

Health Care Jobs are the Lifeblood of Community: How the Health Sector and Workforce Boards Can Work Together to Meet Regional Needs

Q&A with Nancy Zionts, Chief Operating and Program Officer for the Jewish Healthcare Foundation

Nancy Zionts is the Chief Operating and Program Officer for the [Jewish Healthcare Foundation \(JHF\)](#), an organization that works to perfect patient care through programs, research, training and grantmaking. Last year, the JHF partnered with the National Association of Workforce Boards (NAWB) to convene a meeting of health care workforce experts. In this interview with Health Workforce News, Ms. Zionts shares the outcomes of that meeting and her insights on the changing needs of the health workforce, regionally and nationally. She discusses the role of the JHF in creating cross-sector collaborations to shape a workforce that has the education and skill set required for high quality healthcare. Ms. Zionts explains how educators and employers can best work with workforce investment boards to meet the healthcare needs of their region.



Please tell us a little about the history and purpose of the Jewish Healthcare Foundation (JHF).

The JHF was created in 1990 as a result of the sale of Montefiore Hospital in Pittsburgh. Its mission is to improve the health of vulnerable populations and it does so by focusing primarily on improving the healthcare delivery and payment systems in acute, long term, primary care and community-based care settings. It accomplishes its work through its activities as a funder and convener, and through the efforts of its two operating arms, [Pittsburgh Regional Health Initiative](#) and [Health Careers Futures](#).

Could you tell us about the workforce initiatives and programs at JHF?

Initially, workforce issues weren't on our radar. We assumed those were being addressed by the many economic development and labor force related organizations and by other funders. But in 2000, we were approached by our local city and county leadership to spearhead a major convening and fact finding exercise to determine how best to position the region's workforce efforts to address the changing health needs of the population. That Workforce Summit led to the creation of Health Careers Futures and the launching of strategies to align regional supply and demand of healthcare workers. We are most proud of our series of Fellowship Programs

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([Patient Safety, Salk](#) and QIT – where [Quality Improvement](#) meets [Information Technology](#)). Each engages graduate health professions’ students and supplements their existing education by engaging them with students from other schools and professions, provides training and education, and exposure to real-world health issues to create better-rounded leaders for the future of health care.

What types of collaboration, partnerships and networking make these programs successful?

Health Careers Futures collaborates with a broad range of stakeholders to attract, support and retain healthcare workers and contribute to long-term regional economic development of southwestern Pennsylvania and Pennsylvania as a whole. Our Board and our partners reflect healthcare’s unique diversity and include strong engagements of private and public training programs – from middle school to Continuing Education programs – service and health providers from many sectors, public agencies, policymakers and other funders. We network within healthcare and learn from our colleagues engaged in workforce issues outside of this sector. Importantly, we include the future generation – the workforce of tomorrow – on our Board and in our programs.

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Could you share some strategies that JHF grantees use to get the most impact from their funding?

JHF is very focused on the testing and sharing of best practices in healthcare delivery and payment. We have focused on creating a Lean-based methodology, [Perfecting Patient CareSM](#), which seeks to engage front line workers, managers and leaders in improving quality, safety and efficiency of care. These methods have been proven to enhance not only process and outcome, but to have direct impact on the workforce by improving worker satisfaction and retention. So, our grantees are partners, not just fund recipients. Many/most participate with us on model testing and, engage with us in training using Perfecting Patient Care and in identifying together the ways in which the workplace in health care can be made optimally safe, efficient, and of high quality, one which encourages employee growth and success in what is an otherwise highly chaotic environment.

What are the health workforce needs in Western Pennsylvania?

That is a moving target. What we have seen in the last decade is that supply and demand is less about a numbers game than about ensuring that we create the right skills sets and team collaboration that will allow workers to be successful over time and in various healthcare settings. We have new requirements at the front line – driven by policy changes and changing demographics – and the old models of “how many docs?” or “how many nurses?” is just not sophisticated enough to account for the changing and

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emerging roles such as care managers, in-home workers, or community health workers. Regardless of whether our governor decides to expand Medicaid in Pennsylvania, the

new insurance exchanges which offer low cost insurance to uninsured residents will increase the demand for primary care; and the primary care workforce is not equipped to handle this. We are seeing more and more emphasis on team-based care to better meet patient needs and demand, which include physician assistants, nurse practitioners, nurses, and care coordinators.

In addition, our existing schools have traditional models of supply and demand, and they are only now beginning to look at issues of competency-based care and shorter training programs to address the realities of the employer and the employee. The costs of education may not always have the requisite payback

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for the investment we ask the worker to make to get their credential. Many who do invest in a credential find themselves shut out of certain jobs due to scope of work issues.

These all play off each other and through the HCF Board and our work with the local [Three Rivers Workforce Investment Board](#) (TRWIB), we have the forum to address the nuance and interconnectedness of strategies, needs, and resources.

How has the work of the Jewish Health Foundation impacted state policy?

HCF has worked for the past decade with our state workforce infrastructure to develop innovative training programs ([IWISE – Incumbent Workers Skills](#)) which have been delivered with great success to thousands of statewide healthcare workers. For many this was the first time there was an investment in frontline workers skills and the dividends have been striking – higher retention and job satisfaction, enhanced engagement in team work and reductions in conflict and turnover. We have also served on numerous state boards for health workforce and been focused on issues of scope of practice for nurses, dental hygienists and others. The healthcare sector is a huge sector in Western PA (1 out of every 8 workers is in the sector) and moreover, in some small towns and many rural areas, the healthcare employers are the community anchor and largest employer. Making sure those employers are strong and can recruit and retain the best workers is key.

How can workforce investment boards (WIBs), healthcare educators and healthcare employers best work together to match supply with demand?

One of the best ways they can work together is to share real-time data and stories from the field. Because the data that comes from national or even state sources has a time lag and is rolled up into larger categories, the distinct needs at the community level are often lost and the specific strategies that should be tested are obscured. Open dialogue about what

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direction the industry is moving towards is far more important than a rehash of where it has been. Healthcare is not what it was 30, 20, 10 years ago, and it certainly is in for rapid changes going forward. That will require new job categories, new training, retraining and collaboration. It is not the absolute number of workers that will be the most important factor – it will be the right workers, with the right training in the right (new and old) jobs.

Many WIBs are promoting entry level health professions, such as community health workers or nursing aide positions in long-term care. These professions have been identified as a support for relieving demand on the RN workforce, while providing an accessible new career path for many unemployed. Can you tell us more about this trend? What are some strategies for successfully moving individuals into those positions?

The focus of healthcare is changing from illness care to health care. This is a good trend. But, keeping people well or managing their chronic conditions so they do not further deteriorate is labor-intensive work. It may not require an MD or an RN. It may require strong care management, strong pharmacy tech support, behavioral health counselors, and community health workers to engage and check in on persons with health issues who are living independently. With the growth in the number of elderly, and their strong desire to live in their homes and communities, the imperative is even greater. Even if we had an unlimited supply of nurses or MDs, those resources would not be the most beneficial. We need to think of what the need is from the person/patient perspective and bring the most appropriate level of worker to the case. We must assure that all members of the team are connected, that communication – verbal, written and electronic – is facilitated. Many of these jobs are entry-level jobs that can/should have career ladders attached to them. They are a place to start and then move up and on. That provides hope for the worker and makes room at the beginning of the pipeline for the new workers. We have to think creatively: some new workers are young and just coming out of school; others are midlife but have been home raising their own children, acquiring valuable, applicable skills along the way; others are at the end of their career looking to leave a hectic acute care setting for a “higher touch” one.

Last year, the Jewish Healthcare Foundation partnered with the National Association of Workforce Boards (NAWB) to convene a meeting of health care workforce experts. Participants explored how changes in demographics, policy and technology will impact the health care workforce. Can you tell us about some of the recommendations from that meeting? What will these changes mean for WIBs?

Based on these discussions, JHF and NAWB developed the following eleven action agenda items to [guide their future research and advocacy](#) agendas vis-à-vis the healthcare workforce:

- Work to Activate the National Health Care Workforce Commission
- Explore the Connection between Changing Health Policies and Reforms with the Workforce of the Future: Skills, Training, Recruitment, and Advancement
- Review the role of WIBs in Advancing Workforce Alignments, Population Health, and Career Development
- Develop and Update Data-Driven Workforce Projections
- Design Professions and Careers that Meet Requirements for New Functions and Competencies
- Research and Inform on the Impact of Evolving Technologies on the Healthcare Workforce

- Reform Medical Education
- Provide Compressed and Abbreviated Training Opportunities for Incumbent Workers to Assume New Job Requirements
- Promote the Development and Expanded Use of Career Ladders for Entry-level Workers
- Support Existing Programs to Eliminate Waste in Health Care
- Contain costs through informed consumerism

In addition to directing the healthcare workforce activities of JHF and NAWB, these agenda items were passed onto the nation's nearly-600 locally-based, business-operated Workforce Investment Boards (WIBs). We believe that most of our WIBs see healthcare as one of their largest workforce sectors now and in the future and will share the imperative to address these issues. Other industries may have a shelf life or be limited to a particular geography. Healthcare is an ongoing and evolving concern and its jobs are for the most part local and a lifeblood for a community.

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What is your vision for addressing the health workforce needs in Pennsylvania? Given additional funding and resources, what other goals or projects would you pursue?

Healthcare is at a real turning point. The new Patient Protection and Affordable Care Act (PPACA) is a game changer. As a result, healthcare jobs are undergoing major upheaval and supply and demand models of the past will not keep pace alone. There will potentially be some layoffs and some areas of high and new demand. Following the October 2012 meeting, JHF/HCF was asked to chair a session at the NAWB meeting in Washington DC. There, we again validated that our Pittsburgh-based concerns and findings are echoed by others across the country. Many of the changes that are needed have solutions well beyond a single city, region or state. The meeting in Pittsburgh was a first – we would like it not to be a last. Advancing the dialogue, developing new workforce tracking models, and helping training schools adapt to new learning needs (that meet the employer and worker/student need) are all on the agenda.

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Please note that the views expressed in this article are the opinions of the interviewee and do not reflect the official policies, positions, or opinions of the Health Workforce Information Center or its funder.

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