

# Collective impact partnership models help close health care workforce gap

October 30 2020

---



Credit: CC0 Public Domain

Currently, approximately 1.6 million Virginians live in primary care shortage areas and 2.2 million in mental health care shortage areas (Kaiser Family Foundation, 2019), yet only three percent of Virginia's

high school career and technical education courses are in the health sciences. As the Commonwealth's population grows and ages and demand for care rises, finding effective models for expanding the pipeline of certified health workers is increasingly urgent.

New research published in the *VASCD Journal*, *A Case Study in Growing the Health Workforce Pipeline in Virginia*, seeks to address these critical shortages in Virginia's [health](#) care workforce by evaluating collective impact partnership models in Career and Technical Education (CTE) for secondary and postsecondary educators and health care providers. The research was led by Tammie Jones, research manager and Ph.D. candidate in the Department of Health Administration and Policy at the George Mason University College of Health and Human Services.

CTE plays a key role in providing young people with industry-certified technical skills that meet labor market needs. However, there is little empirical evidence about what models of partnership exists and what factors help communities succeed.

Jones and Dr. P.J. Maddox, professor and department chair, evaluated the Claude Moore Scholars technical education and training [program model](#) to identify what training, education, and collaboration practices have been most effective in bringing secondary and postsecondary students into the health workforce. The study explored questions such as how are programs leveraging assets and resources, such as qualified instructors and clinical lab space, of health care providers and public schools to establish effective health sciences training and education programs in K-12 and postsecondary institutions and what factors were effective in developing communities of practice?

"The study seeks to inform the future approach to health workforce planning and development and serve as a model to align existing programs to form a collective approach for the state," says Jones.

The program evaluation shows that the partnership models used by the Claude Moore Scholars initiative stimulate growth in Virginia's health workforce pipeline in three important ways: 1) building effective community partnerships between K-12 school systems, community colleges, and health care providers/employers, 2) expanding delivery of [health sciences](#) training and education programs in K-12 and postsecondary institutions, and 3) providing resources and support to educators and students in the form of communities of practice.

"Our analysis shows that for the plan to succeed, each of the parties took on very specific yet complementary responsibilities. Alignment between the educators and employers' needs is critical to ensure a smooth transition from the classroom to the workplace," says Jones who evaluated the practices of the Claude Moore Scholars programs in 23 school districts, five higher education institutions, and numerous employers in Virginia.

Evaluation of technical education programs across Virginia identified three models for Scholars program collaborations with communities to address these gaps in local health workforce: the public school systems-led approach; the community college-led model; and the emerging employer-led model. The commonality in the models is how partnering communities work together to identify the high-demand health occupations and then work together to resource and implement training and [education](#) programs.

Jones underscores that the Scholars program is successful in developing collaborative partnerships that identify community needs, particularly the needs of the employers that provide health services to those in the community. The paper provides examples of how collective impact partnerships can successfully address the largest barriers to CTE: adequate clinical lab space, qualified teachers, and clinical sites for experiential learning.

Provided by George Mason University

Citation: Collective impact partnership models help close health care workforce gap (2020, October 30) retrieved 12 May 2024 from <https://medicalxpress.com/news/2020-10-impact-partnership-health-workforce-gap.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.