

Education & Employer Health Coaches/Navigators/MA's
February 10, 2017 – 11:00 - 12:30pm
Main Campus: Library, A-116

Industry Attendees:

Molly Heacox	SVMHS
Siphannay Ithean	CSUMB CHSHS
Marty Tweed	CSUMB, ICCS
Rita Whiteford	NMCHS
Kathy Grolly	Health Dept.
Rene Rocabá	Health Dept.

Staff Attendees:

La'Quana Williams	Hartnell College
Iris Medina	Hartnell College
Kristen Arps	Hartnell College
Ana Gonzalez	Hartnell College

Summary:

Next Meeting: Friday, March 10, 2017

12:00 p.m. – 1:30 p.m.

Call in Option:

Phone: **712-770-4700**

Participant Pin: **462070**

Action Items:

- Kathy to check with clinics about HS job shadowing
- Molly to identify opportunities for HS students in clinics and identify Rockstar MA's to go speak to HS students
- Mary to share national core competencies for health professionals; soft skills included
- Kristen to look at Workkeys as it relates to Health industry
- HRSA – healthcare professions definitions

I. Welcome and Introductions – What individuals hope to gain from collaborative

1. Molly, SVMH – Goal is to hire MA's and to hire for long term; hiring allied professionals and physicians as well but main focus is MA's
Goal 2 – more students in clinics, externships, trying to expose students to alternatives who don't want to go to medical school
Has more flexibility and capacity in the clinic to identify opportunities for high school students
2. Marty, CSUMB – Broad range of needs - Community based all the way to clinic professionals – visual conception model, core competencies – skills needed level vs. community based level (broad range) – as part of the grant, sort of a continuum; difficult to define this. Provide job descriptions for community health workers across the country – entry level with just a high school diploma
3. Kathy, Health Dept. - externs central coast and health when they were here; allows students to see the fast pace clinic; will check clinics for policy on high school job shadowing
4. Rita, NMCHS – Expose HS students to potential careers. HS students enjoy when they get to be out in the real world and shadow someone in the medical field, one of her classes goes to memorial for five days, trying to work with all the nursing students
5. Ana, Hartnell College, Adult Ed – would like to see how much training and education is needed for the different careers in health care. Would like generic job descriptions for learning purposes and enter adult ed as a target group in the pathway
6. Kristen, CSUMB, Adult Ed – identify what types of health care positions are available for adult learners, what are the needs and putting them on the pathway, What kind of outreach has already been done, i.e. Americas jobs centers – they just purchased work keys (Workforce assessment education tools ;see what competencies are; another

training tool) will look at Workkeys as it relates to health. Wants to identify health definitions and comp. and training needed

7. Britt, CSUMB – work with maternal child healthcare. Mothers will attend different things when they start prenatal care – Promotores
8. MA – entry level physician – 30 vacancies. Desire to become a nurse; schedules that allows them to go to school – senior clinic nurse ..people want to become nurses and MA's is the first step – certificate (Central Coast, CET) + CPR + no years of experience
7 steps = 16.16 > 3,885 per month Very generous packet, health dental vision + retirement + paid days off + bilingual pay –stipend they get monthly + CLINICAL experience

II. HIT Workgroup Overview

1. Goals and objectives

- a. Where are the gaps geographically?
- b. Have indigenous groups been part of this conversation?
- c. Cultural sensitivity and responsiveness – what does this actually look like for our region
- d. Trying to achieve is cultural residence
- e. Diversity is what we have – equity is the goal ; Cultural humility
- f. Goals is to increase visibility
- g. Avenues to jump like USDA – farm subsidies – need to be strategic about external funding
- h. Utilizing this collaborative for this group to engage people on different levels of the pipeline
- i. Align with urban fellows program
- j. Partner to build grant opportunities for scholarships
- k. If we can build and show success then it can become best practice
- l. Majority of the recruits – MA within the area, providers from outside the area
- m. Track recruitment costs – spending a significant amount advertising for job openings -- Relocation costs – It cost \$20k to \$25k to recruit – that feeds into the way we want to grow our own pathway
- n. Target groups – let's not dicot them
share with Joe

III. Barriers

1. Health navigators: most are volunteers
2. 6 salaried health workers; hoping to expand
3. Increase visibility – understand the needs of this region
4. High cost of living
5. Currently being paid of stipends not that much money
6. Recruiting costs
7. Federal resources

IV. Asset Mapping

1. CSUMB – reach the final institutional approval – 27 month program. January 19th.

2. Address the medical nuisances
3. Indigenous lines
4. Become Regional health resource hub for the county

V. Next Steps

1. What else can we identify in the workforce system pathway (very adaptable)
2. Who else needs to be at the table? (Insert at different times, bring them in when we need them) Provide road modeling
 - a. Norma Hedo – CCA
 - b. Victor Salaz – Natividad
 - c. Woman who translates Trikki – Natividad
 - d. Angelica Isidro – Natividad
 - e. Someone from Las Cuevas shop