

**New Jersey State Employment and Training Commission
Health Care Workforce Council
Robert Wood Johnson Foundation, Princeton
December 16, 2011**

MINUTES

I. Welcome and Opening Remarks: Robert Wise, Chairman

The meeting was called to order at 9:40 am by Chairman Wise. The minutes of October 21, 2011 were approved without revision and roundtable introductions were made. Chairman Wise thanked RWJF for hosting the meeting. Chairman Wise welcomed Ann Twomey, President of Health Professionals and Allied Employees, who will attend Council meetings as Charles Wowkanech's designate. Guests Donna Scalia, USDOL, and Jeanine Nagrod, NJ PLACE were introduced.

Chairman Wise gave a brief update of his activities on behalf of the Council. He discussed his presentation to the State Employment and Training Commission (SETC) in November.

II. RWJF Overview: Pamela Dickson, RWJF Assistant Vice President for the Health Care Group

Ms. Dickson has been employed at the Robert Wood Johnson Foundation (RWJF) for 15 years. Prior to RWJF she was employed by the State of New Jersey for 15 years.

Ms. Dickson presented a brief overview of the history of the RWJF, which was established as a local philanthropy in New Brunswick in 1936. In 1972 the Foundation became a national philanthropy with the mission to improve the health and health care of all Americans. RWJF has established four targeted teams (Coverage, Childhood Obesity, Quality/Equality, and Public Health) and three portfolios of broader scope (Vulnerable Populations, Pioneer, and Human Capital) to reach its goals.

Ms. Dickson highlighted RWJF's special commitment to New Jersey that is supported through Legacy Grants. Included in the Legacy Grants is the NJ Health Initiative, a state wide grant-making program out of Rutgers Camden; NJ Nursing Initiative dealing with the problems and challenges associated with nursing in New Jersey; and Transforming Care at the Bedside, a program started by the Institute for Healthcare Improvement (IHI) designed to empower nurses at the bedside.

As part of the Human Capital Portfolio, RWJF is working to attract and develop a skilled health care workforce, build leadership, and enhance diversity. They are ramping up their focus on policy issues to include primary care, oral health and public health.

Ms. Dickson continued her presentation with a discussion about the commitment of RWJF to nursing. The Foundation invested in a study, The Future of Nursing, conducted by the Institute of Medicine (IOM) to examine major issues affecting nursing. The IOM released a set of recommendations that led to a campaign for action, intended to be a blue print for transforming the nursing profession to improve health care and meet the health needs of a diverse population. The New Jersey Chamber of Commerce and leaders from other sectors are RWJF partners in the campaign. On the national level, RWJF has partnered with AARP on this campaign. There are now three six-state coalitions seeking to implement the IOM recommendations.

Ms. Dickson concluded that RWJF seeks to be an engine of change for smarter practice and policy, a national proving ground for new approaches in health and healthcare, a source and connector for cutting edge expertise, and a backer of excellence. It is the hope of the Foundation that they will continue to be a resource for information and connections for the HCWC.

A Member pointed out that the New Jersey Medical Society did not endorse the IOM report. It was added that the IOM panel included physicians. One suggestion in the report is that nurses be permitted to practice up to the extent of their training. This scope of practice issue is controversial in some areas.

A Member explained that the NJ Action Coalition was created to move recommendations in the Future of Nursing report forward. There is a group within the Coalition that is examining workforce data collection models and how different states are collecting and using data more strategically. Although New Jersey's nursing workforce data collection efforts are strong, good data is needed across health care occupations. It was asked if this is an issue of interest for RWJF.

Ms. Dickson responded that a recommendation of the IOM report was to bring all data collection systems into the 21st century. While RWJF is supportive of that effort, there is not a specific process in place to achieve this goal.

It was brought up that the Wall Street Journal recently published an article on the future of healthcare in America reporting that by 2014 two thirds of all physicians will be employed by hospital systems, leaving only one third independent. This shift will allow for systemic change across hospitals, for instance allowing nurses to practice in different ways through changes in hospital policy and governance. But this will also require changes to current licensure regulations and is an issue that needs to be explored further, perhaps through the Hospital Association.

It was added that consumers are driving the need to have more nurse practitioners who are readily available for appointments, thus allowing patients greater access to appointments and care.

It was raised whether a Health Care Corps, modeled on the Peace Corps, could provide an opportunity for young adults to help as caregivers and, in the process, influence their career decisions.

Ms. Dickson stated that the idea of a citizen corps capitalizes on the idealism of young people. RWJF supports a program called Health Leads. The program is currently operating in five cities across the country. The student volunteers work in hospitals with social workers. There are other volunteer roles that could be defined.

III. Building Economic Opportunity: Improving Health Care Career Pathways and Jobs to Careers – Maria Flynn, Vice President, Jobs for the Future and Director, Jobs to Careers

Maria Flynn is a Vice President at Jobs for the Future based in Boston with programs in 40 states. The programs are geared toward increasing the educational attainment and career advancement of low skilled, low income young people and adults through high school reform and workforce development activities.

Ms. Flynn is also the Director of Jobs to Careers that is funded by RWJF. The program promotes work-based learning. Completed projects have been evaluated, so this is a good point to review what was learned and what is transferable to work-based learning efforts in New Jersey.

Funders of Jobs to Careers were interested in investing in models of career advancement for front line health care workers. These front line health care workers, making up one half of the health care workforce in the country, are critical to care because they have the most direct patient contact. Employers incur the high cost of frequent turnover in front line positions because of difficult working conditions and because front line workers see little chance of advancement. Ninety percent of employer sponsored training goes to higher skilled workers with the amount of money invested in training front line healthcare workers very low. Investment in training front line workers will provide better care for the patient as well as better jobs and career advancement for the workers.

While there are many good reasons to invest in training programs for front line workers, there were also challenges. For instance, once an employer has committed to investing in training they are often shocked by the low level of the employee's basic skills. Additionally, life issues can make it difficult for front line employees to succeed. The Job to Careers projects also faced financial challenges due to the economic downturn. Another challenge was that class schedules at partner community colleges were geared toward traditional students, so scheduling was difficult for the front line workers. Also, some regulatory agencies struggled with accepting "new ways of doing business."

RWJF was the major funder of Jobs to Careers and invested the bulk of \$15.8 million over a six year period. Funding partners also included the Hitachi Foundation and USDOL. This project had at its core work-based learning. Site selection was highly competitive with seventeen sites selected out of 400 applications. The initiative was very much employer driven, with employer leadership at the sites. Jobs for the Future served as the national program office and provided technical assistance. It is important to note that the program was successful in both very urban and very rural settings. Work-based learning resonated very well with different cultures. Jobs to Careers had 900 participants at 17 sites in partnership with 34 employers, 24 educational institutions (primarily community colleges), and eight workforce intermediaries, such as Workforce Investment Boards and unions.

The goal of Jobs to Careers was to test work-based learning and to create systems changes within the health care organization and the educational institution. Also to promote skill and career development in incumbent front line health care workers by testing models of work-based learning, designing systems to support the learning and career growth of front line workers, and to develop partnerships with employers, colleges and other stakeholders.

Traditional learning does not always work for front line workers for a number of reasons; therefore, new ways of learning were brought to the workers at the work site. Work-based learning uses job responsibilities to achieve learning objectives; measures achievement of specific competencies that could lead to job credentials; engages supervisors and peers in the learning process; rewards mastery with academic or industry-recognized credentials; compliments other modes of learning; and promotes reflection and critical thinking. Work-based learning is a more effective learning strategy, a more efficient training approach, produces a more productive workforce, and allows for more accessible learning. Typical outcomes include increased skills and wages, improved self-

confidence, greater job satisfaction, and improved patient care. The credential attainment rate for Job to Careers participants was 54%.

The benefits to the workers included a seamless pathway to education, access to college credits and credentialing, increased confidence and job performance, an understanding of the “why” and not just the “how” of their work, higher pass rates via cohort support and coaching, and access to career advancement and higher wages.

The benefits to employers included cost effective training delivery, flexible and modularized curriculum, engagement of employees, and an improved reputation in the community. Systems changes for the employer will have a lasting impact. One example is the change in human resource policy to provide a tuition advance system. Prior to the project, the employer would not pay for remedial classes, now they do. With better retention of front line workers, recruitment dollars can move to internal training.

Implementing a Jobs to Careers project took upfront work to get the community colleges on board with the concept of work-based learning. When it was understood that work-based learning provided many benefits, including access to qualified adjunct instructors, these learning institutions became champions of the projects. Some of the lessons learned in implementing Jobs to Careers projects included the importance of awarding credit for prior learning and work experience, flexible pathways, adjusted entry test score requirements, modularizing learning to enhance motivation, and providing comprehensive student support. There is additional information, including a toolkit, on the Jobs to Careers website at: <http://jobs2careers.org/>

Ms. Flynn also discussed registered apprenticeships. Also, called registered internships, they provide career ladders, are relatively easy to implement, and capture the expertise of experienced employees. Registered apprenticeships utilize industry recognized skills, require a minimum of 2000 hours of customized training, and are a pathway to an associate degree and beyond, if structured correctly. There are resources available to assist with these apprenticeships. Laura Ginsberg from the US Department of Labor does a lot of work with registered apprenticeships. Northern New Jersey has a Health Professions Opportunity Grant (HPOG), and Kansas is a national model for registered apprenticeships.

One of the handouts provides an overview of the various kinds of health care work done at Jobs for the Future (JFF). JFF has started working with labor market information (LMI). New Jersey is a leader in innovative LMI techniques. JFF recently did a study for Connecticut as part of their Health Resources and Services Administration (HRSA) planning grant. The Connecticut grantee wanted to determine the real health care labor market demand. JFF explored combining traditional BLS data, new real time LMI data, supply data gathered through licensure and certification, and qualitative data from stake holder interviews. These data sources were pulled together and reported back to the state. The results of the analysis were the basis of Connecticut’s implementation plan. The Federal Reserve in Boston is looking at this process as a way of bringing together the various data sources that will result in a more useable planning document.

Finally, the Virtual Career Network (VCN) website will be launched in January. It will be a web-based health care career platform - a one stop shop of health care jobs around the country. The stand-alone, extensive site will also include both clinical and non-clinical training.

A Member observed that time is always a problem and asked if release time was provided to employees to learn. Ms. Flynn responded that it was stressed that learning should take place in the course of the workday, but there was release time provided. This accommodation was easier for larger employers.

It was asked if training sites identified with affiliated learning institutions to match the work experience with the curriculum in order to achieve course success.

Ms. Flynn answered that in some areas, such as Seattle and Austin, this was accomplished. In Boston, which is very progressive, the concept did not work well and the community college was unresponsive. This raises the issue of ensuring that the curriculum is aligned with the demand. A core curriculum must be established that will allow flexibility to meet demand.

Another question was whether employers were drivers of the selection of the content and job titles used for the apprenticeships.

Ms. Flynn's answer was yes. Employers almost exclusively drove that aspect of the program.

In response to the query of how the economy impacted the program and how that impact was measured, Ms. Flynn answered that it was questioned what the outcomes would have been if projects had not been implemented during the economic downturn. It is speculated that outcomes would have been better. The economic downturn meant employers had to change their strategy to some degree. For instance, a hospital that was slated to close located in a very rural area used the program as a lay-off aversion strategy instead of a career advancement strategy. The skill levels of a huge number of employees were so low they would have otherwise been separated. This hospital used the project as a skills building program that allowed people to keep their jobs. Another strategy change was to have less financial investment on the part of the employer and also some changes in target occupations. And yet another was that across sites the development of a "home grown mentality" - employees already knew the workplace system, and therefore, had a shorter ramp-up time.

The observation was made that the projects are publicly visible initiatives that draw attention to the not-so-glamorous, but very necessary, jobs in health care.

Ms. Flynn was asked to speak to the issue of leaders within institutions and how their rolls changed and what barriers they faced. Also, how were the leaders rewarded?

Ms. Flynn's response was that on the employer side it was extremely important to engage top level leadership - the CEOs. In smaller institutions that was a bit easier and most of the leaders were on board from the beginning. Leader buy-in was especially important around system changes. A lot of time was spent at the sites making sure the right people were around the table. One of the barriers leaders faced was the economic situation. The Jobs to Careers project program was not as big a priority as the economy got worse. However, in those facilities where the top leadership was engaged, the programs are continuing. Where there was success, at a minimum, supervisors received public recognition. And, at some sites this was reflected through a bonus in their paycheck.

It was asked how the Federal Reserve was involved in the workforce study that was done in Connecticut.

Ms. Flynn stated that study that JFF did in Connecticut was intended to be a more dynamic, real time analysis of the situation and was well received. The Federal Reserve was interested in the triangulation of the traditional LMI data, real time LMI data, and data from other sources. They were interested in whether or not this method would work in other places, possibly New England. In Connecticut one of the recommendations that came out of the study was to set up a portal so the data is publically accessible.

A member asked if there was a difference in results by types of locations and if there was a sense of the cost for the project, without the initial startup dollars received from the grant.

Ms. Flynn responded that the results did vary from site to site, but not based on the type of site. For instance, hospitals did not necessarily do better. Leadership was a big factor affecting the results and the strength of partnerships was a big driver of success.

A member expressed appreciation that the listed positions for the apprenticeship program provided cohorts of available positions. This would allow a hospital to determine position needs, which can then become a magnet for consolidating opportunities. Also, by saying that it is an apprenticeship program/initiative, it gives the program more credibility.

In response to the “return on investment” question, Ms. Flynn explained that there was a \$15.8 million dollar investment over 900 participants which amounts to \$17,500 per person - not including money the healthcare institution committed. The investment in this type of project is worth what a healthcare institution would spend on turnover for these types of jobs. If you subtract the cost of the consultant and reporting (the overhead), the figure more accurately works out to each site receiving \$475,000 over three years.

The Northern New Jersey Health Professions Pathway grant, an initiative that partners with 10 community colleges, Workforce Investment Boards, and One Stops was briefly presented by Susan Barnard. The grant is over five years and will serve 5,000 people – 1,000 per year, 100 at each community college - and works with the Temporary Assistance to Needy Families (TANF) population. The biggest challenges were the planning and the pathways to completion. Support services were built right into the grant.

IV. Next Meeting and Closing Remarks – Chairman Robert Wise

Members were reminded that future Council meetings would be bimonthly allowing for subgroups to meet in the off months. Also, phone conferencing will not be available at future meetings.

The meeting was adjourned at 11:35 am.

Respectfully submitted,

Susan Vetterl

Member Attendees – December 16, 2011

Anzur, Beatrice, Saint Barnabas Health Care System (for Mr. Seligman) (phone)
Bakewell-Sachs, Susan, NJ Nursing Initiative
Barnard, Susan, Bergen Community College
Barry, Marie, NJ Department of Education (for Commissioner Cerf) (phone)
Brady, Jane, Middlesex County WIB
Ceserano, Justine, NJ Primary Care Association (for Ms. Grant-Davis)
Cimiotti, Jeannie, NJ Collaborating Center for Nursing
Cooper, Belinda, NJ Hospital Association (for Ms. Ryan) (phone)
DiSandro, Kristin, JNESO (for Ms. Treacy)
Egreczky, Dana, NJ Chamber of Commerce Foundation
Fichtner, Aaron, NJ Dept. of Labor and Workforce Development (for Commissioner Wirths)
Fillweber, Joanne, Johnson & Johnson
Finegold, David, Rutgers Lifelong Learning and Strategic Growth (phone)
Franziona, Anita, Parker Memorial Home, Inc. (phone)
Garlatti, Betsy, NJ Higher Education (phone)
Harrington, Laurie, Heldrich Center for Workforce Development (for Ms. Krepcio)
Lamothe-Galette, Colette, NJ Dept. of Health and Senior Services (for Commissioner O'Dowd)
Ladden, Maryjoan, Robert Wood Johnson Foundation
Moran, Janet, Camden County WIB
Orchard, Patricia, Horizon Blue Cross Blue Shield of New Jersey
Rosa, Robert, New Jersey Council of County Colleges (for Mr. Nespoli)
Schurman, Susan, School of Labor and Management Relations, Rutgers University
Twomey, Ann, Health Professions and Allied Employees (for Mr. Wowkanech)
Weaver, Kathy, Newark Alliance (phone)
Wise, Robert, Hunterdon Healthcare
Zastocki, Deborah, Chilton Memorial Hospital

Guest and Staff Attendees – December 16, 2011

Baron, Maria, NJ Department of Health and Senior Services (phone)
Conway, Ashley, NJ State Employment and Training Commission
Daitz, Andrea, Robert Wood Johnson Foundation
Dickson, Pamela, Robert Wood Johnson Foundation

Ferdetta, Frank, NJ Dept. of Labor and Workforce Development
Flynn, Maria, Jobs for the Future
Hutchison, Sheryl, NJ State Employment and Training Commission
Lopacki, Sandra, New Jersey Health Care Talent Network, Rutgers
Mertz, Lynn, NJ Nursing Initiative
Nagrod, Jeanine, NJ Pathways Leading Apprentices to a College Education (NJ PLACE)
Scalia, Donna, US Department of Labor – Office of Apprenticeship
Timian, Jason, NJ Dept. of Labor and Workforce Development
Vetterl, Susan, NJ State Employment and Training Commission