

**New Jersey State Health Workforce Development Planning Grant Progress Report:  
Executive Summary – Final Report**

---

Project Title: New Jersey Health Care Workforce Strategic Plan Initiative  
Applicant Name: NJ Department of Labor and Workforce, Fiscal Agent for the New Jersey State Employment and Training Commission (NJ State WIB)  
Address: PO Box 940, Trenton, NJ 08625-0940  
Project Director: Ashley Conway, Senior Policy Analyst  
SETC Contact: Sheryl Hutchison, Policy Analyst  
Phone Number: (609) 633-0605  
Fax Number: (609) 633-1359  
Email Address: [sheryl.hutchison@dol.state.nj.us](mailto:sheryl.hutchison@dol.state.nj.us)

**Summary of the program’s major accomplishments and their impact to date:**

The New Jersey Health Care Workforce Council (the Council) was established through the New Jersey Health Care Workforce Strategic Plan Initiative. The Council (*Attachment 1*) is comprised of high-level representatives from 36 health care and health care-related organizations. The Council represents a unique effort for New Jersey in bringing together educational institutions and employers for the purpose of collectively examining current and future health care workforce issues. As reported in an external evaluation conducted by the Rutgers Center for State Health Policy (*Attachment 2*), members have a strong commitment to successfully reaching the goals of the Council. These include recommending policy to address health care workforce issues, formulating strategies to address problems and implementing innovative change to help assure that New Jersey will have a highly-skilled health care workforce able to meet the demands of a changing health care environment into the next decade. Beyond these stated goals, the Council is a forum where experienced and influential health care, education and workforce leaders spanning geographic and institutional boundaries can view health care workforce issues from different perspectives to identify shared interests. This report reflects the project’s status at the end of this grant. The stated intention of the Council, with support of the New Jersey State Employment and Training Commission (SETC), is to continue its work of asking the right questions, engaging in new ways of thinking about health care, and creating partnerships to achieve solutions.

In addition to the progress made on the defined benchmarks, as described in Part I of the Final Report, the Council is the statewide coordinating and advisory body for the New Jersey Health Care Talent Network. The New Jersey Department of Labor and Workforce Development (LWD) created six Talent Networks to focus on the specific needs of key industries in the state. Health Care was selected as one of these six industries. The New Jersey Health Care Talent Network, funded by a grant from LWD, will gather qualitative data from industry employers and experts regionally throughout the state to determine the current job/skill needs for the industry and the future skill needs. This effort will bring together key stakeholders affecting New Jersey’s health care workforce to create a sustainable Talent Network that will serve as a one-stop resource for employers, individuals and education and workforce development providers to meet industry workforce needs by aligning workers’ skills with the changing skill demands of the health care sector. The Health Care Talent Network presents an opportunity to bring

**New Jersey State Health Workforce Development Planning Grant Progress Report:  
Executive Summary – Final Report**

---

significant resources to operationalize select Council recommendations. The Council's draft recommendations will be presented to the NJ State Employment and Training Commission in September 2012 for consideration (*Attachment 3*).

For instance, the HCWC identified the need for a web-based health care clearinghouse to link job seekers with employers; to serve as an introduction to health care occupations; to house health care career pathway information to assist job-seekers and job-changers in managing their careers; and to keep health care professionals connected to their career field – even during periods of unemployment. This recommendation is reflected in the proposed Year 2 activities of the Health Care Talent Network (*Attachment 4*). The Health Care Talent Network will spearhead piloting health care workforce initiatives with community colleges, local Workforce Investment Boards (WIBs), and other partners with the goal of increasing access to and successful completion of health care education and training programs. The collaborative triangulation formed between the Health Care Workforce Council, the Health Care Talent Network and the oversight provided by the SETC and LWD increases the likelihood that the recommendations of the Council will result in action and positive change.

Central to workforce development is the goal to move individuals from unemployment to employment in self-sustaining wage jobs that support economic growth; to ensure that incumbent workers attain the competencies they need to succeed in health care careers and to advance in their occupation; to meet the needs of employers for highly skilled workers; and to cultivate a culturally competent workforce that reflects the regional diversity of New Jersey health care consumers.

Employers are critical partners in the development of workforce training programs. Business input is vital when creating health care education and training curricula to ensure that relevant, in-demand skill sets and competencies are developed. Expanding worker supply without attention to the changing structure of the health care labor force and true skills demand will risk the paradox of producing trained, highly-educated health care workers who are unemployed, while experiencing a critical shortage of health care professionals with skills and competencies that are needed by business. To avoid this, all partners must be engaged to examine assumptions and find shared interests in order to reach agreement about common standards and curricula across health care occupations that will contribute to a flexible and accessible workforce development system.

Fundamental questions of when, where, and how much health care is delivered; who will pay for it; and who will deliver it will all need to be addressed in order to adequately prepare the future health care workforce. A nationally recognized health care model that grew out of asking these questions was begun nine years ago in New Jersey. A group of primary care providers led by Dr. Jeff Brenner began discussions about the issues they faced while practicing in Camden, which led to developing a strategy to improve the quality, capacity, and accessibility of health care for the most vulnerable residents of Camden.

**New Jersey State Health Workforce Development Planning Grant Progress Report:  
Executive Summary – Final Report**

---

Central to the success of the Camden Coalition of Health Providers is efficiency of care through communication, genuine collaboration, and data-driven initiatives that result in sustainability. The team care concept, comprised of workers with a wide range of skill sets, was strongly supported by the Council. This concept is recognized by the Council as an effective way to deliver care across urban, suburban, and rural communities. Team care models could provide cost savings if implemented statewide, through the reduction of the inappropriate use of hospital emergency services.

Dr. Brenner’s concept was born of his data-driven approach to identifying and solving problems. Much like his predecessor Dr. John Snow did in London during the London Cholera outbreak of 1854; Brenner began by making block-by-block maps of the city. He then color-coded the hospital costs of its residents, thereby locating “hot spots” where the highest patient costs were located. The Camden Coalition is focusing intensive, “high-touch” services on these hot spots, and creating a new model for health care delivery. The Camden Coalition is collecting outcomes data as well, with the goals being to improve the health of individuals with the most challenging health conditions and reduce overall cost. The importance of relevant data is central to the success of Dr. Brenner’s model, and to other innovative approaches to improving health care delivery.

The primacy of data – workforce, population health, demographics, and utilization – is perhaps the biggest lesson learned over the life of the grant. Workforce problems and solutions ultimately lead back to the need for meaningful, accurate and unbiased data. The barriers to accessing useful health care workforce data are complicated and often institutionalized. There is no shortage of data; rather there is too much data that is collected by many entities for many reasons. However, the data is in disparate silos that are unknown or inaccessible to those who need it. Also, some of the most useful data collection initiatives are one-time efforts; therefore, more meaningful longitudinal data is not available. The Council’s Priority 1 recommendation for a data center, outlined in the Draft Statement of Need (*Attachment 5*), is an important foundational concept for a comprehensive and coordinated health care workforce development strategy that is data-based and research-driven.

The Council also recognized the barrier created when health care resources are siloed into localized delivery systems and supports the exploration of regional delivery of care based on population health needs. By considering the regional demand for health care, the State can better project the workforce skills and occupations needed for the future.

These concepts and issues were a frame of reference used by the Council as members engaged in an examination of New Jersey’s health care workforce that resulted in the recommendations. These recommendations reflect the thinking and intent of Council members who recognize the importance of a unified and coordinated workforce development system that has employer-driven needs as its touchstone, as well as the importance of education and training that satisfies the long-term needs of both workers and employers. They are referenced and explained in greater detail in the body of this report.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

Can we share your final report with other SHCWD grantees? [Yes](#)

### **Executive Summary**

*The Affordable Care Act statute states that HRSA must provide a report to Congress analyzing planning and implementation activities, performance, and fund utilization of the State grantees, including an identification of promising practices and a profile of the activities of each State grantee. We will generate a report to Congress primarily from this progress report. The “Executive Summary” is your opportunity to ensure that HRSA includes, in the report to Congress the information you deem most important about your project.*

**Please include the following information at the top of the executive summary:**

- Project Title
- Applicant Name
- Address
- Project Director
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable

**Please provide a summary of your project’s major accomplishments and their impact to date. Identify and describe any unique accomplishments that you think should be considered by other grantees and explain why. Please include any special challenges and/or objectives you were unable to meet and barriers that precluded there being accomplished. Please do not exceed three (3) pages (single spaced, no less than 12pt font). You will have an opportunity to discuss the benchmarks in Part I of the Final Report.**

NJ State Health Care Workforce Development Planning Grant  
Project Period: September 30, 2010 – June 30, 2012

---

## FINAL REPORT

---

*Part I: This part of the final report is designed to capture information about the statutorily required activities (benchmarks) of the State Health Care Workforce Development Planning grant. Please answer all questions in narrative form but feel free to use charts and/or graphs where necessary. Be concise in your answers but please ensure that you have provided a comprehensive answer to each question.*

---

**Benchmark #1: Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers.**

- 1. Method (Include how you were able to access labor market information. What labor market information was used for analysis, how the analysis was performed.)**

Labor market data was accessed through the New Jersey Department of Labor and Workforce Development (LWD), Office of Labor Planning and Analysis (LPA). This group created a baseline data report using wage records, unemployment insurance claimant records and licensing data from the Division of Consumer Affairs. The Division of Consumer Affairs, which oversees 28 health-related licensing boards in New Jersey, provided LPA with the number of active licenses in the identified occupations to compare with employment data and identify trends. LPA staff also explored matching data on recently licensed professionals against wage record and unemployment insurance data, to ascertain the number of newly trained health care workers who are unable to find employment or who have recently become unemployed.

In addition, the grant staff met with high-level representatives from the New Jersey Department of Health and Senior Services (DHSS) to explore how DHSS data could be utilized to predict demand, including chronic disease rates and population health statistics.

In partnership with LWD, an employer listening session was conducted to gather qualitative data about the supply and demand for health care occupations in New Jersey.

Grant staff met with information technology professionals at the Division of Consumer Affairs to discuss the types of licensing data collected and how it could be shared with LWD to show occupational trends and provide a more accurate baseline for health care professions. LPA labor market analysts were provided with information from the Division of Consumer Affairs' licensing database (L2K system), showing aggregated numbers of licenses issued by occupation.

Because LWD-LPA, DHSS, and the Division of Consumer Affairs had not previously worked together to share and analyze health care workforce data, the first step was to convene a high-level meeting of agency representatives to discuss the creation of a state data plan and how

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

these agencies can share data in a meaningful way. This meeting established key relationships between the departments and provides a potential avenue for future collaboration.

### **2. Findings: (Include health professions reviewed and how “shortage” was defined.)**

As a result of these efforts, the Council found that silos of data exist that are not efficiently shared or utilized. A number of data sharing agreements already exist; for example LWD receives graduation outcomes information provided by the New Jersey Higher Education office. However, there are many areas where data cannot currently be shared due to confidentiality issues and regulatory restrictions on the uses of data for purposes other than that for which it was collected.

Because data is collected by different agencies for different purposes, it proved difficult to merge these data in a cohesive and meaningful way. For example, licensing boards collect individual records for the purposes of ensuring qualifications and public safety. This data is not aggregated into monthly, quarterly or yearly reports to show longitudinal trends. The boards’ responsibility is the maintenance of individual records, rather than long-term occupational supply and demand issues.

Through this effort, some challenges were identified with the shared data. For example, the number of licensed professionals reported by the Division of Consumer Affairs does not equal the number of employed professionals found in LWD wage records (*Attachment 6, Baseline Data for Primary Care Occupations 2009-2010*). One explanation is that a person may hold an active license in a profession but not be practicing in that profession. Other reasons for this data disparity may exist, and will need to be explored in future efforts.

Minimum Data Set (MDS) surveys have not been integrated into the licensure process for all health care occupations in New Jersey, although many health occupation re-licensure processes are now conducted online. Nursing re-licensure for RNs and LPNs conducts an optional survey of MDS questions. In 2010, the physician re-licensure process included in a one-time survey, with questions that focused on practice-related issues. Data from this survey is not yet available. Therefore, we do not have access to demographic information for many, if not all, health care occupations. This information is critical to ensuring a diverse workforce that reflects the population of New Jersey. The Council has included the establishment of Minimum Data Sets for health care occupations in its recommendations.

The baseline data report gathered information for 2009 and 2010, for the occupations identified by the Health Care Workforce Council (further outlined in Benchmark #2). A labor “shortage” would exist where the anticipated demand exceeds the supply for a specific occupation. However, the demand for each occupation could not be accurately projected with the information gathered by LPA. As discussed in Benchmark #2, the difficulty in projecting future demand led us instead to analyze the current state of demand for each occupation, by capturing the ratio of unemployment insurance claims as a percentage of the total employment

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

in that occupation. A higher level of unemployment might indicate less demand for that occupation, while a lower level might indicate that a higher demand or a labor shortage. The limitations of this method are 1) unemployment claimants self-report their occupation and 2) the claims data is a snapshot of a point in time. This report is a starting point to analyzing different data sets in combination. The effectiveness of this method will need to be further analyzed, over time, with additional years of data.

There is general agreement that a better system is needed to collect and analyze health care workforce data across state agencies, as well as data from employers, associations, and other stakeholders in health care. The Council supports the creation of a formalized process in which longitudinal data is collected from these sources in a Health Care Workforce Center for Quality, to be analyzed and shared with other partners, to inform state policy decisions and stakeholders, and to provide data to federal agencies in a format compatible with data from other states. Thus, the Council has drafted a Statement of Need for a New Jersey Health Care Workforce Center for Quality (*Attachment 5, New Jersey Health Care Workforce Center for Quality Draft Statement of Need*).

Based on these findings, the Health Care Workforce Council has issued the following draft recommendations:

*(For full recommendations, see Attachment 3, NJ HCWC Draft Recommendations)*

### **Priority 1: Develop systemic institutionalized processes to ensure that health care education and training investments are based on skill needs of employers**

- A. Institutionalize the work of the Health Care Workforce Council to continue to maximize the industry intelligence and expertise in the creation of policies and the programs' responses to health care employers.
- B. Continue the efforts of the Health Care Talent Network to build connections between employers, educational institutions, jobseekers, and students to continue to create systemic workforce connections.
- C. Work with higher education, foundations and employers to establish a Health Care Workforce Data Center.
  - o Establish a repository for the collection, aggregation, and analysis of health care workforce data.
  - o Build an infrastructure that improves the collection, use, and distribution of health care workforce data among multiple state agencies, partners and stakeholders.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- Revise regulations and create data sharing agreements to enable state agencies to share and merge data relevant to the health care workforce, public health, and health occupation education.
- D. Collect basic workforce and demographic data (Minimum Data Sets) at the time of licensure/certification and re-licensure/recertification.

The Priority 1 recommendation will be presented to the New Jersey State Employment and Training Commission (SETC) for approval in September 2012. The Council has formed a working group to move this recommendation forward, with appropriate partners from within and outside of the Council.

### **3. Implications:**

As health care in New Jersey and the nation continues to evolve, it is crucial to use a full complement of data sources, analyzed and coordinated in a cohesive way, to fully gauge the current and future workforce needs.

### **4. What professional roles are included as primary care providers?**

The New Jersey Department of Health and Senior Services (DHSS) identifies the following professions as primary care professionals eligible for the Primary Care Loan Redemption Program (LRP) include Allopathic (MD) and Osteopathic (DO) physicians in the specialties of Family Medicine, General Internal Medicine, General Pediatrics, and Obstetrics/Gynecology; General Dentists; Periodontists; Certified Nurse Practitioners; Certified Nurse Midwives; and Physician Assistants.

The Council accepts the broader definition of a primary care provider outlined above and also considered health care workers that support these primary care roles, particularly in nursing, therapy and allied health positions.

### **5. Have you established baselines for primary care? Have you established baselines for any other health professions?**

The baseline report shows the current number of workers in the selected occupations.

### **If yes, which ones? Please provide baselines and describe what each baseline means.**

As discussed under Benchmark #1.2, Findings, the baseline data report gathered information for 2009 and 2010, for the occupations identified by the Health Care Workforce Council (*Attachment 6, Baseline Data for Primary Care Occupations*). This report is not considered to be the minimum number of workers needed in each occupation, rather it reports the current number employed in each occupation. The future demand projections do not allow for the



NJ State Health Care Workforce Development Planning Grant  
Project Period: September 30, 2010 – June 30, 2012

---

creation of a baseline number, since labor projections at present do not take into account the developing population health issues, or changes in service delivery and utilization.

**If no, please describe in detail why baseline data has not been established.**

See above.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

**Benchmark #2: Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways.**

### **1. Method:**

Determining workforce demand is a difficult task across industries, but particularly so in the health care industry. The challenge of meeting employers' needs for workers who possess new and specialized skill sets that will be used in fundamentally changed health care delivery systems is made more difficult because the health care industry is highly regulated, and labor and capital intensive. A sound methodological framework to produce a more unbiased, accurate, and complete picture of health care workforce demand is needed. Augmented by national efforts underway to accomplish this, New Jersey is engaging in its own efforts to understand health care workforce supply and demand. During this grant, the Health Care Workforce Council explored the forces driving supply and demand. Integrating the contributions of Council members, and other similarly tasked groups, into the traditional models used to project demand used by public policy making institutions (e.g. the LWD Office of Labor Planning and Analysis) was begun during the grant period and will continue after June 2012.

In one example of a paradigm shift intended to better understand demand, the New Jersey Department of Labor and Workforce Development (LWD) used a sector-based strategy to create six "talent networks" to focus on the specific needs of key industries, including health care. The New Jersey Health Care Talent Network, funded by an LWD grant, has established an advisory group of industry employers with the purpose of gathering supply and demand intelligence as well as to assess the skill and competency needs of employers. The qualitative data gathered will augment the traditional sources of quantitative workforce data used by LWD.

The Health Care Workforce Council will continue to act as the advisory council for the Health Care Talent Network. The Talent Network will operationalize some of the recommendations generated by the Council. Specifically, the Talent Network has identified Priority 2 as a goal for its grant efforts:

**Priority 2: To ensure that students and jobseekers have access to information on health care careers.**

Health Care Workforce / Career Awareness Website:

Develop a website dedicated to New Jersey's health care workforce targeting:

- Individuals interested in entering a health care career, advancing/up-skilling in a health care career, or changing a health care career path

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- Workforce professionals and para-professionals who want to stay connected and involved in the health care field, particularly during periods of unemployment

The website will be developed from the foundation established by the Central NJ Health Care Talent Network website, [www.njhealthjobs.org](http://www.njhealthjobs.org). The new website created by the Health Care Talent Network will function as a clearinghouse, providing information on health care careers, professional networking sites, health care workforce data, career pathways and education/training opportunities (*Attachment 4, NJ Health Care Talent Network Draft Year 2 Activities*).

### **2. What are the current and projected high demand State or regional health care sectors (occupations)?**

The New Jersey Department of Labor and Workforce Development (LWD) Demand Occupation List for 2011 identified the following “in demand” health care occupations (not ranked): Dentists, Dental Hygienists, Dental Assistants, Internists, Physicians and Surgeons, Registered Nurses, Occupational Therapists, Respiratory Therapists, Speech-Language Pathologists, Medical and Clinical Laboratory Technologists, Medical and Clinical Laboratory Technicians, Radiologic Technologists and Technicians, Emergency Medical Technicians and Paramedics, Pharmacy Technicians, Licensed Practical Nurses, Health Technologists and Technicians, Home health Aides, Nursing Aides, Orderlies and Attendants, Physical Therapist Aides, Massage Therapists, Medical Assistants, and Healthcare Support Workers.

Through a qualitative survey of Council members, the Health Care Workforce Council has identified the following “first-tier” professions as “in demand”:

- Primary Care Physicians and Physician Assistants
- Nurses, including terminal degree nurses, advanced practice nurses, registered nurses with baccalaureate (four-year) degrees, registered nurses from diploma (three-year) programs, registered nurses with associate (two-year) degrees, and licensed practical nurses (one-year programs)
- Radiography Technicians
- Frontline/Direct Care Personnel, including Certified Nursing Assistants and Home Health Aides

In addition, the following “second-tier” professions (not second in importance, but to be analyzed in a second effort) have been identified as “in demand”:

- Physical, Occupational, Speech, and Respiratory Therapists

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- Social Workers (LCSW and MSW)
- Community Health Workers
- Pharmacists and Pharmacy Technicians
- Dentists and Dental Hygienists

Geriatric and Mental Health are considered as overarching needs which impact many of these identified professions. There is strong agreement on the Council that the current shortage of health care professionals with expertise in geriatrics and mental health will be exacerbated by future trends – specifically, the aging of the population and the lack of funding for mental health care. Therefore, it is vital to integrate geriatric and mental health competencies into the curriculum for all levels of health care workers, from entry-level positions to positions requiring a terminal degree. This issue requires further exploration.

The Council also explored the need for Health Information Technology (IT) professionals as the implementation of Electronic Health Records (EHR) moves forward. The NJ Health IT Coordinator and a number of private sector health care IT professionals gave a presentation to the Council on the workforce and training implications of EHR. The experiences shared by these experts indicate that in most workplaces, incumbent rather than new workers will be used for EHR implementation. Thus the Council anticipates that this will not be a demand career pathway; instead it will be a replacement skill set for current and future workers.

### **3. Implications:**

Access to career pathway information, in an unbiased and fluid form provided through an interactive website, is vital to developing a pipeline of future workers with relevant and needed skills.

# NJ State Health Care Workforce Development Planning Grant

Project Period: September 30, 2010 – June 30, 2012

---

**Benchmark #3: Identify existing Federal, State, and private resources to recruit, educate or train, and retain a skilled health care workforce and strengthen partnerships.**

## **1. Method:**

The grant project utilized the 36 members of the Health Care Workforce Council to help identify the existing resources and strengthen partnerships statewide (*Attachment 1, NJ HCWC Member List*). The members include high-level representatives from the New Jersey Departments of Labor and Workforce Development (LWD), Health and Senior Services (DHSS), Education (DOE), New Jersey Higher Education, the New Jersey Council of County Colleges, the New Jersey Council of County Vocational-Technical Schools and individual education institutions such as Rutgers University, the University of Medicine and Dentistry of New Jersey-School of Nursing, and Bergen Community College. These representatives provide ongoing information regarding Federal and State resources.

The Council membership includes several foundation and employer associations, who provide information regarding private resources. These members represent the Robert Wood Johnson Foundation, the New Jersey Chamber of Commerce Foundation, the New Jersey Council of Teaching Hospitals, the New Jersey Hospital Association and the New Jersey Primary Care Association.

The employer representatives on the Council also provide information regarding private resources, and organized labor representatives are asked to share information about any other available resources. Council members representing the John J. Heldrich Center for Workforce Development and local Workforce Investment Board (WIB) directors provide linkages with the workforce system and local agencies.

The New Jersey Health Care Talent Network (described in Benchmark #2) is a state-funded resource that serves as a communications conduit and connector for jobseekers and employers as well as other health care partners and stakeholders throughout New Jersey. In Year 2 of the Health Care Talent Network grant, building and strengthening partnerships will continue to be a priority activity. One activity of the Health Care Talent Network will be to conduct professional development sessions to provide a real-time understanding of health care employment, education and training opportunities, and opportunities for best practice sharing. Participants in these sessions will be employment and education counselors, workforce development professionals, local WIB members, and community-based organizations.

## **2. Findings (summary description):**

The Council has identified the need for a comprehensive web-based resource to provide recruitment opportunities and education and training information for health care workers in New Jersey.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

**Priority 2: To ensure that students and jobseekers have access to information on health care careers.**

Health Care Workforce / Career Awareness Website:

Develop a website dedicated to New Jersey's health care workforce targeting:

- Individuals interested in entering a health care career, advancing/up-skilling in a health care career, or changing a health care career path
- Workforce professionals and para-professionals who want to stay connected and involved in the health care field, particularly during periods of unemployment

The website will be developed based on the Central NJ Health Care Talent Network website, [www.njhealthjobs.org](http://www.njhealthjobs.org). The new website will function as a clearinghouse, providing information on health care careers, professional networking sites, health care workforce data, career pathways and education/training opportunities.

The Priority 2 recommendation will be presented to the SETC for approval in September 2012. The Council has formed a working group to move this recommendation forward, with appropriate partners from within and outside of the Council.

The Health Care Talent Network in partnership with the Health Care Workforce Council has aligned its efforts with other health care initiatives in the state; this has been useful to leverage our resources and avoid duplication. Some initiatives presented to the Council include:

- Camden Coalition of Healthcare Providers: [www.camdenhealth.org](http://www.camdenhealth.org)
- New Jersey Academy of Family Physicians: [www.njafp.org](http://www.njafp.org)
- New Jersey Action Coalition (Robert Wood Johnson Foundation, Future of Nursing: Campaign for Action): [www.njni.org/page/new-jersey-action-coalition](http://www.njni.org/page/new-jersey-action-coalition)
- New Jersey Council of Teaching Hospitals: [www.njcth.org](http://www.njcth.org)
- New Jersey Health Care Talent Network (LWD): [http://lwd.dol.state.nj.us/labor/lwdhome/content/TalentNetworkNJ\\_Index.html](http://lwd.dol.state.nj.us/labor/lwdhome/content/TalentNetworkNJ_Index.html)
- New Jersey Health Information Technology Program: [www.nj.gov/health/njhit/](http://www.nj.gov/health/njhit/)

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- New Jersey Nursing Initiative (New Jersey Chamber of Commerce Foundation, Robert Wood Johnson Foundation): [www.njni.org](http://www.njni.org)
- Northern New Jersey Health Professions Pathways Consortium (USDHHS grant): <http://www.bergen.edu/NNJHPC/SitePages/Home.aspx>

### 3. Implications/Challenges:

The immediate challenge is that there are limited public resources currently available for the two critical needs identified by the Health Care Workforce Council: 1) health care workforce data system creation and 2) career pathways development and improvement.

Other current challenges include the continued recession and weak job market, especially in New Jersey where high unemployment continues. Anecdotal evidence suggests this is resulting in unemployment among new graduates and newly licensed professionals in health care occupations. The challenge will be to build capacity for the future, while retaining the investment in current workers who are dislocated from health care occupations by a poor economy.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

**Benchmark #4: Describe the academic and health care industry skill standards for high school graduation, for entry into post-secondary education, and for various credentials and licensure.**

### **1. Method:**

The Council heard from professional career counselors who shared with the Council that helping clients plan careers was difficult in health care because of the complicated nature of health care occupational titles and duties (the “who does what and where”) and the many health licensure and certification board regulations. They also noted the uncertainty surrounding demand occupations and predictions of future demand.

Employers discussed the difficulty they have in finding workers with the right skills and competencies, plus the desired experience that shortens the time between hiring and being “ready to work”. This is a reflection of changing delivery systems, medical advances and new technologies. It also highlights the growing need for workers with “knowledge economy” skills, such as the ability to collaborate across disciplines and to function as a team member.

Educators acknowledged that some challenges in academic progression are due to variations in curricula between institutions. Also, they noted that articulation agreements between programs and schools need to be strengthened. However, the Council also learned that innovative health care pathway programs do exist in New Jersey; these programs encourage entry into the health care field and progression on a health care pathway. For example, some community colleges in New Jersey have piloted health care pathways programs that connect to other schools, in some cases through partnerships with four-year institutions and across geographical regions of the state. Also, some New Jersey WIBs have developed health care career tracks used by specially trained One-Stop counselors to help customers interested in a health care career. Finally, a number of New Jersey secondary school systems have created robust health care career academies.

### **2. Findings (summary description):**

The Council recognized the benefits of having academic and health care industry skill standards aligned with the needs of employers. These standards must be clear and coordinated throughout the state. This is reflected in the Health Care Workforce Council’s recommendations addressing training and education pathways in Priority 4A.

**Priority 4: Create a responsive training and education system to build the current and future capacity of the health care workforce**



# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- A. Create Health Care Career Pathways through the integrated work of employers and educational institutions.
- Establish a process to develop coordinated, state-wide education pathways to health care careers for top health care labor demand occupations.
  - Establish and support programs for seamless, affordable, and accelerated degree completion that meet the needs of employers and non-traditional students. (i.e. granting credit for Registered Nurse work experience through testing and portfolios assessment.)

The Priority 4 recommendation will be presented to the SETC for approval in September 2012. The Council has formed a working group to move this recommendation forward, with appropriate partners from within and outside of the Council.

The New Jersey Health Care Talent Network will be pursuing the development of an Associates of Applied Science (AAS) in Health Sciences/Technical Studies with a partner community college to provide stackable credentials in both vocational training and necessary general education to facilitate entry into the health care field and progression on a health care career pathway. Fast-tracking veterans into health care programs by establishing a mechanism to convert military training into health sciences college credits and enrollment into health cluster programs is a high priority for the Talent Network.

The vision of the Council is that state-wide adoption of a pathways process will result in better alignment of education, training, and employment services with the goal of increasing the number of workers who the gain academic and industry-recognized skill standards needed for health care jobs.

### 3. Implications/Challenges:

The current challenges to developing coordinated statewide pathways and more uniform skill standards and curricula are:

- The need to identify funding to support a process of state-level interagency teams to develop pathway templates and identify and support policy changes to support state-wide pathways.
- The need to access data to identify gaps in education and training and evaluating efforts to improve pathways.
- Establishing key partnerships, particularly with health care employers, in order to identify the core competencies that will meet industry skill standards as well as licensing and certification requirements.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

**Benchmark #5: Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling.**

### **1. Method:**

The Health Care Workforce Council members and the Council's Education Task Force have worked to identify the pertinent education and training policies, models, and practices that exist in New Jersey.

### **2. Findings (summary description)**

Through this grant, information has been collected about the articulation agreements that exist between educational institutions in New Jersey. In particular, how the Lampitt Bill, which regulates the transfer of college credits between county/community colleges and four-year public colleges in New Jersey, impacts health care career pathways. Examples of best practices of special pathways programs in New Jersey have also been collected and explored. One example is a program of the Cumberland-Salem WIB that integrated four-year college classes into the local community college program for health sciences. Also, the New Jersey Talent Network is working with New Jersey Pathways Leading Apprentices to a College Education (NJ PLACE) to expand the program to include apprenticeable health care occupations. NJ PLACE is a statewide model that awards college credit to graduates of participating registered apprenticeship programs through articulation agreements with all 19 community colleges in New Jersey.

### **3. Implications:**

There is a need to raise public awareness about the many opportunities for health care occupation education, the occupational skill requirements, and available jobs. Therefore, the New Jersey Health Care Talent Network is developing a user-friendly website that will provide information about health care occupations for all consumers (individual jobseekers, job-changers, unemployed and long-term unemployed individuals, education training and career counselors, employers and policy makers). This website will serve as a health care community networking site and clearinghouse, where health care workers can stay connected to their profession throughout their career.

There is a need for the development of universal curricula that allow for easy student transfers between educational institutions, and for continuing education. This would seek to minimize the number of credits lost in transfer or due to time lapses in school attendance.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

The Health Care Workforce Council Priority 4 recommendation addresses these issues:

### **Priority 4: Create a responsive training and education system to build the current and future capacity of the health care workforce**

- A. Create Health Care Career Pathways through the integrated work of employers and educational institutions.
  - Establish a process to develop coordinated, state-wide education pathways to health care careers for top health care labor demand occupations.
  - Establish and support programs for seamless, affordable, and accelerated degree completion that meet the needs of employers and non-traditional students. (i.e. granting credit for Registered Nurse work experience through testing and portfolios assessment.)
  
- B. Enhance Job-Based Training and Inter-Professional Education
  - Support efforts and programs that advance new health care models of inter-professional education and collaboration.
  - Support transition-to-practice programs to improve retention rates, expand competencies, and improve patient outcomes (i.e. nurse residency programs).
  - Identify and work to eliminate barriers to health care internship and apprenticeship programs.
  - Support fast-tracking military veterans in certification and degree programs through military credit assessment and work experience portfolios assessment.
  
- C. Development of new training programs for unemployed and incumbent workers tied directly to employers and industry need.
  - Establish a consortium of employers, unions, and community-based organizations engaged in job-based training and education with direct links to the statewide pathways mapping effort.
  - Support efforts and programs that facilitate the alignment of training and education with employer and workplace needs through job-based training and education.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- Provide incentives to employers for developing, implementing, or maintaining job-based training and education programs.

The Priority 4 recommendation will be presented to the SETC for approval in September 2012. The Council has formed a working group to move this recommendation forward, with appropriate partners from within and outside of the Council.

#### **4. Challenges:**

The challenges, as with Benchmark #4, center around the need to develop pathway templates and identify and support policy changes to support state-wide pathways, as well as the clarity and transparency of data to identify gaps in education and training and evaluating efforts to improve pathways.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

**Benchmark #6: Identify Federal or State Policies or rules that act as barriers to developing a coherent and comprehensive health care workforce development strategy and a plan to resolve these barriers.**

### **1. Method:**

Data barrier: There are many areas where state agency data, including licensing information, cannot currently be shared due to confidentiality issues and legal restrictions on the uses of data for purposes other than that for which it was collected.

Licensing: The Division of Consumer Affairs oversees 28 health-related boards that manage the licensing and certification of health care professions. A number of other health-related boards are overseen by other state agencies, including the Department of Human Services and the Department of Environmental Protection. In many cases, individual boards are governed by specific legislation. This complex system of boards can be confusing and was noted by Council members and other stakeholders as a barrier to developing a coherent workforce strategy.

### **2. Findings (summary description):**

The data barrier is addressed in Benchmark #1. The Council has drafted a Statement of Need for a New Jersey Health Care Workforce Center for Quality (*Attachment 5*).

Licensing and certification issues were discussed in-depth by the Council and recognized as a barrier to implementing innovative health care workforce initiatives and as a barrier for individuals who are entering health care practice. These issues resulted in the Health Care Workforce Council's Priority 3 recommendation:

**Priority 3: Review licensing and certification processes to eliminate barriers and recommend viable solutions to incent workforce preparedness.**

Establish a Licensing and Certification Committee of the Health Care Workforce Council to identify barriers to practice and recommend viable solutions.

Work should commence with issues identified through the initial work of the Health Care Workforce Council:

- Delays in licensure and certification, due to administrative processing issues
- Penalties assessed to unemployed workers who do not maintain active licensure/certification, which act as a disincentive to continuing in health care careers

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

- Requirements for licensure and certification (i.e. to allow job-based learning opportunities for direct care workers, specifically for Certified Nursing Assistants)

The Priority 3 recommendation will be presented to the SETC for approval in September 2012. The Council has formed a working group to move this recommendation forward, with appropriate partners from within and outside of the Council.

### **3. Provide a summary of your plan to resolve the above mentioned barriers:**

The SETC Health Care Workforce Council will continue to explore solutions for these barriers with its partners.

The identification of specific policies or rules that act as barriers will continue through 1) input from the Council members, 2) input from employer listening sessions conducted in partnership with the Health Care Talent Network, and 3) input from partners who are participating in the creation of education pathways.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

***Part II: This part of the final report is designed to capture information about the matching funds and any additional accomplishments that you would like to highlight. Please answer all questions in narrative form but feel free to use charts and/or graphs where necessary. Be concise in your answers but please ensure that you have provided a comprehensive answer to each question.***

---

### **1. How were the matching funds for your grant used?**

Matching funds were used for the provision of additional staff resources, some travel expenses, and a computer, printer and office supplies from the New Jersey State Employment and Training Commission (SETC). The Council members' time was provided on a volunteer in-kind basis. Matching funds were used for the provision of meeting space and conference calls at various locations, including Hunterdon Healthcare, the New Jersey Department of Labor and Workforce Development, the New Jersey Hospital Association, the Robert Wood Johnson Foundation, and Rutgers School of Management and Labor Relations.

### **2. How do you plan to use the information and resources you have discovered under this grant?**

The information discovered under this grant is being implemented as follows:

- 1) The New Jersey Health Care Workforce Council recommendations (*Attachment 3, NJ HCWC Draft Recommendations*), will be presented to the SETC in September 2012. The SETC will approve or amend the recommendations, in whole or in part.
- 2) The New Jersey Health Care Workforce Council will continue its work under the guidance of the SETC, which will provide staffing and other support to the Council.
- 3) Working groups established by the Health Care Workforce Council will move forward with the recommendations of the Council.
- 4) Selected Health Care Workforce Council recommendations will be implemented by the New Jersey Health Care Talent Network. The Health Care Workforce Council will continue to serve as the advisory body for the Talent Network in Year 2 of its grant.

# NJ State Health Care Workforce Development Planning Grant

## Project Period: September 30, 2010 – June 30, 2012

---

5) Identified resources will be used to continue partnerships and to form new collaborations between workforce development, education, and health care industry stakeholders in the future.

**3. Other Accomplishments: Please describe any other activities, accomplishments, and challenges that were not captured above. Please feel free to upload plans, articles, or other documents that may complement your final report submission. Please list all attachments here.**

### Attachments:

- 1) New Jersey Health Care Workforce Council member list
- 2) Report on the Evaluation of the New Jersey Health Care Workforce Development Project by the Rutgers Center for State Health Policy
- 3) New Jersey Health Care Workforce Council (Draft) Recommendations
- 4) New Jersey Health Care Talent Network (Draft) Year 2 Grant Proposed Activities and Deliverables
- 5) New Jersey Health Care Workforce Center for Quality (Draft) Statement of Need
- 6) Baseline Data for Primary Care Occupations Identified by the NJ Health Care Workforce Council, 2009 and 2010





New Jersey  
State Employment and Training Commission

## New Jersey Health Care Workforce Council Membership

Member	Organization
<b>Robert P. Wise, CHAIRPERSON</b> President and Chief Executive Officer	Hunterdon Healthcare Flemington, NJ
<b>Linda D. Anderson</b> Director of Office of Primary Care and Rural Health	New Jersey Department of Health and Senior Services Trenton, NJ
<b>Susan Bakewell-Sachs, PhD, RN, PNP-BC</b> Program Director	Robert Wood Johnson Foundation New Jersey Nursing Initiative at the New Jersey Chamber of Commerce Foundation Trenton, NJ
<b>Susan J. Barnard</b> Dean	Division of Health Professions Bergen Community College Paramus, NJ
<b>Pat Barnett, RN, JD</b> Chief Executive Officer	New Jersey State Nurses Association Institute for Nursing Trenton, NJ
<b>Marie Barry</b> Director	Office of Career and Technical Education, New Jersey Department of Education Trenton, NJ
<b>Cathleen Bennett</b> Director of Policy and Strategic Planning	New Jersey Department of Health and Senior Services Trenton, NJ

<b>Jane Z. Brady</b> Director	Middlesex County Workforce Investment Board New Brunswick, NJ
<b>Deborah S. Briggs</b> Senior Vice President, Health Policy	New Jersey Council of Teaching Hospitals Trenton, NJ
<b>Jeannie Cimiotti, DNS, RN</b> Executive Director	New Jersey Collaborative Center for Nursing Newark, NJ
<b>Geri L. Dickson, PhD, RN</b> Executive Director (Retired)	New Jersey Collaborative Center for Nursing Newark, NJ
<b>William Dwyer</b> Vice President of Human Resources	PSE&G Children's Specialized Hospital at New Brunswick New Brunswick, NJ
<b>Dana E. Egreczky</b> President	New Jersey Chamber of Commerce Foundation Trenton, NJ
<b>Joanne Fillweber</b> Manager, Corporate Contributions	Johnson & Johnson New Brunswick, NJ
<b>David L. Finegold</b> Senior Vice President for Lifelong Learning and Strategic Growth	Rutgers, The State University of New Jersey New Brunswick, NJ
<b>Anita Franzione, DrPH, MPA</b> Chief Education and Research Officer	Parker Memorial Home Inc. Piscataway, NJ
<b>Betsy Garlatti</b> Director, Finance and Research	State of New Jersey Higher Education Trenton, NJ
<b>Katherine Grant-Davis</b> President and Chief Executive Officer	New Jersey Primary Care Association Inc. Hamilton, NJ
<b>John Harz</b> Vice President of Human Resources	Visiting Nurses Association of Central New Jersey Red Bank, NJ

<p><b>Kathy Krepcio</b> Executive Director</p>	<p>John J. Heldrich Center for Workforce Development New Brunswick, NJ</p>
<p><b>Maryjoan D. Ladden, PhD, RN, FAAN</b> Senior Program Officer, Human Capital Portfolio</p>	<p>Robert Wood Johnson Foundation Princeton, NJ</p>
<p><b>Janet P. Moran</b> Chair</p>	<p>Camden County Workforce Investment Board Camden, NJ</p>
<p><b>Lawrence A. Nespoli</b> President</p>	<p>New Jersey Council of County Colleges Trenton, NJ</p>
<p><b>Patricia Orchard, RN, FACHE</b> Director of Clinical Operations</p>	<p>Horizon Blue Cross Blue Shield of New Jersey Mount Laurel, NJ</p>
<p><b>Dante Rieti</b> Executive Director</p>	<p>Office of Workforce Development for Cumberland/Salem Counties Bridgeton, NJ</p>
<p><b>Elizabeth A. Ryan, Esq.</b> President and Chief Executive Officer</p>	<p>New Jersey Hospital Association Princeton, NJ</p>
<p><b>Susan Salmond, EdD, RN</b> Dean and Professor</p>	<p>University of Medicine and Dentistry of New Jersey School of Nursing Newark, NJ</p>
<p><b>Judy Savage</b> Executive Director</p>	<p>New Jersey Council of County Vocational-Technical Schools Trenton, NJ</p>
<p><b>Susan J. Schurman</b> Professor and Dean, School of Labor and Management Relations and Dean, University College Community</p>	<p>Rutgers, The State University New Bruswick, NJ</p>
<p><b>Sid Seligman</b> Senior Vice President of Human Resources</p>	<p>Barnabas Health West Orange, NJ</p>

<p><b>Terry E. Shlimbaum, M.D.</b> Medical Director</p>	<p>Delaware Valley and Phillips-Barber Family Health Centers, Hunterdon Regional Community Health, Hunterdon Healthcare Lambertville, NJ</p>
<p><b>Deanna Sperling, MAS, RN, CAN, BC</b> President</p>	<p>Organization of Nurse Executives, ONE/NJ Princeton, NJ</p>
<p><b>Virginia C. Treacy, RN</b> Executive Director</p>	<p>District Council 1, IUOE/AFL-CIO JNESO – The Professional Healthcare Union New Brunswick, NJ</p>
<p><b>Kathy M. Weaver</b> Vice President of Programs</p>	<p>Newark Alliance Newark, NJ</p>
<p><b>The Hon. Harold J. Wirths</b> Commissioner</p>	<p>New Jersey Department of Labor and Workforce Development Trenton, NJ</p>
<p><b>Charles Wowkanech</b> President</p>	<p>New Jersey State AFL-CIO Trenton, NJ</p>
<p><b>Deborah K. Zastocki, DNP, RN, FACHE</b> President and Chief Executive Director</p>	<p>Chilton Memorial Hospital Pompton Plains, NJ</p>

**RUTGERS**  
Center for State Health

Evaluation of the New Jersey Health Care  
Workforce Development Project-Interviews  
with Members of Health Care Workforce  
Council of New Jersey

Heather Allen, M.A.  
Margaret Koller, M.S.





# Table of Contents

---

Acknowledgments..... i

Executive Summary.....ii

Introduction ..... 1

Methodology..... 1

Findings ..... 2

    Areas of Grantee Consensus ..... 2

    Progression..... 2

    Decision Making Process..... 3

    Composition of the Council..... 3

    Expectations ..... 4

    Desired Outcomes..... 5

Conclusion..... 6

Appendix A: Health Care Workforce Council Members of New Jersey Selected for Interviews ... 8

Appendix B: Interview Guide for Health Care Workforce Council of New Jersey Members ..... 9

Appendix C: List of Council Members and Their Delegates..... 10





## Acknowledgments

---

This research was funded by the New Jersey State Employment & Training Commission (SETC) under a grant from the Health Resources and Services Administration (HRSA), US Department of Health & Human Services. We are grateful to SETC staff for their guidance on this project. The authors are solely responsible for the editorial content of this report.

# Evaluation of the New Jersey Health Care Workforce Development Project

---

Heather Allen, M.A. and Margaret Koller, M.S.

## Executive Summary

The New Jersey State Employment and Training Commission (SETC) received funding from the Health Resources and Services Administration (HRSA) within the US Department of Health & Human Services for the New Jersey Healthcare Workforce Development Project. Under this initiative, SETC asked the Rutgers Center for State Health Policy (CSHP) to evaluate the project by conducting phone interviews with a group of eleven (11) individuals regarding their experiences on the Health Care Workforce Council of New Jersey. Those who were selected to be interviewed had diverse backgrounds, including some with an expertise in healthcare and others with experience in the workforce/labor arenas, more generally. The areas of agreement among the interviewed Council members include the following:

- Objectives and priorities decided on by the Council are appropriate given the health care issues facing New Jersey.
- Council's work is progressing well.
- Council's leadership strives for consensus from the membership.
- Composition of the Council has an appropriate balance between health care and workforce representation.
- There is sufficient opportunity for members to voice opinions and make contributions to the discussions held at meetings.
- Attendance at meetings is a valuable use of their time and the time commitment and demands of their participation have been consistent with their expectations.
- Overall, members' expectations for the Council have been met.

The Council members interviewed offered a variety of valuable suggestions for outcomes they would like to see achieved by the Council for their own organizations as well as for the State of New Jersey. These suggestions are detailed later in the Findings section of this report.

Overall, there was minimal disagreement among the Council members in terms of their experience participating on the Council. However, four areas of slight concern that were noted include:

- Progress could sometimes be slow due to the large size of the group.
- Two members felt there needed to be a stronger presence of practitioners/primary care physicians on the Council.
- There needs to be a departure from the silo approach in terms of how health care providers are educated and a movement towards more of a team approach.
- Two members commented that the location of the meetings was quite a distance for them to drive, but acknowledged that participation by phone was allowed.



# Evaluation of the New Jersey Health Care Workforce Development Project

---

Heather Allen, M.A. and Margaret Koller, M.S.

## Introduction

Under the Affordable Care Act's State Health Care Workforce Planning Grant funded by the Health Resources & Services Administration, US Department of Health & Human Services, the New Jersey State Employment & Training Commission (SETC) has contracted with the Rutgers Center for State Health Policy (CSHP) to evaluate the New Jersey Health Care Workforce Development Project. The overall aims of the evaluation are to provide an impartial assessment of the adequacy of the planning process, and to identify lessons for the implementation of workforce development initiatives that may emerge from the planning process.

The original intention was for CSHP to conduct a brief on-line survey of all Council members as part of the evaluation process. However, after further consideration, the strategy was revised to focus on interviewing individual Council members to collect information. The purpose of these interviews was to gather the Council members' assessment of progress of the strategic planning efforts. This report presents the feedback provided by eleven (11) of the Council members during interviews which followed an interview guide developed by CSHP and the SETC. This interview guide is included in Appendix B.

## Methodology

In July/August 2011, Rutgers Center for State Health Policy (CSHP) worked with the leadership at the SETC to select a group of eleven (11) individuals from the Health Care Workforce Council of New Jersey to interview. There are a total of 22 Council members and 13 delegates for a total of 35. A complete list is included below in Appendix C. The purpose of the interviews was to assess the Council members' views of the progress of the strategic planning efforts as well as to identify lessons for the implementation of workforce development initiatives that may emerge from the planning process. Among the considerations for being chosen for the list of interviewees, CSHP identified members who had attended a sufficient number of meetings as well as represented a cross section of the types of organizations comprising the Council as a whole. The list of interviewed Council members is provided in Appendix A.

CSHP planned to conduct the telephone interviews at a time that was most convenient for the Council members. CSHP emailed the selected eleven (11) Council members as a follow-up to a letter sent in mid- June to the entire group by Council Chairman Robert P. Wise. Mr. Wise indicated in his e-mail correspondence that not everyone from the Council would be interviewed but encouraged those who were chosen to be responsive and candid. CSHP used an interview guide that was developed in consultation with the SETC. The interview questions were divided into three areas: 1) goals and objectives of the Health Care Workforce Council; 2) process & organization of the meetings; and 3) alignment/positioning for future implementation activities. The interview guide is provided in Appendix B of this report. All documents and procedures for this project were reviewed and approved by the Rutgers University Institutional Review Board (IRB) for Human Subjects Research, and all participants were read an oral informed consent script prior to beginning the interview. At the beginning of each interview, we requested to audio record the interview and permission was received from all eleven (11) interviewees.

## Findings

### *Areas of Grantee Consensus*

With regard to their experiences on the Health Care Workforce Council of New Jersey, all eleven participating Council members agreed that:

- The objectives and priorities decided on by the Council are appropriate given the health care issues facing New Jersey.
- There is sufficient opportunity for members to voice opinions and make contributions at the meetings
- Attending the Council meetings is a valuable use of their time and that the time commitment and demands of their participation have been consistent with their expectations

One Council member mentioned not being aware that the Council was continuing on past the one year commitment but was happy this was the case. Two Council members expressed concern about the meeting locations being rather far but acknowledged that the option existed to participate by phone.

### *Progression*

Overall, the group agreed that the work of the Council was progressing well.

- However, one Council member felt that during the first 2-4 months it appeared that certain Council members knew more than the rest of the group and would engage in separate discussions. There did appear to be significant improvement at the last meeting, with the meeting being more “collegial”. There was a sense that the Council was making some progress for the State of NJ not just for individual groups.
- Another Council member mentioned that due to the size of the group the meetings/discussions may have moved along more slowly than some would have preferred.
- The Council focuses on increasing the number of workers entering into health care positions, facilitating the “upskilling” of those workers already in health care positions, examining the current supply and demand of in the health care workforce arena and exploring retention strategy. Multiple Council members elaborated that this challenge is a large task to undertake, with no easy solutions.
- Some respondent(s) indicated that the development of topic specific task forces (i.e., Data Collection and Education) might help to facilitate the strategic planning process.
- Many echoed that they felt that there was a great deal of interest and involvement among the Council members.

### ***Decision Making Process***

When asked to comment on the decision making process of the Council, 10 of the 11 participants agreed that the decision making was consensus based elaborating that the process was democratic, there was a lot of robust discussion, and meaningful dialog was encouraged during the meetings.

The one remaining Council member wasn’t sure if all the decisions require consensus and felt that some decisions were made outside of the Council meetings.

### ***Composition of the Council***

The majority of those interviewed felt that the composition of the Council brings sufficient expertise to discussions about both health care and workforce issues. Some comments included:

- One member did not think it was necessary to distinguish between health care and workforce expertise because the focus of the Council is on both workforce and health care, but agrees there is a good balance of both perspectives.

- There were a few comments about the size of the Council being rather large (although necessarily so) and even though the discussions were productive, it was time consuming for so many people to have so many things to say.

With regard to any perspectives or constituencies that are missing from the Council, some responses included that:

- The Council was “light” on the physician perspective (2 interviewees indicated this-one specified the need for primary care physician representation) but acknowledged that was being addressed by the leadership.
- There was a strong focus on the health care issues of the aging and felt that youth health issues needed to be addressed since children with health issues become adults with health issues and that has implications for the health care delivery system
- The Council is geared more toward professionals so there is a need for representation from front line workers who are the first to interact with the patients.
- “We’re learning how and where expansion is necessary or fruitful for the Council’s participation.” As representations gaps are identified, such as a large multi-hospital employer and another community college, action is taken to fill the void.
- One member commented that, once the Council moves forward with defined action plans there may still be a need to add to the Council’s composition.

### ***Expectations***

Overall, the group felt that their expectations for the Council have been met. Noteworthy comments include:

- One interviewee mentioned not having previously seen such a diverse group of health care/ workforce professionals come together and work so collaboratively.
- Another member discussed that when the Council first reviewed the list of health care positions, there were some positions with which some members of the Council were unfamiliar. This gave people the opportunity to think about different perspectives and about inter-professional education.
- One interviewee commented that expectations were met in terms of strategic planning, but was disappointed that the implementation funding was cut by the federal government.
- Health care priorities have been identified through surveys and committees. In order to be more effective, health care reform will require change with regard to the manner in



which it is delivered. There needs to be movement away from silos and toward a team approach.

- One member did not have any expectations prior to joining the Council but stated, “it would be nice to see more discussion from a grass roots perspective of how we are going to create [positions] and assure that those employment opportunities exist in workforces in health care.”
- One interviewee expressed disappointment that there isn’t more of a central repository for available health care workforce data. Gaps in the data need to be identified and then plans need to be formulated based on the available data to make informed recommendations.

### ***Desired Outcomes***

There were a variety of valuable suggestions provided with regard to outcomes the members would like to see achieved by the Council for they own organization as well as for the State of New Jersey.

These suggestions include:

- A plan for establishing a system for health care workforce data collection and a data repository including a strategy for maintaining and updating the information to assist with future decision making.
- “Identify a process for determining what our health care workforce needs are for the State. From my perspective, we know where there happen to be hot spots of shortages or mismatches, but there’s not a centralized vehicle in place to really help the state look at that, view it and make an objective recommendation...for the policy implication of that.” If there is an effort to understand the client demand of health care workforce, the organizations will have a better idea of how to make smarter recommendations.”
- Globally addressing Primary Care Physician (PCP) shortages and systems approach changes that would relieve these shortages.
- A specific plan to increase primary care physicians with a specific target or objective (e.g., X # of physicians by a certain date).
- Programs made available to; a) individuals who have the skills to deal with health care issues/needs, b) address the shortages of Registered and Advanced Practice Nurses (R.N.s and A.P.N.s), and Primary Care Physicians (PCPs), and c) people at the Certified Nursing Assistant (C.N.A.) and Nursing Assistant (N.A.) levels. There should also be focus on the tremendous demand for specialists working with children.

- A statewide organization that is responsible for addressing key workforce shortage issues that draws on the unemployed in a meaningful way in order to deal with the shortages. Also, there is a need for more nurse educators to teach the nurses of tomorrow. “We need to at least begin to... have a dialog to change the way health professionals are educated. Right now they are by and large educated in silos yet health care is now practiced more in a team approach.”
- A substantial and viable plan for A.P.N.s that will have a major role in health care reform. The focus of the Department of Labor is on advancement and career pathways, however from a nursing perspective there needs to be a more “friendly” system because the concept of going from a C.N.A. to a Ph.D. is very ambitious and not always realistic. Very few C.N.A.s end up with a Doctorate.
- A unanimously supported plan of action for both the long and the short term. This plan of action should include agreement between academia and the workplace regarding how to achieve the fulfillment of workforce needs. This would include adapting the current approach towards the manner in which professionals, mid-level professionals, technical personnel and non-professionals are utilized across the spectrum of health care in a universally agreed upon model of care.
- Recognition of various health care professions and what brought them to their patient care perspectives. Bringing those perspectives together for interdisciplinary collaboration will lead to better patient outcomes.
- “I would like to see us come out with about 10 recommendations that are strong and that have an impact on health care in the state of NJ, that will be looked at and followed and taken seriously.” Getting recognition for and keeping A.P.N.s and Physician’s Assistants (P.A.s) and keep them practicing.
- An increase in health care workforce positions and an increase in training and resources.

## Conclusion

The New Jersey State Employment and Training Commission asked CSHP to evaluate its New Jersey Health Care Workforce Development Project. CSHP conducted interviews with eleven (11) representatives from the Health Care Workforce Council of New Jersey. Their opinions may not be representative of the entire Council. The information gathered in this project is intended to inform ongoing efforts by the SETC and its New Jersey Health Care Workforce Development project.

Findings indicate that there is agreement amongst the interviewed members that the Council is a worthwhile endeavor, and focused on appropriate objectives and priorities. Council

members feel that the work of the group is only beginning but on the right trajectory and that participation is a valuable use of their time. Overall the decision making process of the Council is consensus based, and allows for each member to voice opinions and contribute to the discussion that take place during meetings. The work of the Council is a very large undertaking with no readily available answers. The Council plans to look at the supply and demand issues of the health care workforce, explore retention strategies, focus on increasing the number of workers in health care professions and “facilitating the upskilling” of those already in health care positions. The development of Data Collection and Education subcommittees is helpful in terms of streamlining focus for such a large task. Each participant identified valuable suggestions for desired outcomes for the work of the Council.

## Appendix A: Health Care Workforce Council Members of New Jersey Selected for Interviews

---

**Susan Barnard**

Bergen Community College  
sbarnard@bergen.edu

**Pat Orchard**

Horizon Blue Cross Blue Shield of NJ  
patricia\_orchard@horizonblue.com

**Cathleen Bennett**

NJ Department of Health and Senior Services  
cathleen.bennett@doh.state.nj.us

**Betsy Ryan**

New Jersey Hospital Association  
eryan@njha.com

**Justine Ceserano**

NJ Primary Care Association Inc.  
jceserano@njpca.org

**Terry Shlimbaum**

Phillips-Barber Family Health Center  
Shlimbaum.terry@hunterdonhealthcare.org

**Geri Dickson**

Rutgers New Jersey Collaborating Center for  
Nursing  
gdickson@rutgers.edu

**Bob Wise**

Hunterdon Health Care  
wise.robert@hunterdonhealthcare.org

**William Dwyer**

PSE&G Children's Specialized Hospital  
wdwyer@childrens-specialized.org

**Deborah Zastocki**

Chilton Memorial Hospital  
dzastocki@chiltonhealth.org

**Lynn Mertz**

NJ Nursing Initiative (RWJF/NJ Commerce)  
Lynn.Mertz@njchamber.com

## **Appendix B: Interview Guide for Health Care Workforce Council of New Jersey Members**

---

Revised June 27, 2011

### **Goals and Objectives of the Health Care Workforce Council of New Jersey**

- 1) Do you think that the objectives and priorities decided on by the Council are appropriate given the health care issues facing New Jersey?
- 2) Please comment on how you think that the work of the Council is progressing.
- 3) Please comment on the decision making process of the Council? Does the Council leadership strive for consensus from the membership?

### **Process & Organization of Meetings of the Health Care Workforce Council**

- 4) Does the composition of the Council bring sufficient expertise to discussions about both health care and workforce issues? What, if any, perspectives or constituencies do you think are absent from the Council?
- 5) Is there sufficient opportunity for members to voice opinions and make contributions at the meetings?
- 6) Do you feel that attending the Council meetings is a valuable use of your time? Has the time commitment and demands of your participation been consistent with your expectations?

### **Alignment/Positioning for Future Implementation Activities**

- 7) Have your expectations for the Council been met? Please explain.
- 8) What outcomes would you like to see achieved by the Council?
  - 8a) For your organization?
  - 8b) For New Jersey?

## Appendix C: List of Council Members and Their Delegates

---

(\* = Interviewed, Names in italics are delegates)

### **Bergen Community College**

Dr. Susan J. Barnard\*  
Dean, Division of Health Professions

### **Camden County Workforce Investment Board**

Janet P. Moran, BS, MS, SPHR  
Human Resources Executive and Chair, Camden County Workforce Investment Board

### **Chilton Memorial Hospital**

Deborah K. Zastocki, DNP, RN, FACHE\*  
President & CEO

### **Cumberland Salem Workforce Investment Board**

*Christy DiLeonardo*  
*Division Director*

Dante Rieti  
Executive Director

### **Horizon Blue Cross Blue Shield of New Jersey**

Patricia Orchard, RN, FACHE\*  
Director of Clinical Operations

### **Hunterdon Health Care**

Robert P. Wise\*  
President and Chief Executive Officer

### **JNESO, District Council 1, IUOE/AFL-CIO**

*Kristin DiSandro, MSN*  
*Director of Practice and Research*

Virginia C. Treacy, RN  
Executive Director

### **John J. Heldrich Center for Workforce Development**

*Laurie Harrington*  
*Project Manager*

Kathy Krepcio  
Executive Director

**Johnson & Johnson**

Joanne Fillweber  
Manager, Corporate Contributions

**Middlesex County Workforce Investment Board**

Jane Z. Brady  
Director

**New Jersey Chamber of Commerce Foundation**

Dana E. Egreczky  
Interim President

**New Jersey Collaborating Center for Nursing**

Jeannie Cimiotti, DNS, RN  
Executive Director

**New Jersey Higher Education**

Betsy Garlatti  
Director, Finance and Research

**New Jersey Council of County Colleges**

Dr. Lawrence A. Nespoli  
President

*Robert Rosa*

*Chief Operations Officer*

**New Jersey Council of County Vocational-Technical Schools**

Judy Savage  
Executive Director

**New Jersey Council of Teaching Hospitals**

Deborah S. Briggs  
Senior Vice President, Health Policy

**New Jersey Department of Education**

Marie Barry  
Director, Office of Career and Technical Education

**New Jersey Department of Health and Senior Services**

Cathleen Bennett\*

Director of Policy and Strategic Planning

*Colette Lamothe-Galette*

*Special Assistant to the Director*

**NJ Department of Labor and Workforce Development**

*Aaron Fichtner, PhD*

*Assistant Commissioner, Labor Planning and Analysis*

The Hon. Harold J. Wirths

Commissioner

**New Jersey Hospital Association**

*Aline Holmes, RN, APNC, MSN*

*Senior Vice President, Clinical Affairs*

Elizabeth A. Ryan, Esq.\*

President and CEO

**New Jersey Nursing Initiative (RWJF/NJ Chamber Commerce)**

Susan Bakewell-Sachs, PhD, RN, PNP-BC

Program Director

*Lynn M. Mertz, PhD\**

*Deputy Director*

**New Jersey Primary Care Association Inc.**

Justine Ceserano\*

Director of Program Operations

Katherine Grant-Davis

President and CEO

**New Jersey State AFL-CIO**

Charles Wowkanech

President

**New Jersey State Nurses Association, Institute for Nursing**

Pat Barnett, RN, JD\*

Chief Executive Officer



**Newark Alliance**

Kathy M. Weaver  
Vice President of Programs

**Organization of Nurse Executives, ONE/NJ**

Deanna Sperling, MAS, RN, CNA, BC  
President

**Parker Memorial Home, Inc.**

Anita Franzione, DrPH, MPA  
Chief Education and Research Officer

**Phillips-Barber Family Health Center**

Terry E. Shlimbaum, MD\*  
Medical Director

**PSE&G Children's Specialized Hospital**

William Dwyer\*  
Vice President of Human Resources

**Robert Wood Johnson Foundation**

*Andrea Daitz, MA  
Program Associate*

Maryjoan D. Ladden, PhD, RN, FAAN  
Senior Program Officer, Human Capital Portfolio

**Rutgers New Jersey Collaborating Center for Nursing**

Gerri L. Dickson, PhD, RN\*  
Executive Director (Retired)

**Rutgers Lifelong Learning and Strategic Growth**

Prof. David L. Finegold  
Senior Vice President

*Susan J. Schurman*

*Dean, Rutgers School of Labor and Management Relations  
& University College Community*

**Saint Barnabas Health Care System**

Sid Seligman  
Senior Vice President

*Beatrice Anzur*  
*Vice President Employee Development*

**UMDNJ School of Nursing**

Susan Salmond, EdD, RN  
Dean and Professor

**Visiting Nurse Association of Central Jersey**

John Harz  
Vice President of Human Resources

**Council Guests**

Jeffrey Brenner, Camden Coalition  
Frank Ferdetta, NJ Dept of Labor - Labor Planning and Analysis  
Jacqueline Galbiati, Cumberland County College  
Violet Kocsis, Hunterdon Healthcare  
Margaret Koller, Rutgers Center for State Health Policy  
Robert Schwaneberg, Governor's Office  
Jason Timian, NJ Dept of Labor - Labor Planning and Analysis  
Kelly Verkem, North Jersey Health Career Pathways (Bergen CC)







icity  
ty of  
oor  
0069

The intersection of a rapidly changing economy recovering from a severe recession and the fundamental shifts underway in the U.S. health care system has created a unique opportunity for key health care workforce stakeholders to identify shared interests, resolve long-standing issues, and create a collaborative concept for future workforce development.

The future provision of health care services in New Jersey is dependent on the existence of an adequately trained, skilled workforce. Significant factors, including national policy, technological advances and health care economics, are changing the way that health care is delivered. Additional factors, most notably the aging of the baby boom generation and rising rates of chronic health conditions are increasing the demand for health care services. Employment in the health care industry grew steadily, even during the recession and is expected maintain this growth trajectory in the years ahead. In response to this analysis, New Jersey has launched a statewide Health Care Workforce Council in order to ensure that there is an adequate supply of appropriately skilled health care workers to meet the current and future health care system demand.

In 2010, the New Jersey State Employment and Training Commission (SETC) was awarded an Affordable Care Act State Health Care Workforce Development Planning Grant (HRSA-10-284) to fund a planning effort to assess New Jersey's health care workforce needs. To support and guide this effort, the SETC formed the New Jersey Health Care Workforce Council, chaired by Robert P. Wise, CEO of Hunterdon Healthcare System. The Council's 36 members represent health care employers, educators, workforce experts, organized labor, industry and professional associations, foundations, and State government.

Launched in December 2010, the mission of the Council is to develop and strengthen New Jersey's health care workforce and to support a sustainable, quality health care system for the good of the State and all of its residents. The Council makes recommendations to the State Employment and Training Commission to ensure strategic investments to meet the needs of health care employers for a highly-trained and diverse workforce that will benefit individuals who are starting or advancing in health care careers.

The goals of the Health Care Workforce Council are to:

- Develop policy recommendations to improve the health care workforce in New Jersey.
- Review and assess workforce models that increase accountability and efficiencies, both in the streamlining of the education process as well as in the delivery and accessibility of quality health care.
- Identify ways to increase access to health care careers by new workers and ways to up-skill incumbent health care workers.
- Determine the most successful strategies to "fast-track", cross-train, and up-skill workers to create a viable pipeline of health care workers who are educated and trained at levels required by health care employers.

### **Background and Context**

Central to workforce development is the need to move individuals from unemployment to employment in self-sustaining wage jobs that support economic growth; to ensure that incumbent workers attain the competencies they need to succeed in health care careers and to advance in their occupation; to meet the needs of employers for highly skilled workers; and to cultivate a culturally competent workforce that reflects the regional diversity of New Jersey health care consumers.

Employers are critical partners in the development of workforce training programs. Business input is vital when creating health care education and training curricula to ensure that relevant, in-demand skill sets and competencies are developed. Expanding worker supply without attention to the changing structure of the health care labor force and true skills demand will risk the paradox of producing trained, highly-educated health care workers who are unemployed, while experiencing a critical shortage of health care professionals with skills and competencies that are needed by business. To avoid this, all partners must be engaged to examine assumptions and find shared interests in order to reach agreement about common standards and curricula across health care occupations that will contribute to a flexible and accessible workforce development system.

Fundamental questions of when, where, and how much health care is delivered; who will pay for it; and who will deliver it will all need to be addressed in order to adequately prepare the future health care workforce. A nationally recognized health care model that grew out of asking these questions was begun nine years ago in New Jersey. A group of primary care providers led by Dr. Jeff Brenner began discussions about the issues they faced while practicing in Camden, which led to developing a strategy to improve the quality, capacity, and accessibility of health care for the most vulnerable residents of Camden. Central to the success of the Camden Coalition of Health Providers is efficiency of care through communication, genuine collaboration, and data-driven initiatives that result in sustainability. The team care concept, comprised of workers with a wide range of skill sets, was strongly supported by the Council. This concept is recognized by the Council as an effective way to deliver care across urban, suburban, and rural communities. Team care models could provide cost savings if implemented statewide, through the reduction of the inappropriate use of hospital emergency services.

The Council also recognized the barrier created when health care resources are siloed into localized delivery systems and supports the exploration of regional delivery of care based on population health needs. By considering the regional demand for health care, the State can better project the workforce skills and occupations needed for the future.

These concepts and issues were a frame of reference used by the Council as members engaged in an examination of New Jersey's health care workforce that resulted in the recommendations below. These recommendations reflect the thinking and intent of Council members who recognize the importance of a unified and coordinated workforce development system that has employer-driven needs as its touchstone, as well as the importance of education and training that satisfies the long-term needs of both workers and employers.

Recommendations	Work Groups
<p><b>Priority 1: Develop systemic institutionalized processes to ensure that health care education and training investments are based on skill needs of employers</b></p> <p><b>A. Institutionalize the work of the Health Care Workforce Council to continue to maximize the industry intelligence and expertise in the creation of policies and programs’ response to health care employers.</b></p> <p><b>B. Continue the efforts of the Health Care Talent Network to build connections between employers, educational institutions, job seekers, and students to continue to create systemic workforce connections.</b></p> <p><b>C. Work with higher education, foundations and employers to establish a Health Care Workforce Data Center.</b></p> <ul style="list-style-type: none"> <li>○ Establish a repository for the collection, aggregation, and analysis of health care workforce data.</li> <li>○ Build an infrastructure that improves the collection, use, and distribution of health care workforce data among multiple state agencies, partners and stakeholders.</li> <li>○ Revise regulations and create data sharing agreements to enable state agencies to share and merge data relevant to the health care workforce, public health, and health occupation education.</li> </ul> <p><b>D. Collect basic workforce and demographic data (Minimum Data Sets) at the time of licensure/certification and re-licensure/recertification.</b></p>	<ul style="list-style-type: none"> <li>● Betsy Garlatti (group lead)</li> <li>● Deb Briggs</li> <li>● Jeannie Cimiotti</li> <li>● Pat Orchard</li> <li>● Ann Twomey</li> </ul>
<p><b>Priority 2: To ensure that students and job seekers have access to information on health care careers.</b></p> <p><b>Health Care Workforce / Career Awareness Website:</b>            Develop a website dedicated to New Jersey’s health care workforce targeting:</p> <ul style="list-style-type: none"> <li>○ Individuals interested in entering a health care career, advancing/up-skilling in a health care career, or changing a health care career path</li> <li>○ Workforce professionals and para-professionals who want to stay connected and involved in the health care field, particularly during periods of unemployment</li> </ul> <p>The site, an offshoot of <a href="http://www.Jobs4Jersey.com">www.Jobs4Jersey.com</a>, should be established by the Health Care Talent Network. It would function as a clearinghouse, providing information on health care careers, professional networking sites, health care workforce data, career pathways and education/training opportunities.</p>	<ul style="list-style-type: none"> <li>● Padma Arvind (group lead)</li> <li>● Jeff Flatley (or designate)</li> <li>● Dept. of Education rep. (TBD)</li> </ul>



<p><b>Priority 3: Review licensing and certification processes to eliminate barriers and recommend viable solutions to incent workforce preparedness.</b></p> <p><b>Establish a Licensing and Certification Committee, of the Health Care Workforce Council to identify barriers to practice and recommend viable solutions.</b></p> <p>Work should commence with issues identified through the initial work of the Health Care Workforce Council:</p> <ul style="list-style-type: none"> <li>○ Delays in licensure and certification, due to administrative processing issues</li> <li>○ Penalties assessed to unemployed workers who do not maintain active licensure/certification, which act as a disincentive to continuing in health care careers</li> <li>○ Requirements for licensure and certification (i.e. to allow job-based learning opportunities for direct care workers, specifically for Certified Nursing Assistants).</li> </ul>	<ul style="list-style-type: none"> <li>● Padma Arvind (group lead)</li> <li>● Bill Dwyer</li> <li>● Doug Placa</li> <li>● Kathy Weaver</li> <li>● NJHA rep (TBD - Belinda Cooper)</li> <li>● Division of Consumer Affairs (TBD)</li> </ul>
<p><b>Priority 4: Create a responsive training and education system to build the current and future capacity of the health care workforce</b></p> <p><b>A. Create Health Care Career Pathways through the integrated work of employers and educational institutions.</b></p> <ul style="list-style-type: none"> <li>○ Establish a process to develop coordinated, state-wide education pathways to health care careers for top health care labor demand occupations.</li> <li>○ Establish and support programs for seamless, affordable, and accelerated degree completion that meet the needs of employers and non-traditional students. (i.e. granting credit for Registered Nurse work experience through testing and portfolios assessment.)</li> </ul> <p><b>B. Enhance Job-Based Training and Inter-Professional Education</b></p> <ul style="list-style-type: none"> <li>○ Support efforts and programs that advance new health care models of inter-professional education and collaboration.</li> <li>○ Support transition-to-practice programs to improve retention rates, expand competencies, and improve patient outcomes (i.e. nurse residency programs).</li> <li>○ Identify and work to eliminate barriers to health care internship and apprenticeship programs.</li> <li>○ Support fast-tracking military veterans in certification and degree programs through military credit assessment and work experience portfolios assessment.</li> </ul> <p><b>C. Development of new training programs for unemployed and incumbent workers tied directly to employers and industry need.</b></p> <ul style="list-style-type: none"> <li>○ Establish a consortium of employers, unions, and community-based organizations engaged in job-based training and education with direct links to the statewide pathways mapping effort.</li> <li>○ Support efforts and programs that facilitate the alignment of training and education with employer and workplace needs through job-based training and education.</li> <li>○ Provide incentives to employers for developing, implementing, or maintaining job-based training and education programs.</li> </ul>	<ul style="list-style-type: none"> <li>● Sue Schurman (group lead)</li> <li>● Susan Bakewell-Sachs</li> <li>● Jane Brady</li> <li>● Deb Briggs (4B)</li> <li>● Jeannie Cimiotti</li> <li>● Geri Dickson</li> <li>● Donna Scalia</li> <li>● Sid Seligman</li> <li>● Deanna Sperling</li> </ul>

The NJ Health Care Workforce Council gratefully acknowledges the contributions of its members and member designates who contributed time, knowledge, and expertise to generate these recommendations:

Robert P. Wise, Chair, President and CEO, Hunterdon Healthcare; Linda D. Anderson, Project Director, NJ Office of Primary Care and Rural Health, Department of Health and Senior Services; Beatrice Anzur, Vice President, Employee Development, Barnabas Health; Susan Bakewell-Sachs, PhD, RN, PNP-BC, Program Director, Robert Wood Johnson Foundation, NJ Nursing Initiative at the NJ Chamber of Commerce Foundation; Dr. Susan Barnard, Dean, Division of Health Professions, Bergen Community College; Pat Barnett, RN, JD, Chief Executive Officer, NJ State Nurses Association, Institute for Nursing; Marie Barry, Director, Office of Career and Technical Education, NJ Department of Education; Cathleen Bennett, Director of Policy and Strategic Planning, NJ Department of Health and Senior Services; Jane Z. Brady, Director, Middlesex County Workforce Investment Board; Deborah S. Briggs, Senior Vice President, Health Policy, NJ Council of Teaching Hospitals; Justine Ceserano, Director of Program Operations, NJ Primary Care Association; Jeannie Cimiotti, DNS, RN, Executive Director, New Jersey Collaborating Center for Nursing; Belinda Cooper, Vice President, Human Resources, HBS, NJ Hospital Association; Andrea Daitz, MA, Program Associate, Robert Wood Johnson Foundation; Geri L. Dickson, PhD, RN Executive Director (Retired), NJ Collaborating Center for Nursing; Christy DiLeonardo, Division Director Business Services and WIB, Office of Workforce Development for Cumberland/Salem Counties; Kristin DiSandro, MSN, Director of Practice and Research, District Council 1, IUOE/AFL-CIO, JNESO – The Professional Healthcare Union; William Dwyer, Vice President of Human Resources, PSE&G Children’s Specialized Hospital at New Brunswick; Dana E. Egreczky, President, NJ Chamber of Commerce Foundation; Aaron Fichtner, PhD, Deputy Commissioner, NJ Department of Labor and Workforce Development; Joanne Fillweber, Manager, Corporate Contributions, Johnson & Johnson; Prof. David L. Finegold, Senior Vice President for Lifelong Learning and Strategic Growth, Rutgers, The State University; Dr. Anita Franzione, DrPH, MPA, Chief Education and Research Officer, Parker Memorial Home Inc.; Betsy Garlatti, Director, Finance and Research, State of NJ Higher Education; Katherine Grant-Davis, President and CEO, NJ Primary Care Association Inc.; Laurie Harrington, Project Manager, John J. Heldrich Center for Workforce Development, Rutgers, The State University; Aline Holmes, RN APNC, MSN, Senior Vice President, Clinical Affairs, New Jersey Hospital Association; Kathy Krepcio, Executive Director, John J. Heldrich Center for Workforce Development, Rutgers, The State University; Maryjoan D. Ladden, PhD, RN, FAAN, Senior Program Officer, Human Capital Portfolio, Robert Wood Johnson Foundation; Colette Lamothe-Galette, Special Assistant to the Director, Policy and Strategic Planning, NJ Department of Health and Senior Services; Janet P. Moran, Chair, Camden County Workforce Investment Board; Lawrence A. Nespoli, President, NJ Council of County Colleges; Patricia Orchard, RN, FACHE, Director of Clinical Operations, Horizon Blue Cross Blue Shield of New Jersey; Dante Rieti, Executive Director, Office of Workforce Development for Cumberland/Salem Counties; Robert Rosa, Chief Operations Officer, NJ Council of County Colleges; Elizabeth A. Ryan, Esq., President and CEO, New Jersey Hospital Association; Dr. Susan Salmond, EdD, RN, Dean and Professor, UMDNJ School of Nursing; Judy Savage, Executive Director, NJ Council of County Vocational-Technical Schools; Prof. Susan J. Schurman, Dean, School of Labor and Management Relations, Dean, University College Community, Rutgers, The State University; Sidney Seligman, Senior Vice President of Human Resources, Barnabas Health; Terry E. Shlimbaum, M.D., Medical Director, Delaware Valley and Phillips-Barber Family Health Centers, Hunterdon Regional Community Health, Hunterdon; Deanna Sperling, MAS, RN, CNA, BC, President, Organization of Nurse Executives, ONE/NJ; Virginia C. Treacy, RN, Executive Director, District Council 1, IUOE/AFL-CIO, JNESO – The Professional HealthCare Union; Healthcare; Ann Twomey, President, Health Professionals and Allied Employees; Kathy M. Weaver, Vice President of Programs, Newark Alliance; Honorable Harold J. Wirths, Commissioner, NJ Department of Labor and Workforce Development; Charles Wowkanech, President, NJ State AFL-CIO; and Deborah Zastocki, DNP, RN, FACHE, President and CEO, Chilton Memorial Hospital.

June 8, 2012

<b>New Jersey Health Care Talent Network – Year 2 Proposed Activities and Deliverables</b>					
<b>Objectives</b>	<b>Audience</b>	<b>Activities</b>	<b>Outcome</b>	<b>Evaluation</b>	<b>Budgeted</b>
<b>Strategy #1: Reemployment Efforts and Assisting Dislocated Workers</b>					
<p><b>HCTN Web Site</b>  <b>Unemployment/Dislocated Focus</b> - Reach unemployed and dislocated individuals both in the health care field and new to the health care via the HCTN website with direct links to Jobs4Jersey, OnRamp, and other relevant employment resources.</p>	<p>Unemployed individuals who have worked in the health care field or are new to it.                      Dislocated health care workers or dislocated workers from other industries.                      New graduates from college or training programs with degrees or certificates in a health care occupation/profession who are unable to secure employment in the health care industry.</p>	<p>Site will contain information about services and resources available to users with up-to-date and relevant links. Special attention will be paid to the psycho-social dimension of unemployment, dislocation, and long-term unemployment – giving users access to social support, including peer-to-peer social support in social media networks and virtual job clubs with information on finding a face-to-face NJ Job Club</p>	<p>300 visitors per month (duplicated and unduplicated)                      It is likely not possible to determine how many visitors are unemployed or dislocated. It may be possible to track this through virtual job club membership.</p>	<p>On-line polling.                      Virtual membership in health care career networks and “job clubs</p>	<p>24,000</p>
<p><b>Job Clubs</b> - Provide a face-to-face forum for unemployed and dislocated health care workers to build job search skills and employment contacts and to meet psycho-social needs. Expose participants to education and training opportunities to keep them linked to the health care profession during periods of</p>	<p>Unemployed and dislocated health care workers and workers considering a job or career in health care.                      New graduates from college or training programs with degrees or certificates in a health care occupation/profession who are unable to secure employment in the health care industry.</p>	<p>At the direction of LWD and in partnership with WIBS, One-Stops and Business Reps, participate in “Job Clubs” by visiting local job clubs; lending health care industry expertise and insights. Lead one sector-based job club.</p>	<p>Metrics to be determined by LWD, Workforce Development.</p>	<p>Feedback from job club facilitators and participants. The job clubs are still under development by LWD, Workforce Development who will be providing more direction and guidance to the HCTN about job</p>	<p>4,000</p>

June 8, 2012

unemployment and to increase job skills and competencies that will make them more employable.				club structure and procedure.	
<b>Professional Development Sessions with a Focus on Unemployed/Dislocated Workers</b> - Audience gains an understanding of unemployment and the dislocation of workers in the health care industry, including the causes, projections, and remedies.	One-Stop employment counselors, counselors and educators from K-12, community colleges and 4-year universities, WIB members and staff, and CBOS involved in workforce. Other Talent Network partners and stakeholders as appropriate.	Professional development sessions contain material/content specific to unemployed and dislocated workers and new graduates with health care degrees and certificates unable to find employment in health care.	A minimum of 6 professional development sessions with a minimum of 20 participants per session.	A brief evaluation survey to be administered directly after the presentation. Direct feedback from participants.	\$ 12,000
<b>Strategy #2: Building Awareness of Health Care Industry via Public Events</b>					
<b>HCTN Web Site</b> - Reach a broad on-line audience with information about the health care industry in New Jersey and the job/career opportunities in the health care clusters and occupations. Provide links to relevant web sites on health care careers..	Individuals interested in entering a health care career, advancing or up-skilling in their current career, or changing a career path. Parents and students. Unemployed health care workers who are seeking work or want to stay connected to the field. Health care employers, educators, counselors, professional associations, and workforce professionals.	Building on the existing Central New Jersey Health Care Talent Network web-site, develop a web site with links to Jobs4Jersey and other relevant health care workforce services, resources, tools, and information. Links to existing health care occupation networking and social media sites and development of a New Jersey HCTN networking site. Site will be kept current with the latest news about health care jobs and careers and trends in health care that impact the	300 visitors per month (duplicated and unduplicated)	Web trend analysis, stick time page views analysis. On line polling.	

New Jersey Health Care Talent Network Year 2 Grant Proposal DRAFT – Proposed Activities and Deliverables

June 8, 2012

		health care workforce. A calendar of relevant events will also be maintained.			
<b>Workforce Development Sessions</b> - Provide audience a “real time” understanding of health care employment using LPA statistical data and intelligence from employers and other industry experts. Inform about employment, training and education opportunities. Serve as a conduit for information and “best practices” between workforce professionals.	One-Stop employment counselors, counselors and educators from K-12, community colleges and 4-year universities, WIB members and staff, and CBOS involved in workforce. Other Talent Network partners and stakeholders as appropriate.	Present at minimum 3 professional development sessions 2X during grant Year 2 that are customized for north, central and southern regions. Additionally, presentations upon request to for other organizations such as workforce conferences, health care organizations, or human resource professional groups as appropriate and available.	A minimum of 6 professional development sessions with a minimum of 20 participants per session.	A brief evaluation survey to be administered directly after the presentation and a brief online survey sent to participants 3 months post-presentation. Attendance will be tracked.	6,000
<b>Health Care Industry Week</b> - To promote the contribution of health care to the New Jersey economy and to the health and well-being of the state’s residents. To expose attendees to the many career and job opportunities in various health care career clusters and the health care training/education health care pathways.	Educators and trainers, workforce development staff, health care employers, students, job seekers and job changers, stakeholders and partners across Talent Network industries.	Throughout a TBD “health care industry week” - schedule engaging and informative events highlighting the health care industry in collaboration Workforce Investment Boards and relevant CBOs reaching all regions of the state.	1,000 individuals will be reached during the event week.	An online survey will be sent to WIBs and other “industry week” partners. Attendance at the events will be tracked.	4,000
<b>Health Care Industry Specific Material</b> – provide language and literacy level appropriate	Health care job seekers, job changers. Employers, workforce professionals, counselors,	Work with professional writers or marketing professionals to create health	Materials will reach HCTN website users (300 per month) and participants in	Evaluation of material is built into development	2,500

June 8, 2012

materials to use on web site and in-person events. Increase audience interest in and understanding of health care careers and the employment environment.	educators.	care workforce materials and pre-test for appropriate literacy level and relevance.	outreach activities (TDAG, “industry week”, professional development)	process. Feedback from users.	
<b>Strategy #3: Innovative Industry Specific Education and Training Alignment</b>					
<b>Talent Development Advisory Group (TDAG) –</b> Provide a forum for health care employers to share industry intelligence and insights about hiring trends, skill and competency needs, and talent gaps. Broaden understanding of the health care workforce environment in New Jersey through the collection and analysis of qualitative data.	Recruitment guidelines are being developed by LWD.	Implementation of TDAG strategies using LWD guidelines.	50 employer participants in half day TDAG event. Other TDAG events as appropriate.	Employer evaluations of event	
<b>Health Care Pathways – Associates of Applied Science (AAS) in Health Sciences/Technical Studies -</b> Provide stackable health care credentials in both vocational training and necessary general education to facilitate entry into the health care field and pathway progression.	Individuals entering health care training/education. Individuals with some health care training/education i.e. military health occupations (veterans), EMTs, direct care workers (CNAs).	In partnership with a TBD community college, develop an AAS Health Science degree unique to New Jersey using the NJ PLACE statewide articulation agreement.	Establish one agreement with a NJ community college to house an AAS in Health Sciences/Technical Studies.	Evaluation metrics TBD after community college partnership is established.	4000
<b>Health Care Apprenticeship –</b> Provide individuals with a way	Unemployed, underemployed, and incumbent workers.	With NJ PLACE, the AAS Health Studies degree	Establish one registered health care apprenticeship.	Use evaluation metrics of the	20,000

June 8, 2012

<p>to acquire job skills/knowledge + work experience through job-based apprenticeships, internships, mentorships or “experienceships” Provide employers a way to build an organization specific training curricula + provide participants work experience directly linked to learning.</p>	<p>Health care employers.</p>	<p>community college partner, a TBD employer partner, and the US Dept. of Labor NJ representative, implement a pilot health care internship/apprenticeship program in one of the following in-demand occupations:</p> <ul style="list-style-type: none"> <li>• Radiology technician</li> <li>• Certified Nursing Assistant (CNA)</li> <li>• Pharmacy technician</li> </ul>		<p>registered apprenticeship model.</p>	
<p><b>Fast-track for Veterans to a Health Care Career -</b> Provide veterans a mechanism to convert military training into health sciences college credits and complete degree or certificate program to fast-track into a health care career.</p>	<p>Veterans interested in a career in health care.</p>	<p>In partnership with WIBs, Thomas Edison State College, CBOs, Rutgers Department of Veterans Affairs, and US Dept. of Defense, identify veterans interested in a health care career. Building on the military conversion work done in Grant Year 1, and in Partnership with NJ PLACE, work with partner community colleges and 4-year universities to admit veterans into programs for in-demand health care occupations.</p>	<p>One cohort of veterans will use the veteran fast-track to a health care career.</p>	<p>Evaluation metrics will be established for this program.</p>	<p>Allotted as consultant</p>

## New Jersey Health Care Workforce Center for Quality Draft – May 2012

### Statement of Need

The pressing need for more uniform health care workforce data collection and analysis was the impetus for the HRSA grant that funds the New Jersey Health Care Workforce Council. Workforce issues identified by the Council all share a data component. A key finding of the Institute of Medicine's "Future of Nursing" report is that effective workforce planning and policy-making require better data collection and an improved information infrastructure<sup>1</sup>.

Understanding workforce supply and demand is particularly challenging in the multi-layered and complex health care industry. The paradox of experiencing unemployment in health care professions where jobs are historically perceived as secure, while critical shortages of health care personnel are predicted within five years, makes health care workforce planning even more challenging.

The agency white paper "Direct Service Worker Data Collection Recommendations"<sup>2</sup> holds that the cost of state data collection and monitoring should be compared to the benefits of creating the capacity to monitor workforce indicators that enable more effective policy formulation. Health care cost savings and increased quality of care should be considered as a potential benefit of improved data across occupations.

The shared understanding that "all roads lead to data" has led the Health Care Workforce Council to develop a recommendation for the establishment of a dedicated center to aggregate and analyze health care workforce data. This is in keeping with the recommendation of the Affordable Care Act (ACA) for the establishment of state and regional workforce centers analyzing workforce needs across health care professions<sup>3</sup>. Within the state, the New Jersey Physician Workforce Taskforce Report<sup>4</sup> recommends the establishment of a center for health care workforce data that is responsible aggregating and refining the data collected by various agencies, the analysis of multiple data sources, and comprehensive reporting on health workforce supply and demand trends.

Although workforce data gaps have been identified across industries, the goal of a health care workforce data center is, perhaps, more critical for the health care industry because health care is essential not only to the economic well-being of New Jersey, but to assure the quality of life of New Jersey residents.

---

<sup>1</sup> IOM (Institute of Medicine). "The Future of Nursing: Leading Change, Advancing Health". National Academies Press, (213 – 226) 2011. Web. 2 March 2012. <http://thefutureofnursing.org/IOM-Report>

<sup>2</sup> CMS (Centers for Medicare and Medicaid Services), National Direct Service Resource Center. "The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection". February, 2009. Web. 2 March 2012. [http://www.dswresourcecenter.org/tiki-download\\_file.php?fileId=393](http://www.dswresourcecenter.org/tiki-download_file.php?fileId=393)

<sup>3</sup> "Patient Protection and Affordable Care Act", HR 3590 § 5101, 111<sup>th</sup> Congress.

<sup>4</sup> New Jersey Council of Teaching Hospitals. "New Jersey Physician Workforce Taskforce Report: Too Few? Too Many? Will There Be Enough Physicians to Care for New Jerseyans?" 2010. Web. 2 March 2012. <http://www.njcth.org/NJCTH/media/NJCTH-Media/pdfs/FINAL-NJ-Physician-Workforce-Report--w-appendices-012910.pdf>



**Identified health care workforce data problems:**

- Data are collected and analyzed in silos and rarely shared between State agencies, and sometimes data are not shared *within* state agencies;
- Current laws make it difficult to share data between State agencies;
- Data collection by universities, foundations, industry associations and other organizations, despite distribution efforts, often remain disparate efforts that may not be aggregated or synthesized into statewide findings.
- Many data collections/reports are “point in time” studies that do not support longitudinal data analysis;
- Federal funds and grants in future may start requiring detailed, longitudinal data reporting as part of the grant application – states that do not have access to this resource will be at a disadvantage;
- Licensure and certification of health care occupations is split between 28 health related boards and multiple state agencies, each with its own legislated rules;
- Minimum data sets (MDS) do not exist for licensed and certified health care occupations to capture basic information such as gender, race, and employment;
- Data from educational institutions are, largely, not merged with workforce data making supply predictions difficult;
- Demand data do not take into account industry and sector trends, and do not include qualitative data, most notably employer intelligence.
- Data from employers are, largely, not merged with workforce data (or not collected at all) making demand predictions difficult;
- Lack of uniform job titles, job descriptions, and job core competencies.

**State health care workforce center purpose:**

- Centralize comprehensive health care workforce data;
- Utilize multiple sources of quantitative and qualitative data;
- Identify workforce data gaps;
- Standardize data collection tools and methods, including adoption of federal recommendations for Minimum Data Set questions at licensure/re-licensure;
- Disseminate data in easily accessible, usable, and relevant forms; and
- Conduct trend analysis and reporting.

***Ideal components of a state health care workforce data center:***

- Highly collaborative, public/private partnerships to share data from multiple sources across organization and geographic boundaries;
- Identification and inclusion of disparate data efforts of various types of organizations throughout New Jersey, neighboring states, and nationally;
- Multiple public/private funding sources such as state and federal government support, private grants, and licensing/certification fees;
- Provide free-of-charge, publicly available data;
- Stakeholders/customers are able to access both regularly prepared reports and to request special analysis projects by subscription;
- Unbiased data aggregation and analysis;
- A high level of transparency;
- Employer and community engagement to gather and synthesize qualitative data; and
- The inclusion of all health care occupations.

## Proposed Framework

**Funding Structure:** Shared subscription model, with investments from customers

**Housed Within:** Rutgers, the State University

### Key Rutgers Collaborators:

- John J. Heldrich Center for Workforce Development
- Rutgers Center for State Health Policy
- Rutgers Lifelong Learning and Strategic Growth Initiatives
- Rutgers School of Labor and Management Relations

### Core Customers and Data Suppliers:

- NJ Department of Labor and Workforce Development
  - Division of Workforce Development
  - Office of Labor Planning and Analysis
  - Local Workforce Investment Boards
- NJ Department of Health and Senior Services
- NJ Division of Consumer Affairs
- NJ Collaborating Center for Nursing
- NJ Department of Human Services
- NJ Department of Education
- NJ Higher Education

### Collaborating Customers and Data Suppliers:

- Horizon Blue Cross Blue Shield of NJ
- NJ Academy of Family Physicians
- NJ Chamber of Commerce
- NJ Council of County Colleges
- NJ Council of County Vocational-Technical Schools
- NJ Council of Teaching Hospitals
- NJ Hospital Association
- NJ Medical Association
- NJ Primary Care Association, Inc.
- NJ State AFL-CIO
- NJ State Nurses Association
- Robert Wood Johnson Foundation

**Supporting Customers:**

- Barnabas Health
- Bergen Community College
- Chilton Hospital
- Health Professionals and Allied Employees
- Hunterdon Healthcare
- JNESO – The Professional Health Care Union
- Johnson & Johnson
- Newark Alliance
- Organization of Nurse Executives, ONE/NJ
- Parker Memorial Home, Inc.
- PSE&G Children’s Specialized Hospital at New Brunswick
- UMDNJ School of Nursing
- Visiting Nurse Association of NJ

DRAFT

**Universe of Data Sources:**

- State Workforce Data - Department of Labor and Workforce Development (LWD):
  - Employer Wage Records
  - Unemployment Insurance
  - Proprietary Training Providers Outcomes
  - Local Workforce Investment Boards
  - Talent Networks – Employer qualitative data
  
- Federal Workforce Data
  - Bureau of Labor Statistics
  - US Census Bureau
  
- Licensing Data
  - Basic licensure statistics
  - Collaborating Center for Nursing - nurse surveys
  - Department of Health and Senior Services (DHSS) – physician surveys
  
- Population Health Data - DHSS
  - Health Statistics
  - Area Resource File (federal)
  
- Education
  - Higher Education
  - Department of Education: K-12 and Vocational Education
  
- Claims Data
  - Center for Medicare and Medicaid Services – National Provider Index
  - Private Insurers
  - Employer Insurers
  
- Association Data
  - Occupational and Employer Associations – surveys and reports
  
- Research Project Data
  - John J. Heldrich Center for Workforce Development
  - Rutgers Center for State Health Policy
  - Robert Wood Johnson Foundation
  - Other state and national sources

**Baseline Data for Primary Care Occupations Identified by NJ Health Care Workforce Council**

**2009**

Primary Care Occupations First Tier	SOC Code	# Employed	# New Claims for UI CY 2009	Ratio of New Claims to # Employed	# Active Licensed	# New Licensed This Year	# Total Licensed
Physicians – M.D.s					28,284	1,552	28,346
Internal Medicine	29-1063	2,850	54	2%			
Family and General Practice	29-1062	2,414	54	2%			
OB/GYN	29-1064	715	8	1%			
Pediatricians General	29-1065	1,334	20	2%			
Gerontologists	29-1069		93				
MDs, All Other	29-1069	11,717	93	1%			
Physicians – D.O.s							
Physician Assistants	29-1071	1,051	75	7%	1,641	192	1,644
Midwives					251	19	251
Post-Secondary Nursing Instructors	25-1072	1,231	76	6%			
Registered Nurses	29-1111	79,495	2,937	4%	16,475	5,741	18,068
Licensed Practical Nurses	29-2061	16,058	1,423	9%	3,885	1,708	4,318
Cert. Homemaker-Home Health Aides	31-1011	28,614	2,922	10%	28,484	6,665	28,511
Personal and Home Care Aide	39-9021	8,810	1,961	22%			
Certified Nursing Assistants							
Nurse Assistant / Nurse Aide	31-1012	52,174	3,417	7%			
Patient Care Assistant							
Medical Assistant	31-9092	12,623	2,128	17%			
Technicians							
Radiologic Technologist/nician	29-2034	7,063	437	6%			
Medical Records/HI Technician	29-2071	2,181	517	24%			
Nuclear Medicine Technologist	29-2033	691	49	7%			
Diagnostic Medical Sonograph	29-2032	2,053	98	5%			
Cardiovascular Technologist/nician	29-2031	1,174	158	14%			
Medical and Clinical Lab Technologists	29-2011	5,128	144	3%			
Medical and Clinical Lab Technicians	29-2012	3,324	379	11%			
Respiratory Therapy Technician	29-2054	407	20	5%			
Surgical Technologist	29-2055	1,532	137	9%			
Health Technologist/nician, all other	29-2099	3,148	161	5%			

Sources: Occupational Employment Statistics (OES), Local Office On-Line Payment System (LOOPS)  
 Department of Consumer Affairs Licensure Report

Prepared by: New Jersey Department of Labor and Workforce Development, Labor Planning & Analysis

**Baseline Data for Primary Care Occupations Identified by NJ Health Care Workforce Council**

**2009**

Primary Care Occupations Second Tier	SOC Code	# Employed	# New Claims for UI CY 2010	Ratio of New Claims to # Employed	# Active Licensed	# New Licensed This Year	# Total Licensed
Therapists							
Physical Therapists	29-1123	6,804	50	1%	7,162	384	7,165
Physical Therapist Aides	31-2022	2,548	125	5%			
Physical Therapist Assistants	31-2021	1,122	55	5%	1,235	60	1,237
Occupational Therapists	29-1122	3,271	37	1%	4,046	287	4,047
Occupational Therapist Assist	31-2011	325	27	8%	517	40	517
Occupational Therapist Aide	31-2012	249	52	21%			
Speech Therapists	29-1127	3,948	85	2%			
Respiratory Therapists	29-1126	2,448	69	3%	2,974	165	2,982
Radiation Therapists	29-1124	361	15	4%			
Social Workers	21-1022	3,042	183	6%	14,929	999	15,504
Community Health Workers							
Pharmacists	29-1051	8,390	315	4%	13,902	733	13,928
<i>Pharmacy Technicians</i>	29-2052	6,690	629	9%	9,750	4,165	10,074
Pharmacy Aide	31-9095	1,953	91	5%			
Dentists	29-1021	4,198	38	1%	7,707	352	8,555
<i>Dental Hygienists</i>	29-2021	4,567	207	5%	4,833	226	5,095
<i>Dental Laboratory Technician</i>	51-9081	1003	123	13%			
<i>Dental Assistants</i>	31-9091	9,423	1,005	11%	2,940	155	2,941
Emergency Medical Technicians & Paramedics	29-2041	7,752	463	6%			

Sources: Occupational Employment Statistics (OES), Local Office On-Line Payment System (LOOPS)  
 Department of Consumer Affairs Licensure Report

Prepared by: New Jersey Department of Labor and Workforce Development, Labor Planning & Analysis

### Baseline Data for Primary Care Occupations Identified by NJ Health Care Workforce Council

**2010**

Primary Care Occupations First Round	SOC Code	# Employed	# New Claims for UI CY 2010	Ratio of New Claims to # Employed	# Active Licensed (Agency)	# New Licensed This Year	# Total Licensed
Physicians – M.D.s					29,841	1,557	29,903
Internal Medicine	29-1063	2,915	60	2%			
Family and General Practice	29-1062	2,453	58	2%			
OB/GYN	29-1064	730	13	2%			
Pediatricians General	29-1065	1,357	18	1%			
Gerontologists	29-1069		105				
MDs, All Other	29-1069	11,933	105	1%			
Physicians – D.O.s							
Physician Assistants	29-1071	1,075	81	8%	1,846	205	1,849
Midwives					268	17	268
Post-Secondary Nursing Instructors	25-1072	1,224	70	6%			
Registered Nurses	29-1111	80,257	2,649	3%	22,377	5,902	23,970
Licensed Practical Nurses	29-2061	16,415	1,360	8%	5,831	1,946	6,264
Cert. Homemaker-Home Health Aides	31-1011	29,466	2,959	10%	36,409	7,925	36,436
Personal and Home Care Aide	39-9021	8,846	2,077	24%			
Certified Nursing Assistants							
Nurse Assistant / Nurse Aide	31-1012	52,938	3,595	7%			
Patient Care Assistant							
Medical Assistant	31-9092	12,937	2,235	17%			
Technicians							
Radiologic Technologist/nician	29-2034	7,155	401	6%			
Medical Records/HI Technician	29-2071	2,190	508	23%			
Nuclear Medicine Technologist	29-2033	697	58	8%			
Diagnostic Medical Sonograph	29-2032	2,083	95	5%			
Cardiovascular Technologist/nician	29-2031	1,183	154	13%			
Medical and Clinical Lab Technologists	29-2011	5,183	169	3%			
Medical and Clinical Lab Technicians	29-2012	3,356	417	12%			
Respiratory Therapy Technician	29-2054	407	24	6%			
Surgical Technologist	29-2055	1,543	143	9%			
Health Technologist/nician, all other	29-2099	3,182	204	6%			

Sources: Occupational Employment Statistics (OES), Local Office On-Line Payment System (LOOPS)

Department of Consumer Affairs Licensure Report

Prepared by: New Jersey Department of Labor and Workforce Development, Labor Planning & Analysis



### Baseline Data for Primary Care Occupations Identified by NJ Health Care Workforce Council

### 2010

Primary Care Occupations Second Tier	SOC Code	# Employed	# New Claims for UI CY 2010	Ratio of New Claims to # Employed	# Active Licensed (Agency)	# New Licensed This Year	# Total Licensed
Therapists							
Physical Therapists	29-1123	6,914	61	1%	7,582	420	7,585
Physical Therapist Aides	31-2022	2,587	122	5%			
Physical Therapist Assistants	31-2021	1,142	45	4%	1,299	64	1,301
Occupational Therapists	29-1122	3,307	42	1%	4,299	253	4,300
Occupational Therapist Assist	31-2011	330	30	9%	550	33	550
Occupational Therapist Aide	31-2012	252	45	18%			
Speech Therapists	29-1127	3,950	137	4%			
Respiratory Therapists	29-1126	2,460	66	3%	3,114		3,122
Radiation Therapists	29-1124	362	21	6%			
Social Workers	21-1022	3,064	198	7%	16,124	1,195	16,699
Community Health Workers							
Pharmacists	29-1051	8,276	301	4%	14,606	704	14,632
Pharmacy Technicians	29-2052	6,575	630	10%	12,350	2,600	12,674
Pharmacy Aide	31-9095	1,902	88	5%			
Dentists	29-1021	4,292	51	1%	8,015	308	8,863
Dental Hygienists	29-2021	4,696	228	5%	5,052	219	5,314
Dental Laboratory Technician	51-9081	977	101	10%			
Dental Assistants	31-9091	9,676	1,010	10%	3,116	176	3,117
Emergency Medical Technicians & Paramedics	29-2041	7,815	498	6%			

Sources: Occupational Employment Statistics (OES), Local Office On-Line Payment System (LOOPS)

Department of Consumer Affairs Licensure Report

Prepared by: New Jersey Department of Labor and Workforce Development, Labor Planning & Analysis