

**Governor's Commission
on Health Care and Community Support Workforce**

**MEETING MINUTES
October 25, 2016
New Hampshire Hospital Association
Concord, NH**

Members Present: Susan Huard, Kathy Bizarro-Thunberg, Jon Eriquezzo, Todd Fahey, Mike Ferrara, Margaret Franckhauser, Yvonne Goldsberry, Brenda Howard, Judith Joy, Joelle Martin, Dennis Powers, Susan Reeves, Deb Scheetz

Guests: Kristina Fjeld-Sparks, Nancy Frank, Paula Smith, Trinidad Tellez, MD, Shawn Barry, Jessica Santos, PhD, Brendan Williams, Kathryn Kindopp

Staff: Leslie Melby, DHHS

Commission members approved the minutes of the September 27, 2016 meeting.

PRESENTATION: New Hampshire Area Health Education Center (AHEC) See [AHEC presentation](#)
Kristina Fjeld-Sparks, Nancy Frank, Paula Smith

The AHEC's mission is to develop innovative approaches that meet the health needs of diverse populations by enhancing the knowledge, skills, and capacity of the health care workforce and NH communities.

Congress created AHECs to coincide with the establishment of community health centers and the National Health Service Corps to address gaps in primary care and rural health. The NH AHEC was established in 1997 with its program office at The Dartmouth Institute and two center offices (Northern NH AHEC in Littleton and Southern NH AHEC in Raymond).

AHECs receive limited funding from HRSA and therefore must seek additional funding to support its work. AHECs are usually based in medical schools to support education, clinical care, workforce development, and community health/population health.

NH AHEC activities include health careers programs for youth, training of health professions students, continuing education for health providers and public health workforce, community health worker training, chronic disease self-management, Public Health Network/Substance Misuse Prevention Network, public health training center (New England), cultural and interpretation training, and the NH SBIRT training collaborative.

NNHACHC workforce efforts include:

- Live, Learn, Play in Northern New Hampshire: provides clinical rotations for medical and physician assistant students in the North Country. Once they practice in rural areas, they're likely to stay.
- Quality Improvement/Motivational Interviewing: provide training to assist practices on practice transformation and quality improvement.
- Health Career Opportunity Program for Paraprofessionals: Partner with White Mountain Community College to educate medical assistants and nursing facility workers.

SNHAHEC workforce efforts include:

Continuing education to promote behavioral health and primary care integration: Focus on integrating SUD/BH counselors (LDAC, social workers, mental health counselors) and primary care providers to work together, e.g. to better triage BH patients. Use expertise in micro-team model to include behavioral health providers

Interpretation training: More than 1000 people have been trained; develop cultural competency

Community health worker (CHW) training: CHWs act as a bridge between the health care setting and communities. They assist with access to care.

Questions:

Q: How do the AHECs assess needs and for what types of professions?

A: AHECs develop training based on needs assessments and by being present in the community to hear what people say about the state's needs. They interpret what has been identified and build from there. They then identify funding to create programs. Example: opioid crisis and SBIRT (Screening, Brief Intervention, and Referral to Treatment) training.

Q: Are there things you wish the state would change because it would help staff the health care system?

A: 1. Behavioral health staff - some (licensed social workers) are reimburseable and others (mental health counselors) are not. These providers both function as counselors. A change in reimbursement policies would help to recruit BH specialists.

2. Need competitive pay for salaries in the North Country in order to retain staff. Retention can be more challenging than recruitment. And how do you build communities to be attractive to young people, e.g. affordable housing, cultural life?

PRESENTATION: New Hampshire Health Profession Opportunity Project: Lessons Learned **Trinidad Tellez, MD, Shawn Barry, Jessica Santos, PhD** [See HPOP presentation](#)

The NH Health Profession Opportunity Project (HPOP) was funded by the federal Health Professions Opportunity Grants through Sept 2015. The Employer Research Initiative (ERI) at Brandeis University partnered with NH HPOP to focus on the diversity aspect of HPOP. NHHPOP had many partners throughout the state, with funding from the Endowment for Health and the federal Administration for Children and Families.

HPOP's objective was to train TANF and other low-income individuals in health occupations projected to be in high demand, pay well and offer opportunities to advance. HPOP program goals included: train over 1,000 participants in allied health, long term care, HIT and nursing; place over 500 HPOP graduates into jobs; and cover specific geographic areas.

The NH HPOP case management and training model provided supportive services and case management, as well as funds to help individuals succeed. Services included outreach and enrollment, skill building, exploring health careers, case management and ongoing supportive services, training in health occupations, work readiness and job placement.

HPOP outcomes exceeded employment goals: >1300 participants enrolled, >1000 enrolled in healthcare training, 845 completed healthcare training, 782 individuals employed, of which 692 employed in healthcare. Participants were 83% female, 76% with household income below \$20,000, 11% TANF, 43% SNAP, 32% Medicaid, 59% receive some form of public assistance.

Employer Research Initiative (ERI) is a study of employment and advancement opportunities for racial, ethnic and linguistic minorities. The research is rooted in policy and partnership with a focus on the opportunities in the health sector. The primary question of the study is how can health care employers create a more diverse workforce and foster greater recruitment, retention and advancement of minorities. The secondary question is how the workforce development field can better prepare and support workers and employers in the healthcare sector to improve minority hiring, retention and career pathways in NH.

150 individuals were interviewed for their experience and motivation for entering the health care field. 9.5% of the total workforce is made up of people of color who are under-represented in hospitals and overrepresented in nursing and residential care (lower wage jobs and fewer opportunities for advancement)

Career Path : Career path models include: The “Old Guard” of white nursing leaders who are less likely to understand what’s going on with younger workers. The “Zig-Zag” path does not sustain a linear pathway. A large portion of the healthcare workforce in NH are on the zig-zag path. We need to align supports for this group. HPOP participants are on the “Lateral” path which provides a stepping stone with wrap-around supports. The path for “Foreign Trained Professionals” reveals the loss of human capital due to the difficulties translating credentials into the American health care system.

Using these models, we need to ask what we should be most concerned about from a policy perspective, and what the state can do differently? This requires dedication of resources to work with foreign trained professionals, the innovators, and those on the zig-zag path who don’t have resources. Networks are important as people transition and advance through their health careers. Institutional supports are not sufficient. While there are multiple routes to advance, some people are unable to overcome obstacles.

Lessons Learned: 11% of HPOP participants received TANF benefits and more likely to need supports 46% completed training and employment; 28% enrolled and nothing happened; 67% had LNA training. The most successful HPOP participants were opportunistic, i.e. they took advantage of everything the program offered came to additional workshops interviewing and networking; were strong self-advocates; and highly motivated to change. The average time to successful completion was 1.6 years to get a job. In nursing, most participants completed the LNA training due to shorter term training. The RN track is too long.

Based on this work, the research demonstrates that the state should provide more “on ramps” for people entering the field; expand resources for low income people, including wrap-around services, career pathways for minorities, and consider educational offerings that fit for minority and foreign workers. We need to understand who will comprise the future workforce and that the workforce will be increasingly diverse.

PRESENTATION: Long Term Care Workforce Shortages

Brendan Williams and Kathryn Kindopp

Low Medicaid payment rates are a barrier to ensuring consistent, qualified staff. Medicaid reimbursement is about one half of the cost to provide care. Nursing facilities are losing LNAs to better paying jobs outside health care. The payment structure of the state’s long term care system under compensates good people who care for our vulnerable citizens.

In the Monadnock region, providers including nursing facilities, home health, hospitals and LNA programs are collaborating on healthcare workforce shortages. Vacancies at one facility are as high as 25% for nursing and 25% for LNAs, and temporary agency staff are in short supply. In some instances an LNA works two shifts a day, seven days a week. This facility has closed beds due to vacancies, which in turn puts pressure on local hospitals to keep patients waiting for a nursing home bed. NH is losing skilled workers to other states with simpler licensing procedures. The process for criminal background checks must be streamlined to avoid the licensing delays, including the duplication of processes.

Additional delays include the lengthy time to be accredited to host an LNA program and even longer if the facility wants host as trainer. Hosting and operating your own LNA class helps with the barrier of tuition cost if students are not charged. However, this is costly and removes a nurse from patient care. Of particular concern is the closing of LPN programs in the state. LPN programs provide a pipeline to LTC facilities that provide essential care to residents.

County facilities have implemented the following to manage their shortages: increasing per diem staff rates, enhancing nursing tuition reimbursement, bringing LNA training programs in-house, removing barriers for staff's cost for criminal background/fingerprint checks and LNA licensure costs, improving mentoring programs, sign-on bonuses, tuition assistance and forgiveness, altering work shifts, working with high school career centers.

Few states do worse in funding the Medicaid safety net. NH's reimbursement for nursing home care has gone up only 4.5% since 2009, compared to a 12% increase in the CPI. NH is the second oldest state in the nation, but ranks at the bottom for caregiver wages. At the same time, surrounding states are paying higher wages. These are competitive factors that NH providers are facing. We need to ease barriers, such as the backlog of criminal background checks which works against those interested in health care professions. For example, many states allow for provisional practice while background checks are in process.

The workforce shortage is crisis. Nursing facilities simply cannot find staff. The high quality of care provided in the states nursing facilities will not continue if staffing is not addressed.

WORK SESSION

Discussion focused on the structure of the Commission's report. The report should focus on specific recommendations. Many issues cut across licensed and unlicensed personnel. Need to emphasize the problems of direct support professionals as a separate section.

A preamble will set the context to include major trends, safety, bifurcation of workers, etc.

Assignments will be given to Commission members to draft portions of the report, as well as a set of fresh eyes to review and edit the drafts.

Issues to be highlighted were mentioned including administrative simplification (criminal background checks, licensing); workforce diversity and recruitment; funding. Need to blend recommendations with comments from public listening sessions.

Assignments:

Preamble: Margaret Franckhauser, Judy Joy, Mike Ferrara

Readers: Yvonne Goldsberry and Deb Scheetz

Required statutory/regulatory actions: Kathy Bizarro and Dennis Powers

DSP: Dennis Powers and Jon Eriquizzo

PUBLIC COMMENT:

The Co-chair of the SB 439 nursing and health care worker shortage commission stated she has attended the Governor's Workforce Commission listening sessions and stated that families are appreciative of the Commission's efforts to travel the state to solicit comments from the public. The SB 439 Commission report is due November 1st. They will defer to the Governor's report for issues not covered.

Next Meeting: November 22, 2016

Presentation on the NH Sector Partnership Initiative (SPI)

Work session on Report