

MEETING MINUTES

Education, Pipeline, and Training Task Force Thursday, July 14th, 2016, 10:00am-12:00pm Government Center South, Conference Room C

Members Present:

Michael Barnes, Department of Workforce Development, Co-Chair
Jim Ballard, Indiana Area Health Education Centers
Kiara Bemby, Affiliated Service Providers of Indiana
Deborah Frye, Indiana Professional Licensing Agency
Kim Harper, Indiana Center for Nursing
Sue Henry, Indiana Department of Education
Andrea Pfeifle, Indiana University Interprofessional Education Center
Mike Rinebold, Indiana State Medical Association
Ken Sauer, Indiana Commission for Higher Education
Calvin Thomas, Ivy Tech
Terry Whitson, Indiana State Department of Health

Members Absent:

Jennifer Gappa, Miller's Health Systems
Marie Mackintosh, Department of Workforce Development, Co-Chair
Yonda Snyder, Family and Social Services Administration Division of Aging

Welcome

Michael Barnes calls the meeting to order at 10:05am.

Approval of Minutes from Previous Meeting

Sue Henry requests minor changes to the minutes. Jim Ballard makes a motion to approve minutes, with minor changes incorporated. Kim Harper seconds this motion. All approve.

Report Update on Identified Priorities

Michael Barnes discusses that priorities were identified via a RedCap survey to task force members. This survey was sent after the last task force meeting to receive feedback from each task force member on what they believed should be highest priority to the task force. Mr. Barnes reviewed the results of this survey, the voted upon priorities, with the task force.

Creating a strategy to evaluate demand was voted highest priority, followed by the creation of a "value matrix." The third highest priority was determined to be supporting the Commission for Higher Education on the Multi-state Military Collaborative and support the Graduate Medical Education (GME) board in its initiatives within GME expansion. The final priority was determined to be creating strategies for training and retention of the long term care workforce. Multiple task force members submitted comments/suggestions on the survey which recommended collapsing "evaluation of demand" into the priority of creation of a value matrix.

Value Matrix

Michael Barnes discusses that the value matrix was presented at the Indiana Health Workforce Summit (June 29th, 2016), within a focus group session. Feedback was solicited from members in that session and recommendations were made for new data sources or variables to be included in

this matrix. He discusses this new information with task force members and asks if there is any feedback from task force members on these additions.

Kim Harper states that in discussing turnover, it is important to evaluate voluntary vs. involuntary turnover. Jim Ballard states that it is also important to evaluate the reason for turnover, which could include promotion and not necessarily termination or attrition.

Michael Barnes states that the Department of Workforce Development is utilizing INK (Indiana Network of Knowledge) as a data source and resource for data-informed discussions. Of note, INK does not collect data—it links and houses data collected by various state agencies and stakeholders.

Ken Sauer states that the Commission of Higher Education (CHE) has data on public institutions. However, they have a difficult time interpreting which tracks are pre-licensure vs. completion. Nursing, for example, has both pre-licensure and completion tracks students. A program for an Associate of Science in Nursing is pre-licensure. However, a Bachelor of Science in Nursing program could either be pre-licensure or completion. He states it might be helpful if the task force recommends that the Commission collects data that parses out between those two tracks.

Kim Harper states that in nursing, the external accreditors distinguish between pre-licensure and completion. However, this data is only available for nursing, to her knowledge, and unsure if it is widespread to other occupations.

Hannah Maxey states that identifying career pathways is another component that was identified at the Summit to be important in the value matrix. She states that there is potential to link individuals from any certificate or license where there is data housed in the Indiana Professional Licensing Agency. For example, there is potential to track individuals from a Certified Nurse Aide (CNA) certification to becoming a licensed registered nurse, if the task force finds this might be important. The task force is in agreement that this data would be beneficial.

Calvin Thomas states that it might not be clear from the students' perspective that there is a pathway from CNA to licensed practical nurse (LPN)/registered nurse (RN) for those CNA students. Kim Harper states receiving information on this career pathway is particularly important for non-traditional students who don't immediately enter a public institution after high school.

Calvin Thomas states that it might be important to see if persons within a pipeline already have a different/unrelated degree. For example, there are many students in their nursing program that already have a different bachelor's degree or even a master's degree within a different field. Michael Barnes states that Department of Workforce Development (DWD) is looking into using Burning Glass, which might be able to provide some insight into people moving into different careers.

Andrea Pfeifle states that indebtedness is also an important variable to consider. Michael Barnes states that DWD is looking into counseling tools which include this as a variable. These tools would include information both from the demand perspective and a snapshot of the current supply. Hannah Maxey states it would be important to look into cost of education compared to average income post-graduation. Sue Henry states that the new legislation Every Student Succeeds Act (ESSA)/former No Child Left Behind Act has recognized the importance of this and the financial aspect will be included. Kim Harper states that the proprietary schools are frequently more expensive than public. Deborah Frye states that it is also important to properly

select students for admission; if a student was not truly qualified to attend a program and then drops out, the student is still left with the debt of that training but without a degree.

The task force asks for refinement of formatting and presentation of the value matrix for the next task force meeting. They will then vote on the tool at that point, prior to making a recommendation to the larger Council.

Jim Ballard says the value matrix will provide information on historic and current data. He asks whether updating of the matrix and evaluation of the workforce overall will be a continual process. Michael Barnes says yes it will be continual and re-visited.

Data was presented on the students who took at least one healthcare pathway course in high school. It showed that one year after graduation, only 8.57% of those students were employed in health care. For those students that went on to postsecondary education, only 17.87% were enrolled in a health care major.

Kim Harper states that it would be interesting to see the list of courses considered in the healthcare pathway.

Michael Barnes states that these data demonstrate the importance of getting students into apprenticeships or on the job training, as that may increase the number of students who continue with a health care career.

Calvin Thomas asks what proportion of high school students are taking at least one healthcare pathway course. He also states it would be beneficial to see if there is a higher correlation for students employed in health care or a health care major if, in high school, they took two healthcare courses, three healthcare courses, etc.

Ken Sauer states it is important to see if students consider these degrees as terminal degrees. He also asks if Burning Glass evaluates the requirement for third-party certifications, whether for entry or for advancement. Michael Barnes responds that the requirement of a certification for employment is likely listed in the job posting.

Calvin Thomas comments on reasons cited why positions are hard to fill. He states that employers probably consider reimbursements more than any other factor.

Kathy Cook asks how many high school students are leaving the state. Michael Barnes responds that approximately 40% of college graduates leave the state. Ken Sauer states this statistic is different by level of education. Associate degree graduates, for example, have a tendency to stay within the state, whereas doctoral level graduates have a tendency to leave the state. Hannah Maxey asks if there is potential to investigate that data by profession/education, as it could be that practice environment is affecting tendency of some professions to stay within the state. Dr. Sauer responds that they do have the potential to get this information. He states the reports produced are usually aggregated, but it could be broken down.

Andrea Pfeifle asks if there is any data or information on whether occupations are working at their highest level of training and whether that affects their retention within the state. She states that some professions' scope of practice is more limited than others.

Hannah Maxey shares that some states have generated bodies that sit alongside licensing boards that review practice acts and assess whether they are still relevant. Additionally, these bodies allow for testing of health workforce innovations without requiring the process of legislation.

Andrea Pfeifle states that this is a relevant avenue that could be pursued for Indiana. Calvin Thomas states that the formation of this type of body in Indiana would open up the opportunity for testing the feasibility of new models of care. Mr. Thomas states that he believes this should be a recommendation to the larger Council as well as to the other task force. He states that he believes both task forces should make the recommendation to the larger Council.

Multi-state Military Collaborative

Ken Sauer states that this initiative is moving forward and they will be meeting July 27th to discuss next steps. He states that they are working with Ivy Tech and Vincennes University on specific bridge and pathway programs. He states they will likely have a formal document to share at the next task force meeting.

Long-Term Care Workforce

Creating strategies to train and retain the long term care workforce has been determined a priority of the task force. As discussed in previous meetings, Certified Nurses Aides (CNAs) make up a large portion of this workforce.

Certification of CNAs is housed within the Indiana State Department of Health. Terry Whitson states the number of newly certified CNAs has decreased by ~2,500 per year. Additionally, ~2,500 per year have not renewed their certification, resulting in a net loss of ~5,000 CNAs annually. His team also looked into the longevity of CNAs. They found that ~20% have been a CNA for <2 years and ~75% have been a CNA for <10 years. He states he will share this data with the task force.

Calvin Thomas states it seems students are not interested in pursuing CNA certifications, even if they are nursing students and plan on working in the nursing field, because having a CNA certification does not translate to any credit for higher nursing pathways. The pathway to getting into nursing is no different for those people with a CNA certification than for those without that certification.

Graduate Medical Education

The task force has made supporting the Graduate Medical Education board in their work with GME expansion a priority. Hannah Maxey shares that the consulting group has reached out to the Bowen Center for a meeting. Eugene Johnson from Commission for Higher Education (CHE) shares that they will be reaching out to Dr. Ballard at Area Health Education Centers (AHEC) as well.

Prioritize Issues and Discuss Plan Moving Forward

Regarding long-term care (LTC), Calvin Thomas states that the case study of long-term care is compelling and the creation of a long-term care task force might be beneficial. Ken Sauer states that engaging employers to LTC facilities/paying for education may be a strategy to keep CNA retention. Terry Whitson states that employers frequently pay for certification and exam if the student is employed at that facility. Hannah Maxey states that the Indiana Health Care Association expressed concern that in requirements for CNA training, clinical training specifically within the long-term care setting is not required. Sue Henry states that within the high school setting, exposure to various settings is dependent on collaboration between training

facilities and LTC employers. She states that she believes anecdotally that the majority of high school students trained as CNAs do receive clinical training at LTC facilities. She states that this on-site training frequently translates to the student being employed at that LTC facility upon completion of the certificate.

Calvin Thomas states that he is also interested in comparing the number of high school students that took a course in health care compared to the total number of high school students. Additionally, he would like to see a correlation between number of health care courses taken in high school and the ratio of those pursuing health careers or further education in health fields.

Michael Barnes summarizes discussion. The task force has identified that moving the value matrix forward is a priority. Additionally, the task force would like to see a presentation at the next meeting of how a health innovations review board has been adopted in other states.

The meeting adjourned at 12:00pm.