

## **Santa Clara County Health Care Sector Partnership**

### ***Landscape Paper***

#### **Overview**

This purpose of this Landscape Paper is to give industry leaders from Santa Clara County's health care sector an overview of:

- up-to-date employment data for their sector
- national workforce trends in health care
- potential career pathways in the sector
- an introduction to the Next Gen Sector Partnership approach
- insights into common priorities of Next Gen health care sector partnerships
- three case studies of successful Next Gen health care sector partnerships

This paper was prepared for distribution in advance of the Santa Clara County Health Care Sector Partnership launch meeting on April 16.

#### **Santa Clara County's Health Care Sector: The Challenge and Opportunity**

The health care sector is large, complex, and growing in Santa Clara County. By the numbers, in 2022, 93,938 were employed across the sector's 14 industry segments and 141 occupations. The sector grew by one-third (34%) over the past decade (2012-2022).

Some industry segments within the sector grew even faster. The largest segment—General Medical and Surgical Hospitals—grew 40% during the past decade, from 22,606 to 31,717 employees. The second largest segment—Outpatient Care Centers—jumped 71%, from 7,813 to 13,347. Home health care services moved from being the seventh to the fourth largest segment over the past decade, growing 160%, from 2,639 to 6,854 employees.

Some segments also declined during the 2012-2022 period. Offices of Physicians decreased 4%, from 10,850 to 10,364, while Medical and Dental Laboratories declined by 9%, from 1,714 to 1,554. Nursing Care Facilities also decreased by 12%, from 5,565 to 4,914 employees. But, overall, only 4 of 14 segments lost jobs, with the remaining ten segments all experiencing double-digit growth over the past decade.

Taking a closer look at specific occupations across the 14 segments is also revealing. Of the 141 occupations found across the 14 segments, the occupation employing the most people, accounting for 16.1% of sector's jobs, was registered nurses. As of 2022, there were 15,153 registered nurses working in the health care sector in Santa Clara County, an increase of 53% over a decade. Home Health Aides comprise another 9.7% of the sector's jobs, growing 215%

from 2012-2022, rising from 2,905 to 9,150 employees. And, Medical Assistants, comprising 5.9% of sector jobs, grew 75% during this period, from 3,183 to 5,584. Altogether, these three occupations, which comprise almost one-third of health sector jobs, added 13,878 jobs, an 86% increase from 2012-2022.

These and other occupations are expected to grow rapidly over the next decade. The estimated need for registered nurses is estimated to grow by 26% between 2022 and 2033. Home Health Aides are expected to grow 44%, while the need for Medical Assistants is expected to rise 21%. Although the next decade is expected to produce a slower growth rate for these occupations than the previous decade, they nonetheless are expected to continue to grow at a double-digit rate between 2022 and 2033.

To be clear, this challenge is not just a Santa Clara County problem. According to the National Conference of State Legislatures, in 2023, more than 100 million people across the country now live in a Health Professional Shortage Area. Nationwide, the demand for health workers is expected to continue rising faster than supply.

### **Expanding the Health Care Workforce: A National Challenge**

An aging population and increased prevalence of chronic illnesses and behavioral health conditions is creating more demand for health care professionals. Conversely, the COVID-19 pandemic negatively impacted the supply of health care workers as many left the profession due to burnout, stress, anxiety, and depression.

- **Direct Care:** By 2026, the U.S. health care workforce is expected to have a shortage of about 3.2 million direct care professionals including medical assistants, home health aides, and nursing assistants.
- **Registered Nurses:** Between 2020 and 2021, more than 100,000 registered nurses (RNs) left the workforce, the largest exodus in 40 years. The Bureau of Labor Statistics expects about 203,300 vacant RN jobs through 2031 amid professionals leaving the workforce and overall growth of the profession.
- **Primary Care:** According to the Association of American Medical Colleges, by 2034 there will be a shortage of 37,800 to 124,000 physicians across both primary and specialty care.
- **Behavioral Health:** By 2026, 27 states are expected to have a combined shortage of at least 55,000 behavioral health professionals.

*Excerpted from the National Conference of State Legislatures 2023 report on "Leveraging Career Pathway Programs: State Strategies to Combat Health Care Workforce Shortages", p. 11-12.*

In Santa Clara County, health sector employers are already experiencing talent shortages across many occupations. According to the Bay Area Community College Consortium, local colleges already have waiting lists for high-demand health education programs. While the sector is expected to continue to grow substantially over the next decade, the challenge will be to recruit the necessary talent from inside and outside the region, with Santa Clara County's relatively high cost of living. This likely will be the sector's most pressing challenge to enable its continued robust growth.

To date, sector employers have largely pursued their own recruitment strategies, with varying degrees of success. In some cases, they have worked with local schools and colleges to advise on curriculum and provide other help to increase the flow of graduates in various fields. In some cases, they have brought in talent from outside the region, or recruited from their competitors in the sector.

What has not yet happened is major health sector employers working together on a unified approach to building a regional pipeline of talent. To be sure, many regions have not, with health sector employers working in isolation and hoping for the best. However, in a growing number of regions, the health sector is coming together in a new way, with employers driving collaborative solutions, involving multiple industry and public partners.

### **The Potential of Career Pathways in the Health Care Sector**

In Santa Clara County, the sector has also not yet taken a holistic approach to the talent challenge. In health care, especially, there are career pathways that can provide upward mobility for people and a flow of talent at all levels for employers. Ideally, multiple employers, colleges, high schools, and other organizations would be working together to build awareness, encourage enrollment, and support students as they move through these pathways.

Across the country, much work has been done to identify and map health sector career pathways. The U.S. Department of Labor has identified four career “clusters” to group health-related occupations:

- *Diagnostic Services:* Careers focused on detecting, diagnosing, and treating diseases, injuries or other physical conditions, including EKG technician, phlebotomist, radiology technician (including CT, MRI, mammography and nuclear medicine technicians), ultrasound technician, sleep technicians, orthopedic technicians, dental laboratory technician.
- *Therapeutic Services:* Careers focused on working with patients to provide care, treatment, or counseling to improve physical or mental health, including registered nurses, licensed vocational nurses, certified nurse assistant (CNA), medical assistant, pharmacist, occupational therapist, paramedic, respiratory therapist, physical therapist, speech therapist.
- *Health Informatics:* Careers focused on managing patient information, financial information, and computer applications related to health care, including medical administrative assistant, medical records specialist, health information technician, nurse manager, medical transcriptionist, health care administrator.

- *Support Services*: Careers focused on maintaining the facilities, equipment, and supplies that other health care professionals rely on to do their jobs, including dietary technician, biomedical technician, medical librarian, hospital maintenance engineer, central services technician.

Across the country, the career pathway approach has shown potential:

“Research finds that career pathway programs may increase employment and earnings more than traditional workforce development programs such as job fairs, mentorship programs, on-the-job training, etc. across all ages and types of programs. A systematic review of studies focused on adult learners in career pathway programs found participants were more likely to attain higher wages and annual earnings and retain employment within their field than their peers.” (*National Conference of State Legislatures 2023 report on “Leveraging Career Pathway Programs: State Strategies to Combat Health Care Workforce Shortages”, p. 3*).

Of course, implementation of career pathway programs is not without challenges. Common obstacles are funding and sustainability, and industry participation and leadership. Education can align curriculum into a career pathway, but if it is not based on industry needs, it runs the risk of inadequately preparing people for promising careers. And, too often, industry is not leading the discussion, or even meaningfully at the table.

### **Trying a New Approach: Next Generation Sector Partnerships**

While there is growing activity at the secondary and postsecondary levels focused on growing the health care workforce, including in specific career pathways, the flow of newly-prepared workers is falling short of the growing demand by health care providers. What will it take to change this reality?

The opportunity for Santa Clara County’s health care sector is to develop an industry-led partnership, supported by public and community partners, and focus holistically on their need for talent. With a sector partnership, in addition to talent, it is possible to identify and address other pressing shared needs, such as care coordination, regulatory change, infrastructure, or other issues that other regions across the country have focused on as well.

The Next Gen model is a proven, place-based approach for mobilizing private and public leaders around critical industry sectors to strengthen regional economies and connect people to jobs. The model marries decades of workforce/sector partnership experience with decades of economic cluster initiative experience. The Next Generation Sector Partnership network was established in 2011.

Next Gen is often cited as a go-to resource by federal agencies and national workforce and economic development organizations, including most recently by the Department of Commerce in its March 2023 Workforce Development Guide developed for CHIPS Initiative Applicants and by U.S. Department of Labor in its February 2022 edition of Workforce GPS. In December 2022, Next Gen was invited to speak at the first convening of Good Jobs Challenge grantees to introduce the Next Gen Sector Partnership model and highlight leading partnerships from our national community of practice.

Next Gen is a distinct and nationally recognized methodology and step-by-step process that is based on years of combined experience and decades of lessons learned from the field across workforce and economic development, and their critical intersections.

The model is distinct from traditional sector partnerships in three key ways:

1. **Industry-led vs. industry-advised.** This approach puts industry at the center of regional partnerships, setting the expectation that business leaders must define, champion and own their shared agenda for action, not just provide input. The methodology emphasizes the need to cultivate industry leaders as champions and partnership drivers, not just advisors and participants.
2. **Coordinated support from education, workforce and economic development systems vs. focused on a single system.** Traditionally, sector partnerships have been viewed as workforce initiatives, centered on workforce development boards and focused on guiding workforce investments. Next Gen Partnerships, in contrast, depend on an *integrated* team that spans multiple education, workforce and economic development organizations to jointly support sector partnerships. This is essential to their sustainability and impact; because Next Gen Partnerships rely on a broader team for support, they can tackle issues beyond skills training that impact the industry's health and talent pipeline.
3. **Agenda that tackles broad industry competitiveness needs vs. workforce only.** The model centers on an agenda that tackles the priorities that impact businesses' ability to *grow and* create new, quality jobs, including a strong emphasis on workforce and education. Engaging business leaders independently around separate agendas—workforce development, on the one hand, and industry growth, on the other—diminishes the effectiveness of both efforts. This integrated approach builds stronger, more sustainable, more impactful partnerships.

These distinctions result in partnerships that are more sustainable over time and that serve as effective mechanisms attract the commitment and investment of industry leaders that is essential to achieving long-term impact. The Next Gen model has proven to be successful in a wide range of industries, from manufacturing to healthcare, food and agriculture, construction and life sciences, and in a wide range of rural and urban settings.

### **What Do Next Gen Health Sector Partnerships Do?**

There are a growing number of Next Gen health sector partnerships operating across the country, including some that are a decade old. While they focus on a variety of regional challenges facing their industries, their priorities fall into a few major categories. Best practice examples include Northern Colorado, Seattle, and Northeast Louisiana (case studies are included below that provide more detail on these strategies).

#### *Build awareness and interest in health sector careers*

Industry leaders often conclude that current efforts to encourage young people (and increasingly career-changing adults) to consider health care careers is insufficient. They often pursue an industry-led, education-and-workforce-development-supported, multi-faceted campaign to provide information, experiences, direct interactions with health care employees, and other promotional activities to build career awareness, interest, and enrollment in education and training in health care fields.

#### *Align and expand health sector education and training offerings*

In most regions, there is already an established set of education and training programs that prepare people for key occupations in the health sector. However, industry leaders often find these programs in need of curriculum improvement, faculty expansion, alignment with other high school programs, better facilities and equipment, and other changes in order to be more responsive to their needs. Industry leaders step forward to work with education and training providers on content, delivery, capacity, alignment, and other issues to increase the flow of well-prepared program completers.

#### *Enrich health sector education and training with workplace experiences*

While some occupations prescribe a level of clinical experience, most do not. Often, industry leaders discover that students have too little hands-on experience in many high-demand

occupations, and commit collectively to providing more workplace opportunities for students. There is a continuum of strategies, from shadowing to internships, that often get pursued.

*Encourage people to remain and advance in health care careers*

Increasingly, health sector employers are realizing that they not only new entrants, but to retain current employees and help as many as possible advance in their careers. Employers have focused on their internal approach to hiring and retaining employees, as well as how they incentivize employees to move up or shift from one health career to another.

*Reduce other barriers to sector success*

While health sector talent issues tend to be the highest-priority for health sector employers, other barriers to success can become a focus of a Next Gen partnership. For example, care coordination has become a key issue and strategy for some regions (e.g., Phoenix hospitals working together to share information about “frequent flyers” to reduce costs and improve health outcomes of these individuals). In some cases, specific regulatory barriers have been addressed (e.g., Southeast Louisiana’s focus on interstate nursing licensing issues, or rural Arizona’s concern about ambulance regulations).

**Case Studies of Sustainable Success: A Deeper Look at Three Next Gen Health Sector Partnerships**

What follows are excerpts from case studies of selected Next Gen health sector partnerships that have stood the test of time, offering a range of strategies and illustrating how they progressed step-by-step. The full case studies (including video summaries) can be found at [www.nextgensectorpartnerships.com](http://www.nextgensectorpartnerships.com).

**Northern Colorado’s Health Care Sector Partnership**

In 2013, Northern Colorado’s Larimer and Weld Counties had a growing health care sector, but health-care providers were competing for limited talent. They did not have a forum to work together on common issues. Education and workforce development had limited ties with the sector. Economic development groups had better employer relationships, but restricted the access of others to those organizations.

Most now describe the situation then as a series of industry and community silos, with the border between Larimer and Weld Counties compounding the separation. That year, however, the walls would begin to fall. Yvonne Myers, a top health care executive and recent chair of a



local workforce development board, knew that her sector needed to work better together and with the community, and began to reach out to others to call for change.

*Mechanisms for Change: Industry in the Driver's Seat, Inclusive Mission, and a Shared Table*

The partnership provided a new forum for a certain kind of industry leader to emerge. They were a combination of large and small company executives across different parts of the health care value chains, spanning both Northern Colorado counties. They were recognized as pacesetters and “doers” by other industry executives, so people listened when they spoke up about what needed to change.

They embraced the Next Generation Sector Partnership’s emphasis on being industry-led. A core group of industry leaders emerged to develop the organizational framework that exists to this day. The group developed an ambitious mission statement and identified specific priorities for immediate action, enabling them to achieve “early wins” and build momentum.

The Health Sector Partnership’s mission is to bring together key stakeholders to promote and improve health within our communities, collaborating across disciplines, organizations, and communities to seize opportunities, solve problems, and celebrate successes in the region.

Notably, the Partnership’s mission assumes that the destinies of their industry and communities are intertwined, and can move forward together in a positive fashion. This philosophy is clearly visible in the specific projects and activities of the partnership, with health care focusing on career awareness as well as behavioral health and addressing specific occupational shortages, such as medical assistants.

For community partners from education, workforce development, chambers and economic development, the formation of the partnership created for the first time truly “shared table” for collaboration with industry and among fellow community partners. Instead of having to contact employers separately, the partnership provides a shared table at which all the partners can hear about industry needs and develop solutions. This has helped community partners better align their work to industry priorities, engage industry executives as partners in the work, and forge new collaborations with other organizations across education levels, political boundaries, and disciplines.

*Moments of Transformation: Flipping the Script and Watershed Events*

In its first year, the Health Sector Partnership experienced two important turning points. The first was to depart from the traditional pattern of hyper-competition when it came to talent. Early on, there was a recognition that health care providers were playing a zero-sum game, poaching a limited pool of talent from one another. Only if they worked together and with local educators could they hope to grow the skilled labor pool, and move to a positive-sum situation.

This shift first took the form of a unified effort to improve the quantity of effectively-trained medical assistants (MAs) in the region. Two-year MA programs were in place at local community colleges, but industry generally felt that the programs were too long and that some graduates didn't match well with what employers needed, contributing to high rates of turnover.

Traditionally, a few providers had representatives on program advisory committees that offered feedback, but had little impact. For the first time, the region's providers approached the colleges together, asking to help develop a different curriculum and a shorter educational program to produce better graduates faster. For a process that usually takes two years, within 8 months local providers had successfully worked with local colleges to make the change, as well as with a larger group at the state level to make changes in colleges across Colorado.

This shift also took the form of sharing of resources so the entire sector could improve. In early discussions, it became clear that many providers were struggling with staff that did not have sufficient "cultural competency" to serve an increasingly diverse patient population. One provider stepped forward and offered to share their well-developed internal diversity training program curriculum with other Partnership members, as well as local education institutions. A sharp departure, this provider realized that sharing would grow the pool of culturally-competent talent in the region, which would help everyone over the long term.

The second kind of turning point for the Partnership involved a watershed moment—an event that ushered in a new approach. It came in 2020 with the advent of COVID-19. Initially, the pandemic overwhelmed providers and caused the Partnership to pause. Partnership leaders decided to reconvene members to chart a path forward—and the response was resounding, with strong and engaged participants. The result? A recommitment to the Partnership and refinement of its priorities based on new realities. For example, while talent remains a top priority, a major COVID19 driven change that is likely to remain is the need for a much greater volume of virtual visits and the training needed to prepare health care workers for this growing role.

#### *Measurable Results: Keeping Track, Telling the Story, Breaking New Ground*

Northern Colorado's Next Gen Health Sector Partnership has made a lasting commitment to tracking results, professionally telling their story, and pushing the boundaries of what's possible. They make sure to identify meaningful metrics and capture data as they implement their action agenda. They issue annual written reports, with text and infographics that communicate multiple impact measures.

While their priorities have remained largely the same over time, the Partnership has continued to add new projects and new dimensions to existing projects based on what they have learned. The Partnership grew from 30 participating organizations in 2013 to 75 organizations and 530 members by 2020.

It has four main priorities: education of the public on health care, coordination of a larger behavioral health solution for the region, increasing workforce skills relative to diversity awareness, and assuring the appropriateness for pre-admission screening and resident review (PASRR). Their measurable results include:

- *Medical assistant program overhaul.* The Partnership was instrumental in restructuring the medical assistant program into a one-year certificate in 2015, increasing the number of qualified graduates significantly in the five years since the change. An addition of an apprenticeship program for MAs has also helped with retention.
- *Medical assistant education scholarships*—The Partnership donated funds for scholarships at Front Range and AIMS Community Colleges. These donations supported medical assistant students at FRCC and paid for CNA certification exams for students at AIMS Community College.
- *"Get into the Guts of Medical Careers" Program*—These half day events and tours for middle schoolers provide students with an opportunity to meet with leading health care professionals and educators to talk about different medical careers including medical assisting, surgical technician, behavioral health, emergency medical services, senior care, and other health occupations.
- *New Healthcare Career Live Virtual Chats*—These innovative panel discussions connected individuals interested in healthcare careers with speakers from in-demand jobs in a live, panel presentation and Q&A setting. The first Chats held in November 2020 had panels with (1) a registered nurse, occupational therapist, and social worker; (2) a certified nursing assistant, a certified nursing assistance youth apprentice, and medical assistant; and (3) a licensed practical nurse, certified nursing assistant, and sterile processing technician.
- *Behavioral health career exploration*—The Partnership conducts outreach to build awareness for the need for behavioral health professionals. Its first event at the University of Northern Colorado involved 80 employers, 60 health professionals, 10 government partners, and over 100 students.
- *Pre-Admission Screening and Resident Review (PASSR) process training*—The Partnership works regularly with state regulators and industry representatives to ensure the PASR assessment process is timely, respectful, and fair to the patient, the discharging entity and the admitting skilled nursing facility.

*Major Ingredients for Success: Connected Leadership, Roles for Everyone, Investing in Growth*

First and foremost, the Health Sector Partnership relies on well-connected leadership to ensure the right players are in the room to make decisions about priorities and mobilize to act on those priorities. This means strong relationships with both their peers in industry as well as key public partners in education, workforce development, and economic development.

From the industry perspective, these leaders are well respected for both their business acumen and commitment to the community. They are able to express how the Next Gen approach is different and why other executives should join the Partnerships. And, they often understand the underlying strengths and expertise of their business peers so they can help them find the best ways to contribute. Since not all of these leaders are from the most well-known companies, there continues to be a mix of executives representing different company sizes and product areas and markets, ensuring diverse perspectives and, once decisions are made, widely shared priorities.

From the community perspective, especially in the early years, these relationships were often built by business leaders having served previously on chamber or public boards or worked with chamber or public partners on a specific community project. Today, as new leaders are elevated, they have also had experience and built relationships through the work of the Partnerships themselves. The Partnership has maintained a small, everchanging core of business leaders who have overseen operations and led committees. However, that does not mean that only a few people are doing the work. The Partnership has been adept at finding roles for everyone: projects are designed to give other businesses specific options for roles they can play.

A third critical element that has enabled the Partnerships to enjoy sustained success is a commitment to investing in growth. After experiencing early success, leaders of the all-volunteer Partnership realized that to move to the next level they would need dedicated staff to expand their reach and grow their impact. However, they wanted to make sure that the Partnerships remained industry-led, rather than staff driven with a growing overhead burden.

They retained flexible consulting help rather than hire permanent employees, someone to project manage, do meeting logistics, and keep track of outcomes in the form of annual reports, which in turn puts a spotlight on tangible results and helps with membership and fundraising.

Leadership also realized that they would need a new funding model. In the early years, costs were low as in-kind contributions from industry, chambers, and public partners sustained operations. This was supplemented by state and local government grants for specific projects. To grow, however, they realized that they would need a more diversified and stable combination of revenue sources. While they felt it was important to keep general membership free for interested companies, they also began structuring voluntary giving levels for members who felt the Partnership was adding value to their company and the community.

### **Seattle's Health Industry Leadership Table (HILT)**

The region surrounding Seattle, stretching north and south along the I-5 corridor as well as west across the Puget Sound and east to the Cascade Mountains, is the most populated region of Washington State. It is home to most of the state's big cities and industries, including seaports, airports and companies like Boeing, Starbucks, Amazon and Microsoft. The region surrounding the Puget Sound has a population of about 4.2 million people, half of those residing in the Seattle area and King County.

The region is also home to a booming healthcare sector that clusters around the I-5 up into Snohomish County and down into Pierce County. Healthcare jobs account for 10 percent of total employment. These jobs support a high-quality and specialized healthcare service sector, as well as an essential network of hospitals and community clinics that serve a diverse and high-need patient population. That's why when the region's education, workforce training, economic development and city and county system partners underwent a major re-commitment to creating a worldclass workforce development system in 2017-18 they chose Healthcare as a test run for building a shared business sector partnership.

The resulting Healthcare Industry Leadership Table (the HILT) launched in May 2018 by executives from a half dozen hospital and clinic organizations, borrowing principles and practices from the Next Gen Sector Partnership model. It is led by a team of six healthcare organizations representing large hospital systems (Kaiser Permanente, Seattle Children's Hospital and Swedish Medical Center), community clinics (Healthpoint Community Clinics and International Community Health Services) and long term care facilities (Aegis Living), and has a reach of over 70 healthcare provider organizations in the region.

Wrapped around those organizations is an array of public and community support systems who view the HILT as a go-to source for information about the industry as well as a way to directly plug their own resources and programs in where needed to support the industry's needs, particularly for a skilled and diverse workforce.

The purpose and vision of the HILT is to be a network of diverse, small and large healthcare providers in the region who come together to share and take action on improving access to a skilled healthcare workforce. Since its launch, the HILT has made improving equity and diversity in the region's healthcare workforce a set of guiding principles across its committees and activities.

This work became even more critical during the COVID pandemic, where not only rates of cases, hospitalizations and deaths were higher in Black, Indigenous and Persons of Color (BIPOC) populations, but their economic hardship is also exacerbated due to historic economic marginalization in low wage occupations hard hit by pandemic job losses. The HILT's ability to not only withstand the pandemic but persist during it is attributable to three factors:

- A committed set of industry leaders from the healthcare industry who despite being pulled into crisis mode still re-surface together in order to guide the priorities of the HILT and use the HILT to their collective advantage.
- A competent set of public partner conveners (staff from the Seattle-King County Workforce Development Council and a highly credible community-based partner organization, Seattle Jobs Initiative) who manage multiple workstreams and consistently provide essential backbone support to the network.
- A magnetic draw created from the participation of industry by otherwise siloed public systems who both need the healthcare industry to help guide their healthcare-related programming and have the ability to serve the healthcare industry with resources and services if guided appropriately.

#### *Motivations for Launch: A Worldclass Workforce System*

For the Seattle area the concept and practice of engaging the business sector to inform workforce solutions is not new. Seattle has a long history of sector-like strategies, most notably the design and use of Skill Panels by the region's then Workforce Development Board (now Workforce Development Council) beginning in the early 2000's, which much of the country at the time quickly emulated. Skill Panels were an effective way to get information from a sample (a Panel) of businesses in a target industry in order to inform how to use workforce dollars in a demand-driven way.

But over 15+ years, while many other states experimented further with sector partnerships, three problems persisted: one, too many people in the region were not benefiting from the economy; two, there were fewer federal dollars for workforce development and more cuts anticipated; and three, effective workforce development programming was rarely brought to scale, and more rarely institutionalized. It was these problems by 2017 that triggered a partnership of King County and the City of Seattle to put into play a regional workforce strategy initiative group of high-level leaders from industry, economic development, workforce development, higher education, secondary education, community organizations, philanthropy and government.

They posed one question: What will it take to create a worldclass workforce system in King County? The resulting Regional Workforce Strategy Group (the "Group") spent the year designing policy and structural responses to that question. The Group presented their recommendations to the then Mayor of Seattle and the County Commissioner in January 2018.

In addition to a focus on systems coordination commitments, significantly stronger diversity and equity goals, jobseeker and employer alignment, and talent pipeline connectivity, the Group

made a clear structural recommendation directly related to business engagement: a set of shared industry tables (sector partnerships) that aggregates business input and business participation in the workforce system.

These “Industry Leadership Tables” (ILTs) had two intentions: first to significantly increase business involvement and investment in workforce solutions systemwide; and second to create access to a critical mass of businesses in a critical industry by the many colleges, school districts, workforce training programs, economic development offices, philanthropic institutions and community-based organizations who need employer partners to carry out their mission to support jobseekers and students.

The first would require building a true business network within critical target industries in order to facilitate and aggregate priorities of an industry sector, including garnering strong business leadership to lead it. The second required solid commitments by often duplicative, competing public systems to wrap around a shared ILT instead of creating their own employer groups or tables for their own programming. The end goals were simple: reduce the “death by a thousand cuts” scenario created when multiple systems and programs engage the business sector independently, and create the space and conditions for the business sector to step in and step up to solve their workforce needs together.

#### *Mechanisms for Change: Early Commitments to a Shared Process*

With the recommendations made by the Group to the Mayor and County Executive came a new expectation for the Seattle-King County Workforce Development Council to play a pivotal role as a broker and backbone organization for system transformation. Over the next two years, this required strategic restructuring of the policy board, staffing changes and continued check ins with systems partners to confirm ongoing commitment (and to build trust) to the many elements of the transformation plan.

Deliberately built into the restructuring period was the launch of the HILT, the region’s first ILT, as an experiment and a prototype of coordinated business engagement. The agreed-upon structure of the HILT was derived from a scan of national sector partnership models and processes to build them. With an eye toward maximizing coordination of workforce development with education and economic development, and the desire to tilt business engagement from the traditional customer relationship to a bolder partner relationship, the Next Gen model rose to the top.

“We’d never done that before. All of us already worked with health care, we all had and have our own programs, and we sort of like to do things on our own. To put a stake in the ground that we were going to build a shared table, and then actually put names of executives in healthcare organizations that we personally knew into a shared hat. It was a first for us.” – Gilda Wheeler, Senior Program Officer, WA STEM

*Moments of Transformation: Leadership, Focused Committees, a Big Event and a Pandemic*

The launch meeting brought over 30 healthcare executives together to work out a shared action agenda. They left with seven priority areas, including shared recruitment and talent development; internal training and advancement pathways; coordination of quality patient care; policy and regulations; technology adaptations; housing and transportation; and racial equity.

Perhaps typical of Next Gen Sector Partnerships everywhere, the first six months after launching, healthcare partners sifted and sorted through their shared priorities, both perceived and real. Champions emerged in certain areas faster than others; some priorities faded away; others became natural rally points. An early indicator of success was a relatively quick relationship built with a non-profit organization called Healthier Here, the region's designated entity for a statewide Accountable Communities of Health initiative. Healthier Here focused on the coordination of whole-person health, including the collaborations required to integrate behavioral, primary, emergency and long-term care, a critical area of interest in early HILT conversations.

The relationship between Healthier Here and the emerging HILT network, brokered by community and long-term care clinic leadership, resulted in a clear agreement that Healthier Here would be the forum for care coordination and policy discussions, thus clearing the path for HILT to focus explicitly on the workforce and talent issues that healthcare providers wanted to prioritize.

While this early development may seem inconsequential, it signaled a spirit of purposeful alignment for the HILT and future ILTs. From there the HILT grew. In its first year, the HILT tested its muscle as simply a forum for shared best practices, specifically focused on the internal training and advancement practices of hospitals and clinics. Quarterly meetings, hosted by a different healthcare organization each time, became forums for sharing and planning committee work. Lunch & Learn webinars on shared priority topics became regular events in between.

Out of these activities came three outcomes: a sifting and sorting of shared high-demand, critical occupations; a bolstered focus on the need to advance low-income, entry-level positions to better opportunities; new relationship and networking developments between otherwise very separate healthcare worlds, that of large hospital systems and community-based clinics.

This proved an important foundation for HILT to begin self-identifying as a healthcare employer network, one that in its next years would increasingly activate around shared issues. In its second year, the HILT hit a stride. "Flag bearers" emerged around key issues, including the International Community Health Services partnering with Swedish Medical Center to map out the Medical Assistant pipeline and strategize ways to ramp up MA apprenticeships.



This required conversations and strategizing across traditionally separate MA training organizations, including the 1199SEIU Joint Training Fund, the Washington Association for Community Health, Seattle Colleges and the WDC. Seattle Children's Hospital partnered with Country Doctor, a community clinic, to dig deep into the issue of affordable workforce housing for healthcare workers.

The resulting HILT Affordable Housing Strategy Group was critical to informing a "Housing First" initiative out of the Mayor's office, raising awareness about the need to focus on essential healthcare workers ability to be stably housed near their places of work, and designing two innovative concepts for a healthcare workforce emergency diversion housing fund and a pooled housing fund connected to training and career advancement opportunities. The City of Seattle Office of Housing and Washington Center for Nursing, as well as graduate students from the University of Washington's Masters in Health Administration joined forces to navigate this issue and partner with the Strategy Group.

Meanwhile in October 2019 the HILT's Talent Pipeline Committee, championed by leadership from Kaiser Permanente, Swedish Medical Center and Navos Mental Health & Wellness Center rallied support from 21 healthcare employers, 18 school districts, six community colleges, the University of Washington, the Workforce Development Council, Washington Alliance for Better Schools, Washington STEM, the Washington Center for Nursing, Healthier Here and the City of Seattle Office of Economic Development to design and implement a "Chart Your Path to a Healthcare Career" event for over 450 middle and high school students from school districts with high proportions of students of color and immigrant communities.

This event, designed and sponsored by the healthcare businesses that make up the HILT, physically hosted by the SeaMar Community Health Centers Museum of Chicanx/Latinx Culture, and supported by such a diverse network of support partners, was a huge shift for the HILT. It demonstrated momentum and drive and created a sense of excitement and achievement across a complex public-private collaboration.

It laid the groundwork for much bigger plans for 2020 by the Committee, including plans to replicate the event twice per year, the addition of a region-wide speakers bureau to organize and match healthcare professionals with class rooms and schools, a virtual clearinghouse of "day-in-the-life" videos featuring healthcare occupations, and plans for a healthcare professional-student mentorship program targeted at BIPOC students.

Shortly after the regularly scheduled HILT winter quarterly meeting in February 2020, Seattle became ground zero for the COVID-19 pandemic, recording the first known-case in the country. HILT committee work pressed on, however much in part to the conveners and public support partners staying focused on committee priorities while healthcare partners navigated the crisis.

Planning for MA pipeline research and fundraising continued, the Affordable Workforce Housing Strategy Group partnered with UW graduate students to conduct a feasibility study of housing innovation funds, and the Talent Pipeline Committee pressed forward with planning virtual speakers' bureau activities.

By the time the Spring quarterly meeting arrived in May 2020, the landscape was much different. Healthcare leaders who had led the committee work in the winter agreed to lead and re-purpose the May meeting into a COVID response sharing session. Held for the first time via Zoom, it was the most well attended HILT meeting to-date. The two-hour meeting provided key updates on committee work, and spent the remainder of the time in facilitated discussion and breakouts among hospitals, clinics, long term care facilities and public partners about critical staffing changes and strategies during the pandemic.

It became clear that the HILT was seen as a go-to network for essential information sharing, and a place to re-prioritize shared issues. This proved ever truer over the 2020 summer when Seattle was plunged into Black Lives Matter protests.

HILT launched an official leadership team (the HILT "Captains") who for the remainder of 2020 reprioritized the HILT into five areas of focus:

- sharing journeys to becoming anti-racist organizations, now evolving into discussions focused on shifting the healthcare industry itself into an anti-racist industry.
- a renewed focus on the nursing shortage, particularly minority nurses, including partnering on federal grants to increase BIPOC nursing opportunities
- a continued focus on talent pipeline development with a funding plan to create a three-county student experience connecting platform for virtual events, speakers' bureau, day-in-the-life videos and mentorship matches.
- a strong focus on solving the shortage of qualified behavioral health professionals, a problem exacerbated by the COVID pandemic, loss of jobs and stress of BIPOC marginalization
- a commitment to robust, consistent and relevant communications via quarterly Information Exchanges between the healthcare industry and the 14 community colleges and two nursing schools in the region about staffing needs, healthcare programming relevance and public-private strategies to support student clinical placement training during and post-COVID.

### **Northeast Louisiana Healthcare Alliance**

The eleven parishes of Northeast Louisiana remain the most impoverished areas of the state and of the nation. The parishes, many of which reflect a traditional view of the Louisiana Delta, are East Carroll, Madison, Tensas, Franklin, Richland, Jackson, Caldwell, West Carroll, Morehouse, Union and Ouachita. Though possessing a population upward of 304,000—more than 50% of that population, along with the three major hospitals, resides within only one parish, while the balance of the total population resides within the remaining ten parishes.

The Healthcare Alliance is comprised of nearly forty hospitals, clinics, long term care facilities, skilled nursing facilities, and home healthcare organizations who together, in addition to providing critical needed healthcare to community members, provide nearly twenty percent of all jobs in the region.

For the Northeast region of Louisiana, these jobs are critical to the regional economy. For this reason, the healthcare industry in 2016 was identified through a joint process spearheaded by Workforce Development Boards 81 and 83 as a high priority sector. Using pages from the Next Gen sector partnership playbook, the Boards followed a process by which local education institutions, workforce, community and economic development organizations agreed to build a network of healthcare providers in the region that would partner together around the industry's need to stabilize and grow.

The Alliance was launched on August 3, 2016 by six healthcare system CEOs and Administrators in the region, each bringing their own top issues and opportunities for a potential partnership, but all equally messaging the need for a shared and sustained forum to tackle the industry's most pressing shared issues.

The purpose of the Healthcare Alliance established then remains the same today: To jointly create an agenda that supports the stability and growth of the healthcare industry, and a healthier community, in northeast Louisiana. To commit to coordinated action and implementation of shared, high priority areas by public and private sector partners. To create a forum for consistent, high-quality connections, networking, information and idea sharing.

Since its launch, the Healthcare Alliance has steadily increased in volume, influence and ability to design and implement projects and outcomes that keep the healthcare sector strong and increase access to jobs by people who live in the region. This is attributable to three factors: an ongoing strong business leadership group, the strong staffing and backbone support provided by Workforce Development Board 83, and the coordinated network built as a result of the Alliance among Workforce Development Board (WDB) 81, the University of Louisiana-Monroe, Louisiana Tech University, Louisiana Delta Community College, the Monroe Chamber of Commerce, the West Monroe Chamber of Commerce, a community-based training organization NOVA, and others. These partners were among the original organizations that agreed a new mechanism for partnering and engaging with critical industry was needed.

*Motivations for Launch: A Coordinated Approach for Regional Impact*

In early 2016, the State of Louisiana Department of Workforce Services, like many of its equivalents across the country, was pushing a sector-focused approach to workforce development strategies, motivated by a heavier emphasis in the re-authorized Workforce Innovation and Opportunity Act on “sector partnerships.” Each of the state’s workforce regions were offered the opportunity to receive a small U.S. Department of Labor National Emergency Grant for the purposes of contracting with a sector partnership expert.

The Next Gen Sector Partnership team was selected for this work, and Workforce Boards 81 and 83 took the opportunity as a chance to accomplish three linked objectives: first to significantly increase and sustain employer engagement; second to increase the credibility of the Workforce Boards in the region, both with the private sector and their public sector partners in education and economic development; and third to bring coherence to otherwise separate and low-impact engagement of the private sector by public sector partners, often referred to as the “death by a thousand cuts” scenario in the Next Gen world.

An additional driving factor was a larger Health Professions Opportunity Grant to WDB 83 from the Office of Children and Families, U.S. Department of Health and Human Services. This grant required healthcare employers to inform new and expanded training programs; the problem was a significant lack of engaged healthcare employers, especially beyond the limits of Monroe, the region’s largest town.

*Mechanisms for Change: Industry Voice and Leadership, Public Partner Support*

Terri Mitchell, Executive Director of WDB 83 and lead public partner convener of the Alliance admits that prior to the launch of the Alliance, she and business service unit staff, even with the best intents, did not actually listen to employers. They, she says, “never understood that employers are not just employers, they’re businesses, and they have three other things to get through before they can focus on talent.”

The most significant shift, according to Terri and active industry leadership, was therefore both positioning and expecting industry to lead from the center. The agreed-upon structure of the Alliance requires industry voice, leadership and investment of time into shared priorities before a coordinated network of workforce, education and economic development partners can wrap around those priorities with public resources.

Creating the pull by industry inserts a common focal point for public partners where one did not exist before. For the Alliance it required committed healthcare executives to persist and make time for shared priorities and investments, coalescing the right coalitions of willing healthcare organizations around the right issues at the right time. It also required public partners to fully

give space to the emerging business-to-business network forming, and to check their individual agendas at the door, despite initial skepticism.

For Jonathan Phillips (Director of Health Services, LaSalle Correctional, formerly Chief Operating Officer, Oschner LSU Health System Monroe Medical Center), long time industry leader in the Alliance, the fact that this was not a grant, an initiative, nor another ask brought to him by an agency or public partner, was the draw.

"From a hospital executive standpoint, I needed to know this was a long-term endeavor, that we were setting up a table that created space for a very competitive industry to name and tackle our big, shared pre-competitive issues together for the long haul. That's industry-driven, solution-oriented, and in the end it's about what we do right, by us and by our region and the people we need to serve." – Jonathan Phillips, (Director of Clinical Services, LaSalle Corrections, formerly Chief Operating Officer, Oschner LSU Health System Monroe Medical Center)

#### *Moments of Transformation: Identifying Barriers, Creating Solutions, Taking Action*

In its first year, the Alliance focused on a few critical shared issues, including: Identifying and acting on policy barriers that prevented healthcare providers from hiring qualified individuals to critical occupations (leading, for example, to new state legislation streamlining and removing costs for LPN license checks); An assessment and articulation of customer service skills needed in CNA trainings (leading to a new workforce training certificate program and a re-tooled community college CNA program); An inventory of bed space, special equipment and specialized nursing skills across regional hospitals in order to improve likelihood of safe and effective transfer of patients from overcapacity to under-capacity systems, resulting in a Hospital Resource Guide.

Each of these were spearheaded by industry executives, delegating expert staff within their systems when needed, but always keeping executives leading and co-investing their time. WDB 83 will admit at first the work of keeping the trains moving and on time from a staffing perspective felt overwhelming. Still, WDB 83 is quick to acknowledge an early turning point: the realization that this work is, in fact, the work a Workforce Board is intended and suited to do.

A critical additional factor of success within the first year was a shared and broad recognition that individual education, workforce and economic development partners were getting more out of this than if they had never joined. The access to a critical and invested cohort of healthcare providers would not otherwise be replicable. The vision of how each organization can and should plug in essential resources and expertise to projects that benefit their mission populations (low-income workers, students, businesses) was markedly clearer. The ease and agility with which public partners collaborated, as well as healthcare organizations with

competitors, was new and high value. These early moments of markedly different experiences as a result of launching the Alliance led to a series of additional wins in the coming years.

“There is no comparison. Sector Partnerships are hard work and time intensive. Having the vision, the model and training to help establish the foundation for this type of partnership has been invaluable. We see the fruits of our labor, recognition of Workforce Development Board 83 as a true asset to the business community, and improved credibility with leadership from our regional community partners.” – Terri Mitchell, Director, Workforce Development Board 83, Monroe, Louisiana

With the groundwork laid in the first year, the work of the Alliance continued in a cascade of industry-driven, community-supported initiatives and activities, including:

- The Policy and Regulatory committee positioning the Alliance as a go-to for Louisiana’s State Legislature on healthcare-related laws, triggered by hosting an annual Legislative Luncheon on top policy barriers, again focused on the ability to hire and advance qualified talent.
- The Education Committee significantly expanding a CNA certificate program that increases the time and rigor of classroom and clinical hours in order to more closely align healthcare provider skills and knowledge needs with graduating CNAs. This included a new Behavioral Health module that fills the void of severely lacking Behavioral Health techs in the region. This training demand increased at such a rate that providers now pay for Delta Community College to conduct the training at healthcare providers sites. Individuals who go through this training get guaranteed job interviews and job preferences among Alliance healthcare providers.
- The Acute Care Committee re-establishing a defunct Ambulance Advisory Committee, including securing Committee appointments, in order to initially tackle limitations on patient transfer between hospitals, and ultimately to add additional needed ambulance provider capacity to the region.
- A 2018 grant from the Blue Cross Blue Shield Foundation and Living Well Foundation to fund adjunct nurse faculty to teach nursing clinicals onsite at 12 regional healthcare facilities during non-peak/off-schedule times in order to avoid competing with nurse workdays. This grant directly responded to an Alliance focus on the extreme need for qualified nurses in the region and solved a problem of lack of experienced nurse preceptors due to under compensation. The project has increased the adjunct faculty pool by 15, including three adjunct faculty who have transitioned to fulltime. Up to 30 new nurses graduate per year as a result, totaling 114 additional RN students to-date.

- The Alliance was awarded a prestigious 2019 International Economic Development Council (IEDC) award for this work. An annual Nursing Symposium that offers Continuing Education credits at no cost to 70+ existing nurses to upskill in critical applied knowledge areas, including skills stations staffed by subject matter experts from healthcare providers and the region's 2- and 4-year colleges and universities. Criteria and qualifications align with the state's Nursing Board.
- Ongoing addition of new, in-demand occupational training programs in the region including Environmental Technicians, Medical Assistants and Behavioral Technicians. A patient-facing Acute Care Resource that helps patients and families navigate the complexities of transfers from acute care to nursing homes and skilled nursing facilities, building off the Year 1 work of inventorying skills and equipment across institutions.
- Influence and appointment of a rural Hospital physician to the Louisiana Board of Pharmacy, a State Board previously only represented by private sector retail pharmacies.

Beyond the sheer number of initiatives and projects that are spearheaded by the Alliance, three additional factors may best characterize it. First, scalability in a short time period. In its first year, most healthcare organizations remained on the sidelines, with only a half dozen leaders investing time. Today over 40 healthcare organizations participate, and could describe the Alliance and its outcomes to strangers.

Second, credibility, both of the Alliance itself as a go-to forum for anything healthcare related by public policy makers and education institutions, and of the Workforce Board as an effective broker of public-private partnerships.

Third, accelerated decision-making capacity by a collective and diverse group of stakeholders. "Nothing gets stale; it gets decided," according to Aimee Kane, Vice President, Business Development and Strategic Planning, St. Francis Medical Center. This took two years, she said, but is demonstrative of the true mobilization of a public-private network in the region that did not exist before.

It is often discussed in the national Community of Practice of Next Gen Sector Partnerships that the ultimate litmus test for partnership success is a sudden awareness that a partnership could not be shut down under any circumstances. In other words, no sudden pull of funding or lack of a grant, no turnover of a critical public or private sector leader, and in the context of 2020-21, no unprecedented global pandemic.

The Healthcare Alliance did not miss a beat during the COVID-19 crisis, but instead tightened the ship. The Alliance, true to form, became the go-to forum for provider-to-provider

networking about critical issues, including staff fears of coming to work and patients' fears of accessing healthcare services. A public service campaign launched, including a video and social media campaign that directly speaks to community members about the need to manage their chronic and acute health issues during the pandemic. Sharing promising practices and acting on the most pressing retention and recruitment issues of essential healthcare workers during shifting conditions and sudden loss of revenues came into sharp focus.

“Before we just all had the same issues; now we have single, shared solutions. The Alliance ignites otherwise separate organizations together. It requires pro-active collaboration and coordination. If the healthcare industry fails, our regional economy fails. We must thrive so that we have a regional economy that works for the people who live here, by keeping them healthy, educated and in good jobs.” – Aimee Kane (Vice President, Business Development and Strategic Planning), St. Francis Medical Center

*Major Ingredients for Success: Coalition Building and Collective Credit*

Two essential ingredients for success are the level and consistency of industry leadership coupled with the neutrality and effectiveness of the public partner convener, the WDB 83. Constant, transparent communication; exceptional work stream management; and a learned ability to broker relationships and mutual support by the WDB 83 are strong contributors to the success of the Alliance.

Public and private partners alike will cite a true spirit and practical adherence to coalition-building as a foundation for Alliance success. Industry executives are quick to note that “coalitions of the willing” are the key. Involvement around some issues may be small at first, but staying focused and persistent with the leadership that steps up on each project leads to momentum and scale.

Industry leaders at executive level positions step in and step up on the issues they see as pressing and requiring collective action. Despite being competitors in a healthcare market, they see themselves as coalitions of connected leadership on the shared issues that affect their businesses and impact the people and patient populations of Northeast Louisiana. So strong is the practice today of collective leadership, no credit by any single initiative or outcome goes to individual organizations, neither private or public; it goes to the Alliance.

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