



The Health Care Workforce Development Imperative A Strategy for Change—White Paper

In April of 2006, The Massachusetts Workforce Board Association convened a Health Care Workforce Strategy Roundtable with over 70 key stakeholders including legislative, workforce, education and health care industry leaders to meet and chart a new course for health care workforce development and to identify the key steps for a Policy Action Plan to be presented to the new Governor.

Three overarching goals drive the Policy Action Plan:

- Improve the quality of patient care in Massachusetts by fully staffing our health care facilities
- Stabilize, and where possible, reduce the costs of high quality patient care
- Reinvigorate the status of Massachusetts as the recognized world leader in patient care

Roundtable participants established the following assumptions to set the stage for policy development:

The problems facing the healthcare industry that lead to severe workforce shortages in critical occupations are too complex for any one sector to solve on its own. Massachusetts must develop a comprehensive approach to address the healthcare workforce shortage, creating system alignment among government, employers and higher education to address the immediate and long-term needs of the health care industry.

The government, employers and higher education sectors have the means and responsibility to affect change through specific, coordinated, strategic action, as part of a comprehensive public policy.

Engagement from all sectors must be coordinated with a long-term view and a sustainability plan to ensure that all current and future healthcare workers can perform at the highest possible levels of patient care quality. Systems must support new health care workforce entrants, entry-level worker development, incumbent workers competencies (career development and ladders) and must establish procedures to continually modernize and improve occupational training as new technologies and care practices are implemented in the healthcare workplace.

The Massachusetts Workforce Board Association, an independent body well versed and well-regarded in the workforce development arena is well positioned to facilitate the multiple stakeholders vested in these issues to find a strategic approach to respond to these challenges.

The facts:

- Healthcare workforce shortages significantly impact the quality of patient care in Massachusetts.

Shortages and high turnover exist in all occupational areas, from physician specialists to the most entry-level positions. In June 2005 there were more than 16,000 vacancies in professional/licensed positions, paraprofessional (certification positions), and entry-level positions representing a vacancy rate of 3.8%, the largest number of openings in the state's 20 major industries. **These shortages may result in inconsistent care; inability of the healthcare system to track patient progress; increased medical errors; emergency room diversions; deferred testing and specialized treatments; and worse, lack of treatment options for certain regions and certain specialties.**

- **Healthcare disparities** or the difference in the type, level, and quality of healthcare provided to racial and ethnic minorities is a significant issue in Massachusetts, particularly as the immigrant population continues to grow. During the past 15 years, field research undertaken in Boston and other regions of the country by the National Institutes of Health has pointed to the lack of cultural proficiency among healthcare professionals as a significant factor in healthcare disparities, and one that can be easily remedied by diversifying the healthcare workforce. And yet, at the entry-level, healthcare is one of the most diverse industries. Recent investments, both public and private, in “grow-your-own” strategies has resulted in entry-level and paraprofessional workers, many from racial and ethnic minority groups, moving into higher levels of responsibility, even licensed professional positions, and better wages. This strategy has proven to increase retention rates of workers while they are in training, and rewards those who demonstrate a commitment to the provision of quality care.

Consistently, racial and ethnic disparities in healthcare, as in other economic sectors, have been ascribed to the cultural competence of the healthcare practitioners. The Institute of Medicine recently reported, *"A preponderance of scientific evidence supports the importance of increasing racial and ethnic diversity among health professionals. This evidence...demonstrates that greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students while in training."* However, in a series of field hearings across the country, Duke University's Sullivan Commission concluded that a shortage of minority health professionals is contributing to persistent racial and ethnic health disparities.²

- **Healthcare is not just a public health and safety issue, but also economic.** The State's health care industry not only, provides for the health and well-being of workers in all industries, but is also the state's largest employer, representing 14% of all employment (*Board of Higher Education Nursing Initiative, Nursing Education/ Practice Survey*) The 2005 Massachusetts average pay was \$50,087/year; as compared to Healthcare and Social Assistance \$43,410/year.³ Health care jobs offer the opportunity for family self-sufficiency.
- The health care industry is already funding some workforce development, whether through tuition assistance, loan forgiveness, internship programs, and on-site training. This level of funding is inadequate to support the scale of training needed to double or triple the number of graduates in allied health and nursing. While industry should be encouraged to increase their financial commitment, education as a public good is also a public responsibility. Massachusetts must increase the level of public funding for preparation for post-secondary health care education and for health care education programs themselves. Further, there is need statewide for funding. **The current practice of providing public funding through the competitive grant process recognizes neither the size of the industry nor the extent of the pipeline problem.** Some funds are available only to employers who make unemployment insurance deposits with the State, and not to those who are self-insured for risk. Other

¹ Institute of Medicine, "In the Nation's Compelling Interesting: Ensuring Diversity in the Health Care Workforce," 2004.

² Missing Persons: Minorities in the Healthcare Professions. The Sullivan Commission on Diversity in the Healthcare Workforce, Duke University, September, 2004.

³ Quarterly Census for Earnings and Wages (QCEW --ES-202) --Mass. DWD-DCS

funds are available only to public institutions, or to train incumbent workers but cannot be used to recruit new employees.

Coordinating connections among workforce development and health care employers can increase statewide advocacy with the legislature and state leadership on funding decisions and policy development. It would also provide the opportunity to broaden the current discussions involving health care financing and regulations to incorporate a perspective on their impact on workforce development.

Health Care Workforce Strategy Roundtable Recommendations:

The Governor can begin to address the health care workforce crisis by appointing a *Health Care Workforce Strategy Task Force* whose mission is to develop action-oriented strategies during his first six months in office that focus on cohesion among the major institutional actors and across all healthcare employment areas. These strategies must:

1. Expand the capacity of the Commonwealth's public and private nursing education system, with particular emphasis on increasing the number of nursing faculty and clinical training sites and produce more graduates who will be successfully licensed as RNs and LPNs.
2. Ensure State provides coordination across funding and service streams, though planning and implementation remain at a regional level.
3. Modernize curricula and student laboratories to better prepare the healthcare workforce to perform effectively in a rapidly changing technological environment.
4. Retain the proportion of healthcare workers and provide upgrade training and professional development to ensure that Massachusetts retains its world-class status in the healthcare and biosciences industries.
5. Create mid- to long-term "grow-your-own" strategies that allow entry-level and paraprofessional healthcare workers, many from racial and ethnic minority communities, to progress to professional licensed positions and better wages, through partnerships between employers and higher education institutions. Ensure that there is a continuum of learning by creating incentives for closer collaboration between the adult education and higher education systems.
6. Increase the number of individuals who can successfully fill vacancies in allied health and other critical health professions and advance through the creation of career pathways.
7. Attract more direct-care workers to important jobs that should pay family sustaining wages and benefits.
8. Through workplace connections, attract middle and high school students to the health care industry and prepare students for post-secondary education and jobs in health care.
9. Create bridge programs at all of the state's community colleges to increase ESOL and basic skills competency, and to prepare incumbent workers for career advancement in the health care industry.
10. Expand the capacity of nursing education to produce more highly effective nurses prepared to work in the modern healthcare workplace.

11. Focus health care workforce investments on long-term needs of the industry and its workers.
12. Use existing funding from public and private sources to initiate a strategy for change including allocation of funds from the Workforce Investment Act, Workforce Training Fund, Adult Basic Education, Temporary Assistance to Needy Families along with federal and state financial assistance, grants and employer tuition reimbursement to create an immediate resource pool to address the needs of the industry and its workers. Expand training cycle periods for nursing and allied health to insure successful program completion.

The Health Care Workforce Strategy Task Force should be comprised of representatives from:

Key Health Care Employer Leaders in Each Region of the Commonwealth
Massachusetts Workforce Board Association
Department of Workforce Development
Department of Public Health
Board of Higher Education
Massachusetts Community Colleges Executive Office
Department of Education
Commonwealth Corporation
Massachusetts Center for Nursing
Massachusetts Hospital Association
Mass Extended Care Federation
Home Care Alliance of Massachusetts
Mass. League of Community Health Centers
Massachusetts Nurses Association
Mass Organization of Nursing Executives
SEIU 1199
Mass AFL-CIO
Massachusetts Association of Colleges of Nursing
Other Allied Health Professional Associations
Legislative Leaders from the Health Care Financing, Public Health, Higher Education and Labor and Workforce Development Committees

The most critical component of any health care workforce strategy is leadership, the other is follow-through. The Governor should designate the Commonwealth Corporation to coordinate and oversee the Health Care Workforce Strategy Task Force because of its experience and track record in implementing effective sectoral strategies, especially in healthcare. Commonwealth Corporation should be granted the authority and responsibility through the Task Force to implement the recommendations requiring executive or legislative action as well as to provide the overall leadership to respond to the most critical workforce issue facing Massachusetts over the next decade.

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