

Final MINUTES

New Hampshire State Commission on Aging Monday, November 21, 2022 10:00 a.m.-noon NH Employment Security, 45 South Fruit St., Concord

Present in person: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Rep. Charles McMahon; Tracy McGraw, DOL; Sunny Mulligan Shea, DOJ; Michael Todd, DOS; Susan Buxton, Long-Term Care Ombudsman; Wendi Aultman, DHHS; Appointed by the Governor: Suzanne Demers, Susan Denopoulos, Beth Quarm Todgham, Daniel Marcek, Doug McNutt, Rep. Lucy McVitty Weber, Roxie Severance, Kristi St. Laurent, Laurie Duff. **Staff:** Rebecca Sky, Executive Director; Chris Dugan, Communications and Engagement Director

Present via teleconference: Shelley Winters, DOT; Susan Ruka

Absent: Sen. Ruth Ward; Janet Weeks, DOL; Harry Viens, Rev. Susan Nolan, Roberts Berner, Rep. James MacKay, Lynn Lippitt, NHHFA.

Guests present in person: Shawn Jones

Guests present via teleconference: Amy Girourd, Annemarie Timmons, Arnold Newman, Betty Gilcrist, Caitlin Palmer, Caitlin Sullivan, Carole Boutin, Cheryl Steinberg, Christian Seasholtz, Heather Carroll, Heather Smith, Isadora Rodriguez-Legendre, Jennifer Rabalais, Joan Marcoux, John Eriquizzo, John Wilson, Madeline Ullrich, Marcia Garber, Margaret Frankhauser, Martha McLeod, Michael Cohen, Paul Cuno-Booth, Teri Palmer, Vanessa Blais

I. Welcome, Attendance, Review of Minutes

Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at NH Employment Security and via teleconference. Chair Polly Campion took attendance, noting which Commission members were attending in person or remotely. With 18 Commission members attending in person, a quorum was present.

Chair Campion asked for a motion to approve the October Commission meeting minutes. It was noted that a change/addition needs to be made with regard to the public input section. Lucy McVitty Weber made a motion to approve the October minutes with this change; Roxie Severance seconded the motion. By roll-call vote, members approved the minutes with Tracy McGraw and Doug McNutt abstaining.

II. Scan of State Level Policy Strategies for Strengthening the Direct Care Workforce

The New Hampshire State Commission on Aging welcomed Amy Robins to its November 14 meeting. Robins is the Director of Advocacy at PHI, a New York-based organization that works to ensure quality care for older adults and people with disabilities by creating quality jobs for direct care workers.

In her introduction, Chair Polly Campion reminded Commissioners of information previously gathered on NH's direct care work force in terms of efforts to first clarify the issues at earlier meetings and then working as a group to become more solution focused.

Robins' presentation, according to Campion, was to move the Commission from questions to answers by learning about policies and programs implemented by other states to address direct care workforce issues and discuss how those policies and programs might be adapted for use

here.

Robins began her presentation with information about New Hampshire's direct care work force, including the dwindling number of individuals entering the workforce, the increased number leaving, and its demographic makeup of older, female, and immigrant workers.

There are currently just over 15,000 direct care workers in NH, including those working in assisted living facilities, nursing homes and in people's homes. Robins stated that approximately 24,400 job openings will occur in the next decade, as need grows, and people leave the field.

Compensation issues are a main factor, with the median hourly wage for direct care workers in the Granite State \$15.79. At that rate, many workers lack affordable housing and many live near or at the poverty level.

The need for home care workers continues to increase as care is shifting away from nursing home settings towards home-based services that allow individuals to remain in their own homes with assistance with daily living tasks that don't require medical care.

Information provided was taken from NH data analyzed by PHI on NH's Direct Care Workforce that can be found at <https://www.phinational.org/policy-research/workforce-data-center/>. There is more NH data available on the website.

The presentation was based on PHI's recently released **State Policy Strategies for Strengthening the Direct Care Workforce**, a compilation of 24 specific policy strategies—with concrete examples—for improving direct care job quality and stabilizing the workforce. The report can be found at <https://www.phinational.org/resource/state-policy-strategies-for-strengthening-the-direct-care-workforce/>. An additional point of reference for the presentation was PHI's **Essential Jobs, Essential Workers** project. Information on the project is at <http://www.phinational.org/advocacy/state/>

Robins shared a number of creative initiatives from the report of what other states are doing to address their direct care workforce issues. She noted that several of the initiatives required little or no funding, but instead communicated the value of the direct care worker.

Following the presentation, Commission members broke into small discussion groups to formulate ideas on possible directions for the Granite State as the Direct Care Workforce continues to be a primary initiative of the NH Commission on Aging in the future. Of the initiatives discussed, the QUILTSS Institute work in Tennessee garnered the most interest: <https://quiltss.org/>. It is a value-based purchasing initiative for long term services and supports that supports a training and career ladder for direct care workers with increasing pay based on acquired competencies. Some members felt establishing a similar program in NH could be a good use for one-time ARPA funds and would require support from the NH Office of Professional Licensure. Other initiatives that rose to the top for consideration included:

- A **Direct Care Loss Ratio** like **New Jersey's** that requires 90 percent of the Medicaid revenue received by a nursing facility during a fiscal year be expended on the care of residents,
- A **Direct Care Workforce Innovation fund** like **Maryland's** that supports matching grants to eligible entities (including employers) that create and expand upon successful recruitment and retention strategies. It could target work that creatively address employee needs around childcare, housing, and transportation.
- Development of "in-service" training resources for employers to offer employees on

topics like the IRS VITA Program, building equity, accessing public benefits, and managing the cliff effect.

- Using ARPA funds to create a state registry that allows people needed care to post employment opportunities and workers looking for work to share their contact info and credentials

V. **Public Input.** There was no input from the public

VI. **Adjournment**

The meeting was adjourned at 12:04.

There is no Commission meeting in December.

The next Commission meeting will take place on Monday, January 9, 2023, 10 a.m.-noon



Opportunities for Building a Strong Direct Care Workforce in New Hampshire

Amy Robins, MPA, Director of Advocacy





PHI

QUALITY CARE
THROUGH
QUALITY JOBS

We believe that caring, committed relationships between direct care workers and their clients are at the heart of quality care. Those relationships work best when direct care workers receive high-quality training, living wages, and respect for the central role they play.



Overview

- The state of the direct care workforce in New Hampshire
- Examples from other states: Highlights from our report, *State Policy Strategies*
- Discussion



The State of the Direct Care Workforce in New Hampshire

Who Are New Hampshire's Direct Care Workers?

- Nearly 15,050 paid caregivers who support older adults and people with disabilities across care settings
 - Shifting to HCBS and home health aides and personal care aides (~7,900)
- Primarily women (91%), 13% people of color, 9% immigrants

Source: <https://phinational.org/policy-research/workforce-data-center/>



“I understand that many people think of a CNA, especially someone working in hospice, as somebody who just goes in and maybe gives a patient a bath or shower. But for me, being a CNA is much more of a nurturing and giving role. My focus is less on a patient’s diagnosis and more on **getting to know them as a person, and figuring out how I can make their day the best one possible** while providing the care they require in the care plan. I also report any signs of declining health to the nurses. I love my patients with all that I have, but I prepare myself to let go when their time comes because that’s just the nature of my job.”

CRYSTAL PROFFITT

Certified Nursing Assistant, Certified Hospice Palliative Nursing Assistant
Raleigh, North Carolina

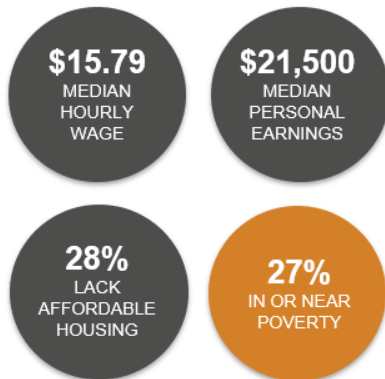
Source: <https://phinational.org/worker-stories/>



An Essential But Undervalued Workforce



NH’s Direct Care Workers

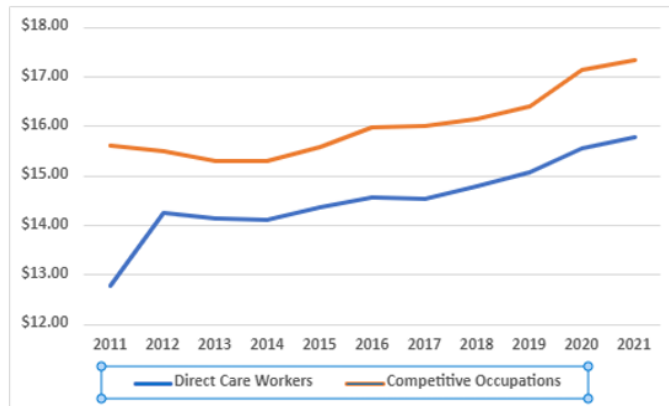


All U.S. Direct Care Workers



Source: <https://phinational.org/policy-research/workforce-data-center/>

Median wages for New Hampshire's direct care workers are consistently lower than for competing occupations.



Sources: <https://www.bls.gov/oes/home.htm>;
<https://www.onetcenter.org/database.html#all-files>; analysis by PHI
(September 2022)

“I’m a single parent working six days a week, and I don’t spend enough time with my kid. As home health aides, we work too hard, we’re dealing with too much stress with the client, and we also have to deal with family members, and **we’re not getting paid for how hard we work. That’s the problem.** You have to pay your bills. You have to take care of your family.”

FARAH GERMAIN
Home Health Aide
Brooklyn, NY

Source: <https://phinational.org/worker-stories/>



Additional Workforce Challenges

- Limited benefits such as health insurance, retirement savings, paid leave
- Disproportionate rates of occupational injury; comparatively poor health and access to care
- Few recognized career development opportunities, especially within direct care field
- Inadequate support and supervision on the job



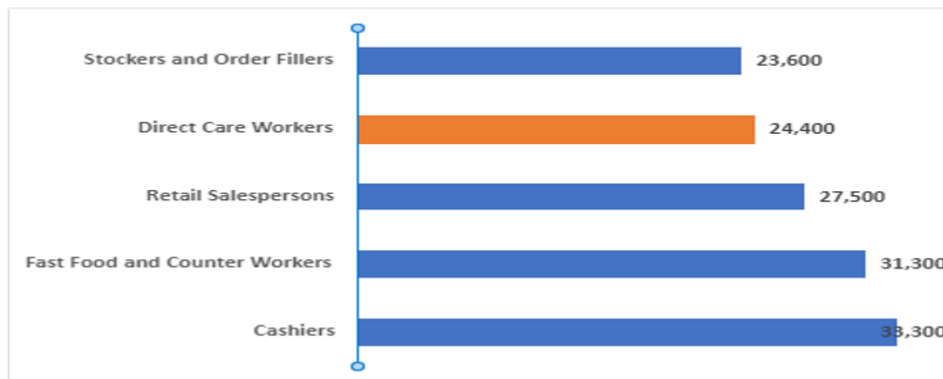
Source: <https://phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

From 2020 to 2030, the direct care workforce in New Hampshire will add nearly 3,000 new jobs.



Source: <http://www.projectionscentral.com/Projections/LongTerm>

There will be over 24,000 total job openings in direct care in New Hampshire from 2020 to 2030.











Source: <http://www.projectionscentral.com/Projections/LongTerm>

Policy Solutions to the Workforce Crisis



Source: <https://www.phinational.org/policy-research/reports-multimedia/>

-  **01** Reform long-term care financing.
-  **02** Increase compensation for direct care workers.
-  **03** Strengthen training standards and delivery systems.
-  **04** Fund, implement, and evaluate workforce interventions.
-  **05** Improve data collection and monitoring.
-  **06** Center Direct Care Workers in Leadership Roles.
-  **07** Rectify Structural, Gender and Racial Inequities.
-  **08** Shift the Public Narrative.



01 Reform long-term care financing.



LTSS social insurance program, created in 2019



02 Increase compensation for direct care workers.



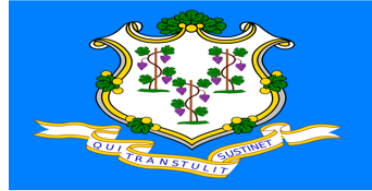
Arizona Wage Pass Through Law of 2017 and
ARPA funds



New Jersey first in nation 2020 direct care
loss ratio law



02 Increase compensation for direct care workers.



03 Strengthen training standards and delivery systems.



Maine – investing in front line worker training



Michigan –building a DCW Training Infrastructure

 **03** Strengthen training standards and delivery systems.




Tennessee: Quality Improvement in Long-Term Services and Supports (QuILTSS)

Career & Education Pathway				
Level of Mastery	Levels of Mastery	Education Pathway	Career Pathway	Definition
Emerging	1	High School/GED	Direct Service Worker	Level 1 mastery of all 12 competencies. Foundational knowledge of key practices is developing. S/he is able to perform job tasks to minimum acceptable standards with consistent prompting to complete tasks for given role.
		Pre- and Early-Service Training		
		QuILTSS Badges 1-4	Community Support Specialist Level I	
		QuILTSS Badges 5-8	Community Support Specialist Level II	
Community Support Specialist	2	QuILTSS Badges 9-12 Full QuILTSS Credential	Community Support Specialist Level III	Level 2 mastery of all 12 competencies. Foundational knowledge of key practices is present. S/he is able to consistently perform job tasks to acceptable standards across a variety of contexts and requires few prompts to complete tasks for given role.
		Supervisor	3	Certificate in LTSS
Associate Degree				
Bachelor of Arts/Bachelor of Science Degree	Territory Manager, Company Owner and Director, Director of Nursing			Level 4 mastery of all 12 competencies. Consistently and fairly measures performance of others while providing feedback based on the acceptable standards across a variety of contexts regarding completed tasks for given roles of others. S/he motivates and leads the organization by establishing strategic goals and metrics for appropriate outcomes, accomplishments, and results with a willingness to change or consider new opportunities. S/he effectively communicates organization-wide initiative(s) and integrates behaviors, needed resources, and creative solutions to support it.
Master's/Doctoral Degree				
Leader	4			




<https://quiltss.org/pathways/>

 **04** Fund, implement, and evaluate workforce interventions.



Easing workforce shortages by connecting workers to jobs

 **04** Fund, implement, and evaluate workforce interventions.



Maryland's Direct Care Workforce Innovation Fund

 **05** Improve data collection and monitoring.

 **06** Center Direct Care Workers in Leadership Roles.

 **07** Rectify Structural, Gender and Racial Inequities.

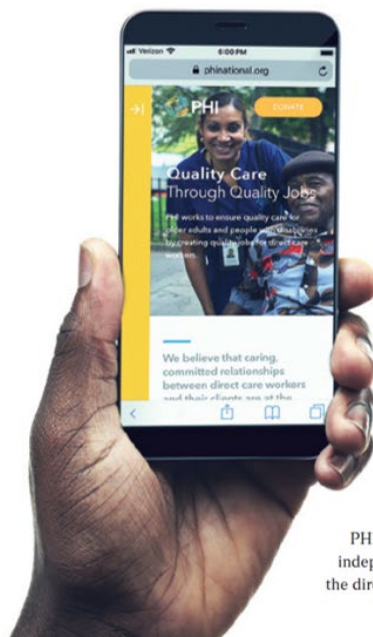
 **08** Shift the Public Narrative.

Questions and Reactions



<https://phinational.org/resource/caring-for-the-future-the-power-and-potential-of-americas-direct-care-workforce/>

THE 5 PILLARS OF DIRECT CARE JOB QUALITY



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- Subscribe to our monthly newsletter: [PHInational.org/sign-up/](https://phinational.org/sign-up/)
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PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Amy Robins, MPA

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