

SE MN WORKFORCE DEVELOPMENT BOARD

Healthcare Sector

October 5th 2017

Workforce Development, Inc.

Rochester, Minnesota

Minutes

The meeting was called to order and Julie Brock volunteered to serve as the chair for the meeting.

Beth brought up the discussion of having a permanent member of the committee serve as a permanent chair. Guy stated that we need someone from the sector who is willing to fill this role. The committee members were encouraged to think about volunteering for this opportunity.

Data from Randy was presented on the current and continued workforce shortage. The following data looks specifically at the top six healthcare employment needs for 2014-2024.

Occupation	Percent Change	Total Growth	Replacement Hires
Certified Nursing Assistants	8.4%	1,140	830
Licensed Practical and Licensed Vocational Nurses	13.2%	710	490
Registered Nurses	13.1%	3,140	2,010
Medical Secretaries	14.8%	460	N/A
Phlebotomists	15.0%	110	N/A
Health Support Technicians (Pharmacy, Dietetic, Surgical, Ophthalmic)	20.7%	220	N/A

After looking at the numbers the group began discussing ways to combat the problem.

Engage HealthCare employers was discussed. The Olmsted Consortium for Quality Healthcare was brought up and the group discussed inviting someone from that meeting to ours. Cheryl Gustafson stated that the group was created for long-term care facilities to sit down at the table with Mayo to discuss their concerns. Cheryl stated that long-term care can't compete with the wages. They've been taking staff for a long time and they (long-term) can't compete with that. Cheryl needs 2 RNs and their DON recently resigned because of the stress.

Rob VanCranenbrock stated that he has worked in other industries (manufacturing and retail) where they were encountering the same hiring problems and that the process to fill the employment gap is similar. As we look at- is there a percentage of the population that could fill these rolls? If so- how do we reach those specific people? How do you corral these in the masses as opposed to the ones and twos.

The group discussed engaging young people at an early age so they understand that these career pathways exist. We have to have the parents involved at some level.

It was discussed that Secondary, Post-Secondary, Employers all need to be at the table. LPN programs aren't getting people enrolled, colleges shutting down because they're not having success. We need to get people ready for the coursework.

Guy stated that we need to get serious about recruiting people to be at the table- you attend meetings, you bring resources, you bring ideas.

Ron stated that there are at least two issues that can be addressed.

1. Awareness of how do I engage in that opportunity and how do I begin in that? We can make a grave mistake in thinking people know that. We have an obligation to chart the career for that.
2. How do we make it fairly clear and give a lot of clarity as to what funding is available. It has to be a dual message- not only can I create the desire for the career but also the affordability. Not just about CNA- the career opportunities in the field.

The group discussed plans for our next steps.

1. Create or find a career pathways one-sheeter, consortium members are all assigned a place to present at. As soon as you get into a program you get a mentor.
2. How do we reach the segment of the population that has graduated but isn't doing much. Cheryl has started a program with their hs and they're training in 10 CNAs. You can only have 10 in a class. (Permanent lab within the care facility).

Guy stated that we need to use the information that the Nursing Shortage Solutions subcommittee created. He stated that we don't have the resources at the table today and that there is a lack of participation and funding. Guy stated that the key here is whatever we do has to be sustainable for a long period of time. As soon the taskforce goes away and the conversations start to wain then there are new students coming through and aren't getting the message out. Mayo has a lot of K-12 programs, websites, blogs, career speakers, etc. etc. etc. but they can't do it themselves.

The other challenge for this group is the meeting schedule- the meeting schedule. The Taskforce met monthly and we should probably do that as well.

Kolloh presented on the Internationally Trained Medical Worker Program- Serving 65 participants in the Rochester area. Last week she had a call from 2 doctors living in New York that are moving to the area for the program. Mayo has gotten funding for the pediatric program. U of M curriculum prep- the curriculum is already created and they are hoping to implement the curriculum. They are in the program for 9 months and get paid \$2,000 a month. There is a classroom portion and a clinical rotation portion.