

## GRANTWATCH

## Foundation Funding To Educate, Train, And Expand The Health Professions Workforce

With implementation of the Affordable Care Act moving forward, one of the major challenges confronting US health care is determining how many health professionals will be needed, especially in primary care, to treat those who will be newly insured in 2014. Separately, as has been well documented by the **John A. Hartford Foundation** and others, millions of baby boomers are reaching their sixties, and many will need care by professionals well versed in geriatric care.

The Department of Health and Human Services awarded \$58.7 million in grants to bolster the US health care workforce, according to an August 2012 press release. This total included more than \$30 million for nurse workforce development and \$4 million for training and educating people who provide care to the elderly.

Earlier in 2012 the National Health Service Corps, which provides resources to help repay the student loans of medical and other providers who agree to practice in areas of the United States that have limited access to health care, awarded \$9.1 million to a group of fourth-year medical students. The students have chosen a career in primary care and have committed to practice in a health professional shortage area. The Affordable Care Act made possible this pilot, called Students to Service Loan Repayment Program.

Following is a small sampling of what foundations are funding to help meet various needs related to the health professions workforce.

## Shortages Of Health Professionals: How Real?

In November 2012 the Alliance for Health Reform, a nonpartisan health policy education group, released a package of tool kits, funded by the **Robert Wood Johnson Foundation**, on current or future shortages of four categories of health professionals: health information technology staffers, physicians, nurses, and direct care workers. For example, the alliance says that recent reports have found that the shortage of qualified health information technology staffers is becoming a bigger impediment than are costs for implementing technologies, such as electronic health records.

In October 2012 the **Missouri Foundation for Health** released a short documentary film titled *Grow Your Own: Addressing Missouri's Health Care Workforce Shortage*. The film, part of the funder's MFH Reel Change series, discusses how to find local and statewide solutions to this problem and gives examples of "people and communities creating positive change," the foundation says.

## Primary Care Shortage?

Despite predictions of a major shortage of primary care physicians, much analysis indicates a maldistribution and inefficient use of primary care professionals. According to a 2011 **Robert Wood Johnson Foundation** Synthesis Project report, a key workforce challenge is a paucity of primary care providers in rural, inner-city, and other shortage areas. In an August 2, 2012, *Health Affairs Blog* post, which cites a **Blue Shield of California Foundation** survey, Rushika Fernandopulle of Iora Health suggests that instead of more primary care professionals,

the United States needs "a fundamentally new approach" to providing such care. Technology, as well as the use of health care teams to deliver care, could help, he says.

And, in this issue of *Health Affairs*, Linda Green of Columbia University and coauthors argue that the combination of physicians working in teams, improved information technology, and the expanded use of nonphysician health care providers could offset the increase in demand for physician services in the next ten years and avert a primary care physician shortage altogether.

In 2012 the **Duke Endowment** approved a three-year, \$668,534 grant to the South Carolina Area Health Education Consortium, in Charleston, with the aim of increasing the primary care workforce in the state by focusing efforts on students enrolled in the schools of medicine, schools of nursing, and physician assistant programs at the Medical University of South Carolina and the University of South Carolina. The endowment's funding will be used to establish the Institute for Primary Care Education and Practice, which will use interprofessional education and training as its basis. Students from more than one health profession will learn together.

The project will also recruit and train community-based "preceptors"—that is, physicians who incorporate an interprofessional model in their practices. The Practice Partner Research Network will train these practitioners in twenty practices to work on interprofessional teams and "to provide practice environments for [selected] students that will mirror the way that health care is envisioned to be delivered in the future," according to endowment materials. The two universities are providing in-kind funding for the project.

## Education And Training

The **Josiah Macy Jr. Foundation's** aim is "to foster innovation in health professional education and

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to align the education of health professionals with contemporary health needs and a changing health care system.” This national funder supports a number of efforts, including the Macy Faculty Scholars program, which provides two years of salary support (\$100,000 per year) for five midcareer faculty leaders who are “educational innovators” in medicine or nursing, Macy’s website says. The goal is to accelerate necessary reforms in education to address “dramatic changes occurring in medical practice and health care delivery.”

Demonstrating to health care professionals how to learn and work together as a team, and encouraging them to do so, is one of the Macy Foundation’s funding priorities. For example, in May 2012 Macy awarded a \$201,270 grant to the Southeast Consortium for Interprofessional Education. This funding will be used by five universities in the region, led by the University of Kentucky, to develop an interprofessional education program combining online learning with face-to-face instruction for medical, nursing, pharmacy, and other health professions students. The program will use resources from the collaborative’s partners to develop core competencies leading to curricula on care transitions and patient safety.

Macy also awarded funding in June 2011 to the Association of American Medical Colleges to define medical school competencies for treating lesbian, gay, transgender, and intersex patients who confront “documented health care disparities” resulting from bias and social stigma as well as restricted access to services, and to establish core components of a curriculum to train students in these competencies.

The **Bingham Program**, a charitable endowment with a major focus on improving delivery of health services in Maine, has awarded a one-year, \$19,894 grant to the Interprofessional Education Collaborative at the University of New England. The university educates the greatest number of health professionals in the state. The grantee is using the funding to create the first of up to five interactive online modules for teaching students in its twelve graduate health professions

programs as well as new faculty. The first module is an introduction to the many roles and responsibilities of the various health care professions.

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## Graduate Medical Education

The Institute of Medicine is conducting a study of the financing and governance of graduate medical education. The study will focus on the training of physicians in the United States. The **Macy, California HealthCare, Robert Wood Johnson, ABIM, Jewish Healthcare, Aetna, and East Bay Community Foundations**, as well as the **Missouri Foundation for Health, Commonwealth Fund**, and others are funding the study. **Gail Wilensky** of Project HOPE and Don Berwick cochair the study committee. Berwick is the former administrator of the Centers for Medicare and Medicaid Services. Wilensky held that same post when the agency was named the Health Care Financing Administration, under President George H.W. Bush. Octavio Martinez, executive director of the **Hogg Foundation for Mental Health**, serves on the Institute of Medicine panel. The institute’s report should be issued by early 2014.

The **Edmond de Rothschild Foundations**, with offices in Paris, Geneva, and New York City, have awarded \$250,000 to date to the Tanenbaum Center for Interreligious Understanding for an initiative to improve health care for patients from diverse cultural and religious backgrounds. When health care providers disregard the health-related religious beliefs and practices of their patients, care and health outcomes can be affected, according to a center press release.

Thus, the grantee is using this funding to pioneer “a curriculum on religious-cultural competency for medical residents.” It will partner with Maria Fareri Children’s Hospital at Westchester Medical Center, Valhalla, New York. The initiative is expected to result in a replicable educational model of how to train residents, medical

students, and nurses around the United States in this competency. The Tanenbaum Center describes itself as “a secular, nonsectarian organization that promotes mutual respect with practical programs that bridge religious difference and combat prejudice” in health care and other settings.

In April 2012 **St. Luke’s Health Initiatives**, a public foundation in Phoenix, Arizona, along with its partners, the Arizona Chamber Foundation and the Greater Valley Area Health Education Center, held a conference at which they released *Graduate Medical Education in Arizona: Growing the Physician Pipeline*.

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## Focus On Nurses

Foundations have also recognized the important role that nurses play in our health care system. The **Robert Wood Johnson Foundation** has been a major funder in this area. It funded the groundbreaking 2011 Institute of Medicine report, *Future of Nursing: Leading Change, Advancing Health*. The Future of Nursing: Campaign for Action, a national effort spearheaded by AARP, its foundation, and Robert Wood Johnson, now is striving to implement the report’s recommendations. Its priorities include strengthening nurse education, training, and diversity; eliminating scope-of-practice barriers restricting the ability of nurses to provide certain kinds of care; and advocating for interprofessional collaboration. According to the foundation’s website, the Department of Veterans Affairs has outlined a plan to implement the report’s recommendations “throughout its vast health care system.”

Also, in March 2012 Robert Wood Johnson announced three new nursing initiatives, including one on the current and future status of public health nursing. The funder kicked off that effort in February 2012 by convening a national summit to develop an agenda for its work.

The foundation, a major supporter of *Health Affairs*, also funds the journal’s long-running series of Health Policy Briefs. An October 2012 brief dealt with “Nurse Practitioners and Primary Care.”

Shoshanna Sofaer and colleagues at Baruch College evaluated the **John A. Hartford Foundation's** Geriatric Nursing Education Consortium initiative. Entitled "Multiplying Change: Ensuring All Nurses Learn to Care Well for Older Adults," their July 2012 brief on the evaluation documents "the remarkable success" of the initiative. Hartford awarded a \$2.48 million implementation grant to the American Association of Colleges of Nursing, and the Hartford Institute for Geriatric Nursing at New York University collaborated on the effort.

In this initiative, nursing faculty from 418 institutions, located in all fifty states, attended a Faculty Development Institute. Almost 82 percent of the institutions that reported to the evaluators at the end of two years "revised and enhanced" existing senior-level nursing courses with "evidence-based curricular material on caring for older adults." Also, more than one hundred new purely geriatric courses were created. In summarizing various initiative results, the authors note, "Since such a high proportion of patients are older adults, [the initiative's] success serves as a quality boost for the entire health care system."

The California State University Institute for Palliative Care at California State University San Marcos was launched in September 2012. With initial funding from the **Archstone Foundation** and **California Health-Care Foundation** and a large gift from local philanthropist Darlene Shiley, the institute is addressing the critical shortage of nurses as well as social work, spiritual, and other professionals who have skills and training in palliative care. Such care, which uses an interdisciplinary team approach, improves the quality of life for people confronting serious and chronic illnesses—whatever the prognosis—and for their families, a press release explained. Palliative care addresses pain as well as emotional, spiritual, and other challenges. The institute, located in San Diego County, will offer continuing education for working professionals, a curriculum for current students, and community programs to raise awareness of palliative care's value.

In July 2012 the **Henry J. Kaiser Family Foundation** released a twenty-

five-slide tutorial, narrated by Joanne Spetz of the University of California, San Francisco, Center for the Health Professions, on Nursing Labor Markets. This presentation is part of the foundation's website, Kaiser.EDU.org: Health Policy Explained.

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## Direct Care Workforce

The Paraprofessional Healthcare Institute (now known as PHI), which strives to transform elder care and disability services by promoting the concept that high-quality direct care jobs are the basis for high-quality patient care, received a thirty-eight-month, \$1.4 million grant from the **Atlantic Philanthropies** in 2010. Direct care workers include personal care aides, nurse assistants, and home care aides. They provide 70 percent of the paid, hands-on long-term care services and personal assistance services in the United States and are about 31 percent of the total health care workforce, a PHI fact sheet reports.

Although part of the Atlantic grant is for general operating support, it also includes a three-year component for policy efforts to improve the quality of elder care and disability services, particularly for people who live in poverty. Efforts include advocating for increased pay for home care workers and providing technical assistance to four of the states receiving federal funding under the Affordable Care Act for training of aides, so that all direct care workers entering the field have a "common educational platform," PHI said.

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## Careers For Low-Income Workers In Health Care

The **New York Community Trust**; New York City Workforce Funders, which includes the **Rockefeller Foundation**, **Ira W. DeCamp Foundation**, and **Altman Foundation**; and the National Fund for Workforce Solutions Social Innovation

Fund have provided funding for the New York Alliance for Careers in Healthcare, which launched in April 2011. The alliance's current goal is to act as a broker to train, promote, or place 800 low-income New Yorkers in health care jobs.

The US recession created an "urgent need to find where the jobs are for disadvantaged people," Pat Jenny of the trust, a large community foundation, said in a 2011 issue of the trust's newsletter. The alliance asked employers to analyze their labor force needs and has been working with trade associations of hospitals, community health centers, and nursing homes, as well as a union, to communicate to training organizations and schools about what kinds of jobs are in demand. Health care has plenty of opportunities and is "fairly recession-proof," Jenny added. Len McNally, also of the trust, commented in the article that the workforce needs to meet the challenges of federal health care reform implementation, shortages of primary care physicians and nurses, changing technologies, and necessary cost cutting.

In late 2012 the alliance was to launch training programs leading to home health aide certification, coding and billing certification, and medical assistant certification or registration for patient-centered medical homes and health homes. The City of New York will provide up to \$862,000 for training. The Aspen Institute is conducting an evaluation of the alliance through spring 2014.

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## Training Medical Assistants

The **Hitachi Foundation** is funding a University of California, San Francisco, Center for the Health Professions project on Innovative Workforce Models in Health Care. The project focuses on medical assistants. Medical assistants work in one of the fastest-growing occupations in the United States. However, they are also among the lowest-paid health care workers, and their "training is often of uneven quality," the center says. They will be an important component as the number of primary care

providers grows to meet the demands of health reform.

The center, which celebrated its twentieth anniversary in 2012, interviewed fourteen model health care practices that have contributed to the development of the role of medical assistants. It has also published an online case study on each. The center is now developing webinars, videos, and site tours to spur interest in, and explore the capacity for, future demonstration projects related to medical assistants.

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## Key Personnel Changes

**DAVID COLBY** was named the Robert Wood Johnson Foundation's first-ever vice president of public policy, according to an October 2012 press release. Effective January 2013, Colby will split

his time between the foundation's headquarters in Princeton, New Jersey, and Washington, D.C. He started working at the foundation in 1998. His most recent position was vice president, research and evaluation.

**SARAH ISELIN**, former president of the Blue Cross Blue Shield of Massachusetts Foundation, has become senior vice president of strategy, policy, and community partnerships and chief strategy officer at Blue Cross Blue Shield of Massachusetts health plan. **Celeste Reid Lee**, senior director of grant making, is serving as the foundation's interim president. Its board is conducting a search for Iselin's successor.

**ELIZABETH KRAUSE** has been promoted to vice president of policy and communications at the Connecticut Health Foundation, located in Hartford. Most recently, Krause was a senior program officer. The foundation's

president and CEO, Pat Baker, commented in a press release that Krause "is recognized and respected as a state leader regarding health equity." In addition, "her perspective is grounded in research and literature with a commitment to practical solutions," Baker said.

**FAITH MITCHELL** is the new president and CEO of Grantmakers In Health. This was a promotion for Mitchell, who was previously vice president for program and strategy. Before coming to this organization of foundations that fund in health, Mitchell worked for twelve years at the National Academies, where she was a senior program officer at the Institute of Medicine and a center director in the Division of Social and Behavioral Sciences and Education, according to an October 2012 press release. She holds a doctorate in medical anthropology. ■