

**New Jersey State Employment and Training Commission
Council on Gender Parity in Labor and Education
Retreat Minutes
Janice Levin Building
Rutgers University, Piscataway, New Jersey**

August 18, 2010

Attendees:

Christine Amalfe
Laurel Brennan
Judy Formalarie
Jeannette Gabriel
Glenda Gracia-Rivera
Dianne Hartshorn
Sarah Hospodor-Pallone
Andrea Karsian
Janice Kovach

Lynn Mertz
Dianne Mills McKay
Henry Plotkin
Patricia Roos
Virginia Treacy
Robin Widing
Robert Wise

The Chair, Dianne Mills McKay, opened the meeting at 11:15 with a welcome and introductions.

Ms. McKay announced that she has been appointed to the National Women's Commission and is working on policy. She will introduce the New Jersey's Gender Parity Council and Family Medical Leave as model programs.

She also discussed "Vision 2020" in which she is involved. Vision 2020 is a national project focused on advancing gender equity. Their first public event is scheduled for October 21-22, 2010.

Minutes from June 24, 2010 were reviewed and approved by all.

It was noted that there is a new Gender Parity Council brochure. Each attendee got a copy and was told that more are available at the SETC.

Review by Robin Widing

There were a lot of outreach events last year. There were eight different speaking presentations with the USDOL Women's Bureau, Law Review, and others. The Council's law project was a big success and got great press.

There were also many conferences and meetings with partner groups (i.e.: Girl Scouts, prison re-entry, veterans). There also were four economic and development sessions held in Monmouth, Passaic, and Ocean counties, and the city of Newark. Each session had panelists from many partnering agencies who helped them succeed.

A report was also done on Focusing a Gender Lens which examined how women fared under the Americans Recovery and Reinvestment Act (ARRA) during this recession.

Judy Formalarie was asked to report on the Science and Technology Summit and its success. She stated that 200 women attended and were very enthusiastic. She noted that Linked-in continues the discussion topics and women who met at the summit continue to meet.

Ms. Widing also discussed several other reports that were done including a report on the nursing shortage. She discussed a grant SETC applied for through US Health and Human Services and that gave us an impetus to form a statewide Health Care Workforce Council. A panel will present information today on this topic.

Bob Wise, a member of Gender Parity, has agreed to chair the new council. It was decided that we will move forward with the council whether we get the grant or not. The council will look at gender equity in health care professions.

Ms. Widing also noted that each member received a Department of Labor and Workforce Development labor market report on the health care industry and its role in the New Jersey Economy.

Virginia Treacy

There is tremendous growth projected in need of healthcare workers. There is a big issue with nurse education and instructors. The average age for a practicing nurse is 51, but many will continue working as they don't have pensions. Also "managed care" is hurting hospitals as they give deep discounts to be an approved provider. The salary of nurse instructors is still too low to attract them to become teachers. Ms. Treacy noted that there are gender issues as 78% of healthcare workers are female and this affects salary. She said there is a need for faculty and education preparation, a need for insurance reform, and a need for hospital management. There is still great opportunity in healthcare.

Jeanette Gabriel

Ms. Gabriel outlined the following issues in healthcare:

1. How beneficial is a BSN (Bachelor of Science in Nursing)? Is it a gender issue and is there a financial gain?
2. Need examination if nurses who are single earners vs. those in family units.
3. New Jersey has a higher number of diploma nurses but also retains older nurses.
4. New Jersey does not have articulation agreements.

5. Issue of education and the need for immigration and women studies courses
6. What is the impact on hospitals vs. clinical care?
7. Examine gender issues of short staffing.
8. Tension of Director of Nursing (usually women) and the Financial Directors (usually men) and the decisions made related to staffing.

Federally Qualified Health Center- these are growing but mostly in urban areas due to qualifications to have them as they must be an economically needy area. These are federally funded centers.

They are also primary care facilities which have no hospital beds. In New Jersey, we have approximately 10 of this type of facility.

There is also a problem with the lack of “clinical education” as there is a strict ratio so that the right care is given to patients, but that ratio often becomes a barrier.

Lynn Mertz

Ms. Mertz manages a grant from Robert Wood Johnson to the New Jersey State Chamber of Commerce. The Chamber’s five year program is called the New Jersey Nursing Initiative (NJNI). They have awarded five grants to nine nursing schools to help with nursing faculty. They currently have 49 Master/PhD candidates. The grants were given to institutions for them to revise curriculum to teach better. Issues include education capacity, faculty capacity, and sustainability.

The NJNI is looking to create models that will work and have already completed an asset mapping statewide to identify resources. On October 5th a major report will come out from RWJ & ION on nursing with eight recommendations in five areas. Ms. Mertz stated that there is a great need to know what we need in the workforce so we know what to teach.

Ms. Mertz and Ms. Widing noted that as part of the federal health care grant, the SETC got 25 people who are very interested and want to be part of the new council.

Bob Wise

This is an exciting time in health care as there is much transition. New positions are being created to bridge gaps such as “care coach” or navigators and Mr. Wise sees women taking on these roles.

He stated there is also a need to take on governance issues, especially as related to gender and priorities. There is a need for an increased number of Senior Executives to address common problems.

There needs to be advocacy at the State level, especially with women, who can voice concerns. Some of those concerns include giving nurse practitioners the ability to write

prescriptions in the Emergency Room which is now not allowed, and the need to increase positions that are “physician extenders” as hospitals cannot afford to hire more doctors. CEOs also need to apply a “gender lens” (as most CEOs are male) and be sensitive to gender issues. Most hospital boards are also male dominated (as are all the boards in New Jersey) and this needs to be changed. It would be interesting to see what are our aging communities, what they will look like, and make a determination if hospitals are ready for that aging influx. Mr. Wise concluded by saying that gender solutions are needed for many non-gender issues.

A discussion of the members followed. It was noted that this is a workforce development issue but we have to be sure there are economic opportunities. It was noted that nursing is a science, as well as an art, so there needs to be a solid academic foundation, especially with technological advances.

Expensive orientation costs for new nurses at \$50,000 become a barrier as employers cannot continue to pay that. There may need to be more practical time.

Glenda Gracia-Rivera, Non-Traditional Career Resource Center

Funding for the NCRC has not been determined for after 2011. At this point, NCRC has finished their Career and Technical Education program with the schools. Next, they will start a Peer Leadership program with the five schools in the program to create a model of recruitment into non-traditional career fields for middle school students. Ms. Gracia-Rivera noted that this year she had problems with their summer program recruitment for high school students, but the program went well with the students they had. The TALE program for middle school went well as did the Step Up Program, where students created social issue project. All projects were very well done and influential.

Open Discussion and Determination of Council Priorities for 2010-2011

- Health care should be the priority.
- The invisibility of gender parity has always been an issue.
- Health care gives all socio-economic groups the ability to participate as there is a career ladder.
- Is there an issue of how the work (especially of nurses) is organized? There is flexibility, but there are trade-offs.
- There are professional practice models with guidelines.

The question arose asking if the Gender Parity Council can work to identify the issues and provide best practices. It was decided the Council should “compliment” the work of the new Health Care Workforce Council.

It will be important to try to build up the entry-level job descriptions and create new career paths.

It was suggested that the GPC may need to strive for legislation as all hospitals may not volunteer to follow “best practices”. One asked if we could seek legislation for schools to articulate programs from two year programs to four year programs. This may be an issue for Health Care Council and NJPLACE to work on.

It was stated that if we can work to attract more men into Health Care, especially nursing, it will help the women. One change that has been noted is a difference with gender for doctors as more women are entering that occupation.

Gender issues will emerge as we study the issues. The Health Care Workforce Council may do much of the data collection but the Council on Gender Parity can apply a gender lens on it.

Other Issues

1. Science and Technology Summit for 2011 needs funding
2. Other reports (Robert Wood Johnson, AAUW-NJ Pay Equity Study)

Next meeting will be on October 14, 2010 from 10:30-12:00 at the Labor Ed Center of Rutgers University.

At the next meeting, Mary Gatta present her paper on pay equity. The Council will also review the Robert Wood Johnson report.