

Meeting Minutes

January 18, 2018, 2:00 to 4:30 p.m.

LCC West Campus, S152

|  |  |
| --- | --- |
| **Agenda Items** | **Discussion/Decision Highlights and Next Steps** |
| 1. **Welcome and Introductions**
 | Present: Ashley Benjamin, Holt Senior Care & Rehab Center; Chad Borodychuk, LCC Business Community Institute; Luanne Bibbee, LCC Business Community Institute; Jeanette Klemczak, LCC; Kathy Hollister CAHA; Ronda Miller, LCC HHS; Brian Loos, Willows at East Lansing; Jay LaNew, CAMW; Tammy Lemmer, TCOA; Erin Duckett, State of MI; George Mansour, Lansing Latino Health Alliance; Larry Leatherwood; Management Consultant  |
| 1. **Review November Discussion Summary**
 | *Discussion/Decisions:*  Data: Needed for better understanding of current employee status, opportunities* Rosen Surveys, show that most important concern of CNA’s is that they

 are given respect* Don’t call employees “girls” or “unskilled.” Best title is “Caregiver,” at

 various tiers of responsibility.* Caregivers express they are more dedicated to patients, rather than the

 corporation, committed to activism, marginalized people.*Opportunity*: Capitalize on these traits to build dedicated employees.***Next Steps:***MHC Representative Kristen Sewell agreed to send link to referenced articles for distribution to the Committee. Teambuilding: Helps employees engage at work* Employees earn (non-monetary) tickets to spend at company store (instant gratification, no guilt in spending)
* Enrichment committees to plan activities/special days: Super Bowl, ice cream, BBQ’s, fundraisers, lunches, intentional de-silo-ing departments, self-care (e.g. drink water competitions)

Diversity: Address representative workforce for diverse patients.* Michigan Health Council is looking at ways to diversify nursing (12% nurses are nonwhite, 6% nurses are males)
* Educate the community re: importance of healthcare sector priority to attract more diverse employee base; there needs to be more awareness of the breadth & depth of healthcare opportunities
* “Becoming Visible” – initiative with MSU, Sparrow, LCC, McLaren, CAHA and others to transform the face of healthcare
* State grant goals: 1) increase number of apprenticeships, 2) increase diversity (veterans, youth, disabilities, women, minority.) Erin stated that diversity in apprenticeships is a priority for both the U.S. Department of Labor (USDOL) Apprenticeship Program and the Michigan Talent Investment Agency.

Apprenticeships: Health care apprenticeships are relatively new (manufacturing sector has more experience)* MA Apprenticeship (at LCC) – 1 male, 4 or 5 women of color; MA is key to a career mobility ladder.
* CNA biggest challenges: 1) Availability - finding people, 2) Retention
* Availability issues: 1) pay not worth time, 2) awareness of job openings lacking
* Trilogy Health Services has model for CNA apprenticeship (current KY STTF model); Trilogy growth planned: current 109 facilities, grow to 150 by 2020.

***Next Steps:***Nicki – pull USDOL apprenticeship standards for CNAs  Consider CNA apprenticeship model in an employer collaborative. |
| 1. **Age Friendly Initiative**
 | *Discussion/Decisions:* * CAHA is participating in the City of Lansing’s Age-Friendly City initiative, a World Health Organization program to help cities prepare for the rapid aging of the population by paying increased attention to the environmental, economic and social factors that influence the health and well-being of older adults. The City of Lansing joined the AARP Network of Age-Friendly Communities in the summer of 2015 and spent 2016 holding community conversations to discuss the initiative and get feedback from residents. Work-groups have been formed based on different topics. CAHA is part of the Community Support & Health Services work-group. Other workgroups include: 1) Transportation, 2) Housing, 3) Civic Engagement, 4) Outdoor spaces, 5) Communication
* Other cities/municipalities are also taking steps to launch this initiative: East Lansing is in the needs assessment stage; Holt and DeWitt have inquired.
* Regional issues: housing, transportation, food availability, healthcare, increased numbers of aging (nationally, 10,000/day become age 65)
* Health Equity – all do not have equitable access to health options. Catastrophic events have greatest impact at the poverty level.
 |
| 1. **Continuing This Work**
 | *Discussion/Decisions:* Issues to be considered:* Direct care workforce wages need to be reconsidered
* Value is in a collaborative effort which is more effective than individual company or facility effort.
* Raising awareness is a key component
* Invite other resources, LTC organizations
* Recommend a plan of action
 |
| 1. **Next Meeting**
 | March 15, 2:30 pm, Lansing Community College - West Campus, Room S152 |
| 1. **Addendum** (Provided by Jeanette Klemczak 1/22/18)
 | The Michigan Nursing Survey report of 6/17 (prepared by the MI Public Health Institute under contract with the State of Michigan, Office of Nursing Policy): * The RN population is 7.6% male (with 4.9% of respondents "unknown"). Still very low but has improved a little. The "N" for the nursing population is 190,000.
* Black/African American identified nurses represent 6.3% of the RN population. Again, low compared to about 14% statewide Black/African American population. Hispanic RNs also are very low at 1.6% compared to over 3% of the state's Hispanic population.
 |