INTERVIEW

Building A Strong and Inclusive Workforce for Health: In Conversation with North Carolina Commerce Secretary Machelle Baker Sanders and Health Secretary Kody Kinsley

Interview conducted by Hugh Tilson, Jr.

North Carolina faces a significant health workforce shortage exacerbated by the COVID-19 pandemic. To meet this challenge, the Department of Commerce and the Department of Health and Human Services are prioritizing equity, creativity, and collaboration.

Introduction

Before the onset of the COVID-19 pandemic, North Carolina expected a shortage of 12,500 registered nurses (RNs) and 5000 licensed practical nurses (LPNs) by 2033 [1]. According to the Cecil G. Sheps Center's Program on Health Workforce Research and Policy, those shortages will likely worsen when adjusted for recent trends, with the state losing up to 21,000 RNs and up to 4500 LPNs [1]. Other sectors of the health workforce are also at risk as employees face challenges including but not limited to burnout and lack of affordable child care, and prospective health workers receive enticing offers from other industries with higher pay and more opportunities for advancement.

The North Carolina Department of Commerce's 2021 strategic economic development plan, "First in Talent," includes strategies for recruiting and retaining a high-quality workforce for the state's biggest industries, including health care, from family-friendly workplace policies to equity-focused recruitment initiatives [2]. Similar efforts are underway at the North Carolina Department of Health and Human Services (NCDHHS), including the development of a blueprint for building and maintaining a strong public health workforce through efforts such as revision of recruiting practices to attract more diverse talent, modernizing data gathering, and improving transparency [3].

Machell Baker Sanders

The health care sector, according to **Commerce Secretary Machelle Baker Sanders**, is "critical to the state's success and prosperity." Acknowledging that the state's frontline health care workforce is exhausted even as demand increases and North Carolina's population grows, Secretary Sanders told the *NCMJ* that her department is prioritizing the health workforce in order to deliver on its mission of improving the well-being and quality of life for all residents.

Kody Kinsley

"Building a strong and inclusive workforce is one of my top three priorities," said **NCDHHS Secretary Kody Kinsley.** "Our health care workforce has run a marathon through the pandemic and now they are exhausted but there is no one to pass the baton to." One of the keys to success in this area, he argued, is improving access to child care so that people can receive training and work.

Guest editor **Hugh Tilson, Jr.**, of the North Carolina Area Health Education Centers (AHEC) Program, sat down with Secretaries Sanders and Kinsley to understand their priorities for improving the state's workforce for health.

Hugh Tilson, Jr., for NCMJ: We know that workforce shortage and maldistribution of providers are longstanding challenges, so what's different now? How do we actually reach a different outcome than we've had in the past?

Kinsley: *While there have been labor shortages persisting for a long time in a lot of different fields, the urgency to address our workforce shortages is higher than ever. There's no question-that COVID really supercharged that in a different way. We've reached a crisis point. A lot of folks are working on this from a lot of different angles.*

Sanders: *I think that with this work, we need to ensure that we are also focused on the actual business needs. For example, we know that we need nurses, and they need certificates, credentials, or degrees, but we also want to make sure that we are listening to what other competencies and skills are needed,*

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and that we're actually doing work that is going to produce an outcome where people have skills that match those open positions. My Future NC is a statutorily created organization with the mission to have 2 million post-secondary or high-quality-credentialed folks by 2030, and what that means is credentials that align with and match business needs and trends that we are seeing for the health care sector.

Tilson: I've been in the health care world for a while, and workforce has always been one of those things that was important until something else is more important. So, I wonder, if money were no issue, what would you do to address the challenges you've described?

Sanders: *I would expand programs that are focused on current health care providers' mental and emotional health. Having expanded resources to make sure that our health care providers are also taking care of themselves—I would invest heavily in that, not only for the health care sector, but for all people who are part of our economy. We are no good if we are not physically, mentally, emotionally, and spiritually well.*

Kinsley: *You can hear why I love having Machelle in the cabinet! And why we work so well together.*

A lot of the gains to the workforce in the last year or two have been flexibility and remote work, but when we think about the caring workforce, those things don't always work well. It's really hard to have a remote IV put in, and it's very hard to have a remote in-home caregiver. Something that is part and parcel to the caring workforce is the person-to-person connection. The bulk of my staff work in facilities that provide direct care to people. They work 24 hours a day. I could never let them work from home. And so, managing that is a challenge. If I did have a magic wand of endless resources, I would focus on the wraparound supports that help people retool. What's exciting about the health care pipeline is the opportunity for people to get on and off at different parts of their lives. Maybe right now what you have interest in is becoming a CNA. You can become a CNA relatively quickly if you can dedicate the time and you have the right environment. Then you can go LPN, you can become an RN, you can become an APRN, you can keep going. Each of those on- and off-ramps on that highway gives you an opportunity to grow your expertise and to increase what you can demand as far as your income. So, how do people get on and off that ramp, how do they make that happen? It's child care. It's not just funding for tuition, but it's funding for home expenses. I feel like those wraparounds are so important right now for folks who are retooling.

The other opportunity that we have is really focusing on equity. We're talking more and more about what different credentials look like outside of the classic four-year BA. The health care environment has been a bit more nimble in that space for some time. This is an opportunity for individuals from lower-income backgrounds and those where they have been historically marginalized to piece together the skill sets that are quite in demand in this marketplace, and being able to invest in the right wraparound supports to create a launch point for folks is really exciting.

Tilson: Unfortunately, money always is an issue. So, what are you prioritizing over the next 12 to 24 months?

Sanders: *Within Commerce, we have a First in Talent economic development strategic plan that recognizes our most valuable asset: our people. It aims to prepare businesses, communities, and the workforce for economic opportunities, and we are partnering with stakeholders across the state to deliver on that. One example is to work with businesses so that they create a family-friendly workplace, inclusive of policies such as flexible schedules, child care offerings, and parental leave. We are working with universities and our community college system to ensure that we are recruiting students in the priority industries in North Carolina, such as the health care sector. And then the third point is our increased focus on work-based apprenticeships that allow us to work in private-public partnerships to build this scalable, diverse talent pool to meet needs in health care and other industries. Throughout that plan, we have a lens of equity and inclusion because if you're an employer looking to expand your labor pool, there's a traditionally untapped, underserved, and underrepresented population. And I know firsthand. The populations we need to focus more on are veterans and military personnel, those who have different physical abilities, foreign labor, youth and senior workers, and those who are African American or Black, Latino, and Native American populations.*

Kinsley: *To be clear, we won't be able to truly address these workforce shortages for the long haul without more investment. But we have to do the best we can with the resources we have today, and make our money go as far as possible. We are trying to be strategic and aligning the resources we have to where the most good will be done. We have been trying to grow the pipeline of behavioral health providers who are Black and other minorities in North Carolina. We've done several engagements with historically Black colleges and universities and other minority-serving institutions. We've held summits to help drive creation of the right programming to support their mental health, but then also to create pathways to behavioral health careers. It's so important that people are served by individuals who look like them and come from places where they're from.*

A second key area of investment for us has been shoring up nursing homes. A very expensive but important tool is increasing rates for skilled nursing facilities. Those have been woefully underfunded, and we should all be worried about it because we're in a state that's aging and we want to have robust, healthy, safe, high-quality nursing care. The third is investing in a shared governance structure, and then last but not least is the child care workforce. We have some temporary federal dollars—in October 2021 we announced over $800 billion to help shore up child care services in North Carolina. We've already seen a decrease in the number of child care providers in North Carolina, and I worry that when that money cliff comes, that number will fall even more rapidly, and the people on the margins who are barely getting by are going to lose access to child care. Then they're not going to be able to work and that will have compounding impacts in the labor market. It's also going to mean *that those individuals likely lose their health insurance, become unwell, and put their families into what can become cycles of trauma and poverty. So, child care really is an important investment right now for us.*

Tilson: We hear that there are workforce shortages in manufacturing and hospitality and transportation. What's unique about health care, and what can we learn from other sectors as we try to figure out how to respond?

Sanders: *There's no question there's a tight labor market in North Carolina, meaning that it's generally difficult to hire, especially for health care. One thing we can do is execute and deliver on our First in Talent plan, where we are encouraging businesses across all industries and sectors to consider those strategies that we've laid out to expand the potential talent pools and explore ways to retain talent and remain competitive. Manufacturing, tourism, hospitality, and technology have benefited from these types of workforce strategies, and I expect that there are opportunities for the health care sector to do the same.*

Kinsley: *I have some bias, but what sets the health care labor market aside from the broader labor market is the fact that we are coming out of the greatest health care crisis in a hundred years. Many people are changing jobs or taking a step back because they are prioritizing their personal health and well-being. At the same time, we know that members of the caregiving workforce were the ones on the front lines through all this, and they burned out. Now we're of course in a place where we're having to really focus and prioritize and triple down on our investments in those spaces, because of how bad that hole is. Which is why this is the most important moment for us to expand Medicaid. Montana, when they expanded Medicaid, they created a work supports program that was tied to that, and the top two jobs that came out of that program were truck drivers and nurses. So, imagine the ability to help support people who currently are uninsured, don't have a job where they have access to health care, and helping them retool their labor capabilities.* NCMJ

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