

**USDOL ETA Sector Strategies Virtual Business Engagement Academy**  
**Opening Session: Model Industry Sector Meeting with Business Leaders**  
**Monday, September 26, 2016, 1:00 – 2:15 p.m. EST**

**What did we hear about Health Care industry talent pipeline needs?**

**Notes Summary**

**What keeps you up at night? What do you see as broad industry trends driving the short and long-term demand for workers in your region?**

As we educate, and in some cases attempt to re-educate, a diverse workforce in a model that shifts quickly, even for us, it seems tough for educators to stay relevant. Some of us struggle to hang on to the key components of the old model, while changes in demand and the level of resources available change. Our level of performance needs to meet an increasingly high standard, which is evolving quickly and **requires a new pipeline of workers.**

There is **growing competition for talent** at a high level. We are already stretched, both on the clinical and non-clinical sides. Occupations are requiring **not only medical skills, but also technological skills and business savvy**, which leaves some personnel outdated. And just in terms of demographics, we are facing a number of **retirements** in the short-term.

**Private employers**, such as CVS and Walgreens, are beginning to attract more qualified medical staff. As they have lower overhead than the hospitals, they can offer higher compensation. It is becoming increasingly difficult to **compete for talent**, and retention is difficult - we are losing some experienced professionals.

There appears to be difficulty in following a **career pathway from Nurse Assistant to LPN to RN**. It can be challenging for some entry level personnel to make it to the highest levels of the career pathway. There are sometimes not enough incentives in place to keep people on the path, and to support them, to ensure success. We have begun to focus on growing our own talent in-house.

**What are 3 or 4 things we should focus on around occupations and key skill needs, where you think workforce development and education could truly make an important impact on supplying you with the talent you need?**

We need to **focus on the entry-level positions**, because this is where our next leaders will come from - home health aides, medical assistants, patient care techs, and people to staff the registration desks. This is our future, and we need to be able to **provide career pathways** for them, as well as clear credentials, so we all know what the skills are that are included for a person that is a patient navigator or a community health worker.

**Specialists in behavioral health** are increasingly in demand, as we see a rise in admittance for addiction related illness.

**Nursing staffing** has a cyclical nature to it. Three years ago we had a surplus, and now we are having trouble finding them. We need to focus on developing support for a career pathway from entry level, not just with training, but wrap around services.

And the system itself needs to think about being more accepting of **Nurse Practitioners** working up to the full limits of their certifications. We cannot ignore the resistance from within our systems to adapt. We within the industry might benefit from a discussion amongst ourselves about what we really need, and expect, and work toward a cultural shift. This could be a forum for that discussion.

**What role do you see workforce and educational institutions acting in the role of an intermediary, helping to craft and deliver occupation specific training that will be relevant for your workforce?**

**Innovation in curriculum and the development of standardized credentials** would be very helpful, particularly for those entry level occupations that are relatively new. **Stackable credentials, lifelong learning** and the view of health care as a career is important.

Unfortunately, **educational institutions are not designed to shift quickly** based on industry demand. We find that in some cases by the time educational institutions have designed and implemented new curriculum, we have found a way to fill the need ourselves because we could not wait. It would help if **institutions could become nimble** in responding to our talent pipeline needs.

**Skill training**, and upgrading in some cases, is becoming more important, particularly around **technology**. The **ability to work in teams** is crucial, as is the ability to multi-task. And **customer service** is just as important, but we have ended up teaching some of those skills in house because the training programs don't match our needs.

**How can we (this intermediary organization) forge a stronger partnership with your company and your industry, and what specific initiatives should we consider undertaking to build that partnership?**  
**What workforce or economic challenges to you see as key obstacles to creating a more robust hiring environment?**

**Trust.** We would like to know that you are really listening to us.

We would like to see the system respond more quickly to our changing needs, for the **workforce and education systems to be more agile**. Some flexibility would be helpful.

It would help if we could **talk to one person** in the system, and not have to tell the same story over and over again. We field calls from multiple areas – workforce, education, economic development. It would save me time if I didn't have to talk to multiple people. It would also help if we had a clear idea about what all of the options were so that we could make a determination of **where we might best invest our time and resources**.

Health Care is full of acronyms, and not all position titles mean the same thing from one hospital system to the next, or even within the same system. We would like **partners to be able to roll up their sleeves and truly understand the industry**. We are here to partner, if the system is willing to listen and learn. **Don't be afraid to ask questions** – we are part of a helping profession, and we want to help.

I had the opportunity to be the chair of a **health care task force**, which had 35 cross-professional leaders who met at first on a monthly basis, and then on a quarterly basis, to discuss pipeline shortages for personnel. There were **educators as well as workforce leaders in the room with business leaders**, so we could all discuss what was happening in real time. **I think this is a model that works.**