

GOOD JOBS GOOD HEALTH:

Diversifying the Workforce through Policy and Practice



IASP Institute on Assets and Social Policy
The Heller School FOR SOCIAL POLICY AND MANAGEMENT
BRANDEIS UNIVERSITY

This issue brief is part of an ongoing series for the Healthcare Employer Research Initiative, a four-year partnership of the Institute on Assets and Social Policy (IASP) at the Heller School for Social Policy and Management at Brandeis University with the New Hampshire Office of Minority Health and Refugee Affairs, Health Profession Opportunity Project (HPOP). The goal of this initiative is to identify New Hampshire healthcare employer needs, challenges, and best practices for increasing diversity in the healthcare workforce. This final report summarizes key findings from this research and reflects contributions made over four years by multiple team members and partners.

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This report represents a compilation of the key findings from the Healthcare Employer Research Initiative. Summaries are drawn from the following reports.

Introduction

> *"As we have a more diverse workforce, we do have to be more mindful about how we integrate people into the workforce, how we celebrate diversity, and encourage respectful treatment..."*
>
> **- Employer**

New Hampshire's population is becoming increasingly diverse. Between 2000 and 2010, racial and ethnic minorities made up 50% of the state's population growth, and today 20% of the population in both Manchester and Nashua is from diverse backgrounds. This signifies that the state's future workforce will be increasingly diverse. Healthcare employers across the state are already seeing these changes in their patient populations and workforce and realizing that they will need to tap into a more diverse worker pool to fill necessary positions in the future.

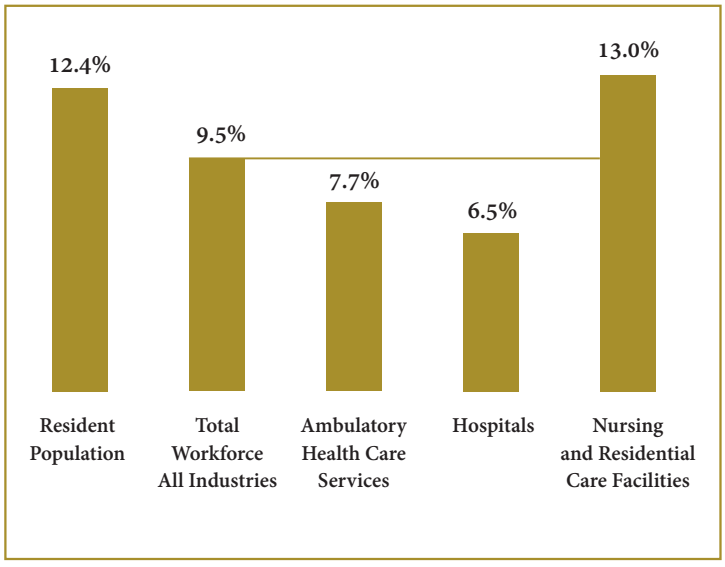
- In 2010, the median age in New Hampshire was 41 years of age, and the median age of the minority population was 27 years of age
- 30% of children living in Manchester today are members of a minority group

A diverse workforce in healthcare produces benefits for patient health outcomes, treatment adherence, safety, satisfaction, and quality of care. As a result, workforce diversity is a key strategy for healthcare organizations seeking to address longstanding health disparities, improve quality of care, and reduce costs.

- Minority women in New Hampshire are three times more likely than non-Hispanic white women to be diagnosed with cardiovascular disease
- The cancer-related death rate of black women in New Hampshire is almost twice as high as white women

Healthcare providers are taking steps to become culturally effective organizations in response to these trends. In New Hampshire today healthcare professionals of color are underrepresented in ambulatory health care and hospitals, and overrepresented in nursing and residential facilities compared to their participation in the workforce (see Figure 1). As described further in ***Missing Persons? Health Care Workforce Diversity in New Hampshire,*** it would be inaccurate to say that diverse professionals are "missing" in healthcare. A more accurate description of the problem is that diverse professionals are more likely to be working in lower-paying jobs and in workplace settings that offer fewer family-sustaining benefits and opportunities to advance.

Figure 1. Distribution of Racially and Ethnically Diverse Healthcare Professionals by Type of Workplace: Hillsborough County



Source: Quarterly Workforce Indicators (Average of Quarters 1-4 2012). Local Employment Dynamics Database. U.S. Census Bureau

Steps must be taken through policy and practice to reverse this trend and build a high quality workforce at all levels that fills high-demand jobs, ensuring a strong healthcare sector and the delivery of high quality care. Employers, educational institutions, workforce development programs, policymakers, and community leaders and residents all have a role to play in this effort. The critical role that employers play in workforce development is highlighted in ***Perspectives and Practices of New Hampshire Health Care Employers: Improving Quality, Reducing Costs, and Planning for the Future by Building Culturally Effective Health Care Organizations.***

This report represents a compilation of the key findings from the Healthcare Employer Research Initiative, a four-year partnership of the Institute on Assets and Social Policy at Brandeis University with the New Hampshire Office of Minority Health and Refugee Affairs Health Profession Opportunity Project. Findings are drawn from in-depth reviews of scholarly literature and publications from industry accrediting and standard-setting organizations; over 100 qualitative in-depth interviews with healthcare professionals, employers, and community partners; and ongoing participation in New Hampshire meetings related to workforce development and diversity. Findings were also presented publicly and vetted by key partners at different stages of the research process to ensure maximum input and applicability to the field.

When employers strive to develop a more diverse and inclusive workforce, it increases opportunity in the healthcare sector and is good for communities. Diversity also has positive impacts in the workplace. This research contributes to a mounting body of evidence demonstrating that workforce diversity and cultural competency improve quality care, patient satisfaction, and return on investment. Policies and practices designed to create culturally effective organizations also produce positive impacts for those who obtain jobs in health care: equity and access to good jobs is a key determinant of good health. Those with good jobs are more likely to experience good health themselves. Good jobs and good health are mutually reinforcing policy areas. This report provides an overview of five key areas of policy and practice that comprise a new and broader way of thinking about how to develop a quality healthcare workforce.

The Health Profession Opportunity Project (HPOP) was a five-year federally-funded workforce development program designed to train and place low-income individuals in high-demand healthcare jobs, which was implemented by the New Hampshire Office of Minority Health and Refugee Affairs in partnership with Ascentria Care Alliance and other partners from 2010-2015. HPOP supported 1,051 low-income individuals to pursue health occupation training, of which 845 completed training in health careers, and 782 attained employment, with 692 employed in healthcare. In addition, HPOP had an intentional focus on workforce diversity with 28% of participants being from racial, ethnic, and language minority populations. HPOP developed a network of employers, educational institutions, government entities, professional organizations, and others who now have a shared perspective on Workforce Diversity in New Hampshire.

Policy Area 1: Building Culturally Effective Organizations

What is it?

This policy area focuses on organizational policies and practices that healthcare organizations can implement to become culturally effective and keep pace with a diversifying patient population and workforce. For more information see: ***Culturally Effective Healthcare Organizations: A Framework for Success*** http://iasp.brandeis.edu/pdfs/2015/CE.pdf

Why does it matter?

The policies and practices summarized here have the potential to improve quality, enhance patient safety and satisfaction, and reduce health disparities. Culturally effective organizations also gain a competitive edge in the marketplace because these practices enable them to meet legal, regulatory, and accreditation mandates and cultivate a stable and engaged workforce.

How does it work?

The ***Healthcare Employer Research Initiative*** created a crosswalk of recommendations established by healthcare industry accrediting and standard-setting organizations, subject matter experts, and the National CLAS Standards, resulting in the following framework.

1. ***Leadership*** – Executive leadership and boards of directors formally model the organization's commitment by including consideration of cultural effectiveness in the strategic planning process and overall organizational expectations and practices. Leadership is responsible for guiding the organization to address biases and overcome resistance to change.

2. ***Institutional Policies and Procedures*** – Healthcare organizations take a systematic approach to formalizing their commitment to cultural effectiveness by articulating their vision through written goals, policies, procedures, and practices.

3. ***Data Collection and Analysis*** – Data related to cultural effectiveness and workforce diversity informs strategic planning and tailors service delivery to meet community needs. Data is also used to identify treatment variations and differences in patient outcomes and satisfaction across groups, and to monitor the impact of cultural effectiveness-related policies and activities on health equity and outcomes.

4. ***Community Engagement*** – Organizations are more effective when they engage the community in a two-way process to learn, communicate, and share knowledge. This requires establishing relationships that position the community as an active partner in organizational decision making, such as participation in developing and interpreting community health needs assessments, serving on boards, or advising the development of strategic plans.

Figure 2: Framework for a Culturally Effective Organization

5. ***Language and Communication Access*** – Effective communication is essential to the provision of quality and culturally competent care. Several federal civil rights laws require communication assistance: Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and Section 504 of the Rehabilitation Act of 1973. In response, organizations are establishing policies and systems to identify and track patients' communication access needs, including preferred language, and to provide appropriate interpretation, translation, and communication assistance services.

6. ***Staff Cultural Competence*** – Healthcare organizations implement a range of practices to ensure that patients from all racial and ethnic backgrounds receive optimal patient care. To meet accreditation standards, healthcare organizations are integrating patient preferences into care delivery and supporting these changes with organizational policies and procedures that enable staff members to fulfill these expectations. The cultural competence of all staff requires continuous learning and professional development.

7. ***Workforce Diversity and Inclusion*** – The nation is increasingly becoming more diverse, and this diversity is reflected in the patient population and the workforce. However, racial and ethnic minority groups are underrepresented in health occupations and workplace settings that pay well and offer opportunities for advancement. Meanwhile, nursing and residential care facilities are increasingly recruiting and employing professionals from diverse backgrounds and seeking ways to nurture increased multiculturalism among patients and staff. Healthcare organizations can address underrepresentation by diversifying their workforce and introducing practices to ensure that employees from all backgrounds have the opportunity to contribute meaningfully to the workplace.

Policy Area 2: Diverse Workforce Training, Recruitment, Retention, and Advancement

What is it?

This policy area emphasizes the need for workforce development leaders, higher education institutions, and employers to work together to actively build supports and implement new strategies to ensure success for diverse health professionals at different stages of the workforce pipeline. Building and opening pathways for diverse professionals to enter and advance in the workforce will result in strengthened pathways for all and overall growth in the pool of high quality healthcare professionals. For more information see: ***Strengthening New Hampshire's Health Care Workforce: Strategies for Employers and Workforce Development Leaders:*** https://iasp.brandeis.edu/pdfs/2014/Workforce.pdf

Why does it matter?

A quality healthcare workforce is vital to the well-being of New Hampshire's economy and the state's aging population. In coming years, the success of hospitals, community health centers, nursing homes, and other healthcare organizations will depend largely on their ability to hire and retain skilled employees who will deliver quality care to all. To ensure success, healthcare providers will be looking to hire and retain well-trained, culturally competent, and diverse professionals for two primary reasons: the patient population is diversifying, and health care organizations are increasingly ranked and funded according to quality and equity measures. This requires new approaches to workforce training that take into consideration the provision of critical supports that aspiring professionals need to advance in their careers.

How does it work?

Based on over 50 qualitative interviews with healthcare leaders, health professionals, job developers, and community leaders, the ***Healthcare Employer Research Initiative*** identified four main strategies with potential to strengthen the healthcare workforce:

1. ***Build Cutting-Edge Workplace Skills and Knowledge*** – Update skills and competencies to meet the health sector's changing needs.

2. ***Integrate Workplace Experience and Environmental Preparation*** – Prepare students to enter the field with experience to obtain and succeed in new careers.

3. ***Structure Inter- and Intra-Organizational Career Advancement*** – Form clear career pathways within and across organizations.

4. ***Create and Sustain Multi-level Professional Development*** – Keep the existing workforce at all levels engaged in new learning and skill expansion.

Four Strategies to Strengthen the Healthcare Workforce	
Strategies	**Key Stakeholder Roles**
Pipeline Phase I: Student	
Offer multi-skill training	Educators
Design courses to closely match the workplace environment	Employers, Employees, and Educators
Offer opportunities for workplace environment skill building throughout all courses	Educators
Integrate cultural competency training throughout all courses and require for graduation	Educators and Community Experts
Fund the development of internships in health care to increase workplace experience	Educators, Employers, and Government
Pipeline Phase II: New Hire	
Revise job descriptions to demonstrate value of diversity, language, and cultural competency	Employers, Employees, and Patients
Build in a trial period for new employees with limited experience	Employers
Provide orientation which includes workplace policies, cultural competency, and an understanding of the role of the Human Resources department	Employers
Discuss employees' career goals and share resources for advancement within the organization or beyond	Employees and Supervisors
Review potential skill gaps and create a plan for ongoing education and training	Employees and Supervisors
Pipeline Phase III: Incumbent Worker	
Require, offer, and share resources for professional development for professionals at all levels of the organization	Educators and Employers
Require and offer ongoing cultural competency training	Educators and Employers
Revisit workers' career goals and share resources for advancement within the organization or beyond	Employees and Supervisors
Review potential skill gaps and create a plan for ongoing training which matches the needs of the job	Employees and Supervisors
Identify funding to support individual advancement	Employers, Educators, and Government
Pipeline Phase IV: Health Care Administrator and Leader	
Partner to determine current and future workforce needs and opportunities	Employers, Employees, and Labor Market Experts
Design new models of career advancement including those that pool resources and span organizational boundaries	Employers, Educators, and Funders
Set standards and policies regarding cultural competence at the individual and organizational levels	Educators, Employers, Community Experts, Professional Associations, Policymakers

Policy Area 3: Network Development

What is it?

This policy area highlights the role that personal and professional networks play in career development. In addition to the traditional focus on increasing human capital, workforce development programs and partners can play a key role in the development of social capital for aspiring health professionals who may not already have rich networks that link them with information, resources, social support, and job opportunities. For more information see: ***The Networked Workforce: Maximizing Potential in Health Careers:*** https://iasp.brandeis.edu/pdfs/2015/Networked.pdf

Why does it matter?

In an equitable labor market that maximizes the potential of all workers, we would expect the proportion of diverse workers in different workplace settings to roughly mirror the proportion of diverse workers in the labor force as a whole. However, this is not the case. Health professionals of color are more commonly found in occupations and workplace settings that pay less and provide fewer advancement opportunities. There are many factors that drive these patterns, including employment discrimination. Yet this research suggests a more subtle form of racial inequality at work. Some individuals and groups of people enter the labor market with strong networks that can link them to opportunity, while others must work to intentionally establish, build, and maintain these networks to produce the same level of opportunity. When people pass opportunities to their contacts, and institutions reinforce these patterns, networks may unintentionally play a role in creating and perpetuating racial inequalities in the workforce. The good news is that networks can also play a role in reversing them.

How does it work?

Fifty qualitative interviews with white health professionals and health professionals of color revealed the following patterns. Figure 3 illustrates how an aspiring healthcare professional links to critical career resources by attending programs or going through institutions such as workforce programs, educational and training programs, or on the job. These resources result in jobs or advancement opportunities over the course of their career, and this picture represents the common story told in our society about how people get ahead—the person went to school, gained an education, accessed resources, and found a job. Figure 4 is a more realistic picture of the various ways in which people access opportunity over the course of their careers. Relationships with key individuals in key positions commonly result in access to opportunities that are not equally accessible to those without key contacts. This person went through the same institutions and programs, but had the additional advantage of being offered information, resources, support, and job opportunities by their high-quality network ties. These network advantages are largely invisible yet are key factors shaping health professionals' career paths. The quality of networks differs for white professionals and professionals of color over the life course, and these interpersonal and institutional network patterns create unearned advantages or unexpected barriers to advancement in a range of career settings, reproducing inequalities and impacting the diversity of the workforce.

Figure 3. How Institutional and Programmatic Networks Create Opportunity

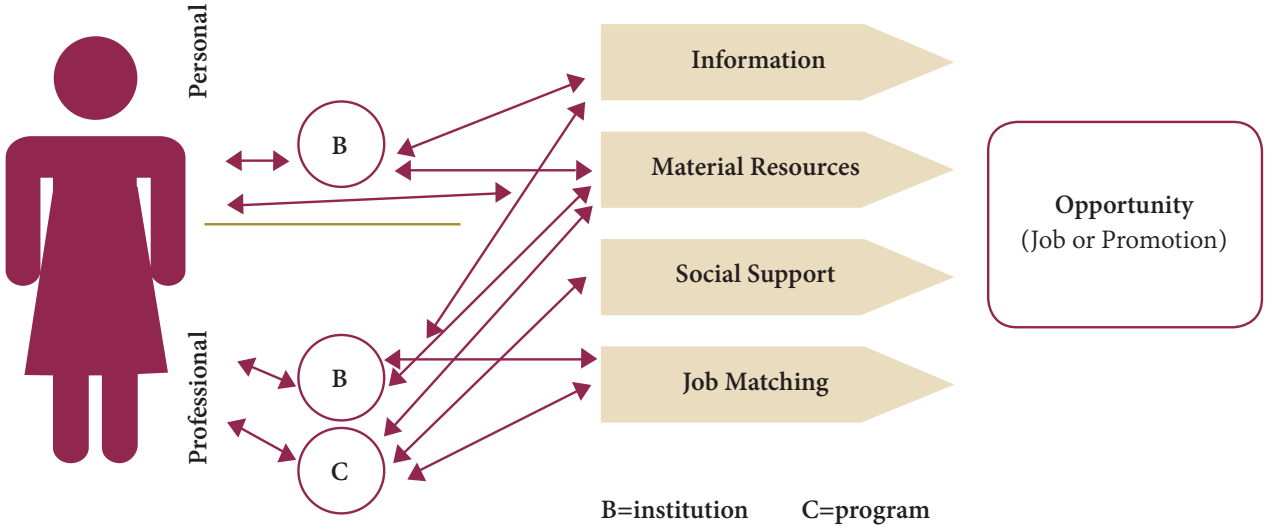
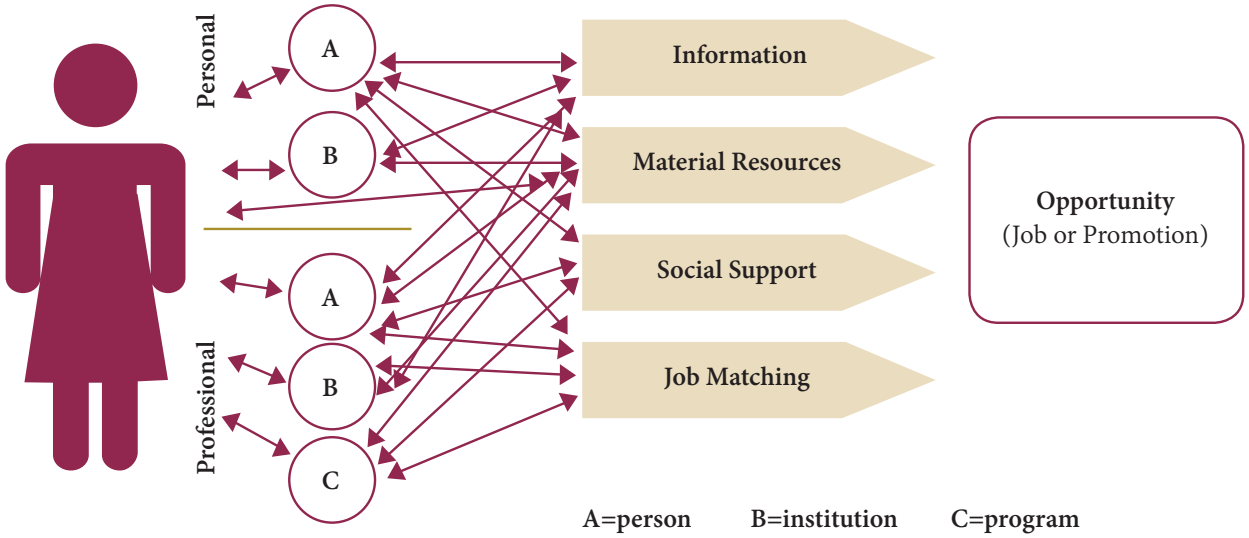


Figure 4. The Additional Advantage of Personal Networks for Opportunity



Policy Area 4: Improving Quality and Performance

What is it?

This policy area responds to the increased emphasis on quality and cost-containment and the pressure that healthcare organizations face to measure performance. A wide variety of resources and tools is available for those looking to measure progress toward increased workforce diversity and cultural competence. Specific indicators and approaches that tie service, quality, and outcomes to the implementation of organizational strategies to improve workforce diversity and inclusion and cultural competence are available in: ***Improving Quality and Performance: Cultural Competence and Workforce Diversity Strategies:*** http://iasp.brandeis.edu/pdfs/2015/improvingquality.pdf

Why does it matter?

High performance in the areas of staff cultural competence and workforce diversity and inclusion can result in an enhanced bottom line linked to patient satisfaction-based performance incentives. Increased workforce diversity and cultural competence can lower costs as a result of increased employee retention, more efficient use of interpreter services, and a reduction in unnecessary care and avoidable readmissions that can occur when communication and cultural understanding improve. Research shows that employing a workforce that reflects the cultural, ethnic, and linguistic diversity of the community an organization serves while simultaneously achieving cultural competence benchmarks can have multiple benefits. These benefits can include a reduction in length-of-stay and avoidable readmissions, an increase in treatment adherence, improved patient satisfaction ratings, more appropriate service utilization patterns, and enhanced operating efficiencies.

How does it work?

High-quality data is critical to ensuring the validity of the impact assessment of cultural competence and workforce diversity interventions undertaken and can be seen as such by those outside the organization. Performance assessment during and after the implementation of cultural competence and workforce diversity strategies should be part of any planned effort. Interviews with key researchers in the field as well as a review of the literature led to the following lessons for healthcare organizations seeking to advance in this area:

1. ***Conceptualize Performance Assessment*** by identifying the level within the organization to be impacted, delineating the desired change, and including diverse representation in the planning and implementation.

2. ***Ensure Quality of Data*** by collecting quantitative and qualitative baseline data for future comparisons and having the ability to periodically assess documented outcomes by diverse population groups.

3. ***Facilitate Data Collection and Access*** using multiple methods to ensure broad participation among diverse groups based on updated records of race, ethnicity, and language and the capacity to reach people in multiple languages.

4. ***Involve Leadership*** throughout the process by providing managers with the rationale for conducting the assessment and an understanding of how the results of the study will facilitate organizational growth and change at every level.

Selected Evaluation Research Options

Type of Assessment	Unit of Measure	Possible Measures	Primary Audience
Patient satisfaction	Individual	Number of patient and family complaints, satisfaction with quality of care received, self-reported patient understanding of discharge instructions, and satisfaction with interpreter services (if used)	Leadership, clinical staff, Patient and Family Advisory Council, and community leaders
Patient and staff demographics	Individual	Patient and staff member race, gender, age, primary language spoken, etc.	Leadership, clinical staff, and human resources (for analysis of workforce diversity)
Patient health outcomes (to identify treatment variation)	Individual	Quantitative clinical health outcomes (e.g., post-discharge BP or A1c, mortality rates, nosocomial infection rates) and patient-reported outcomes (e.g., incidence of problems performing ADL)	Leadership and clinical staff
Community needs	Catchment area	Environmental scan of services already in existence, analysis of services needed, trends in community demographics, etc.	Leadership, Patient and Family Advisory Council, and community members
Operations	Organization	Cultural appropriateness of meal selections, signage, patient education materials, and legal documents (complexity and language interpretation)	Leadership, Patient and Family Advisory Council, and legal counsel
Staff cultural competence	Organization and individual	Knowledge, attitude change, and evidence of behavior change (e.g., chart review)	Leadership, human resources, and community leaders
Staffing	Organization	Staff diversity, retention rates, and grievance rates stratified by demographic group	Leadership and human resources

Policy Area 5: Patient and Family Engagement

What is it?

In recent years, hospitals across the United States have pursued patient and family engagement strategies to improve satisfaction and quality of care. One of the leading engagement strategies is to develop Patient and Family Advisory Councils (PFACs), vetted groups of current and former patients and families who collaborate with a hospital's administrative and clinical staff to address pressing challenges confronting the organization. New Hampshire hospitals are finding that listening to patients in this structured way can offer a pathway to meaningful organizational improvement. For more information see: ***Patient and Family Advisory Councils: A Conduit for Culturally Effective Patient-Centered Care*** http://iasp.brandeis.edu/pdfs/2016/PFAC.pdf

Why does it matter?

As New Hampshire's population becomes increasingly diverse, it will be important for the state's hospitals to reflect this diversity in Patient and Family Advisory Councils (PFACs).

Engaging diverse patient and family advisors benefits organizations in several ways:

- Hospitals learn about the often very different ways in which patients and families view and experience health and healthcare delivery systems.
- Individuals from populations most likely to experience health disparities provide insight into barriers to receiving quality care so that hospitals can remove these barriers.
- Patients, families, and providers utilize the knowledge gained to co-develop culturally-appropriate strategies that more effectively engage patients in their own care.

How does it work?

The ***Healthcare Employer Research Initiative*** drew on knowledge of workforce diversity strategies to identify four steps that hospitals can take to develop a diverse PFAC:

1. ***Collect data on the composition of the patient population, workforce, and PFAC.*** Healthcare organizations are increasingly required to monitor health outcomes and measure their progress towards reducing health disparities. By consistently collecting and analyzing patient and community race, ethnicity, and language data, hospitals can assess the extent to which their PFAC is reflective of the community served, and whether the organization needs to make adjustments.

2. ***Employ a multi-pronged approach to recruitment.*** Without explicit attention to diversity, New Hampshire hospitals can end up with homogeneous representation on their PFACs by recruiting through established networks. To identify and recruit new PFAC candidates, hospitals must use alternative recruitment methods to gain access to populations that are less engaged with the health system.

3. ***Demonstrate commitment to diverse communities through messaging.*** In the healthcare sector, reputation matters. Word of mouth, or messages transmitted through informal networks, remains the primary source of physician referrals. These messages can also impact an organization's reputation in the community. A hospital's commitment to diversity and equity, including its commitment to recruiting diverse PFAC members, can positively impact these communications.

4. ***Encourage PFAC members to contribute to meaningful organizational change.*** Effective PFAC meetings facilitate a two-way educational exchange between hospital staff and patients/community members. This engagement results in knowledge that is subsequently incorporated into organizational policies and procedures, resulting in care that is more culturally aware.

In 2008, Massachusetts became the first and only state to require PFACs in hospitals when it enacted a law requiring the establishment of PFACs in every acute care and rehabilitation hospital in the state. In 2014, five New Hampshire hospitals had established PFACs. The number grew to 17 hospitals by the end of 2015.

Text of Massachusetts PFAC Law

"The department shall promulgate regulations for the establishment of a patient and family advisory council at each hospital in the commonwealth. The council shall advise the hospital on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives and patient education on safety and quality matters. Members of a council may act as reviewers of publicly reported quality information, members of task forces, members of awards committees for patient safety activities, members of advisory boards, participants on search committees and in the hiring of new staff, and may act as co-trainers for clinical and nonclinical staff, in-service programs, and health professional trainees or as participants in reward and recognition programs."

Source: M.G.L. c111 § 53E (enacted in Massachusetts, 2008).
Enforced by Massachusetts Department of Public Health, Hospital Licensure Regulation 105 CMR 130.1800 & 1801.

Notable PFAC Activities

- Training to improve patient and family understanding of the informed consent process.
- Driving organization-wide adoption of "golden behaviors" to improve staff-patient interactions
- Developing language-specific PFAC meetings that revealed patient concerns that may never otherwise have surfaced.

Source:
Health Care For All. (2014). *PFAC 2014: A review of 2013 Massachusetts Patient & Family Advisory Council reports.* Boston: Author. Retrieved from http://www.ipfcc.org/advance/topics/Review-of-PFAC-2013-Reports.pdf

Moving Forward

It is time for New Hampshire to embrace a systemic, multi-stakeholder, data-driven approach to workforce development. The state's low unemployment rate of 3.6% is a testament to the overall strength of the economy and should be a source of pride for New Hampshire; however, the real employment picture is more complicated. Governmental measures of labor underutilization suggest that between 9-10% of the state's labor force could benefit from employment assistance, either to obtain a job or to upgrade from part-time to full-time work. Due to changes in the structure of the economy, there are fewer options for today's entry-level workers to obtain full-time work with benefits than there were in previous generations. Two-thirds of the jobs created in New Hampshire since the recession pay below average wages which do not enable working adults to achieve economic stability and security. Meanwhile, certain populations – youth, minorities, those living in rural areas, homeless individuals, and older workers – face higher unemployment rates and greater challenges securing quality jobs.

Why should New Hampshire invest in and support its workforce, paying particular attention to the groups that fall through the cracks?

- ***We need a skilled, quality workforce.*** The time is now. By 2032, New Hampshire will have the highest percentage of 65-74 year-olds in the nation. The state will continue to need skilled healthcare professionals to fill a growing set of jobs to provide care for our elders. At the same time, the population growth rate is falling. This means that if New Hampshire does not invest in its current workforce, there will not be enough people to fill critical jobs in the near future. The only reason the state hasn't reached that point already is because every year a small but steady number of families move to New Hampshire from other states and countries and fill critical gaps, in both low- and high-skilled jobs. This small trend of in-migration will not be sufficient to meet our future healthcare workforce needs, which means we must invest in building our workforce from the ground up.

- ***Our health depends on it.*** In addition to having a low unemployment rate, New Hampshire is consistently ranked in the top 10 healthiest states in the nation. But this ranking masks health disparities by race, socio-economic status, and locale. In Manchester and Nashua, where 20% of the population is from a racial or ethnic minority background, healthcare employers are seeking to reduce health disparities and improve the quality of care. Employing a diverse workforce is a win-win because it leads to improved and better quality jobs for all. These improvements will raise the level of health and well-being for the state as a whole. Good jobs lead to good health, and vice versa.

- ***Workforce development is not a passive process.*** New Hampshire needs active, local strategies to grow the workforce from the ground up. This includes approaches that engage youth —the workforce of our future. As the state diversifies, (30% of children in Manchester are racially or ethnically diverse and 12% of children statewide have at least one parent who is an immigrant), employers and educators will increasingly need to become culturally effective and adapt to ensure that all students and workers are reaching their potential so the state can ensure its economic future.

Key Lessons Learned from the Healthcare Employer Research Initiative

The healthcare sector is well positioned to lead the charge in developing a more diverse, productive, and sustainable workforce in tandem with more inclusive, adaptable, and culturally-effective workplaces. The following key lessons may be applicable to other sectors or geographic regions seeking to engage all members of society in productive, meaningful, and quality work.

- ***Focus on marginalized populations.*** When it comes to education, training, and employment counseling, one size does not fit all. Data-driven approaches to workforce development identify populations currently excluded from opportunity and tailor services to engage them in appropriate ways, expanding opportunity.

- ***Critical workforce supports.*** A person-centered approach to workforce development includes offering critical workforce supports to healthcare professionals before, during, and after training to ensure their long-term success and self-sufficiency.

- ***Long-term career development.*** People must be trained for jobs that exist right now and for which there will be increased demand in the future. However, more explicit and local development of inter-organizational career ladders should accompany job placement so that advancement opportunities are more readily available to all entry-level professionals.

- ***Organizational change.*** The responsibility for developing a more diverse workforce is shared between the workforce and the workplace. Organizations can take internal steps to become more culturally effective and create a welcoming environment. Effective workforce development must be accompanied by intentional, well-planned efforts by employers to recruit, retain, and advance individuals from racial, ethnic, and language minority groups.

- ***Multi-sector collaboration.*** It is not enough to enhance or supplement the workforce training system and expect that low-income individuals will acquire the human capital they need to succeed in the labor market. System-wide workforce development goes beyond supply and demand and requires careful collaboration between the following partners: 1) healthcare employers and business representatives; 2) educational institutions, workforce development leaders, and professional associations; 3) community members, healthcare professionals, and those committed to health equity; 4) government; and 5) philanthropy.

> ***"How do we as leaders, and how do my managers and my supervisors, and my team leads, how do we work collectively to make this person successful? Because we are all making an investment. All of us."***
>
> **- Employer**

This report was produced by the Institute on Assets and Social Policy (IASP) at Brandeis University in partnership with the Health Profession Opportunity Project (HPOP), New Hampshire Office of Minority Health and Refugee Affairs (OMHRA). The Healthcare Employer Research Initiative is funded through the University Partnership Research Grants for the Health Profession Opportunity Grants (HPOG) Program under the Affordable Care Act (ACA), Grant # 90PH0021, an initiative of the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

This is the final publication in the Healthcare Employer Research Initiative series.
Other publications include:

- Perspectives and Practices of New Hampshire Health Care Employers: Improving Quality, Reducing Costs, and Planning for the Future by Building Culturally Effective Health Care Organizations (November 2013). http://iasp.brandeis.edu/pdfs/2013/Perspectives_Practices.pdf
- Missing Persons? Health Care Workforce Diversity in New Hampshire (March 2014). http://iasp.brandeis.edu/pdfs/2014/missing.pdf
- Strengthening New Hampshire's Health Care Workforce: Strategies for Employers and Workforce Development Leaders (December 2014). http://iasp.brandeis.edu/pdfs/2014/Workforce.pdf
- Culturally Effective Healthcare Organizations: A Framework for Success (April 2015). https://iasp.brandeis.edu/pdfs/2015/CE.pdf
- The Networked Workforce: Maximizing Potential in Health Careers (August 2015). https://iasp.brandeis.edu/pdfs/2015/Networked.pdf
- Improving Quality and Performance: Cultural Competence and Workforce Diversity Strategies (January 2016). http://iasp.brandeis.edu/pdfs/2015/improvingquality.pdf
- Patient and Family Advisory Councils: Advancing Culturally Effective Patient-Centered Care (February 2016). http://iasp.brandeis.edu/pdfs/2016/PFAC.pdf

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