

Regional Healthcare Committee Meeting
Northeast Service Cooperative
October 11th, 2016
11:30 a.m. – 1:00 p.m.

In Attendance: Steve Giorgi, Sara Ferkul, Teresa Debevec, Lois Roscoski, Todd Scaia, David Hohl, Don Negley and Kim Stokes

Steve did a brief overview from the last meeting. Community health assessments – collectively doing one instead of duplicating everyone's efforts. Mental health was a huge issue across the region. As well as, alcohol and drug abuse, obesity and chronic disease (heart, stroke and cancer). Steve did reach out to the area superintendents about possibly bring an initiative to school districts for more healthcare related classes. What programs are out there right now that we should know about?

Mental Health: Very much a problem. Having trouble with the workforce, in entry level jobs, passing drug tests. Past convictions also play a part. If they can pass the initial drug test but have a past conviction certain positions they can't hire for. We need legislation to change the current motto, initial drug testing or random drug testing if they initially failed their first test. Or making it easily to ask for exceptions for people that have past criminal convictions. A large problem is the drugs and drug testing. Marijuana can stay in their system for up to 3 months, meth, however, won't show up the next days in most cases.

Healthcare workforce can be an issue, not only with lack of workforce, but that people new into the industry don't understand that it's not a Monday through Friday, 9:00-5:00 job. Forced overtime is also an issue. Some workers also have trouble with daycare providers, especially when they are forced into overtime. Older workers don't want to do it either but because of their seniority they are less likely to have to do this. This is a problem throughout the U.S. Communication to students/employees is important so they are told from the beginning what to expect.

A.L.I. – Can we see if they can start offering CNA classes, possibly over vacations or after school? The state requirements of mandated classes is overwhelming and can make it difficult to offer additional classes. Customized training – may be able to help or solve the issue of lacking nursing/medical training. If something isn't done quickly the issue will effect quite a bit of people. Offering health careers courses, maybe if students can spend some time within each field it would spark interest.

Is there an opportunity that we can speak with CNA's in training to help them see what opportunities are out there? Also, where they can move forward to, CNA's is a gateway to nursing. It's a springboard to nursing. It gives you a baseline for nursing experience and a good foundation.

School to Work program, Shannon Malovrh,

Costs of testing can become a barrier for some students. Some companies offer reimbursements after passing the test.

Community Health Initiative: Encourage hospitals and clinics to come together and work collaboratively. Not all hospitals or clinics have to complete a health assessment, depending on their size or credentials. Bringing in the directors that complete the health assessment together and collaborate as one. Wilderness Health is a great example of collaboration between hospitals.

“Wilderness Health is a collaborative of independent providers working together to improve health care in Northeast Minnesota and Northwest Wisconsin.”

www.wildernesshealthmn.org

Lack of beds in hospitals/nursing homes/mental care facilities is becoming an issue because of closures. Transportation in rural areas is a huge barrier.

Telemedicine is a growing concept, especially in areas that have a good connection with broadband, more rural areas are having a more difficult time because of lack of connection capabilities.

Trying to get standardized systems.

Kim Stokes is working on the Governor’s Mental Health Task Force. This began in July and will run through November. A road map for mental health services will follow. The entire group is divided into 5 different teams:

Continuum of Care

Crisis Response – what works and what doesn’t?

Inpatient Bed Capacity

Governance and who is responsible

How do we do this through a cultural lens – Race, Age, Rural Areas

Plan to put together their final draft for all areas and present to the governor the day before Election Day.

Ask Roy Smith to come in and speak with this group about opportunities, also who else does he believe should be invited to this group?