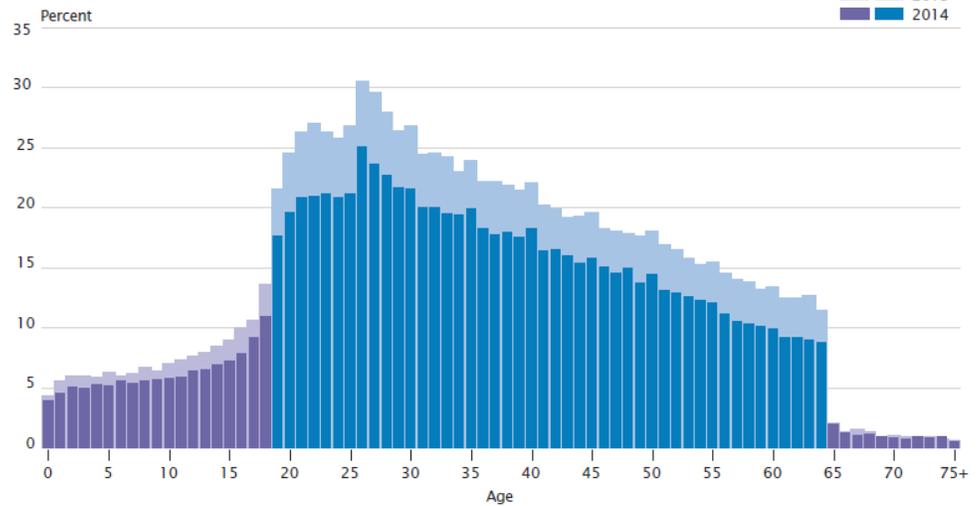


Note: For the American Community Survey, estimates are for the civilian noninstitutionalized population. For the Current Population Survey, estimates reflect the population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech\_docs/accuracy/ACS\_Accuracy\_of\_Data\_2014.pdf>.  
Source: U.S. Census Bureau, 2014 and 2015 Current Population Survey Annual Social and Economic Supplements and 2008 to 2014 1-Year American Community Surveys.

Source: Health Insurance Coverage in the United States: 2014, United States Census Bureau, September 2015.

Improved insurance coverage for those at various ages is clear from the following figure:

**Figure 4.**  
**Uninsured Rate by Single Year of Age: 2013 and 2014**  
 (Civilian noninstitutionalized population)

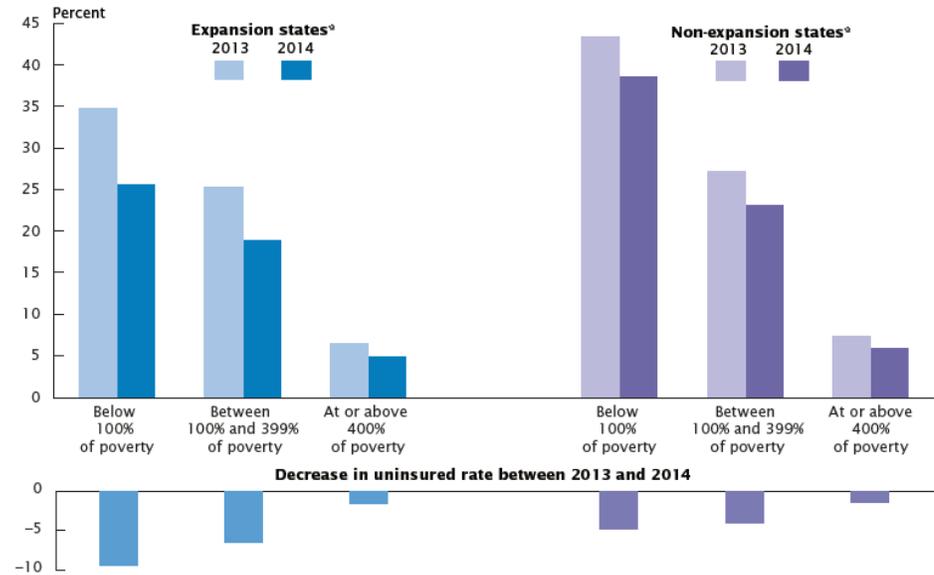


For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <[www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2014.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2014.pdf)>. Source: U.S. Census Bureau, 2013 and 2014 1-Year American Community Surveys.

Source: Health Insurance Coverage in the United States: 2014, United States Census Bureau, September 2015.

The benefit of expanded Medicaid coverage in those states that have chosen expansion as part of the Affordable Care Act is clear in the following figure as is the oppression of their poorest citizens by those states that have refused such Medicaid expansion:

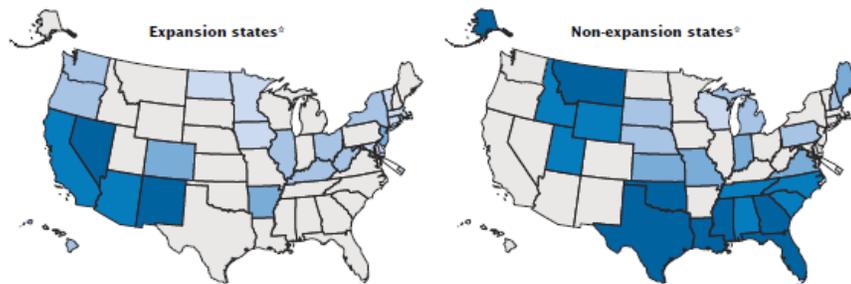
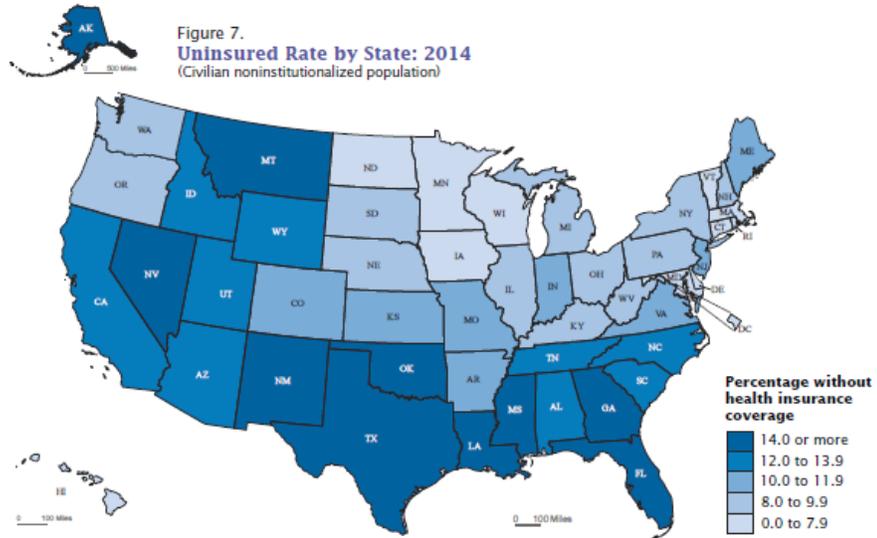
**Figure 5.**  
**Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64 Years: 2013 and 2014**  
 (Civilian noninstitutionalized population)



<sup>a</sup> Medicaid expansion status as of January 1, 2014. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <[www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2014.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2014.pdf)>. Source: U.S. Census Bureau, 2013 and 2014 1-Year American Community Surveys.

Source: Health Insurance Coverage in the United States: 2014, United States Census Bureau, September 2015.

Not surprisingly uninsured rates trend higher in those states that have turned away from Medicaid expansion, as shown in the following figure:



\*Medicaid expansion status as of January 1, 2014. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014.  
 For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <[www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2014.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2014.pdf)>.  
 Source: U.S. Census Bureau, 2014 1-Year American Community Survey.

Source: Health Insurance Coverage in the United States: 2014, United States Census Bureau, September 2015.

We still have much to do to move to a Medicare-for-all system that will provide needed coverage and cost effectiveness. As our national elections draw nearer the trends we are seeing are a timely reminder of the importance of voting for those who represent all in our society, not those who are, or who represent, the interests of just the wealthy and powerful.

### Quote

“In Germany they came first for the Communists, and I didn’t speak up because I wasn’t a Communist. Then they came for the Jews, and I didn’t speak because I wasn’t a Jew. Then they came for the trade unionists, and I didn’t speak up because



I wasn't a trade unionist. Then they came for the Catholics, and I didn't speak up because I was a Protestant. Then they came for me, and by that time no one was left to speak up."

*Martin Niemoeller.*