

Workforce Workgroup Report

1. Recommend Childhood Healthcare Experiences

Partner with childcare programs (such as summer or after-school programs) to provide hands on healthcare career experiences to elementary-aged children. Potential barriers include young professionals entering the healthcare workforce and building long-term care ties to community as employers.

Key Strategies:

- Create a toolkit that childcare programs could use to build a health careers experience curriculum or day.
- Encourage Healthcare facilities to become engaged with childcare providers in their communities.
- Assess opportunities within a 60-mile radius of small rural communities to foster collaboration and engagement.

Resources Needed:

- Potentially offer funding to childcare programs to assist with launching a program (transport cost, food costs, etc.).
- Use structures/tools that exist for Scrubs camps/camp meds (model is already developed and proven successful).

2. Recommend The Power of Proximity: Elementary-Aged Students + Eldercare Setting = Future Workforce

For years, researchers have studied care programs for children and older adults that share the same building or campus, and foster relationships across generations. Although shared sites vary widely, the most common model pairs preschools with adult day care or long-term care living settings like nursing homes or assisted living centers.

Potential Barriers:

- This is difficult care model to pull off, complicated by funding silos and regulations.
- Most funders that support care facilities focus on either childcare or eldercare, forcing operators of shared sites to seek and manage separate funding sources.
- Furthermore, the staffing plans, emergency evacuation procedures, and other regulations that govern care sites for younger people differ from those designed for older populations.

Key Strategies:

- Increase awareness of the benefits of shared sites
- Sharing data and stories about the positive effects on participants.
- Research shows that older adults in shared sites feel more accomplished, improve cognitively and physically, and find new purpose in their daily lives.
- Children thrive under the extra attention they receive.
- Attracting and retaining staff—a chronic problem in the care industry—is less of an issue at shared sites, because employees can more easily meet their own family caregiving needs.

- Engage community champions and through an awareness and story-telling campaign. Research innovative ways to share resources and funding options
- Older Americans Act
- Community Foundations
- Grants
- Fundraising

Explore ways to navigate age-segregated licensing and accreditation rules

- Develop new policies and standards that align with relevancy Partners/Resources Needed:

Pilot Program(s) to show and tell how this could and might work

- The Village at Harmony Hill in Watertown
- Tiezen Memorial Home in Marion

Resources Needed:

- Appropriate \$5 million to the Department of Human Services to administer “Technology grants” for long-term care providers.

3. Recommend Creation of a Healthcare workforce Coalition

Create a standing coalition with diverse representation to convene regarding healthcare workforce needs and programs to address needs.

Barriers addressed: entry into healthcare workforce, barriers to education, clinical skills training.

Key Strategies:

- Determine membership makeup
- Create group charter
- Determine meeting cadence and standing agenda Resources

Resources Needed:

- Legislative authority for the coalition to make recommendations
- Funding to support member engagement

4. Recommend Creation of a Central Clinical Experience Repository

Provide a software platform to connect healthcare studies students needing clinical skills training with preceptors that are willing to host students for clinical experiences. Barriers addressed include professional students being able to find clinical experience placement to complete clinical skills training.

Key Strategies:

- Partner with a contractor to seek a software vendor that offers this type of service
- Management of the platform at DOH
- Identify key data points to collect regarding preceptor challenges in South Dakota

Resources Needed:

- Funding to purchase the platform
- Annual software maintenance/subscription fee
- Authority/ programmatic staff to maintain and manage

5. Recommend that DoH, DLR, BoN and Tech colleges, tribal colleges continue efforts to create more opportunities for needed healthcare apprenticeships.

The critical teaching need scholarship has provided resources and flexibility to the Department of Education. The Workforce Workgroup recommends that the same framework be expanded for a broader critical workforce in South Dakota. In this particular case, the Workforce Workgroup recommend that the program focus on healthcare workforce, and long-term care even more specifically.

6. Move: Recommend that the larger group supports legislation to join compacts for APRN, social workers, counselors and psychologists.

The Workforce Workgroup recommends that the state of South Dakota pass legislation to join interstate compacts licensing APRNs, social workers, psychologists, and counselors. This increased flexibility accommodates increased rates of moving, and anticipates federal support of these initiatives. Rural healthcare, and e-healthcare providers, can make good use of these initiatives as well.

7. Recommend the Dakota Corps and Build Dakota Scholarship Boards include long-term workforce and behavioral health for traditional and non-traditional students in their scholarships.

The Dakota Corps and Build Dakota Scholarships have already been instrumental in bringing traditional candidates into the healthcare workforce, and have been especially effective at recruiting and retaining nontraditional candidates. The Workforce Workgroup supports the expansion of these efforts.

8. Recommend using available space in nursing homes for adult day care.

SD can use a waiver similar to the Elderly Waiver in MN to allow licensed nursing home or assisted living facilities to take five or fewer people, who are neither residents nor patients, as adult daycare recipients. This should diversify revenue streams for smaller facilities, and should also allow increased revenue without increasing proportionally the number of skilled nursing staff required. For facilities not using available space because of staffing issues, this offers a way to use space and generate revenue while not increasing the need for skilled nursing staff.

9. Change critical teaching scholarship to critical workforce scholarship.

The critical teaching scholarship has been helpful to the Department of Education, and the workforce workgroup recommends that the scholarship be expanded to a broader critical workforce.