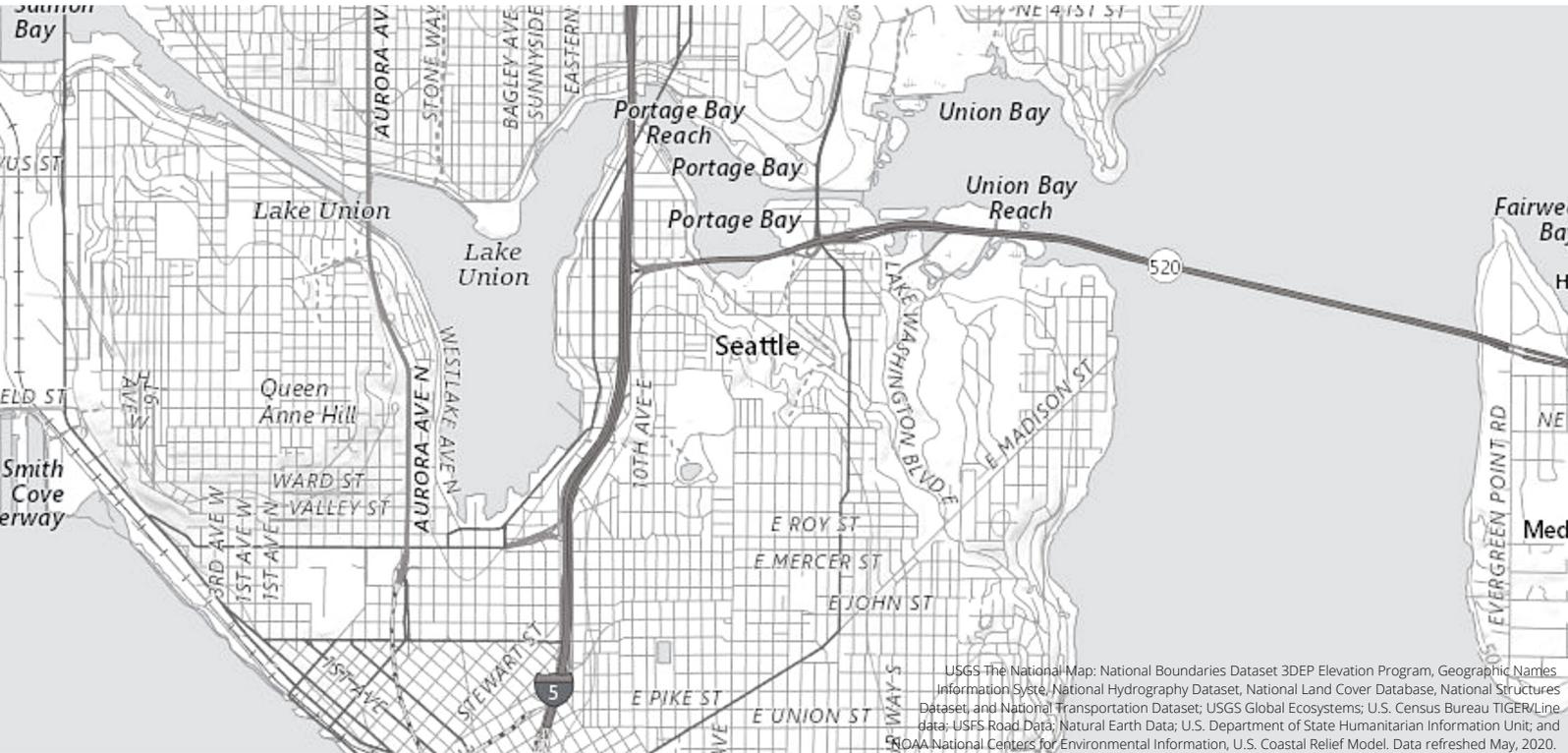


# PROFILING THE SEATTLE-KING COUNTY HEALTHCARE INDUSTRY LEADERSHIP TABLE

A Benchmarking Project of the Institute for Networked Communities (INC)



USGS The National Map: National Boundaries Dataset 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed May, 2020.

## SEATTLE-KING COUNTY HEALTHCARE INDUSTRY LEADERSHIP TABLE

By: Lindsey Woolsey

This case study is one in a series of Next Generation Sector Partnerships profiles from across the country. Its primary purpose is to give practitioners insights into the key milestones and critical ingredients for success to-date that have shaped the journey of the Seattle-King County Healthcare Industry Leadership Table (the HILT). Its intended audience is the diverse mix of business, education, workforce development, and economic development leaders who are committed to the work of taking their communities to a new level of shared prosperity. The profile is organized into six sections: motivations for launch, mechanisms for change, moments of transformation, measurable results, major ingredients for success, and the future of the partnership moving forward. This profile is unique from the others in this series in one key way: the process and practice of establishing a Next Gen Sector Partnership in the Seattle region has been embedded into a deliberate workforce system transformation effort that in many ways reflects not only the tenets of Next Gen Sector Partnerships, but the principles of networked governance. This case profile offers a snapshot of the successes, intent and trials along the way.

## WHAT'S INSIDE:

- *About HILT*
- *Motivations for Launch*
- *Moments of Transformation*
- *Measurable Results*
- *Ingredients for Success*
- *Future of the Partnership*



## ABOUT THE SEATTLE-KING COUNTY HEALTHCARE INDUSTRY LEADERSHIP TABLE

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.

Fast forward to early 2021, amidst a persistent COVID-19 pandemic, the Healthcare Industry Leadership Table (the HILT) also persists. 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.



**Above:** "Downtown Seattle Skyline" by Joe Mabel. Licensed by Creative Commons Attribution-Share Alike 4.0 International.

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 has become even more critical during the COVID pandemic, where not only rates of cases, hospitalizations and deaths are 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; and
- 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.

An early and important shift in process was the discipline with which public partners used to jointly arrive at the shared target sector, one that answered a pivotal question: Which industry warrants our coordinated engagement in the form of a formal ILT? Answering this question required looking at regional labor market and economic data by the diverse set of stakeholder systems already agreeing to a shared approach. This included the Workforce Development Council, Seattle Colleges, Highline College, Bellevue College, Seattle Metro Chamber of Commerce, Seattle Public Schools, King County, City of Seattle, the Port of Seattle, the MLK Labor Council, the United Way of King County, Seattle Jobs Initiative, the YMCA, Washington STEM, Seattle Region Partnership, and SkillUp. All of these were considered the top organizations most likely to be reaching out to industry for workforce needs, and therefore made the most sense to come together to select a shared target.

The final selection of Healthcare was made based on three criteria: the industry provided a significant number of overall jobs in the region; healthcare provides a wide range of entry-, mid- and high-level jobs, thereby offering a stronger potential for career pathway development; and it represented the strongest candidate for direct connections and impacts on the well-being of the region's communities. Additional criteria included the readiness and willingness of healthcare providers to help spearhead the initiative as well as a relatively low level of existing healthcare initiatives or healthcare groups already convening.

— “

*“Looking back to 2018, the selection of a target industry itself was somewhat groundbreaking. We'd never done that before. All of us already worked with Healthcare, we all had and have our own programs, and we sorta 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 HealthierHere, the region's designated entity for a statewide Accountable Communities of Health initiative. HealthierHere 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 HealthierHere and the emerging HILT network, brokered by community and long-term care clinic leadership, resulted in a clear agreement that HealthierHere 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 CountryDoctor, 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.

## MOMENTS OF TRANSFORMATION: CONTINUED

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, HealthierHere 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 Chicana/Latina 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. HILT conveners also spent time acting as brokers of COVID-related information across public and industry partners.



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 re-prioritized 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; and
- 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.