

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

**MEETING MINUTES
May 31, 2016**

**State House, Executive Council Chambers
Concord, NH**

Members Present

Susan Huard, Chair, President, Manchester Community College; Deborah Scheetz, Healthcare Policy Specialist, DHHS; Mike Ferrara, UNH, Dean of College of Health and Human Services; Susan Reeves, Dean, Health Professions, Colby Sawyer College; Kathy Bizarro-Thunberg, Executive VP, NH Hospital Association; Dr. Yvonne Goldsberry, President, Endowment for Health, Judith Joy, Interim Executive Director, NH Nurses Association; Dennis Powers, Executive Director, Community Crossroads; Margaret Franckhauser, CEO, Central NH VNA and Hospice; Jon Eriquezzo, Executive Director, Residential Services, Crotched Mountain Rehabilitation Center; Brenda Howard, MNA/VNA Maplewood Nursing Home; Todd Fahey, State Director, AARP; Joelle Martin, Board Member, Council for Youths with Chronic Conditions; Stephanie Pagliuca, Director, Bi-State Recruitment Center; Lisa DiMartino, Parent

Governor's Welcome and Introductions – Governor Maggie Hassan

Governor Hassan welcomed Commission members and thanked them for their participation and dedication. Commission members introduced themselves.

The Governor provided an overview of the purpose of the Commission to examine the state's need for health care and direct care workers to provide support services in the community, particularly for individuals with disabilities and chronic illness. Current workforce challenges include payment structures, education and training, state laws and regulations, transportation and childcare. Example: New Hampshire Hospital has bed availability but unable to staff due to nursing shortage.

The Governor noted the high level of interest by stakeholders to enable citizens to live independently as their need for supports grows whether due to disabilities or aging. This work of the commission provides an opportunity to examine how people wish to be cared for and to find ways to prevent the use of expensive systems of care due to the lack of options.

The Governor stated that recruitment, training and retention strategies involve more than pay, and that barriers to professional development and workforce progression must be addressed. We need to address training, licensing, and credentialing silos that force people to make difficult choices (Example: respite care workers are not allowed to administer medication.)

Review of Commission Charge – Chair Susan Huard

The Commission’s overarching goal is to increase choices for seniors and those living with chronic illness to remain at home and live independently within four priority areas:

1. Data collection: Identify gaps and projected needs.
2. Develop innovative approaches to recruitment, training, and professional development
3. Identify pipeline barriers for training and practice
4. Identify barriers related to public policies and financing

The Commission will begin by defining the problem, identifying the issues, and developing short term steps.

Suggested Priorities – Commission Members

Chair Huard asked Commission members to offer their views on priorities:

- Develop a more diverse workforce
- Workforce recruitment: need to assess how welcoming communities are to a diverse workforce.
- Identify short- and long-term needs for health care and direct care workers to meet the increasing demand for community-based services.
 - Wages: \$11.38/hour average pay for direct care support workers (living wage in NH is \$15 - \$21/hour). Related concerns are:
 - Medication
 - Physical intervention
 - 50-75% turnover/year – constant retraining and quality fluctuation driving up the cost of training.
 - Many members of the workforce are aging and retiring
- Children with disabilities: there is a significant shortage of direct care staff due to lack of appropriate training; families provide training and some are not equipped to address training; improve the image of direct support workers in line with other health care professionals
- Cost of Recruitment: Consider pooling recruitment resources statewide and use loan repayment incentives.
- Data collection is key to defining the problem. What type of data is available and who is collecting it?
- Technology: How will technology development inform care?
- Incentives: Develop innovative incentives to remain in one’s home (e.g. tax credits for housing)
- IT solutions: Streamline work processes
- Medicaid reimbursement: rates (13%) are too low to attract workers.
- Retention: continues to be a challenge. Consider internships/residencies in long term care.
- Pool workforce resources for training and education

Inventory of Data

- Identify sources for workforce data, e.g. ESMI and Burning Glass.
- Hospital data on workforce and turnover. Specialized surveys can be conducted.

- Interdependence and overlap of community- and hospital-based workforce. Need to understand reliance of patients on access to both medical and community-based supports.
- Direct support personnel data will be released soon.
- Mental health study

Members will collect and pool their data. Dr. Huard will look at how best to compile these data to inform discussions.

Organizational Details

The Commission will meet in Concord on the fourth Tuesday of each month, 1:00 – 4:00 pm. Given the high level of stakeholder interest in the Commission’s work, opportunities for public comment will be incorporated into meeting agendas.

Regional meetings are essential to learn about regional differences in need and access.

Commission members will attend one or two regional meetings.

The Commission will invite individuals/groups/organizations to make short (20 min.) presentations with 10 minute Q&A to follow.

The structure of the Commission’s final report will be discussed with the Governor’s Office.

Commission members will draft portions of the report, to be turned over to an editor for final assembly

Next Meeting

June 28th from 1:00 – 4:00 p.m.

Former Representative Laurie Harding, Chair of the NH Commission on Primary Care Workforce and Robin Carlson of the Direct Support Professionals are scheduled to present to the Commission.

Public Input

- **NH Health Care Association** – Brendan W. Williams
90% of statewide workforce shortage data is for skilled nursing care
ACA skilled nursing facilities will need to submit direct care staffing hours to Medicare/ Medicaid .
NH is a leader in preparing for this change
- **Monadnock Workforce Group** – Cathy Gray
Meets regularly with Senator Molly Kelly.
Incorporates entire continuum of care.
Has identified some short term solutions – need to market health care as a good opportunity.
- **Community Support Network Inc.** – Heather Donnell, employee and parent –
Importance of barriers in education – what should be available for families who need medical and respite care
- **Robin Carlson** – referred to Nancy Folbre, Professor of Economics at UMass Amherst, about how healthcare and community support workforce is predominantly a female workforce issue and a feminist issue; and this type of work is not necessarily valued.
Who is caring for the caregiver? High workers’ compensation filing
- **Laurie Harding**, Primary Care Workforce Commission. Will present at the June 28th meeting.