drinkcaffeine

Uncharted Territory

The New Healthcare Labor Market:
A look at the landscape and how to navigate it

4.27.23

drinkcaffeine.com

Introduction & Context

About Drinkcaffeine:

- Serving FQHCs, hospitals, health systems, home care, hospice
- We work with State Depts of Health, Consumer Protection, and Labor.
- Consumer education programs for workforce and population health issues: Opioid epidemic, healthy pregnancies, recovery in the workplace
- We occupy this **space at the corner of health care and public health**

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Introduction & Context

Our Clients

Humana

SeniorBridge®

DPH Connecticut Department of Public Health dmhas

CONNECTICUT DEPARTMENT OF LABOR

Workforce Alliance
Delivering Employment Solutions

aetna®

DCP CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Gaylord Specialty Healthcare

center for hospice care
SOUTHEAST CONNECTICUT

Georgia Primary Care Association

Community Health Center, Inc.

OPTIMUS Health Care

Agenda

Agenda

- A presentation of **information and perspectives** on the healthcare workforce
- Looking at the **new workforce generations**
- **Best recruitment practices**
- Priorities for 2023
- A **free exchange of ideas**

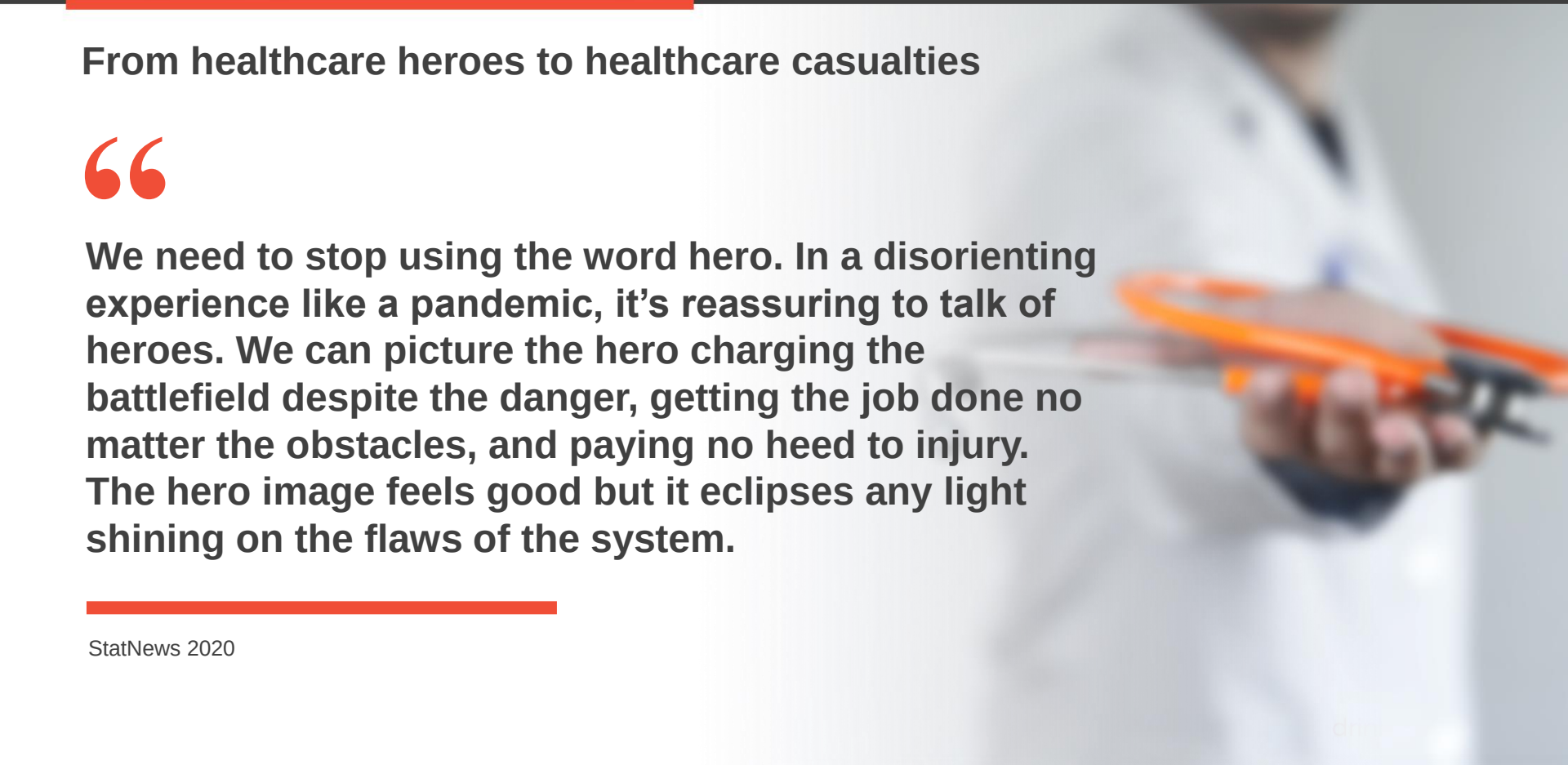
Yesterday

Yesterday

From healthcare heroes to healthcare casualties

We need to stop using the word hero. In a disorienting experience like a pandemic, it's reassuring to talk of heroes. We can picture the hero charging the battlefield despite the danger, getting the job done no matter the obstacles, and paying no heed to injury. The hero image feels good but it eclipses any light shining on the flaws of the system.

StatNews 2020



Yesterday

The loss leaders of the Great Resignation

1. **Internal Medicine**
2. **Family Practice**
3. Clinical Psychology
4. Chiropractic
5. Psychiatry
6. Optometry
7. Anesthesiology
8. **Pediatrics**
9. Emergency

Definitive Healthcare 2022

Yesterday

Exodus from acute care environments

No one living has seen an overwhelming of all hospitals in the entire country at the same time, for literally months at a stretch for each surge. This was unprecedented, and not something any system could fully plan for, prepare for, or endure.

Dr. Ngozi Ezike, CEO Sinai Health System

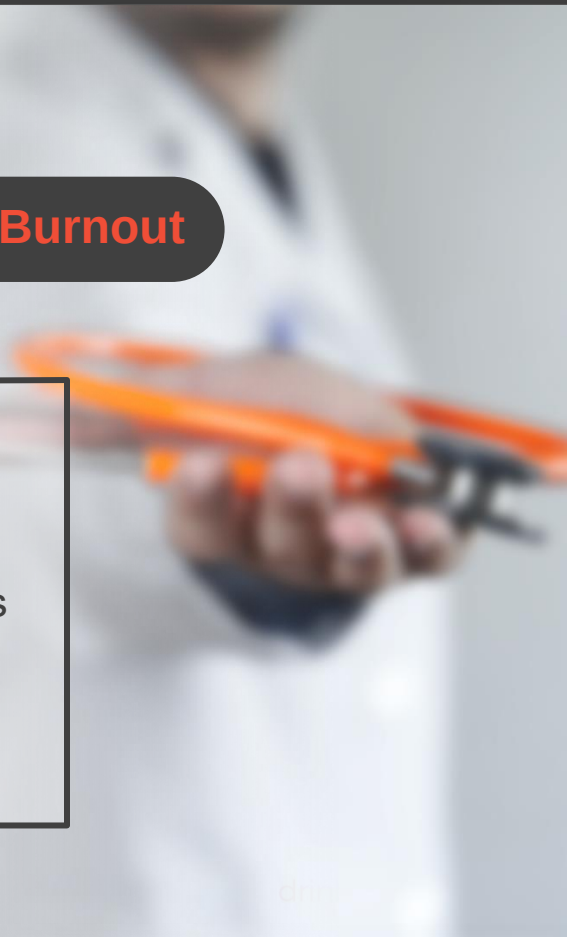
of US Hospitals
have “critical staffing shortages”

US HHS study 2022

Yesterday

Burnout at all levels

Overwork + **Social Pressure** = **Healthcare Burnout**



UNPACKING BURNOUT:

89% of providers cite burnout as #1 reason to leave (Beckers 2022)

“Healthcare heroes” were applauded – and then forgotten

The expectation to “do whatever it takes” creates internal stress

“Politics in the ER” And violence (Bureau of Labor)

Relentless documentation: “The actual work”

Yesterday

The rise of “Gig” workers

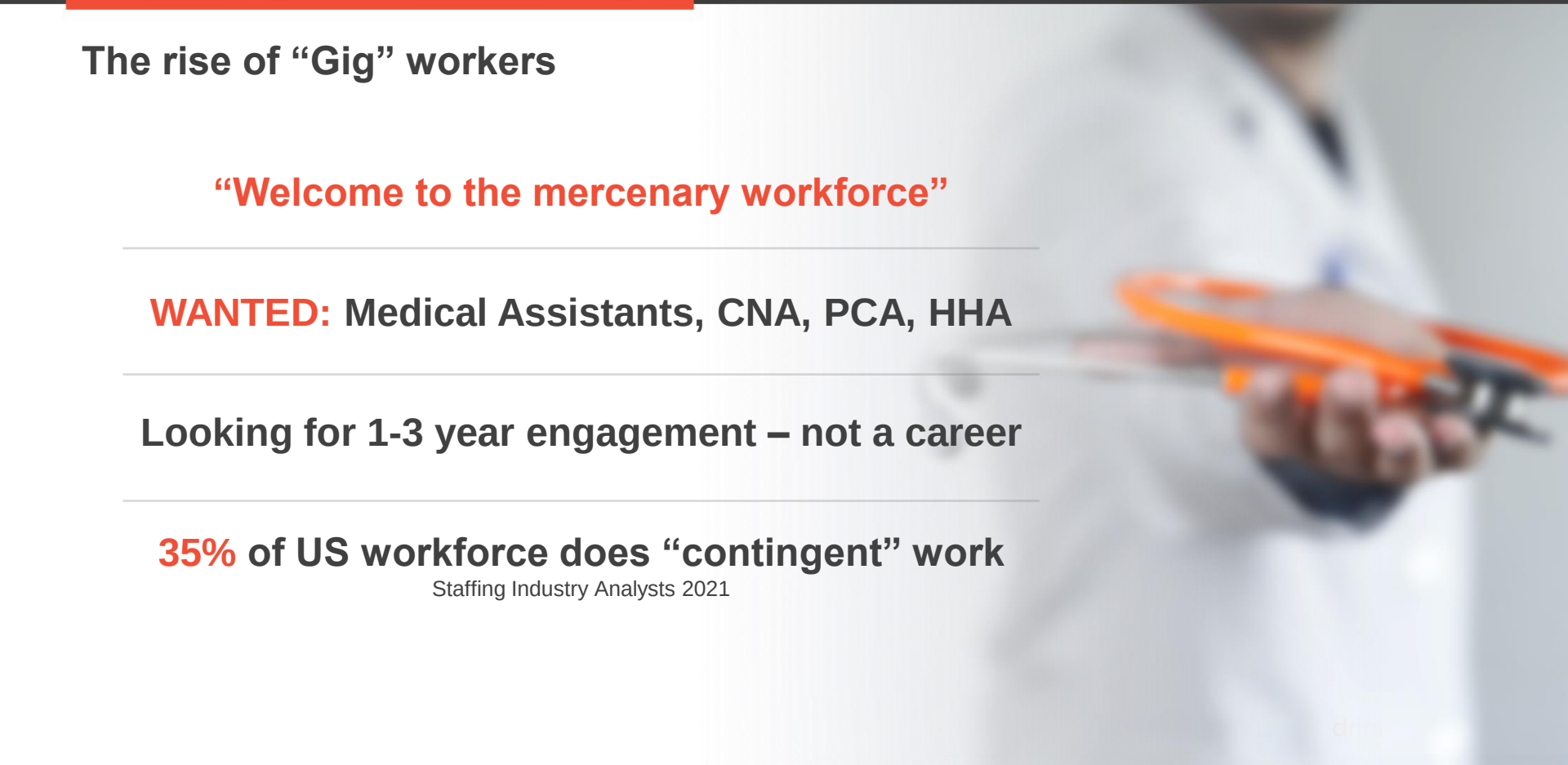
“Welcome to the mercenary workforce”

WANTED: Medical Assistants, CNA, PCA, HHA

Looking for 1-3 year engagement – not a career

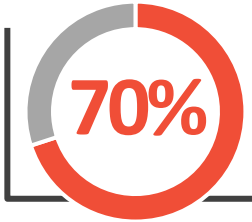
35% of US workforce does “contingent” work

Staffing Industry Analysts 2021



Yesterday

Workforce erosion



of FQHCs lost 5-25% of their workforce

NACHC 2022

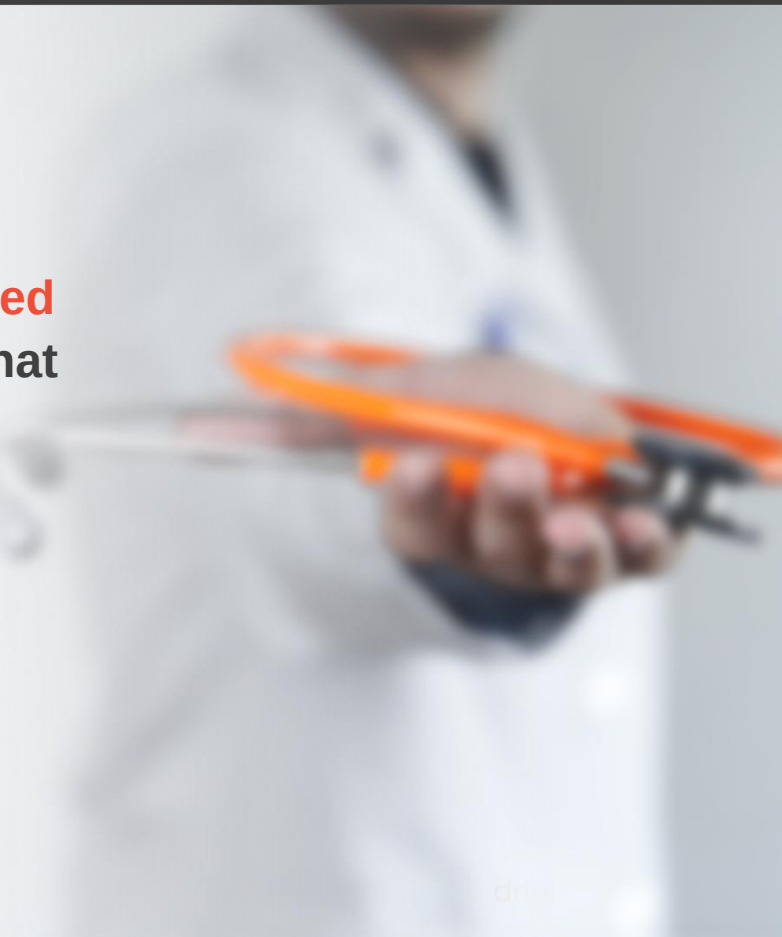
Contributing Factors:

- Labor costs
- Longstanding labor shortages before the pandemic
- #1 Nurses
- #2 Admin & front office
- #3 Behavioral health and dental
- 10% - 25% better pay with competing health system
- Burnout
- Lack of growth opportunities

Georgia’s generational shift

> **Most people who work in FQHCs are committed to the Mission. They go above and beyond what needs to be done. I mean we have employees who have been here 25, 35, 40 years. But the new employees don’t have the same commitment. They’re looking for lifestyle.**

Dr. Michael Brooks, Family Health Centers of Georgia

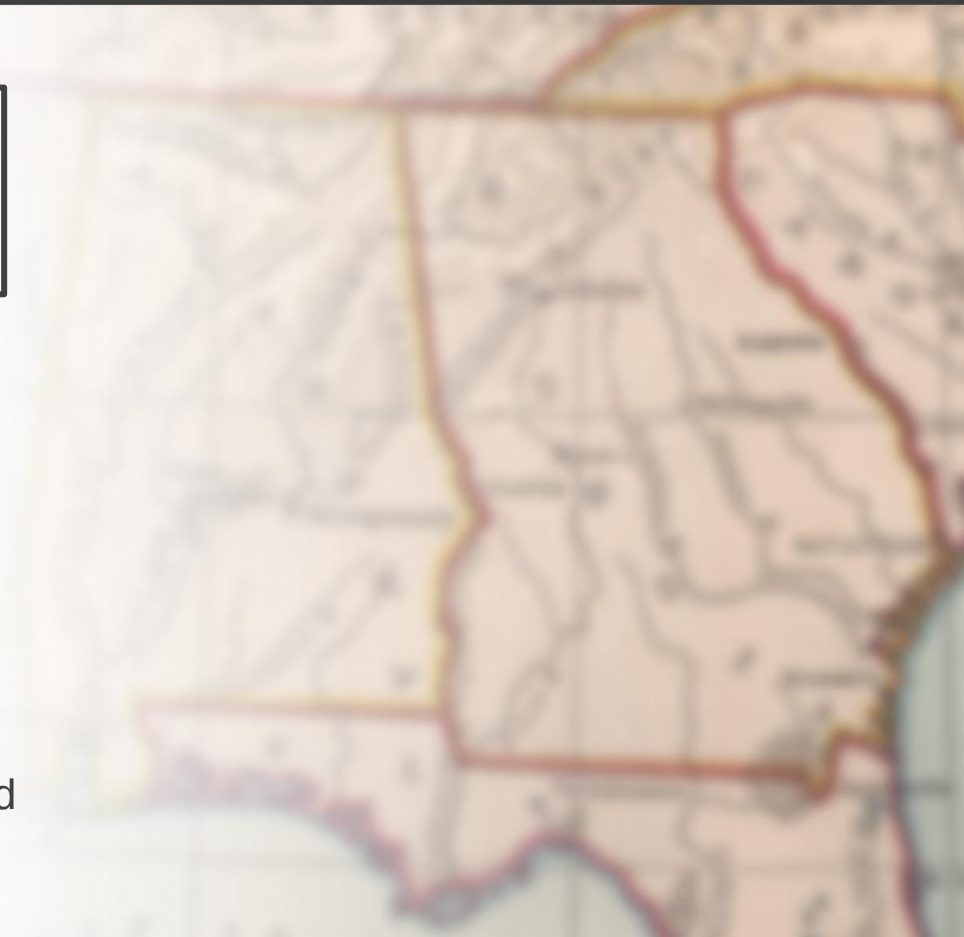


What has happened in Georgia

What has happened in Georgia

NEARLY **EVERY** **Georgia county** faces a shortage of primary care providers

GPB 2023



The fine print:

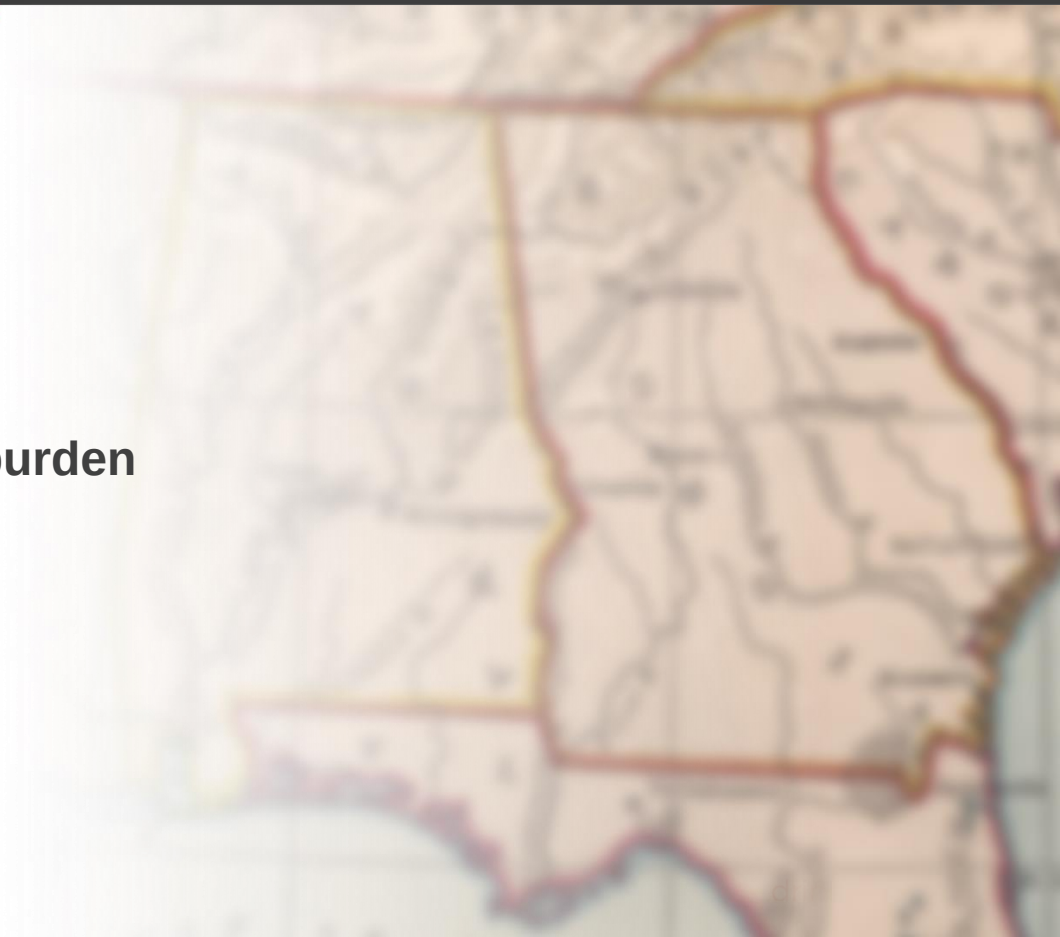
- 156 counties are Health Professional Shortage Areas
- 3.3 million Georgians live with a primary care shortage (KFF)
- Gov Kemp’s Healthcare Workforce Commission: 66,000 new positions needed

What has happened in Georgia

Georgia's Challenges

1. **Population growth**
   Above national average
2. **Population aging Age 65+**
   Faster than national average
3. **Projected increasing disease burden**
   Obesity, diabetes, kidney, SUD

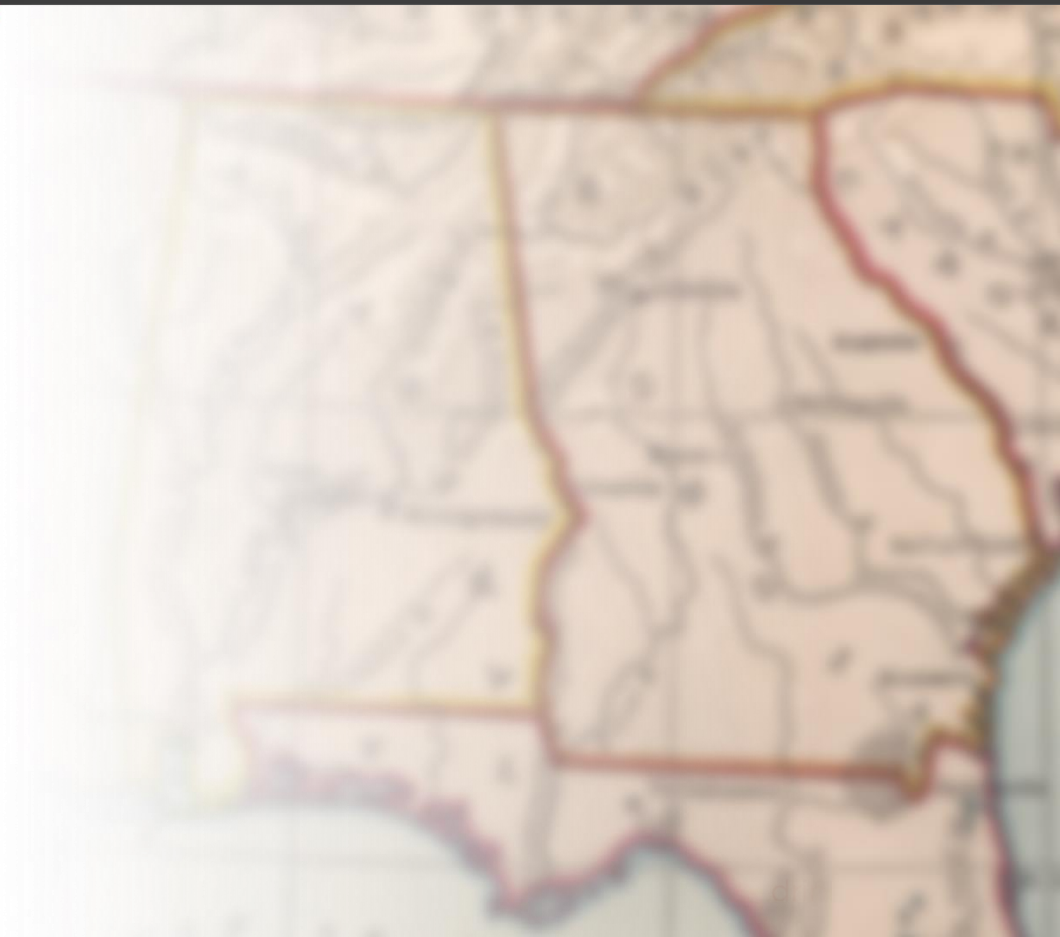
HWC 2022



What has happened in Georgia

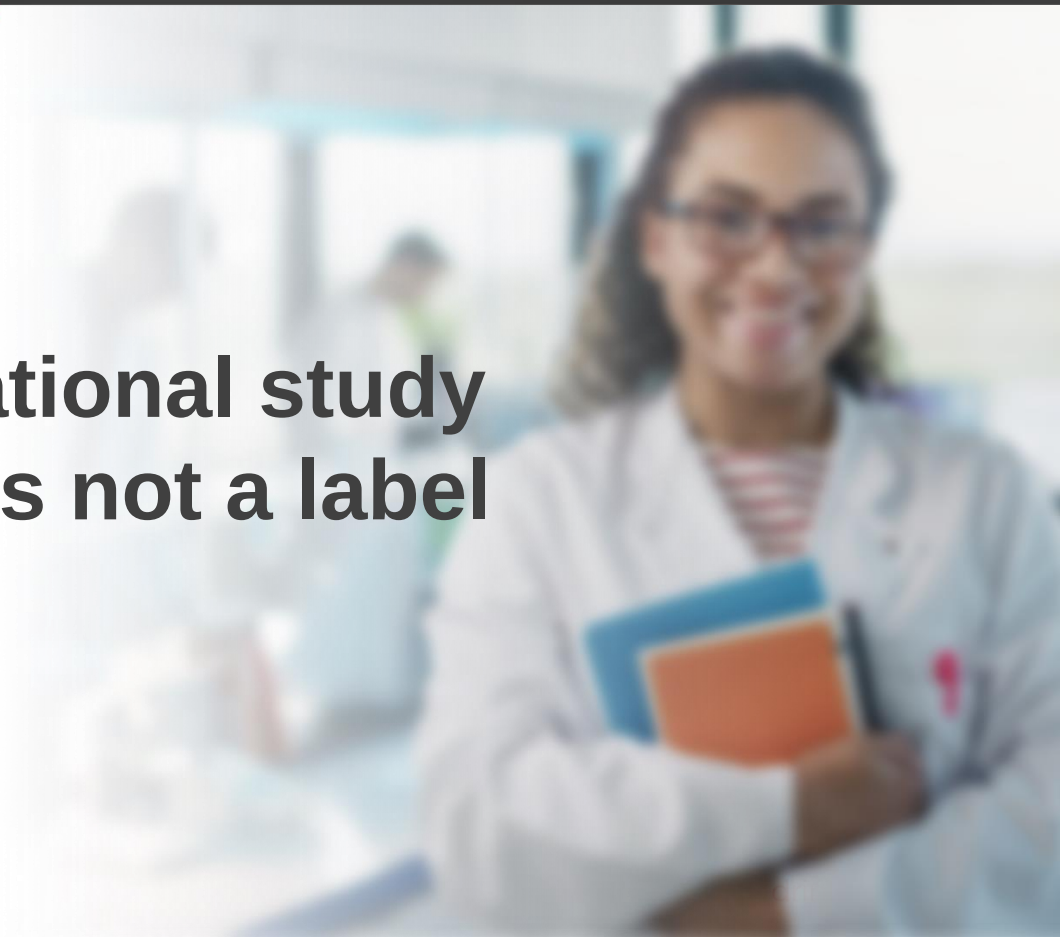
Georgia's Advantages

1. 58% of GA's health care grads stay in state
2. Rural residency programs, Loan repayment
3. Lifestyle



Today

Generational study is a lens not a label



Today

Gen Y aka Millennials

- Born 1981-1996 (24-40)
- 2nd most **ethnically and racially diverse** generation (Pew)
- Entered workforce during recession: **"Slow starters"**
- Grew into **constant connectivity**
- **Researchers**
- **Burdened by debt**
- **Worried about "balance"**
- **Cause conscious.** Seeking evidence of principles/practices/ethics/philanthropy
- **Value referrals** to search for jobs

Gen Z

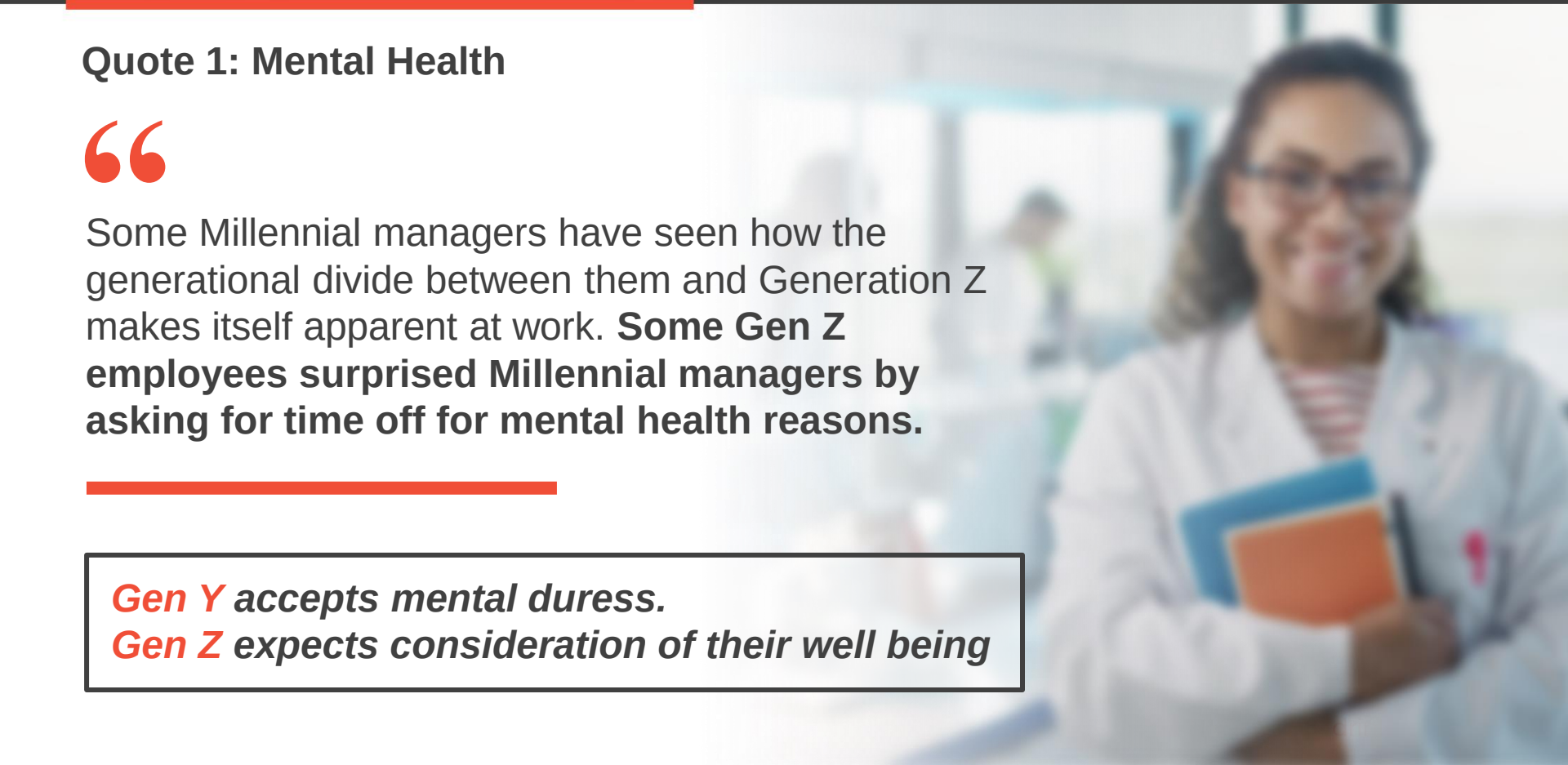
- Born 1997-2015 (8-23)
- Most **ethnically and racially diverse** generation in history (Pew)
- Raised in aftermath of 9/11 and into the pandemic
- Raised on **constant connectivity**
- **Researchers**
- **Wary of debt**
- 60% "worried about downsizing"
- **Cause-conscious.** Attuned to "Social justice"
- They **value referrals**: Friends & Family + Word of mouth matters

Quote 1: Mental Health

“

Some Millennial managers have seen how the generational divide between them and Generation Z makes itself apparent at work. **Some Gen Z employees surprised Millennial managers by asking for time off for mental health reasons.**

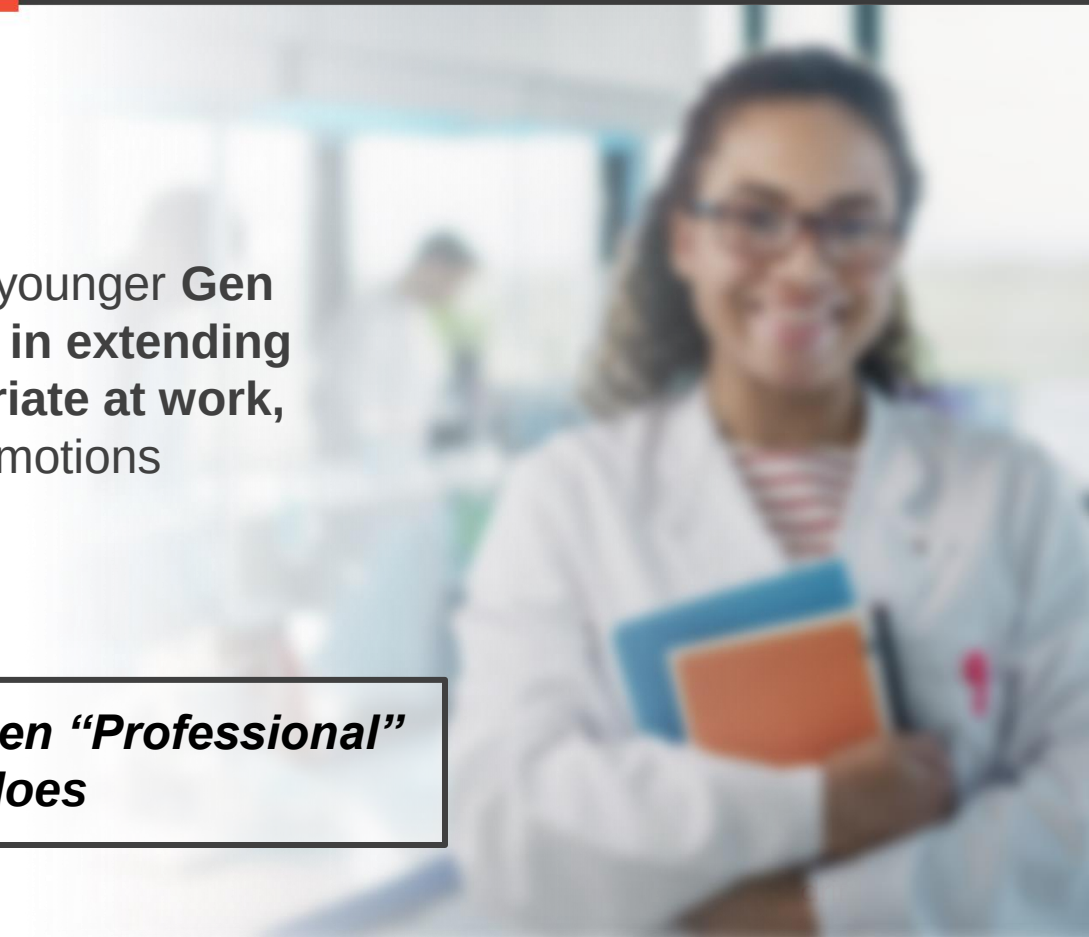
***Gen Y** accepts mental duress.*
***Gen Z** expects consideration of their well being*



Quote 2: Emotions

“

A millennial manager noticed that younger **Gen Z employees were more flexible in extending the boundary of what is appropriate at work,** being more vulnerable with their emotions



***Gen Z* doesn’t delineate between “Professional” vs “Personal” the way *Gen Y* does**

Quote 3: Values

“

More than Gen Y, Gen Z is pushing their FQHCs to be more vocal in their response to social inequities

Gen Z expects employers to walk the talk on DEI and social justice

Today

Embrace

- **Showcase diversity**
- **Be transparent** about challenges
- Talk about **values and philosophy**
- Feature **flexibility**
- Promote **mentoring**
- Develop **2-way communications** with potential employees
- **Join forces with HR**
- **Streamline** employment processes
- Think **mobile-1st (Telehealth)**

Avoid

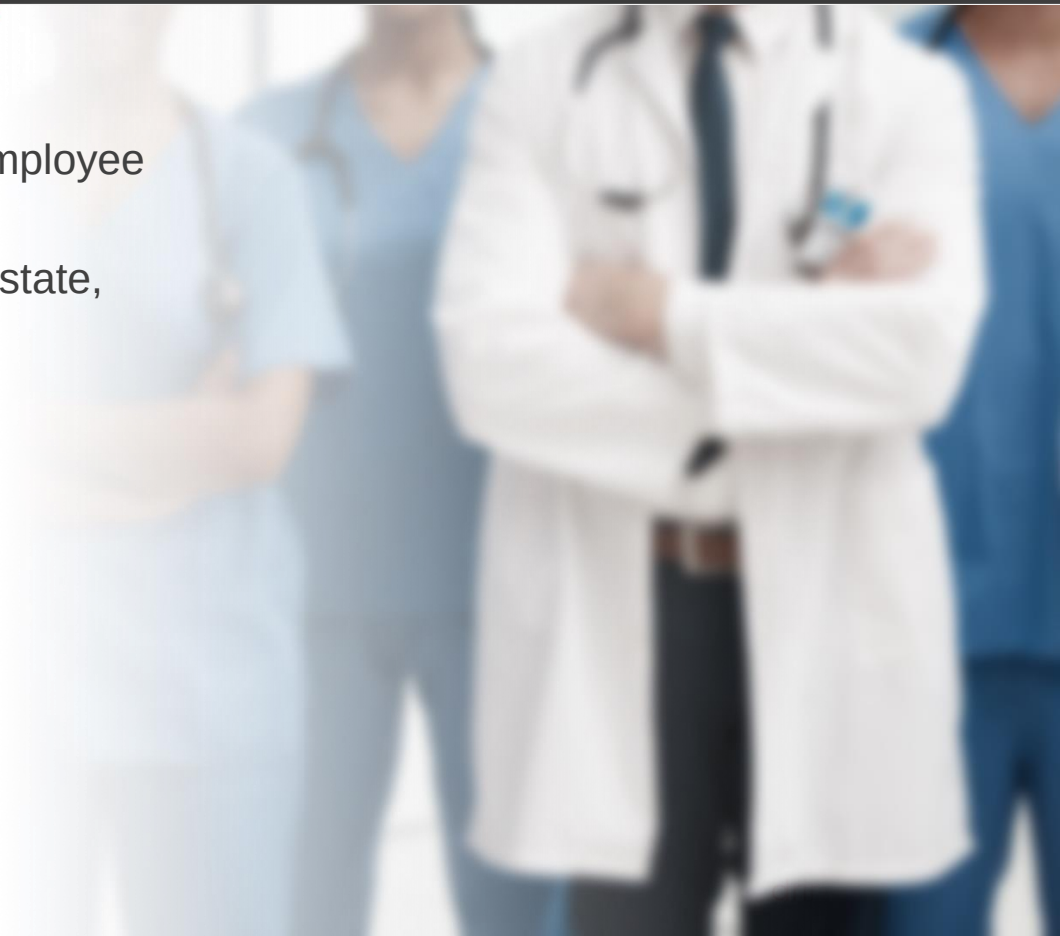
- Make **unreasonable promises**
- Talk about **benefits you can't deliver**
- Promote **unreasonable on-the-job expectations**
- **Neglect onboarding**

Tomorrow

Tomorrow

4 Priorities for 2023

- Commit to a multi-year program of employee retention and recruitment
- Keep it DIY focus: Not contingent on state, federal programs



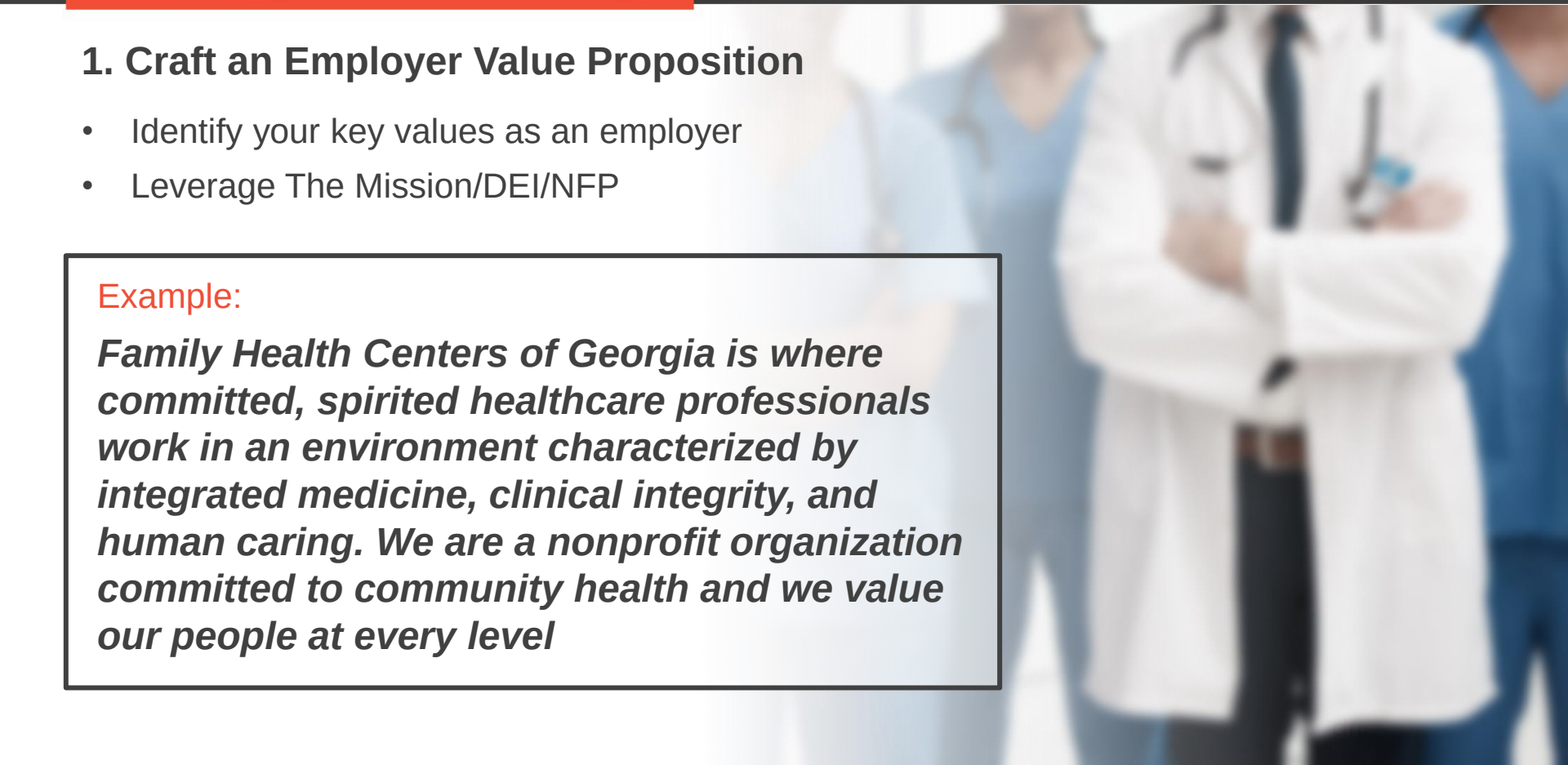
Tomorrow

1. Craft an Employer Value Proposition

- Identify your key values as an employer
- Leverage The Mission/DEI/NFP

Example:

Family Health Centers of Georgia is where committed, spirited healthcare professionals work in an environment characterized by integrated medicine, clinical integrity, and human caring. We are a nonprofit organization committed to community health and we value our people at every level



Tomorrow

2. Invest in your website

- Analytics
- UX
- Mobile-friendly
- Content
- SEO
- Conversion

Tomorrow

3. Develop digital ad outreach

- Responsive Search Ads
- Job-specific Job boards
- Conversion optimization
- Social Media
- Content marketing
- Metrics

Tomorrow

4. Invest in retention

- Onboarding: Best practices with HR
- Email from the CEO
- 100 Day Badge
- Internal referral programs
- Convert temp workers to FTEs
- Mentorship program
- Wellness program

Thank You

When you’re ready to use data and evidence-based practices to solve healthcare communications problems, contact drinkcaffeine

drinkcaffeine.com/contact-us

Test Statements

Because of the pandemic, FQHCs have triggered a renewed appreciation of primary care in this country.

Test Statements

“The Mission” of care and NFP status is still a powerful differentiator for FQHCs.

Test Statements

FQHCs don’t talk enough about clinical integrity.

Test Statements

The Patient Centered Medical Home model is something that FQHCs can do a better job of explaining.

Test Statements

FQHCs need to move beyond “the safety net” and become health systems of choice