UP Healthcare Workforce Assessment

UPPER PENINSULA MICHIGAN WORKS!

U.P. Healthcare Careers Alliance

An Inside Look

CONTENTS

Foreword

The healthcare field has certainly experienced its share of challenges over the past two years with a pandemic on our doorstep. The need for workers at all levels has grown to a point that the talent pipeline may never catch up to the need. Across the nation, healthcare facilities are stretched to capacity, especially with staffing. Convincing people to go into the healthcare field during a pandemic offers its own set of challenges.

Here in the Upper Peninsula of Michigan, the challenges are even greater due to low population density, pockets of under-served individuals, above average poverty rates in many areas, and an aging population. These demographics create a situation in which there is an increased demand for elder care coupled with a substantial number of people approaching retirement age within the healthcare sector. This leaves an ever-widening gap between the need for healthcare and social services, and a talent pool that is not keeping up with the demand.

Foreword

The U.P. Healthcare Careers Alliance was formed in 2021 to support development of careers in Healthcare and Social Services. The Steering Committee of the Alliance includes representatives from several support organizations that have an interest in Workforce Development across the U.P. You can find a listing of members in Appendix A.

Our first task was to complete a Healthcare Workforce Assessment specific to this region. You hold the results of that assessment in your hands. The focus is on the U.P. as a region, and certainly there are many data sources available that touch on this topic more broadly from a state and national perspective. Some of these data sources will be referenced throughout this report, and you will find links to other reports and sources of data in Appendix B.

For our purposes, we wanted to take an inside look into what is happening in our region specifically. More importantly, we wanted to engage those who have been working in the Healthcare and Social Service sectors to gain their perspective on a variety of factors that affect recruitment and retention into these career fields. What they've had to say may surprise you!

Introduction

We are all caregivers. At the very least, we care for our families every day. For some, this extends to caring for others in some capacity. Whether it is spending time with a sick friend, caring for an aging parent, or trying to navigate the complex array of services needed, we have all had at least some experience with being a caregiver. But what happens when we need help? Who do we turn to? We turn to professionals.

Where does the workforce of these needed professionals come from? What motivates someone to become a professional in the Healthcare and Social Service fields? And once trained and working in their chosen field, what encourages them to stay on the job?

With the staffing shortages being reported across the nation and our region, these questions are important to consider as we work to build the talent pipeline. They are the heart of the issues we face. In this report we will examine these questions. We will talk about the data we collected and what it tells us. We will look at strengths, opportunities, and challenges. We will look at the talent pipeline to see what is being done across the U.P. to address needs for staff and what support can be given.

Finally, we will discuss ways in which we can all work together to solve regional issues facing our service delivery systems and the people who make them run.

Introduction

The future, in which there will be a huge wave of retirements with not enough workers to fill those positions, and which we were warned about - is here. Our hope is that despite these challenges, we can find ways to address them together. None of us need do this alone.

"In the middle of difficulty lies opportunity."

~ Albert Einstein

Methodology

We collected regional data using three different methods and sources as follows:

1. Healthcare Jobs Snapshot

2. Focus Groups

3. Employee Survey

- Each of these was conducted separately, at different times throughout the period from April 1, 2021 through March 31, 2022.

- Data was collected and compiled using Excel spreadsheets, hand counts, conversation notes, and survey tools.

- All data was reviewed by teams of people that were involved in the data collection, analysis and conversations.

- Themes were compiled through these independent reviews and by use of graphs.

- Themes were then cross-referenced between the various teams with discussion around the findings from each data source.

- Consensus was reached that data sources and analysis completed are indicative of the overall and key findings for each sub-set of data as well as over-arching themes that emerged.

Following is a description of each data source and what methodology was used.

Methodology

Healthcare Jobs Snapshot

Snapshot taken April 5 – 16, 2021

Total Unique Jobs: **870**

<u>Note</u>: Some job postings may have several open positions not specified as such that are not included in the total of unique jobs.

Snapshot equals a screenshot of posted positions for each entity and covers the following sectors:

U.P. Hospitals/Health Systems
Community Mental Health
Long Term Care
Federally Qualified Health Centers
Tribal Health Centers
Community Action Agencies and UPCAP
Emergency Medical Services
Excludes the following:
Private staffing entities
Assisted Living Facilities not otherwise connected to a LTC
Group Homes
Private Providers not affiliated with Hospital/Health System
Health systems that are not located in Michigan but may have clinics or other outpatient settings
Veteran's Administration
Substance Abuse and Social Service Entities not specified above or affiliated with a Hospital/Health System

Jobs Titles and Classifications:

All job titles captured as stated in posting
Total of Position Titles: **160**
Clusters of related job types compiled and graphs created
Overall Snapshot Results and Cluster Analysis Graphs in Appendix C

Methodology

Focus Groups

Three separate focus groups were held in October and November 2021. Two groups were held in person at two different locations, one group was held virtually.

Invitations were sent to Administrators/CEOs/HR Directors from the following sectors:

- Hospitals/Health Systems
- Long Term Care
- Public Health
- Community Action Agencies
- Community Mental Health
- Rural Health Clinics
- Tribal Health
- Substance Abuse
- Emergency Medical Services

Groups were facilitated by members of the Alliance with assistance from Grow and Lead Community and Youth Development. All participants and facilitators signed a Focus Group Disclosure and Consent Form to protect identities of individuals and organizations. All three groups were asked the identical set of questions.

Notes were taken during the meetings with consensus from the group that the content was captured accurately. Notes were compiled for each separate group. Themes were identified for each question from an analysis of responses from all three groups.

Focus Group Questions and Themes in Appendix C

Methodology

Employee Survey

- Survey conducted for a two-week period in December 2021
- Survey was conducted and tabulated by Grow and Lead Community and Youth Development via Survey Monkey
- Survey was distributed via email and social media
- All respondents and responses are anonymous
- Total number who took the survey: 255
- A total of 10 questions were asked

Questions align as closely as possible to the questions posed during Focus Groups for comparative analysis. Some questions had ranked choices and others were open responses. All ranked choice responses were tabulated and graphs were created. Themes were identified for each open-ended question from an analysis of responses and graphs were created.

Spreadsheet of Survey Questions and Responses in Appendix C

Key Findings

- People pursue careers in healthcare through a desire to help others!

- People stay in those careers when they feel emotionally satisfied with their work – this includes feeling respected, appreciated, and feeling "heard".

- People are leaving the profession due to high levels of burn-out – partly due to increased workload, but also due to the nature of the work itself.

- Wages and Benefits are important – but they are not the only thing that determine entry into the field and retention of staff.

- Work-Life balance is a critical issue identified universally.

- Registered Nurses are in high demand everywhere!

- The necessity to hire "travel nurses" fills the staffing need, but creates issues with existing staff.

- There is no local alternative to provide this level of coverage.

- There is funding available to support collaboration and training – especially for entry level positions designed to get people into the pipeline and develop career pathways.

- There are some things you can do as an employer that can help you retain your employees.

Key Findings

What is company culture?

Company culture is how you do what you do in the workplace. It's the sum of your formal and informal systems and behaviors and values, all of which create an experience for your employees and customers.

Company culture is often something you can feel, even as an outsider.
JULIAN LUTE , 27 AUGUST 2021

www.greatplacetowork.com (Great Place to Work)

What about emotional culture?

Research shows that, for better or worse, **emotions influence employees' commitment, creativity, decision making, work quality, and likelihood of sticking around**—and you can see the effects on the bottom line. So it's important to monitor and manage people's feelings as deliberately as you do their mindset.

https://hbr.org/2016/01/manage-your-emotional-culture (Harvard Business Review)

These excerpts point to one of the key take-aways we heard from the employee survey about why people enter the healthcare field, and why they stay. Nearly 80% of the employees we surveyed told us they entered the field to help others. While it may seem on the surface that employees are leaving their jobs for a wage increase elsewhere, consider the possibility that they are looking for a level of emotional satisfaction they don't feel they are getting in their current position.

Key Findings

That can be true for any profession – but we see in our survey that people are attracted to helping professions largely for emotional reasons. It makes sense that they expect emotional satisfaction in their work. Essentially, this is a very compassionate group of people – who have an intrinsic need to be treated with compassion in return.

This emotional aspect of job satisfaction is part of the work-life balance equation as well. It is no surprise that this compassionate group of professionals have identified work-life balance as a key to staying on the job.

It is also no surprise that this group of caring professionals are experiencing an unprecedented level of burnout due to the high demands on their time and emotions, much of it resulting from all that has taken place during a pandemic. While burnout may seem inevitable, learning to recognize it is an important first step in helping employees to cope and remain on the job.

Another key finding is that nursing shortages being reported across the nation are also an issue for our region. Registered Nurses especially are in very high demand. This has created a situation in which providers are left with few options to fill shifts and have had to rely on what is commonly termed "travel nurses". While this may fill shifts, it is not well received by staff who are being paid a lower hourly wage than these travel nurses receive, which only adds to the issue of staff turnover and can negatively impact employee satisfaction.

One of the themes identified through our Focus Groups, is that there is no regional alternative in place that would fill needed shifts with local nurses. This is certainly an area with potential for further regional development and collaboration between employers.

"Before you can have great employees, you must put them in a position to create their own future."

~ Garrison Wynn

Key Findings

With such high demand for staff across this sector, and projections that indicate a talent supply that is not projected to meet or keep up with this demand, we are left with a situation that looks bleak. However, it is also a situation in which we do have opportunities for providing training, career pathways development, and collaboration. It is also a time for taking a closer look at strategies for retaining current employees, which has become of paramount importance in the face of these staffing shortages and recruitment challenges. We will look at these opportunities and strategies in subsequent sections of this report.

80% of the employees we surveyed told us they entered the field to help others.

EMS - A Unique Sector

On average, a person will call 911 twice in their lifetime. This could be one of the worst days of their life. What if there is no ambulance available? In a recent national poll completed by EMS1, of 700 ambulance service respondent's 82% percent cited having no ambulance units available to respond to calls on daily or weekly basis. [9] Emergency medical services across the county are facing a staffing crisis, exacerbated by the pandemic. Couple this with the rise of the great resignation, a national ambulance chip shortage, rising call volumes, and a flawed reimbursement model and you have a system on the verge of collapse. The availability of emergency medical care in many communities is threatened. In the upper peninsula, ten EMS agencies have closed their doors in the last ten years leaving neighboring agencies more ground to cover with no additional resources.

Across the United States 18% of the total population call rural communities home. The National Rural Health Association states rural Americans tend to be older, sicker, and poorer. Nearly 27% of rural children live in poverty due to declining average family incomes. In addition to a declining income, the gap in life expectancies between rural and urban American families has also widened. The difference between urban and rural life expectancies is as much as 20 years. There is a clear need for improved access to healthcare in rural communities. With healthcare disparities, our rural EMS agencies often become the only guaranteed access, and ultimately, the safety net for underserved rural communities. The decline of volunteerism, decreasing populations in rural communities, and poor reimbursement is threatening rural EMS services across the country. Nearly one-third of rural EMS services are in jeopardy of closure. [7]

EMS - A Unique Sector

In rural Michigan, these challenges are real. There are almost 28,000 licensed EMS providers in Michigan that support nearly 800 EMS agencies throughout the state. Michigan's Upper Peninsula houses 61 EMS ground ambulance services and one emergency medical flight service. [8] Of the 61 ground ambulance services, 13% are staffed with a mix of non-volunteer and volunteer providers, 41% are staffed with volunteer providers, and 46% are staffed with non-volunteer paid providers. Of the 61 ground ambulance services, 28 have patient transport capabilities. Sixteen are licensed as Advanced Life Support units, 3 as limited Advanced Life Support units, 20 as Basic Life Support Units, and 20 as Medical First Response units. According to the Michigan Department of Community Health, there are 14 hospitals located in Michigan's Upper Peninsula.

Recently, WJMN local 3 published a story highlighting Baraga Ambulance Service located in Houghton Michigan. Baraga Ambulance Service recently lost one-third of their workforce. Gary Wadaga, Baraga Ambulance Services Director, has stepped in to help. WJMN goes on to highlight EMS agency challenges in the Upper Peninsula and the impact staffing is having on emergency medical services in the UP. [4] The Michigan Association of Ambulance Services (MAAS) is a member trade organization whose members provide 60% of ambulance transports in Michigan. MAAS cites approximately 1,000 EMT and Paramedic positions are needed to fill open positions throughout Michigan. [4]

EMS - A Unique Sector

Many states around the country are sounding the alarm around critical staffing short-ages. Michigan is no exception; EMS provider turn-over rates hovered around 10% pri-or to the pandemic and have since soared to almost 30% according to the Michigan Association of Ambulance Services. The ambulance service payment model reimburses for patient transports only. This means an ambulance that responds to a scene and doesn't transport the patient for a variety of reasons is not paid for services rendered or the resources utilized. This infrastructure for ambulance payment doesn't cover the costs associated with emergency medical readiness such as ambulance fuel, provider wages, equipment, etc.

Medical services provided without a sustainable payment model creates unattractive employee wage and benefit packages, barriers to agency infrastructure, and limita-tions when it comes to the needs of the organization. Rural EMS services face even big-ger challenges when it comes to sustainability because they grapple with the same cost of readiness as their suburban and urban counterparts without the transport vol-ume. Since ambulance services are paid for transports, having a lower call volume without ample reimbursement is problematic.

A recent story on Channel 3 news explains "Michigan EMS is sounding the alarm on a lack of funding," Mark Meijer states, "The typical provider collects between 35-55% of what it charges. That doesn't give us the ability to increase wages and benefits. That just puts us, paints us into a corner."[5] A publication in the Bridge Michigan explains that a typical ambulance transport cost in Michigan ranges from $800- $1200 per run. In 2019 Medicaid reimbursement was paying $165.18 per trip for a basic life support transport. Reimbursement has not significantly increased since 2019. Approximately 60% of ambulance transports are reimbursed under Medicare or Medicaid. [3]

The 2021 EMS Trend Report produced by Fitch and Associates and the National EMS Management Association polled over 2500 EMS professionals nationwide. An im-portant question posed in the survey was whether the respondent feels their organiza-tion effectively educates the public about what they do? The poll results showed a resounding no. On the other hand, 48% of survey respondents felt the COVID-19 pandemic improved the public's perception of EMS. [2]

EMS - A Unique Sector

For EMS to move into a sustainable future, we need to become skilled in telling our story to the public and key decision makers at the local, state, and national level. If people don't understand what we do and how it's accomplished, they won't understand the systemic failures and what's causing them. This will leave little chance that a solution will be funded or supported.

While the staffing crisis rages on, many in the industry worry about the future of EMS. A large sector of our workforce is nearing retirement. There are so many job openings many agencies are unable to hire the help they need, especially with the current climate of the job market. Thirty-nine percent of EMS professionals surveyed would not recommend the field of EMS as a career to their children. Only 53% of EMS professionals are optimistic about the future of EMS. [2] There is no easy solution and real change will take a robust evolution. In rural communities, system disparities will continue to exist. It will be imperative that local communities support their EMS agencies through flexible on-call work schedules, local education and initiatives, and financial support services.

It's time to recognize and fund emergency medical services as an essential community healthcare service. As Bryan Bledsoe says, "EMS needs to be fixed with bulldozers not tweezers." [1]

Citations are listed in Appendix F.

"Unless we do something to address this shortage, it's going to come to a point that when we call 911 and no one is coming, or no one is coming for an hour."

DR. CHRISTINE BRENT
U OF M EMS FELLOWSHIP PROGRAM DIRECTOR

Education and Training Availability

U.P. Michigan Works (UPMW) was awarded the MiLEAP (Michigan Learning and Educational Advancement Program) grant in 2021. Under this grant, UPMW has collaborated with UP community colleges, universities, and training providers to form the OneUP Education Collective. Member partners are Michigan Tech, Michigan Tech Mobile Lab, Bay College and Bay West, Northern Michigan University, Gogebic Community College, Lake Superior State University, Bay Mills Community College, and the U.P. Area Health Education Center.

Through working with training providers, available short-term training opportunities in the healthcare sector have been identified, and new programs are being developed. This focus on short-term training for people entering or continuing with healthcare careers has helped align training opportunities with the needs of the healthcare organizations in our region.

The short–term training programs now operating or under development through the OneUP Collective include: Phlebotomy, new CNA courses, Paramedic Training, CPR classes, EMT, LPN, Medical Assistant, Medical Office Assistant, Allied Health Simulation Training, Alzheimer's Disease and Dementia Care with simulation, Hearing Voices Mental Health Training, Certified Advanced Alcohol and Drug Counselor. A full list of programs is in Appendix D.

Due to this partnership, a statewide CNA task force has been created. The task force is working on making changes to the current structure of CNA classes to eliminate barriers to instructors, institutions, and students. Specifically, the task force is looking to develop hybrid courses that will allow instructors to teach virtually and have other facilities teach students in clinical lab settings. This hybrid class will allow training institutions to share resources across the state, while increasing distance learning and hybrid or blended learning modalities of instructional delivery.

Education and Training Availability

OneUP enables us to conduct student outreach by informing students on campus about available programs to help ensure they successfully complete their educational goals. One of the ways in which this is accomplished is through the creation of MiLEAP Navigators. Navigators have a strong presence on OneUP partner campuses to maximize student engagement and services. They provide students and job seekers with assistance in overcoming barriers, paying for educational needs, finding resources, and providing guidance and support. Navigators also provide valuable post-graduation career coaching and can assist with job placement.

There is great potential in working with hospitals and healthcare institutions to determine and remedy employee shortages through development of training programs for both new and current employees. Incumbent Worker Training programs enable existing employees to gain critical knowledge that will help them earn promotions and higher wages while being retained by their current employer. Many organizations are suffering from worker shortages, and they welcome the opportunity to train and retain their current staff, offer promotions, and backfill open positions with new workers.

The collaboration with OneUP training institutions will continue to help grow the healthcare workforce and address the talent shortages that all healthcare organizations are facing. OneUP creates a direct link between the need for talent and the training programs needed to fill those gaps. When that is combined with a regional focus on regional issues, it creates an environment where targeted solutions are developed in real time and jobs are filled with trained personnel.

You can learn more about the U.P. Health Education Center here: https://www.upahec.org/

Retention Strategies

We cannot look at solving staffing shortages with recruitment strategies alone. If there are not enough people in the talent pipeline to fill these shortages either now or in the future, we must look to developing strategies to retain current employees.

We asked questions about retention in our Focus Groups. Here are the themes that emerged from these questions:

What strategies have you implemented to retain employees?

- Increased wages/benefits/incentives/bonuses

- Opportunities for feedback/dialogue

- Flexible scheduling

- Staff recognition and appreciation

What do you need to be more successful at recruitment and/or retention?

- Sustainability and efficiency strategies

- Cultural issues addressed

- Higher reimbursements/higher wages

- Work-Life Balance

Retention Strategies

We also asked some questions on the Employee Survey around the reasons why respondents believed people stay, and why they leave their organizations.

Please rank the reasons why you believe staff stay at your organization, with one being the most important and six being the least important.

Please rank the reasons why you believe staff leave your organization, with one being the most important and seven being the least important.

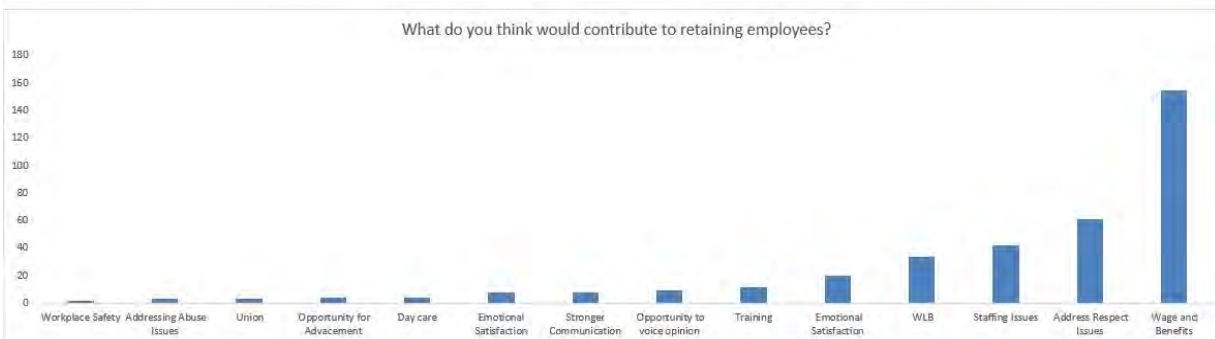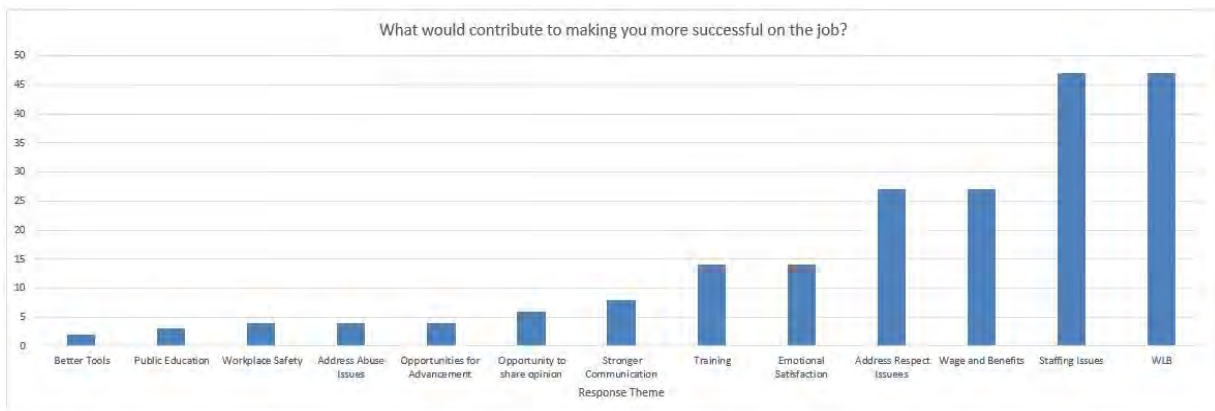## These are ranked response questions.

- Employees stay due to wages, benefits and job security.

- Employees leave due to wages, management, and schedule.

- The other responses – recognition, high expectations, incentives are significant as well.

- Management can contribute to whether employees stay or leave.

Retention Strategies

These are open-ended questions.

- Being successful on the job contributes to retention.

- Wages/benefits, staffing issues, work-life balance are identified in both sets of responses.

- Addressing respect issues and emotional satisfaction are also significant.

- These and the previous set of responses point to what is termed "emotional culture".

What would contribute to making you more successful on the job?

What do you think would contribute to retaining employees?

Retention Strategies

There are some important points to consider about what has changed within our culture in general, and within the workplace culture.

First, we know that healthcare workers are in high demand. Second, employees do have options and they can choose where to work. There has been a shift in the employer/employee relationship because of this. Employees are increasingly in control of this relationship simply because they do have options about where they will work and the conditions of that employment.

For the purposes of this assessment, we are defining retention as: *doing what it takes to develop and keep good workers.*

So, what does it take to do that? First, there are many resources available around this topic. Below are strategies and suggestions based on what we learned from our Focus Groups and Employee Survey and are meant to target those findings.

Wages and Benefits

- Analyze your pay scale across all positions, all departments.

- Analyze benefits offered – people want Work-Life Balance – this may be increasing the amount of paid time off.

Retention Strategies

Rewards Outside of Pay and Benefits

- Analyze what you can do to add value and show appreciation.

- Work with employees – not against them.

- Flexibility is highly valued by employees – find ways you can add flexibility wherever possible.

- Find ways to provide opportunities for employees to "be heard".

Impact of Decisions

- Consider the impact of your decisions on the staff who will implement them and those who will be impacted by them.
- Person-centered planning concepts can be applied to decision making as well in regard to employees.
- Retention can be influenced by decisions that impact workers in various ways.

The power of decisions is amplified by the number of people who support them.

Retention Strategies

Other Best Practices for Employee Development and Retention

Assign Mentors and Develop Mentorship Opportunities

- Mentorship can be a process as well as a person

"In learning you will teach, and in teaching you will learn."

~Phil Collins

Retention Strategies

Evaluate Your Evaluation Processes

- How does your employee evaluation process work?

- Does it foster growth and positivity?

- Do you conduct exit interviews?

- How do you use the information you learn?

- Do you have a process to address concerns before they result in a resignation?

"It is said that employees don't leave companies, they leave people."

~Dale Carnegie

Retention Strategies

Be Innovative and Open to Change!

- Remote work

- Time off for self-care

- Job sharing

- Flexibility – scheduling, shifts, roles

- Create opportunities for growth beyond position titles and defined roles

- Provide training and development opportunities

- Design career pathways that make it easy to advance

- "Fix don't fire" whenever possible

- Learn to identify signs of stress and burnout

- Keep work-life balance in focus

Retention Strategies

Retention Resources

The Lift UP Business Resource Network is a program operated by U.P. Michigan Works! that provides retention services to employees of member companies.

- These numbers are a summary of services provided to **26** employees from **4** different companies over **2** years, between 2019-2021.

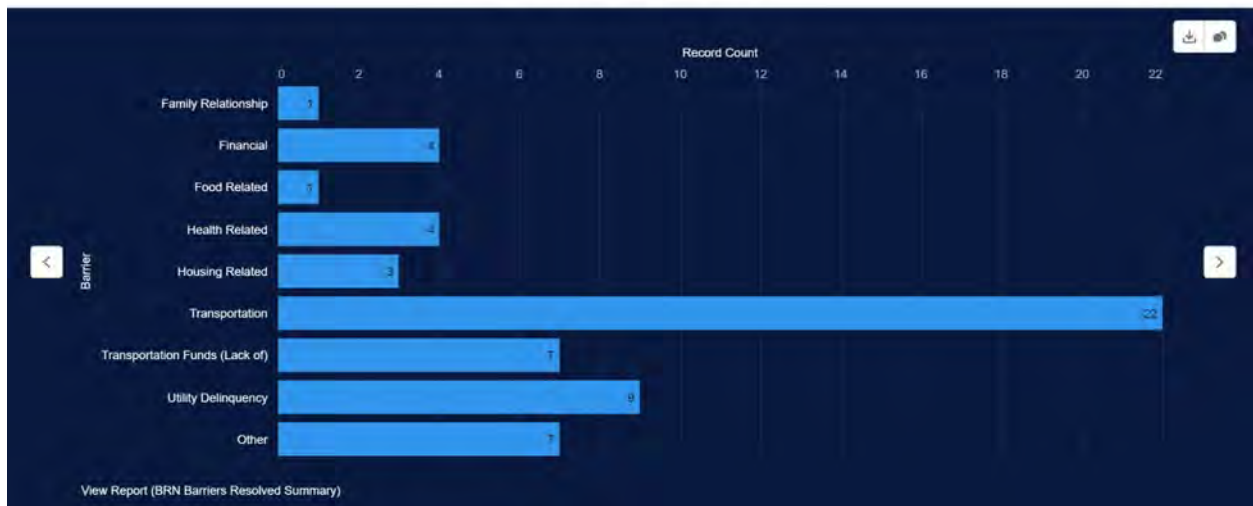- Of those 26 employees, **24** were still employed at contract end.

Retention Strategies

- There were a total of **58** barriers resolved; some employees have more than one barrier.

Total BRN Barriers Resolved

58

View Report (BRN Barriers Resolved Summary)

BRN Barriers Resolved Summary

Key Point: Helping people resolve their problems can keep them working vs losing an otherwise good employee due to circumstances beyond their control.

Retention Strategies

3RNET 2022 ACADEMY

HOME   ABOUT THE ACADEMY   REGISTER   CONTACT   SESSION MATERIALS   CART (0)

Guiding Your Recruitment for Retention Process

Practical Tools to Position Yourself as an Employer of Choice in Today's Workforce Environment

Why 3RNET?

3RNET Recruiting for Retention Academy is the only online training specific to recruitment and retention for rural and underserved communities.

The 2022 Academy will take place in October.

Co-Sponsored by Michigan Center for Rural Health

&

Michigan Primary Care Association.

Free to attend! Register here: https://academy.3rnet.org/

Learn more about 3RNET   www.3RNET.org

Retention Strategies

The U.P. Healthcare Careers Alliance can connect you to additional resources specific to the needs of your organization.

Elise Bur, NMU Center for Rural Health

Email: ebur@nmu.edu

Lisa Temple, UP Michigan Works!

Email: ltemple@upmichiganworks.org

Full Listing of UPHCA Steering Committee Members in Appendix A

In this section we will look at some of the available data around the demographic and geographic characteristics that impact the Upper Peninsula. This data, when taken as a whole, paints a picture of a region with workforce demands in the healthcare and social assistance sectors that are beyond what the region has available to fill them. The data indicators represented here are taken from Economic Modeling Specialists (Emsi) data. Other reports and data sources can be found in Appendix B.

First, let's look at a map of the hospitals in the U.P. and how they are spread out around the perimeter. This leaves large rural areas in which there are no hospitals close by for those living in these areas. Many health systems have tried to address this issue with establishing outpatient clinics in other areas, which does bring care closer to people, but it also increases demand for staff to work at these clinic locations.
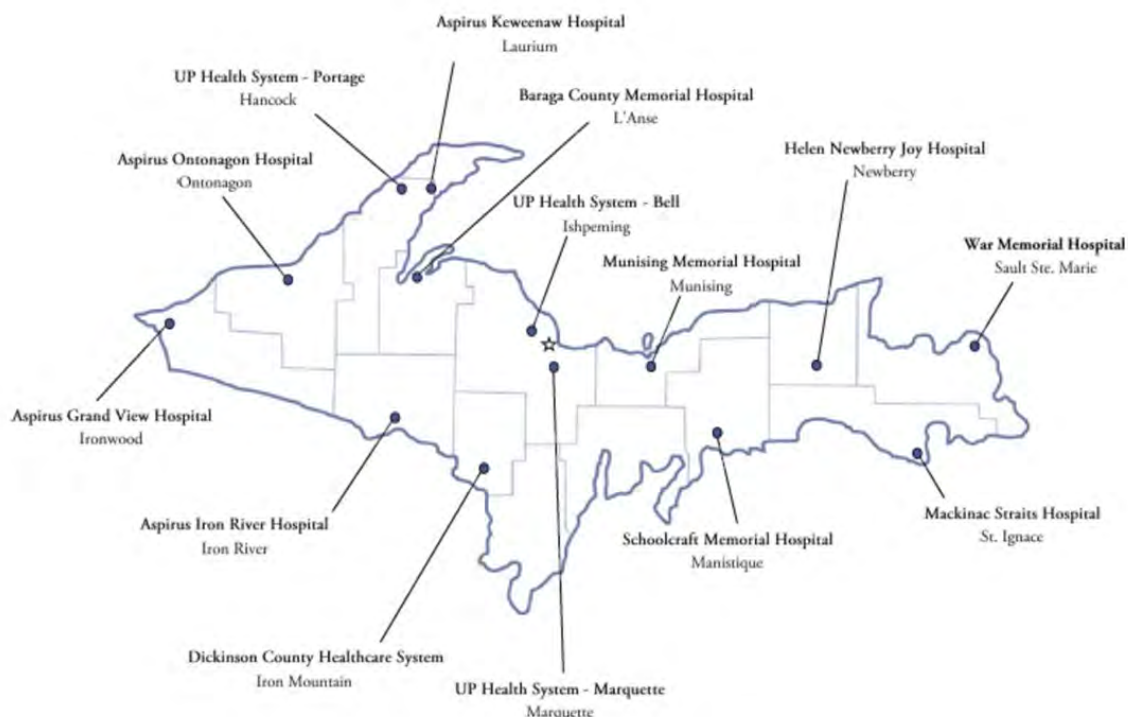
Note: OSF St. Francis Hospital in Escanaba is missing from the map.
Some facilities have recently or are currently undergoing name changes

Local & Regional Challenges

What is EMSI Data?

EMSI data is a hybrid dataset derived from official government sources such as the US Census Bureau, Bureau of Economic Analysis, and Bureau of Labor Statistics. Leveraging the unique strengths of each source, our data modeling team creates an authoritative dataset that captures more than 99% of all workers in the United States. This core offering is then enriched with data from online social profiles, resumés, and job postings to give you a complete view of the workforce.

EMSI data is frequently cited in major publications such as The Atlantic, Forbes, Harvard Business Review, The New York Times, The Wall Street Journal, and USA Today.

Retirement Risk Is About Average, While Overall Diversity Is Low

Retiring Soon

Retirement risk is about average in your area. The national average for an area this size is 3,270* employees 55 or older, while there are 3,477 here.

Racial Diversity

Racial diversity is low in your area. The national average for an area this size is 5,399* racially diverse employees, while there are 995 here.

Gender Diversity

Gender diversity is about average in your area. The national average for an area this size is 10,083* female employees, while there are 10,551 here.
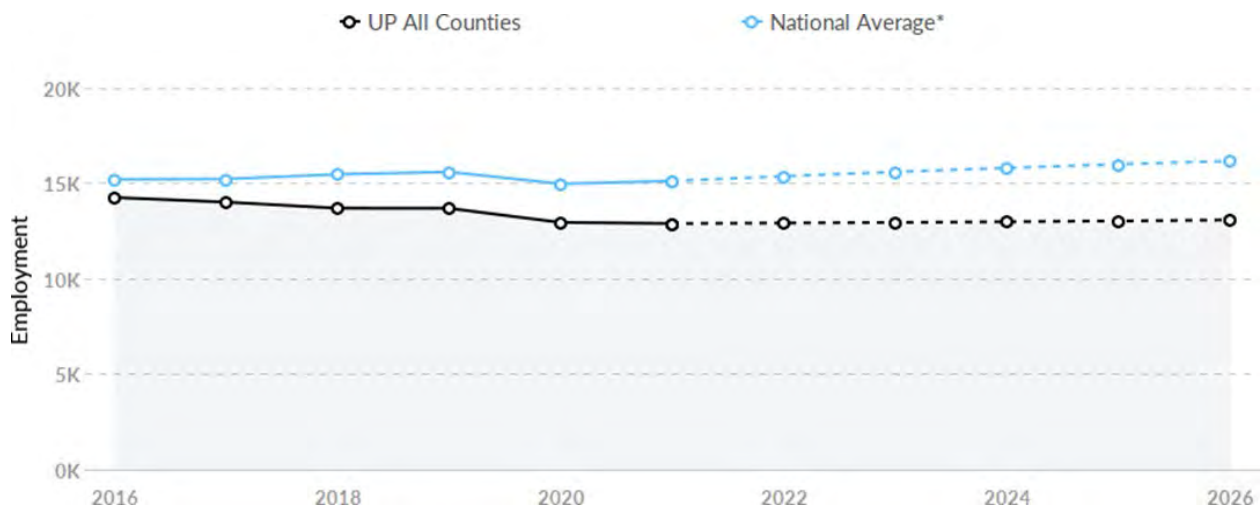
Local & Regional Challenges

Supply (Jobs)

Supply Is Lower Than the National Average

The regional vs national average employment helps you understand if the supply of Health Care and Social Assistance is a strength or weakness for your area, and how it is changing relative to the nation. An average area of this size would have 15,124* employees, while there are 12,895 here. This lower than expected supply may make it more difficult to find candidates. The gap between expected and actual employment is expected to increase over the next 5 years.

-10% Past Growth (2016 - 2021)   **1% Projected Growth (2021 - 2026)**

Local & Regional Challenges

Demand

138 Employers Competing
All employers in the region who posted for this job over the last 12 months.
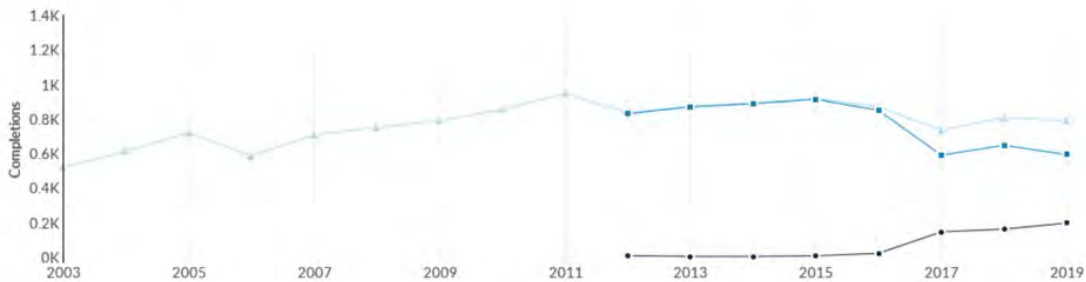
3,291 Unique Job Postings
The number of unique postings for this job over the last 12 months.

Program Overview

	Completions (2019)	% Completions	Institutions (2019)	% Institutions
All Programs	788	100%	7	100%
Distance Offered Programs	196	25%	3	43%
Non-Distance Offered Programs	592	75%	7	100%

788 Completions

Regional Trends

	2012 Completions	2019 Completions	% Change
Distance Offered Programs	7	196	+2,700.0%
Non-Distance Offered Programs	828	592	-28.5%
All Programs	835	788	-5.6%

Local & Regional Challenges

Regional Completions by Award Level

| Award Level	Completions (2019)	Percent	
Award of less than 1 academic year	14	1.8%	
Award of at least 1 but less than 2 academic years	91	11.5%	
Associate's Degree	215	27.3%	
Bachelor's Degree	421	53.4%	
Postbaccalaureate certificate	1	0.1%	
Master's Degree	29	3.7%	
Doctor's Degree	17	2.2%	
Award of at least 2 but less than 4 academic years	0	0.0%	
Post-masters certificate	0	0.0%	

Job Postings vs. Hires

3,108	1,071
Avg. Monthly Postings (Sep 2016 - Aug 2020)	Avg. Monthly Hires (Sep 2016 - Aug 2020)

In an average month, there were **3,108** active job postings for *159 Occupations*, and **1,071** actually hired. This means there was approximately 1 hire for every 3 unique job postings for *159 Occupations*.
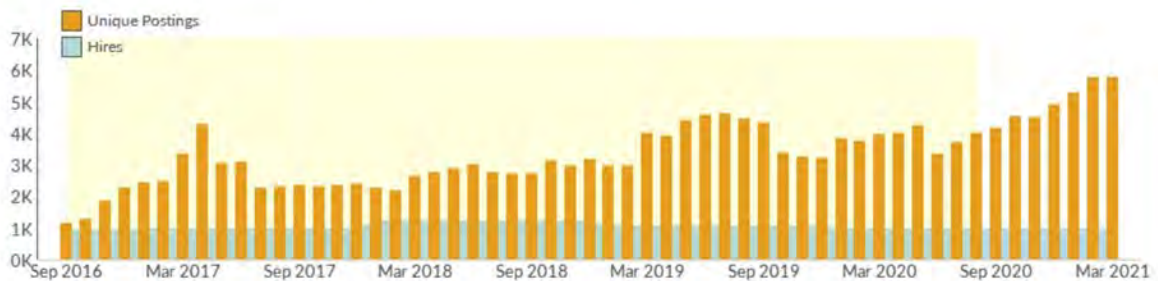
Regional Strengths and Opportunities

U.P. Culture

The Upper Peninsula of Michigan is a region that has some strengths and opportunities that can have a positive impact on the healthcare workforce. Sometimes, what some would view as a negative thing, others would see as positive.

This is especially true of the U.P. geography and population. Yes, we are geographically spread out and have a low population density. While this might seem to be a disadvantage, there are many who live here that view this as a quality-of-life issue. This is especially true for those who value open spaces, rural lifestyles, and outdoor recreation opportunities. There is a culture in the U.P. that revolves around these attributes, such as hunting, fishing, camping, boating, and other pursuits that depend upon the natural environment and geography of the area. This is also a culture that often seeks to preserve these aspects of life in the U.P.

There is also what is often termed a "small-town" mentality. Some people find that mentality to be out of touch with more urban areas, however there is a large segment of our population that values this small-town mentality as it can foster a sense of community in neighborhoods and is conducive to raising families. It is a quality of life that many people value deeply. It is also something that can attract people to the area, and with career opportunities expanding this is something to build upon.

Regional Strengths and Opportunities

Funding Opportunities

If there is anything positive we can say came about because of a pandemic, funding opportunities for healthcare is one of them. With so much stress on the healthcare system, there has been an increased focus on the resources needed to support these systems, including workforce development.

The availability of various grant programs through the federal government has increased dramatically. The U.P. has received roughly $5,000,000 through grants to support workforce training and development, much of that specific to healthcare such as MiREACH, and there are other grant applications pending. This has resulted in expansion of training programs that directly benefit providers as well as those being trained for careers in healthcare. It has also resulted in increased advocacy around several issues impacting the healthcare workforce.

One of the largest sources of available funding is the Health Resources and Services Administration (HRSA). They have made grant funding available for a wide variety of health-related concerns. Some of this funding supports training, some supports scholarships and loan repayment programs, and some supports initiatives such as expansion of tele-health in rural areas. HRSA provides regular updates on available funding sources via email that is available simply by subscribing:

https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=ENEWS

April in Brief: HRSA Works to Strengthen and Expand Health Care Access

In *April*, HRSA announced investments to: support community-based doulas; strengthen home visiting supports for parents, infants, and children; expand our investments in state responses to the maternal mortality crisis; launch the largest investment we've ever made in Community Health Worker training; and build new data tools to reduce health disparities through health centers.

HRSA also distributed $1.75 billion in Provider Relief Fund payments, released a Request for Information on ways to strengthen and improve the Organ Procurement and Transplantation Network, and launched a new Health Equity Fellowship Program.

1401 Presque Isle Avenue
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The Northern Michigan University Center for Rural Health

Established in July 2020, the Northern Michigan University Center for Rural Health (NMUCRH) was created to strengthen the rural healthcare system throughout the Upper Peninsula. It is a collaborating center of the Michigan Center for Rural Health using the World Health Organization (WHO) framework for collaborating centers. Overall efforts include: developing a network of committed partners who support creating efficiencies in healthcare delivery, expanding access to healthcare, increasing the coordination of care and improving the quality of healthcare services. The establishment of the Center strives to improve outcomes, reduce costs, ensure access and efficient transitions of care, and promote innovative approaches in the region.

Our Mission: To improve the health and well-being of Upper Peninsula residents and communities by developing collaborative partnerships that improve the access and availability of affordable, quality healthcare services.

Our Vision: "The Northern Michigan University Center for Rural Health will be recognized as the regional collaborating Center committed to strengthening the rural healthcare system".

Network Statement: The environmental conditions where we are raised, educated, work, and live impact our quality of life and health outcomes. Here in the U.P. of Michigan, our remote location and sparse population often result in challenges for achieving and maintaining good health. In addition to a dearth of primary and specialty healthcare services, the region has a large low-income population, poor health status indicators, inadequate social support, and major transportation barriers that affect access to health care services.

Partners of the Northern Michigan University Center for Rural Health Network have joined forces to take action through the engagement of a wide variety of public, private, and volunteer sectors. We understand that basic needs must be addressed before individuals are empowered to plan ahead and be proactive about their health. Until this is done, efforts to encourage and support preventative and routine healthcare will remain ineffective, and the progression of chronic diseases will persist. As our network continues to grow, we will be guided by our passion and determination to cultivate a sustainable healthcare workforce and create healthy and resilient communities throughout our region.

Regional Strengths and Opportunities

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NMUCRH Network Development Goal and Objectives

Goal: Implement a structured process that supports on-going organizational development of the NMUCRH Network

Objective 1.1: Increase the development and awareness of the NMUCRH Network in a systematic manner

Objective 1.2: Ensure consistent and continuous exploration of matters impacting the NMUCRH Network's efforts

Objective 1.3: Evaluate the Network's capacity to address adaptive challenges and execute on high-leverage, short-term strategies and better position the Network for sustainability and maximum impact

NMUCRH Network Programming Goals and Objectives

Goal I: Expand access to comprehensive healthcare services

Objective 1.1: Reduce barriers to care by addressing social determinants of health (SDOH)

Objective 1.2: Increase the capacity of healthcare services, systems and infrastructure

Objective 1.3: Improve access to preventive services, home and community-based services, social supports and care management by expanding the healthcare delivery platform

CENTER FOR RURAL HEALTH
NORTHERN MICHIGAN UNIVERSITY

1401 Presque Isle Avenue
Marquette, MI 49855
(906) 227-6355

NMUCRH Network Programming Goals and Objectives

Goal 2: Improve the quality of essential healthcare services

Objective 2.1: Increase the availability of data to make informed decisions

Objective 2.2: Leverage community partnerships and stakeholder collaboration to achieve health equity and enhance population health

Objective 2.3: Increase retention of healthcare workforce

Goal 3: Address regional health priorities by identifying and advancing solutions

Objective 3.1: Facilitate collaboration to develop and disseminate public diabetes communication programs to all population segments

Objective 3.2: Promote mental health by supporting collaboration among leaders, professionals and community members working in mental, emotional and behavioral disorders

Objective 3.3: Increase the knowledge of and access to prevention, treatment and recovery services for Opioid Use Disorders (OUD)/Substance Use Disorders (SUD)

Regional Strengths and Opportunities

1401 Presque Isle Avenue
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NMUCRH Network Programming Goals and Objectives

Goal 4: Strengthen the rural healthcare system as a whole

Objective 4.1: Increase awareness of the NMUCRH

Objective 4.2: Increase and maintain collaborative relationships that improve health equity and enhance population health

Objective 4.3: Anticipate and take action to meet future healthcare needs

Contact:

Elise M. Bur, Director
Northern Michigan University Center for Rural Health 1401 Presque Isle Avenue
Marquette, MI 49855
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www.nmu.edu/ruralhealth

Follow us! The Northern Michigan Center for Rural Health can be found @NMUruralhealth on both Facebook and Instagram

Collaboration

Collaboration Meaning – The best way to define collaboration would be to outline it as the process of two or more people or organizations working together to complete a task or achieve a goal. It is also defined as two or more people working together to achieve shared goals.

https://kissflow.com/digital-workplace/collaboration/what-is-collaboration/

Collaboration vs cooperation: what's the difference?

'Wait, there's a difference between collaboration and cooperation?' Yes! And it's a difference that has a huge impact on how teams work together.

By **Corey Moseley**

Collaboration and cooperation are two words which are often used interchangeably, especially in the workplace. Both terms are so overused that their distinct meanings have blended into one. They've effectively become buzzwords. But contrary to popular belief, they're different!

What is collaboration?

First, let's define **collaboration**. Collaboration is when a group of people come together and work on a project in support of *a shared objective*, outcome, or mission.

What is cooperation?

On the other hand, **cooperation** is when a group of people work in support of *another's goals*.

Collaboration

Why is this important?

The difference between these two terms is important because one term implies ownership by one individual and the other implies co-ownership by two or more individuals—or even by an entire organization. It's the difference between working on someone else's project (furthering their goals) and working with someone to achieve a goal which you both share.

Creating a shared sense of purpose

A *shared purpose*, above all, is the key driver of collaboration. But communicating that purpose and instilling it in people is a massive challenge in and of itself. Collaboration can't be enforced; it has to come naturally out of a shared interest in achieving goals. Only then can the collaborative *process* take hold in an organization.

Collaboration as a process

When people share the same purpose, collaboration happens almost naturally. It's actually kind of weird! But effective collaboration does require some organization. And even the most collaborative environment will find room for cooperation too. One way to go about making this happen is to sit down with other teams regularly to find intersections where collaborating makes sense.

https://blog.jostle.me/blog/collaboration-vs-cooperation#:~:text=Collaboration%20implies%20shared%20ownership%20and,I'm%20ultimately%20responsible%20for.

Let's Stop Confusing Cooperation and Teamwork with Collaboration
by Jesse Lyn Stoner

Definitions.
Collaboration is working together to create something new in support of a shared vision. The key points are that it is not through individual effort, something new is created, and that the glue is the shared vision.

Coordination is sharing information and resources so that each party can accomplish their part in support of a mutual objective. It is about teamwork in implementation. Not creating something new.

Collaboration

Cooperation is important in networks where individuals exchange relevant information and resources in support of each other's goals, rather than a shared goal. Something new may be achieved as a result, but it arises from the individual, not from a collective team effort.

All three of these are important. All three are aspects of teamwork. But they are not the same!

Collaboration Will Not Occur By Decree

Collaborative leadership is based on respect, trust and the wise use of power. Leaders must be willing to let go of control. Collaboration does not naturally occur in traditional top-down, control-oriented hierarchical environments. People need the freedom to exercise their own judgment. There has to be room for experimentation, failure and learning from mistakes. And there needs to be an opportunity for people to think together, valuing each other's perspective and contributions, in order for creative new ideas to emerge.

https://seapointcenter.com/cooperation-teamwork-and-collaboration/

"If you have an apple and I have an apple and we exchange these apples, then you and I will still each have one apple.
But if you have an idea and I have an idea and we exchange these ideas, then each of us will have two ideas."
~ George Bernard Shaw ~

As you can see from these excerpts, collaboration has become a popular catch phrase for various levels of working together, but true collaboration has power for change embedded within it that cooperation alone does not. There are, however, varying levels of collaboration as well. For example, many collaborative bodies meet regularly, but most of what they do is information sharing. Other collaborative bodies have accomplished innovative projects when members have committed time and resources, including financial resources. That level of collaboration can make systemic improvements and create new programs and services for the communities they serve.

Collaboration

For the healthcare and human services sectors in the U.P., there are opportunities for collaboration around several issues. However, there are some challenges inherent in our current systems that can make collaboration difficult. This is especially true when it comes to recruitment and retention of the healthcare workforce.

We learned from our Focus Groups & Employee Survey that there are very real "Wage Wars" taking place. It can seem more important to focus on the needs our own respective organizations in this type of environment, and to do all we can to protect information we deem proprietary.

When our focus is self-preservation, we don't want our great ideas to be taken by our competitors. This leaves each organization in a position to rely solely on their own resources. But what could happen if we looked at the region as a whole, and created an intellectual space for true collaboration around the workforce issues we all face? It is certainly possible that solutions could be developed through a collaborative approach.

Here are the Focus Group themes that arose around collaboration:

In what ways might collaboration with others be helpful?

- Foster culture of collaboration vs competition
- Technology and equipment for higher skilled providers
- Clinical shadowing/between facilities
- Convening partners and stakeholders

Collaboration

There are several opportunities for collaboration that are already in existence, and some that are currently in development such as the OneUP Healthcare Collective – an employer led collaborative that can focus on the specific issues of member organizations. There is also the U.P. Healthcare Careers Alliance (UPHCA) which is a group of support organizations with an interest in growing the healthcare workforce through development of training opportunities and grant writing. The UPHCA is responsible for the work that went into this assessment and report. These are just two examples, and a more comprehensive list of collaboration opportunities can be found in Appendix E.

"Individually, we are one drop. Together, we are an Ocean."

~ Ryunosuke Satoro ~

APPENDICES

APPENDIX A

UPHCA Steering Committee

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APPENDIX A

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APPENDIX B

Links to Related Reports and Data Sources

EMSI/Burning Glass Demographic Report 1

EMSI/Burning Glass Demographic Report 2

data.hrsa.gov Home Page

Implementing High-Quality Primary Care | National Academies

Review Health Workforce Research | Bureau of Health Workforce (hrsa.gov)

Projecting Health Workforce Supply and Dem and | Bureau of Health Workforce (hrsa.gov)

Health Professions Training Programs (hrsa.gov)

APPENDIX C

- First graph is the overall snapshot data
- Additional graphs are jobs within clusters of similar jobs

UPHCA SNAPSHOT - OPEN POSITIONS

Cluster Categories	Number of Positions
Assistants	7
Coordinators	14
Support Specialists	21
Social Work	22
Admin, Director, Manager	35
Support Aides	61
Dietary, Housekeeping, Support Staff	75
Technicians	78
Admin, Clerical	80
Physicians, Health Professionals	176
RN, LPN, CNA, CMA	301

Number of Open Positions: 870
Number of Position Titles: 160
Positions listed without # of openings counted as 1

APPENDIX C

NURSING CLUSTER

Job Title	Open Positions
CMAs	35
CNAs	38
LPNs	89
RNs	139
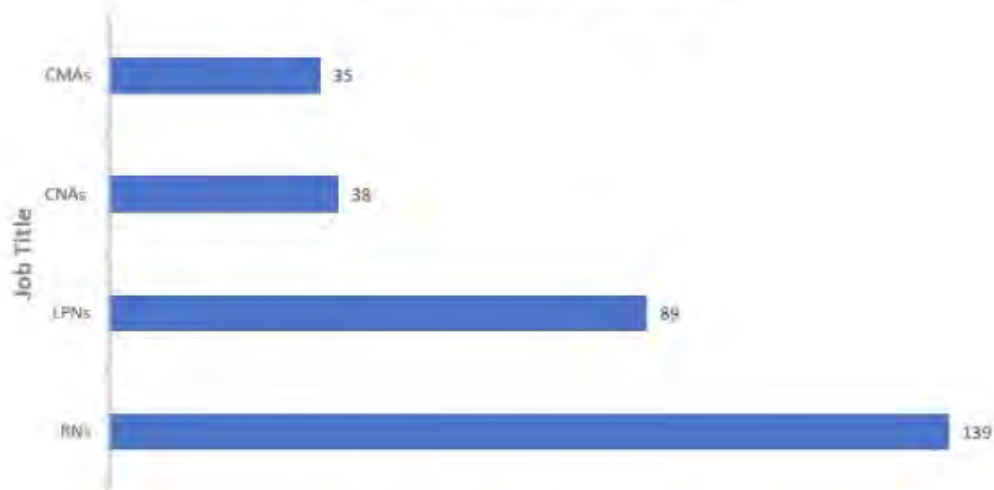
Total Number of Open Positions: 301

Positions listed without # of openings counted as 1

BEHAVIORAL HEALTH CLUSTER

Job Title	Open Positions
Peer Support Specialist	1
Client Services/Support Coordinator	1
Autism Manager	1
Psychiatrist	1
Life Enhancement Specialist	1
Housing/Homeless Caseworker	1
Director of Behavioral Health	2
Crisis Intervention Professional	2
Youth Peer Support Specialist	3
Life Skills Technician	5
Behavioral Health Therapist	14
Social Worker	17

Total Number of Open Positions: 49
Positions listed without # of openings counted as 1

APPENDIX C

EMS CLUSTER

Job Title	Value
Emergency Medicine	4
Emergency Services	9
Paramedic	24
EMT	37

Total Number of Open Positions: 74
Positions listed without # of openings counted as 1

SUPPORT AIDE CLUSTER

Job Title	Value
Direct Care Staff	1
Tenate Care	1
Shabaz	1
Restorative Aide	1
Waiver Care	1
General Respite Provider	1
Private Duty Aide	2
Hopsitality Aide	2
Community Support	4
Resident Activities	4
Respite Care/Home Health	4
Elder Care Associate	13
Patient Safety Companion	16
Dietary Aid/Asst.	16
Nutritional Service Aide	16
Care Aide	31
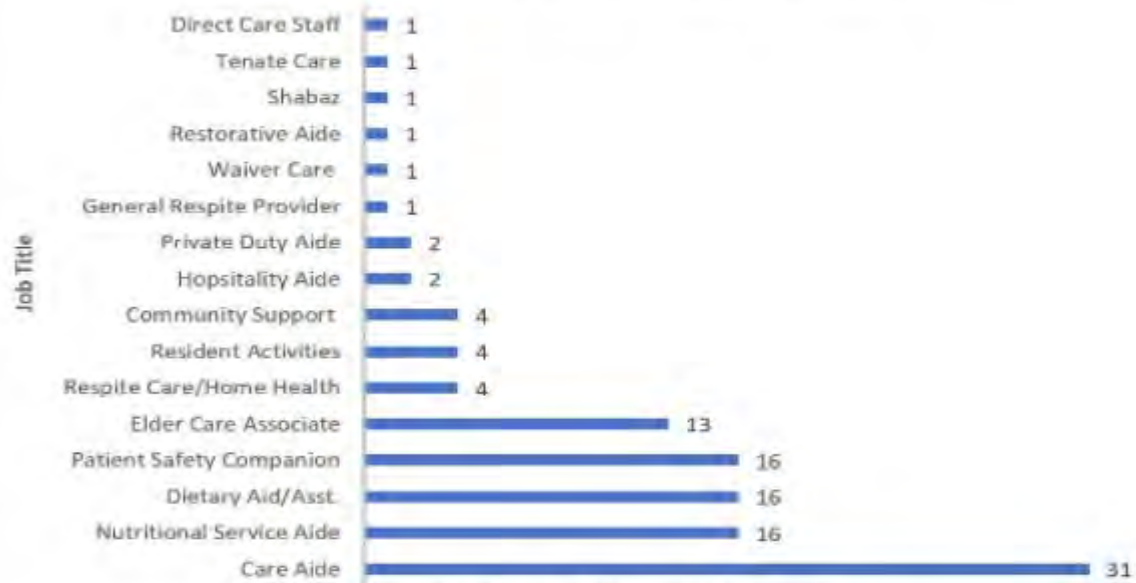
Total Number of Open Positions: 114
Positions listed without # of openings counted as 1

APPENDIX C

Themes from Focus Groups

What do you believe are the barriers and/or challenges associated with entry into the healthcare work force?

- Cost of training – student loan debt, tuition reimbursement, working while training/ cost of living.
- Wages – competition between employers for the same talent pool, impacted by reimbursement and regulations from Medicare and Medicaid.
- High stress occupations – exacerbated by Covid.
- Rural issues – labor pool not as large as demand; geographic challenges such as housing, climate, service availability, and childcare.

How have you engaged with higher education institutions and Career Technical Ed programs?

- Clinical site development
- Internships
- Talent Pipeline
- Engaging in consortia/groups – conversations around in-demand career pathways, developing accelerated training opportunities

How do you engage with the community?

- Relationships with public agencies including UPMW.
- Leadership serving on boards, advisory groups, fundraising and community activities.
- This has become more challenging due to Covid and the strain on HR Departments.
- Increased reliance on electronic communication.

APPENDIX C

Themes from Focus Groups

Why do you believe staff leave your organization?

- "Wage Wars" – competition for the same workers
- Work-Life Balance – worse with Covid/staff burnout
- Lack of flexibility
- Culture/management issues

What strategies have you implemented to retain employees?

- Increased wages/benefits/incentives/bonuses
- Opportunities for feedback/dialogue
- Flexible scheduling
- Staff recognition and appreciation

Would you say you are at full staffing?

- None of the HC facilities are at full staffing

What do you need to be more successful at recruitment and/or retention?

- Sustainability and efficiency strategies
- Cultural issues addressed
- Higher reimbursements/higher wages
- Work-Life Balance

APPENDIX C

Themes from Focus Groups (Continued)

In what ways might collaboration with others be helpful?

- Foster culture of collaboration vs competition
- Technology and equipment for higher skilled providers
- Clinical shadowing between facilities
- Convening partners and stakeholders

How has your organization contributed to advocacy efforts?

- State and local government entities
- Associations and Professional Organizations
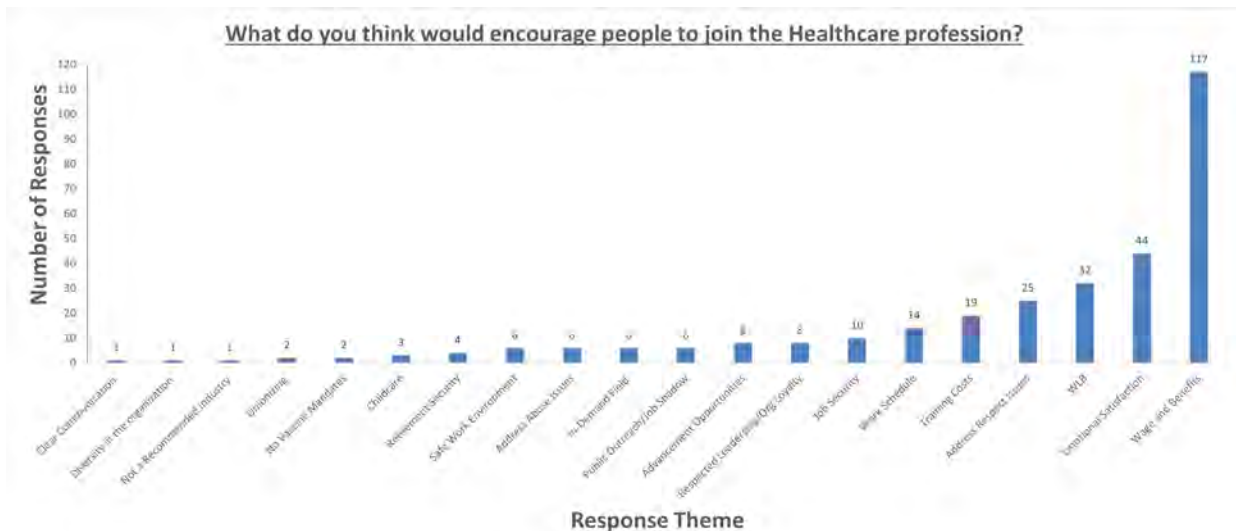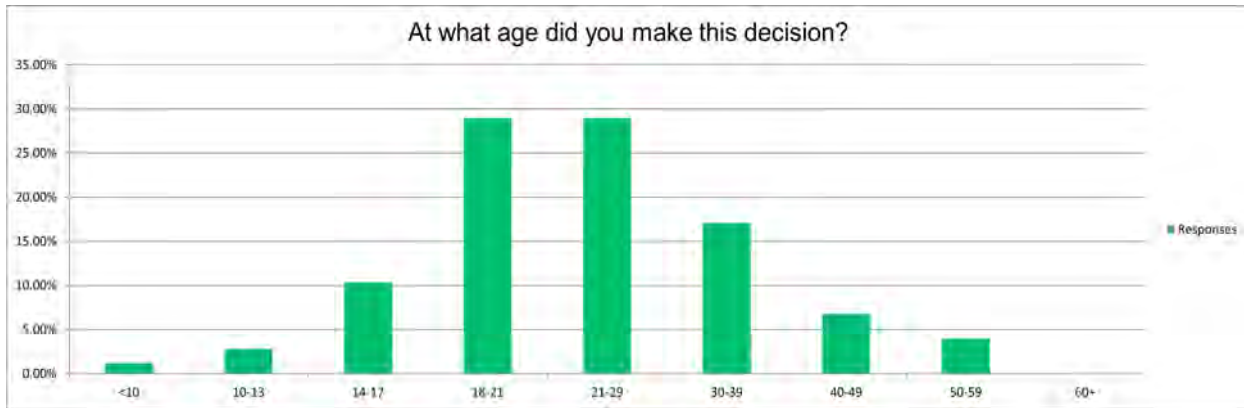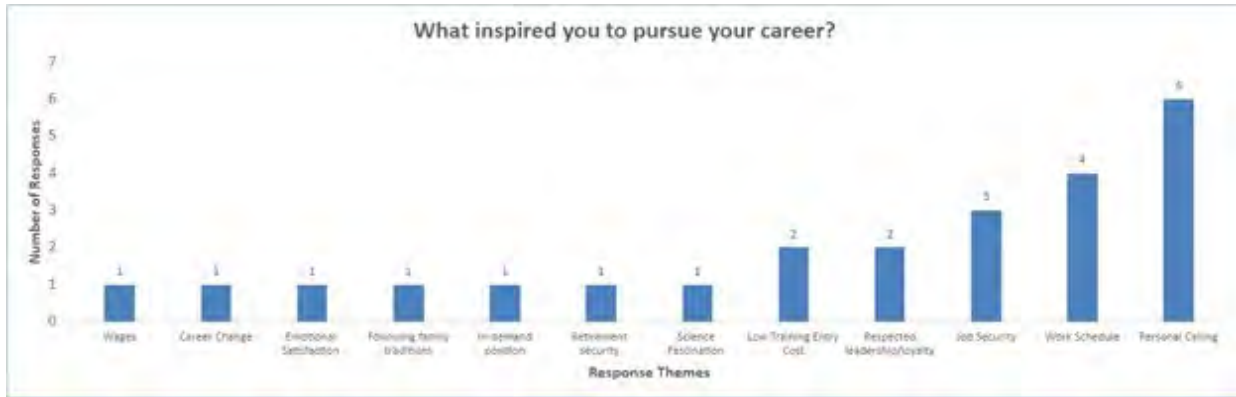- Regulatory Agencies
- Tribal Entities

Is there anything else you would like to add that we have not asked?

- Focus on strengths
- Need supports for non-clinical staff
- Reframe how HC is talked about
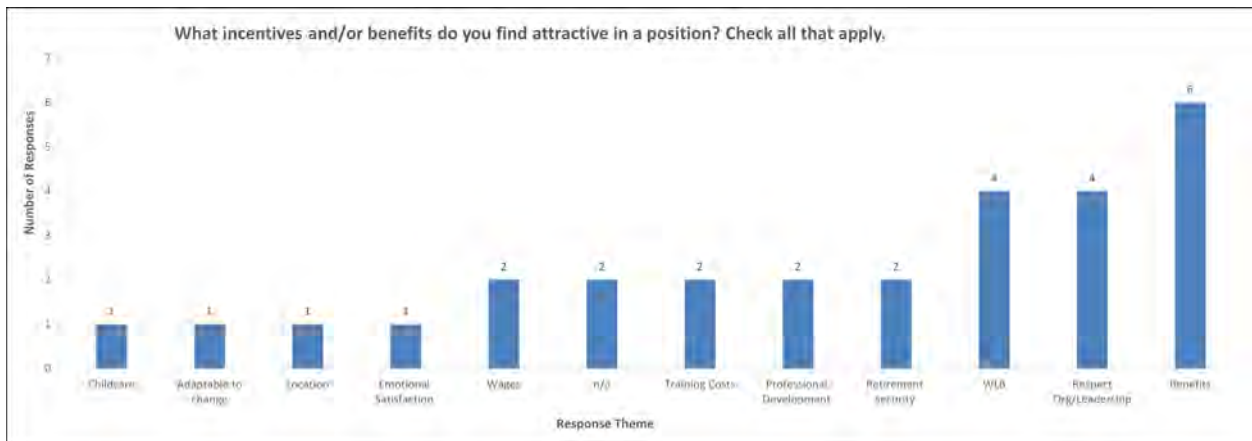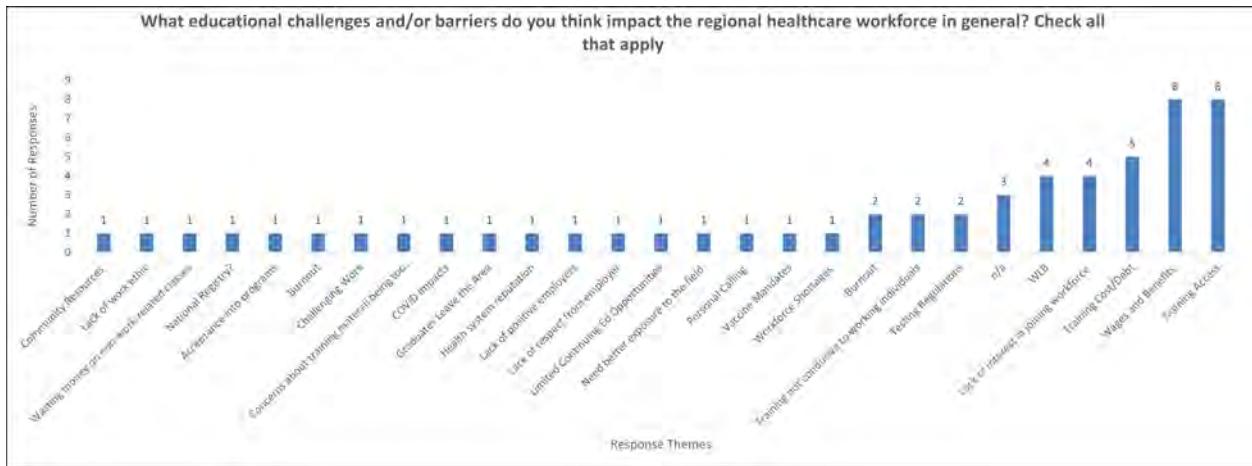- Lack of local temp agency for HC workers

APPENDIX C

Employee Survey Data

What inspired you to pursue your career?

At what age did you make this decision?

What do you think would encourage people to join the Healthcare profession?

APPENDIX C

What educational challenges and/or barriers do you think impact the regional healthcare workforce in general? Check all that apply

What incentives and/or benefits do you find attractive in a position? Check all that apply.

Please rank the reasons why you believe staff stay at your organization, with one being the most important and six being the least important.

APPENDIX C

Please rank the reasons why you believe staff leave your organization, with one being the most important and seven being the least important.

What would contribute to making you more successful on the job?

What do you think would contribute to retaining employees?

APPENDIX C

Which of these COVID related issues are impacting people staying at your organization? Check all that apply.

What would contribute to making you more successful on the job?

APPENDIX D

ONE U.P. Training Programs

Bay College	Allied Health Simulation Training	Certificate
Bay College	Certified Medical Assistant	Certificate
Bay College	Certified Nurse Aide	Certificate
Bay College	Emergency Medical Services Training	Certificate
Bay College	Heartsave First Aid/CPR Training	Certificate
Bay College	Phlebotomy Training	Certificate
Bay College	Practical Nurse	Certificate
Bay College	Registered Nurse	Certificate
Bay College	Basic EMT	Certificate
Bay College	Clinical Lab Technology	Associate's
Bay College	Dental Assistant Training Program	Certificate
Bay College	Electrocardiograph Technology Technician	Certificate
Bay College	Magnetic Resonance Imaging Technology	Associate's
Bay College	Paramedic	Certificate
Bay College	Pre-Dentistry	Associate's
Bay College	Pre-Medicine	Associate's
Bay College	Pre-Occupational Therapy	Associate's
Bay College	Pre-Optometry	Associate's
Bay College	Pre-Pharmacy	Associate's
Bay College	Pre-Physical Therapy	Associate's
Bay College	Pre-Professional Health	Associate's
Bay Mills	CNA	Certificate– Creating program
Bay Mills	EMT Basic	Certificate
Bay Mills	EMT Specialist	Certificate
Bay Mills	LPN	Certificate-Future
Bay Mills	MA	Certificate– Creating program
Bay Mills	Medical Office Certificate	Certificate
Bay Mills	Paramedic	Certificate and Associate Degree
Bay Mills	Health Science	Certificate and Associate Degree
Bay Mills	Medical Coding and Billing	Certificate
Bay Mills	Pharmacy Technician	College Credit to stand for state certification
Bay Mills	Social Sciences	Associate's

APPENDIX D

ONE U.P. Training Programs

GCC	ACLS Certification Practical	Certificate
GCC	Advanced EMT	Certificate
GCC	Alzheimer's Disease and Dementia Care with simulation	Certificate
GCC	CNA	Certificate
GCC	ECG/EKG DisRhythmia Interpretation Course	Certificate
GCC	EMT Basic	Certificate
GCC	Hearing Voices Mental Health Training	Certificate
GCC	Medical Office Professional	Certificate
GCC	Phlebotomy or Blood Draw for Nurses	Certificate
GCC	RN to EMT	Certificate
GCC	Medical Coding and Billing	Certificate
GCC	LPN	Certificate
GCC	LPN to RN	Associate's Degree
LSSU	BSN	Bachelor's Degree
LSSU	Paramedic Training	Certificate
LSSU	CNA	Creating Program
LSSU	CPR	Certificate
LSSU	Paramedic Technology	Associate's Degree
LSSU	Substance Abuse Prevention and Training	Associate's Degree
LSSU	Medical Laboratory Science	Bachelor's Degree
LSSU	Pre-Medical	Bachelor's Degree
LSSU	Pre-Pharmacy	Bachelor's Degree
LSSU	Psychology	Bachelor's Degree
LSSU	Public Health	Minor
LSSU	Social Work	Minor
LSSU	Substance Abuse Counseling	Minor
MTU	Medical Devices and Instrumentation	Certificate and Minor
MTU	Medical Imaging	Certificate
MTU	Medical Laboratory Sciences	Bachelor's Degree
MTU	Pre-Health Professions	Minor
MTU	Public Health	Minor

APPENDIX D

ONE U.P. Training Programs

NMU	Certified Advanced Alcohol and Drug Counselor	Certificate
NMU	Certified Alcohol and Drug Counselor	Certificate
NMU	Child Welfare Certificate	Certificate
NMU	Applied Exercise Science and Health Major	Bachelor's Degree
NMU	Clinical Health Science Major	Bachelor's Degree
NMU	Clinical Laboratory Science Major	Bachelor's Degree
NMU	Clinical Laboratory Technology	Associates Degree
NMU	LPN	Certificate
NMU	Medical First Responder	Certificate
NMU	Medical Laboratory Assistant Certificate	Certificate
NMU	Neuroscience Major	Bachelor's Degree
NMU	Nursing Major	Bachelor's Degree
NMU	Pre-Chiropractic Program	Industry Recognized Credits
NMU	Pre-Clinical Psychology Program	Industry Recognized Credits
NMU	Pre-Dental Program	Industry Recognized Credits
NMU	Pre-Medical Program	Industry Recognized Credits
NMU	Pre-Occupational Therapy	Industry Recognized Credits
NMU	Pre-Optometry Program	Industry Recognized Credits
NMU	Pre-Pharmacy Program	Industry Recognized Credits
NMU	Pre-Physical Therapy	Industry Recognized Credits
NMU	Pre-Physician Assistant Program	Industry Recognized Credits
NMU	Surgical Technology	Associate's Degree
NMU	Grief Support Specialist Program	Certificate
UPAHEC	Careerstep Medical Assistant Program	Certificate-Online Program
UPAHEC	Dental Assistant	Certificate-Online Program
UPAHEC	Diabetes Educator	Certificate-Online Program
UPAHEC	Eye movement and Desensitization and Reprocessing	Certificate-Online Program
UPAHEC	Leadership Development	TBD
UPAHEC	Mental Health Technician	Certificate-Online Program
UPAHEC	Pharmacy Technician	Certificate-Online Program
UPAHEC	QPR-Suicide Prevention Instructor	Certificate-Online Program
UPAHEC	Substance Abuse and Recovery Coaching Counseling	Certificate-Online Program

APPENDIX E

List of Healthcare and Social Services Collaboration Opportunities and Contacts

U.P. Healthcare Careers Alliance – Elise Bur, ebur@nmu.edu

Eastern U.P. Opioid Response Consortium – Carrie Sevarns, csevarns@lmasdhd.org

Communities That Care – Judy Brugman, jbrugman@northcarenetwork.org

Mental Health Task Force – Kristy Alimenti, kalimenti@dsisd.net

Region 1 Perinatal Quality Collaborative – Katrina Keough, kkeough@uphcs.org

Clinic Quality Committee – Kristie Hechtman, khechtman@uphcs.org

Bridges Out of Poverty, Portage Health Foundation – Kevin Store, kstore@phfgive.com

One UP Education Collective – Amy Kraatz, akraatz@upmichiganworks.org

One UP Healthcare Collective – Sherry Arnold, sarnold@scmh.org

APPENDIX F

1. https://www.jems.com/administration-and-leadership/ems-must-be-fixed-with-bulldozers-not-tweezers/#gref

2. https://www.ems1.com/ems-trend-report/articles/2021-ems-trend-report-redefining-adaptability-resilience-and-growth-oVegtj8AqbFuI7Hc/

3. https://www.bridgemi.com/michigan-health-watch/michigan-burning-through-emts-and-paramedics-leaving-shortages

4. https://www.upmatters.com/news/local-news/michigan-faces-emt-paramedic-shortage-local-ems-services-discuss-impact-on-u-p/

5. https://wwmt.com/news/local/michigan-ems-providers-sounding-the-alarm-on-lack-of-funding

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