

North Florida Rural Healthcare Workforce Development Network

April 26, 2011

Dear Colleague:

Thank you for your participation in the *North Florida Rural Health Workforce Development Leadership Summit* that was held on October 14, 2010 at North Florida Community College. Enclosed for your information is summary report of that event.

During the Summit many of you expressed an interest in finding out more about the North Florida Rural Health Workforce Development Network (Network) and how you could get involved. Today the Network has just five member organizations—NFCC, Doctors' Memorial Hospital, Madison County Memorial Hospital, North Florida Medical Centers, Inc., and the Florida State College of Medicine. These organizations came together because they recognized a growing need for an educated workforce to meet the health and wellness needs of our rural area. They felt that by working together they could have a greater impact on the community than each one working alone. Among the benefits to be gained from a Network they believe are:

1. Improved access to quality continuing educational programs by providing a mechanism for facilities and providers to first pool their limited financial and staff resources, and plan for coordinated continuing education programs to meet the professional community's needs.
2. Improved access to information about health care resources (staff and training needs) and workforce opportunities requiring training.
3. Greater community involvement and input through activities including public roundtables, surveys, summits, etc., to provide and obtain data and information on the health care workforce issues.
4. Improved employee retention by creating opportunities for network members to pool staff and training resources to create a comprehensive, career pathways plan.
5. The promotion of rural economic development through activities that engage citizen and community leader involvement in making their communities places where professionals want to practice and raise their families, where local children can grow up and find local jobs.
6. Improved communications and collaborative working relationships between health providers and health organizations and between health providers/organizations and non-health community leaders and organizations. Existing providers, programs and organizations will have a forum and mechanism to share their needs, best practices, resources (both people and financial); and plan for a shared vision of our health care future.

Before these benefits can be achieved, the Network has three major challenges to overcome:

1. The first challenge is recruiting a membership base that includes all the strategic partners needed for a successful health care workforce development network. The Summit was our first effort to address this challenge. It was a good start. We hope you agree.

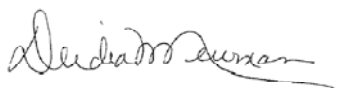
2. A second challenge has to do with promoting collaboration and cooperation among health providers/agencies/and organizations. We have examples of collaborative and cooperative relationships throughout our rural area but we can do more particularly as it relates to recruitment, retention, and training.
3. The third challenge is to retain support for “grow your own” projects that have a long lead-time while also engaging in short-term recruitment of professionals to address current unmet need. We have some wonderful pipeline projects, including health academies in some, but not all of our rural counties and financial support for these efforts is becoming less available.

The October 2010 Summit represented our initial effort to reach-out to some of the strategic partners we believe are essential to the Network’s long term success.

We hope you will consider joining the Network and working together to assure the health of our rural communities. If you know you would like to join or want to hear more, please join us for the first organizational meeting of the *North Florida Rural Health Workforce Development Network*:

DATE: Tuesday, May 24, 2011
PLACE: North Florida Community College in Madison, Building #13, Room #213 at
TIME: 9:00 a.m.-11:00 a.m. EST.
RSVP: Suzanne Woodcock, (850)973-1627, woodcocks@nfcc.edu

Sincerely,



Deidra McRory Newman; Interim Director
North Florida Rural Health Workforce Development Network

Steering Committee

Dr. Maggie Blackburn	Dr. Gail Bellamy	Nita Fico, ARNP
Suzanne Woodcock	Diana McRory	



THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE



North Florida Rural Healthcare Workforce Development Network

Working together to assure the health of our rural communities.

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CREATING A **SHARED VISION**
FOR OUR FUTURE



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POST SUMMIT REPORT

**Rural Healthcare Workforce
Development Leadership Summit**

North Florida Community College
Oct. 14, 2010

Sponsors:

North Florida Community College
Area Health Education Center (AHEC)
Madison County Memorial Hospital
North Florida Rural Healthcare Workforce Development Network

Florida State University College of Medicine
Doctors' Memorial Hospital
North Florida Medical Centers, Inc. (NFMC)

RURAL HEALTHCARE WORKFORCE DEVELOPMENT LEADERSHIP SUMMIT OCTOBER 14, 2010

SUMMIT REPORT

BACKGROUND

The North Florida Rural Healthcare Workforce Development Network (Network) was formed to promote efforts to increase community access to local health care by addressing currently unmet and anticipated health workforce needs of 6 “rural,” underserved North Florida counties- Hamilton, Jefferson, Lafayette, Madison, Suwannee and Taylor counties.

All 6 counties are designated by the U. S. Department of Health and Human Services Health Resources and Services Administration as “Health Professional Shortage Areas” (HPSAs) for dental, primary medical care and mental health services. Five of six counties are designated as “Medically Underserved Areas” (MUAs), and one, Jefferson County, serves “Medically Underserved Populations” (MUPs).

The Network’s vision is to identify and increase health and health-related training opportunities; attract and retain high quality health professionals; and “*Grow Our Own*,” through the expansion of best practice pipeline projects. The Network’s membership, at this very early stage, includes North Florida Community College, Florida State University College of Medicine, Doctors’ Memorial Hospital, Madison County Memorial Hospital, and North Florida Medical Centers, Inc. We plan to expand our membership to be broadly inclusive of health and human service providers, members of the education (k through 12) community, leaders from business, the faith communities, and others representing the 6-county area.

Although Network activities are directed toward facilitating the recruitment and training of people in these communities to increase local access to health care, an anticipated outcome is economic development and increased employment opportunities in these rural, communities.

As a Network, with an expanded membership, we will identify common purposes and priorities, assess existing and anticipated health and health-related workforce gaps, and develop new and expand on successful strategies to recruit, train, retrain and retain a high quality health workforce to improve the health of our communities and health status of residents.

The initial Network goals are to:

1. Enhance the infrastructure available to support and coordinate workforce development efforts;
2. Develop both a strategic plan and a plan for network sustainability that provides information, guidance, and support for workforce development activities in the six county area; and
3. Expand the role and capacity of our communities to effectively identify their health workforce needs and evaluate and modify recruitment and retention strategies to better meet those needs.

RURAL HEALTHCARE WORKFORCE DEVELOPMENT LEADERSHIP SUMMIT:

With the support of North Florida Community College, the Network convened the inaugural Rural Healthcare Workforce Development Leadership Summit on October 14, 2010. The Summit's theme was "Creating a Shared Vision for Our Future." The event was sponsored by the Network, its members--North Florida Community College, Florida State University College of Medicine, Doctors' Memorial Hospital, Madison County Memorial Hospital, North Florida Medical Centers, Inc.--, and the Florida Area Health Education Centers (AHEC).

The Summit brought together potential Network partners from across the 6 counties, including representatives from workforce, business, health care, public health, human services, and community members-at-large. Representatives from various relevant government entities were also invited. The purpose of the Summit was to begin actively engaging the 6-county communities in the planning for and the development and implementation of a health care workforce development network to ensure our health care workforce needs are met now and into the future.

AGENDA

The Summit began with a panel of presenters whose role it was to: 1) set the stage for the day, 2) outline area demographics, including population growth, decline, and demographic changes, 3) identify major sources of morbidity and mortality for the six county area and how these have changed or are changing, 4) describe the current health workforce including gaps, and 5) describe the educational and/or training programs available to address the workforce pipeline.

Summit participants then took part in roundtable discussions responding to the following six questions intended to stimulate people's thinking about recruiting, training and retaining a viable health care workforce.

1. What difficulties have you personally experienced in acquiring health care services locally for yourself, your family or your employees?
2. If you were describing your community to a potential employee or employer, what about your community would you highlight?
3. How does the lack of health care services in your community limit your ability to recruit qualified employees?
4. Hypothetically, if you were considering relocating into your community, what characteristics would guide your decision?
5. How do locally available healthcare services or lack of these services contribute to the sustainability and well-being of our North Florida communities?
6. Based on today's discussions, what can we do as a community to assure our health care needs are met?

The roundtable discussions provided the Network with data on issues, needs and recommended courses of action that will continue to be used to support area health care providers, businesses and community members working together toward unified goals.

NEEDS ASSESSMENT ACTIVITIES

The Summit served as a stimulus for the Network to begin looking at common healthcare workforce situations facing the six counties; to identify problems and solutions-, and to recognize the need to conduct a systems analysis of the health care system serving the 6 counties.

Leading into the Summit network members began compiling available data, including statistical reports and provider and member data to describe and document the target population.

The methods used to identify available data for the needs assessment included the examination of various internet resources (e.g., Florida DOH, Robert Wood Johnson Foundation, etc.), and a review of literature including government, health care industry and academic reports. Additional data came from participant roundtables at the Summit.

Data summaries by county and service area were included in participant notebooks and informed the panel presentations. This information is available as an appendix in the on-line copy of this report that can be found at <http://www.nfmc.org/Report>.

ROUNDTABLE DISCUSSIONS: SHARED CONCERNS

The questions posed for roundtable discussion were also intended as a needs assessment activity collecting information from area residents. Each table had a facilitator to move participants through each of the six questions and a scribe to take public notes of what was said. The following reflects those concerns shared by multiple counties.

What difficulties have you personally experienced in acquiring health care services locally for yourself, your family or your employees?

1. Lack of local providers
2. Insurance network (out-of-network)
3. Cost of insurance, co-pays, deductibles
4. Low income time away from work M-F 8-5
5. Transportation
6. Recruitment and retention

If you were describing your community to a potential employee or employer what about your community would you highlight?

1. Recreational amenities
2. Educational resources
3. Hospitals/providers
4. Proximity to urban area, services, highways
5. People

How does the lack of health care services in your community limit your ability to recruit qualified employees?

1. Limited impact
2. Other issues of greater importance

Hypothetically, if you were considering relocating into your community, what characteristics would guide your decision?

1. Education
2. Work/Jobs
3. Spiritual resources
4. Quality of life
5. Healthcare access
6. Access to other services

How do locally available healthcare services or lack of these services contribute to the sustainability and well-being of our North Florida communities?

1. Health care is essential to community.

Based on today's discussions, what can we do as a community to assure our health care needs are met?

Many ideas were generated in response to this question. The following is a brief snapshot:

1. Expose young people to health care careers: Pipeline programs, health academies, health care track, and school counselors to advise and guide students into health careers.
2. Collaborate with other communities, with other providers, make sure all of the demographics are represented (gender, age, race, and ethnicity); don't fight, communicate, action plan together.
3. Create a healthy community: start with preventive care, create a "health" culture, health education, promote physical activity and awareness through community events,
4. Transportation
5. Know what our needs are: Community needs assessment

DISCUSSION OF BARRIERS IDENTIFIED

Non-Workforce Barriers: Area residents face difficulties acquiring health care services for their families. Those who own businesses similarly face difficulties acquiring health care services and insurance for their employees. Non-workforce related barriers identified by participants included:

1. Many people have no health insurance or have high co-pays and deductibles they are unable to pay leading to their reliance on health departments and emergency rooms for care.
2. Many people have no way to physically access medical care that is available in the service area due to lack of transportation or lack of affordable or reliable transportation.
3. Local providers are often not part of an insurer's network, forcing patients to seek care outside the service area.

4. Many small employers do not provide sick leave benefits that would enable employees to seek care during traditional office hours leading again to a greater reliance on emergency rooms for care at a later more serious stage of illness.

Workforce Barriers: The majority of difficulties identified by roundtable participants are related to workforce, whether it is an issue of recruiting existing providers to work in a community; creating “grow our own” pipeline programs; or retraining workers who have been laid off or are looking for something new. Workforce barriers identified by participants included:

1. Parents and students at the primary and secondary education levels have limited or no knowledge of health care careers, career pathways, and the employment opportunities in health care.
2. It is expensive for each rural facility and provider to recruit health care professionals on an individual basis.
3. It is difficult for rural facilities and providers to offer continuing education programs for staff.
4. There are a lack of PRN pools of health care professionals for facilities and providers to access.
5. There are an insufficient number and type of health care providers of various types to serve residents, i.e., pediatricians, dental care providers, primary care medical doctors or other primary care providers, mental health professionals, specialty care and testing facilities.
6. There is a lack of coordinated, accurate data on healthcare workforce needs for the 6-county rural communities for educational and workforce entities to use in program and service planning.
7. Limited healthcare educational programs in the 6-counties make it difficult for facilities and providers to hire the numerous other professionals required to provide quality patient care and services from within the community. Critical additional healthcare education programs required to “home-grow” professionals include, Lab Technologists (one of the highest workforce shortage careers), Mammography Techs, Nuclear Med Techs, Poly Techs, Surgical Techs, Physical Therapy Assistants, MIS Techs and more.

One of the actions suggested by each community was reaching out to others, whether to other counties with similar concerns, other providers within a given county, or other members of the community representing other interests. This recognition of collaboration as something the community can do to assure their health care needs are met validates a similarly held belief of the Network.

SUMMARY

The Summit represents a successful first step toward bringing together some of our areas’ strategic partners-- business, local and state government, provider, education, and community—to talk about our health care workforce challenges. One hundred people participated in the Summit, with representatives from all six counties. The event was successful on a second front: 24 participants expressed an interest in participating in the North Florida Rural Health Workforce Development Network. The Summit was also successful on a third front, that of

sharing information that can begin to provide direction for our communities as we move forward in this collaborative effort.

NEXT STEPS

1. Disseminating this report to Summit participants and making it available on-line for other interested parties.
2. Scheduling an organizational meeting of the Network, inviting all those that indicated an interest in joining and any others. That meeting is set for May 2011.
3. Continuing to work with business, workforce, K-12 education, finance, government, the faith communities, economic development, long-term care, home health, and other groups.
4. Additional steps/activities that:
 - a. Raise the awareness of the community-at-large of health workforce needs, both current and anticipated, and of the nature of what is currently available within their communities and through other partners.
 - b. Strengthen and/or build linkages between health organizations and between health organizations and other community groups in support of health workforce development.
 - c. Increase the competency and feelings of self-efficacy of community members to assess and monitor community health workforce needs. These activities take the community from an awareness of an issue to a more active involvement in helping document the problem and any successes.

Join the North Florida Rural Health Workforce Development Network.