

**The Maine CDC's
Health Workforce Forum
Progress Report 2006-2010**

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Maine Center for Disease Control and Prevention's
Health Workforce Forum

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Maine CDC's Health Workforce Forum Progress Report 2006-2010

Executive Summary

The Maine CDC's Health Workforce Forum (Forum) was convened in 2006 as a statewide stakeholder group on health workforce needs and issues to provide input to the Department of Health and Human Services (DHHS) for health policy and planning decisions. Initial guidelines for the Forum's role and membership were established by the Maine Legislature with the 2005 enactment of LD 892, *An Act to Ensure an Adequate Supply of a Skilled Health Workforce*.¹ The Maine Center for Disease Control and Prevention's (MCDC) Office of Rural Health and Primary Care provided oversight and federal grant funds to support Forum activities.

Interest in the Forum as a resource for information, collaboration and support has been steady. Between 2007 and 2010 the Forum and its subcommittees met monthly to review workforce data and grant news and to discuss workforce issues and the Forum's role. During this period, the Forum engaged more than 100 members representing 8 educational organizations, 15 employers/providers, 11 professional/trade associations, 2 Department of Labor offices and their 4 Local Workforce Investment Boards, 3 Maine CDC offices, 1 Department of Education, 1 Licensing Board, and the Maine Legislature.

The 2005 statute also established the Maine Healthcare Occupations Report, the Forum's primary source of health workforce data and analysis. The Maine Department of Labor (DOL), Center for Workforce Research and Information in conjunction with CDC's Office of Data, Research and Vital Statistics, completed the *2006 Healthcare Occupations Report*,² launching the Forum and providing the state with the most comprehensive report to-date on Maine's health workforce. This DOL report and the updated 2010 edition³ are cited frequently in the Forum's work and recommendations. The Forum reviewed workforce information and multiple reports from Maine and national groups, and searched for benchmarks in the data and member consensus on statewide workforce needs and initiatives, to identify recommendations that address Maine's immediate and projected shortages.

This *Progress Report* is a comprehensive summary of the Forum's activities, development, outcomes and findings, and documents the Forum's performance of statutory and grant-funded responsibilities.

The Forum also published a 2010 *Recommendations Guide*,⁴ a comprehensive set of recommendations and reference sources for use as a tool to coordinate strategic planning, health workforce development initiatives and the implementation of recommendations.

In the three and a half years between the Forum's first meetings and spring 2010, when the Forum's recommendations and progress report were drafted, the state's budget deficits and recession deepened, state and federal health reform initiatives were advanced, pandemic flu/H1N1 threatened, and the American Recovery and Reinvestment Act (ARRA) and Affordable Care Act (ACA) awarded grant funds to Maine for health coverage, health information technology and workforce development. These events helped to expand and engage members and set the context for Forum discussions and their approach and recommendations for addressing Maine's health workforce needs and issues. The concepts of workforce

¹ 22 MRSA §256 &257.

² Kruk, M. (2007).

³ Leparulo, P. (2010).

⁴ Scala, E. and Sutton, S. (2010).

development and sector initiatives, long studied by Department of Labor and economic development strategists, were central to the ARRA grant proposal work and provided the framework for the Forum's recommendations. The grant development experience and continuing uncertainties for the economy and health reform affirmed the Forum's assessments that a comprehensive and long-term plan was necessary to address Maine's workforce needs.

The *Progress Report* and the *Guide* are intended to inform state administrators and policy-makers that immediate and long-term steps need to be taken to ensure an adequate supply of skilled professionals to meet immediate and future health care long term care and public health needs. The Forum's findings, development, accomplishments and recommendations provide DHHS, the State Health Plan and the Maine Jobs Council's State Health Workforce Planning Subcommittee with a foundation of information and partnerships to take important steps for ensuring Maine's health workforce. The Forum's recommendation for a strategic health workforce plan will be the focus of the 2010-2011 federal grant awarded to the Maine Jobs Council, Maine's State Workforce Investment Board.

“An essential component to meeting the growing demand for healthcare services statewide is ensuring that Maine has a sufficient number of workers with the appropriate mix of occupations, in the required locations. Maine faces a number of unique, long-term challenges...worker shortages in some occupations and in the state's rural areas, the resident population is aging and consuming higher amounts or healthcare services, and the workforce is nearing the age of retirement...preparations need to be made now.”⁵

This conclusion by the Maine Department of Labor, Center for Workforce Research and Information frames the context and approach for Forum activities summarized in this report.

With the passage of the Affordable Care Act (ACA), the pressures to address Maine's health workforce needs are even greater. Under the ACA more Maine people will have access to insurance which will in turn mean a greater demand for health care services. There will also be a restructuring of the delivery of how those services are provided and paid for. This increased demand will require that Maine re-think how it uses its health workforce, health professionals will need to be working to the fullest extent of their training and there will be a greater utilization of midlevel practitioners. Health workforce planning cannot be an afterthought to the state's broader efforts around health reform. It will need to be tied into the leadership in the state that is directing those efforts. Labor, educational and training initiatives will also need to be cognizant of the changing landscape of health care delivery under the ACA and the workforce that will be necessary to work in that changed delivery system.

Progress Report Highlights - Findings, Accomplishments and Recommendations:

Forum's Findings

- 1. Workforce development and health occupation planning and coordination are needed to ensure people with the right skills, are in the right place, at the right time. Changing workforce/demand patterns and trends will need concurrent adjustments in the supply pipeline.**
 - Maine faces a number of unique, long-term challenges. There are indications of worker shortages in some occupations and in rural areas. The resident population is aging and consuming higher

⁵ Leparulo, P. (2010).

and higher amounts of health care services. The health care workforce is nearing the age of retirement.⁶

- Health workforce initiatives have been, and continue to be, without communications and evaluations that could provide an evidence base for replication, and support to sustain them.
- The adoption of a sector-based approach by Maine Department of Labor, Maine Jobs Council and Workforce Investment Act (WIA) would help the Forum and stakeholders coordinate Maine's health workforce development initiatives and resources.
- Forum members representing Maine's major health providers reported layoffs and hiring restrictions in 2009, including the health occupations that are typically considered as high demand, secure jobs by students, educational institutions and vocational centers. This change is due to lower revenues, a shift in service utilization and anticipated health reform initiatives. However, these providers are very concerned about their need for skilled nurses in 3-5 years, when many nurses and other critical providers will be eligible for retirement.⁷
- Health reform initiatives, like patient-centered medical home models that emphasize primary care and prevention, will require skilled professionals to staff them.
- Electronic medical records and health information technology advances will require skill development for current staff and open new employment opportunities for others.
- "In addition to assessing supply, identifying potential labor market entrants would provide policymakers with information valuable in ensuring an adequate supply of health care professionals. To accomplish this, an increased emphasis on skills, rather than job titles, would highlight those occupations with skill sets best suited to work in health care occupations. Those with desired skill sets may prove invaluable as potential stopgaps during periods characterized by shortages of health care professionals."⁸

2. A research plan is needed to coordinate and direct the collection and analysis of workforce data to support the DOL report, and coordinate data collection and analysis with licensing board and employer surveys, and to evaluate the recommendations to ensure their design and evidence-base.

- "Numerous occupations are surveyed for this (DOL) report, and, although surveys need to be occupation-specific, some information should be common to all. These common fields should be identified and made standard in all surveys to ease in the parsing and analysis of large datasets."⁹
- Need to improve educational data. As a major source of health care professionals, the enrollment and completion data for all health care-related educational programs is a very important component when assessing present and future supply.¹⁰
- Overlap exists between this (DOL) report and the efforts of other organizations. An effort should be made to reduce duplicative work and foster collaboration to improve data and analysis. Although some of these organizations may have an agenda or platform, resources and knowledge may be shared in a mutually beneficial relationship.¹¹

3. State health policy and reform plans underestimate the importance and value of workforce planning, leaving workforce issues as an after-thought for crisis-driven responses and short

⁶ Leparulo, P. (2010). p. 32.

⁷ Associated Press. (2010, March 16) and Mercy Lays Off 23 Workers; Hospitals Hurting. (2009, May 20).

⁸ Kruk, M. (2007). p. 6.

⁹ Ibid. p.7.

¹⁰ Ibid. p. 7.

¹¹ Ibid. p. 6.

term fixes. A health workforce development plan is necessary to ensure an adequate supply and distribution of skilled health professionals.

- 4. Although quality programs exist that encourage entry into health occupations and career development, there is no cross-cutting tool to determine overall effectiveness and cost/benefit of these strategies statewide.** For example: Area Health Education Centers (AHEC), school guidance, university/community college science, technology, engineering and math (STEM) initiatives, and local health/dental providers inform students about health careers and encourage future nurses/doctors/dentists. And, medical/dental residency programs are assisting new graduates with financial incentives such as National Health Service Corps and the Tufts/MMC Residency Program.
- 5. Shortages and the mal-distribution of oral health and primary care professionals** are currently impacting access to health care, health services and the cost of services, and greater shortages are projected in 3-10 years.
- 6. Expectations are high for health care employment in the Maine economy.**
 - “The health care industry is the largest in Maine with an average of 84,200 jobs in 2008, accounting for 14 percent of wage and salary employment.... The job outlook for health care is bright. Between 2006 and 2016 the number of health care jobs is expected to rise 17 percent, compared to an average growth rate of 5 percent for all industries.”¹²
 - “The health care sector in Maine is a consistent and significant job producer...and is expected to continue to lead the state in employment growth, generating 50 percent of all new jobs from 2006 – 2016”¹³
 - Unemployed and dislocated workers and students seeking employment opportunities and career options are encouraged by projections of health care jobs as being high growth, high demand and high wage jobs, and will seek health related education and training programs.¹⁴
- 7. Pressure is mounting for state policy makers to reduce Maine’s health care sector costs.**
 - “From 1991 – 2004 per capita health care expenditures in Maine grew faster than any state in the country.”¹⁵
 - Given that: health care is labor intensive, the projected employment trends for the health care occupations, and the significant role this industry sector has in state’s economy, employment and higher education planning, there should be a careful examination of the inter-relationship between the workforce and cost control initiatives.

Forum’s Accomplishments

These accomplishments demonstrate the value of bringing stakeholders together as a strategy for developing opportunities and cross-system solutions to Maine’s workforce needs and issues:

- The 2009 American Recovery and Reinvestment Act (ARRA) provided an unexpected turning point for the Forum’s activities and discussion of workforce strategies. The focus on workforce planning, strategic partnership between health employers and educational institutions and the Maine Jobs Council – which serves as the State Workforce Investment Board, motivated a core

¹² Maine Department of Labor. (2009).

¹³ Leparulo, P. (2010). p. 1.

¹⁴ Evans, D. (2008, June).

¹⁵ Ibid. p. 15.

group of members and a strategic shift in the Forum's approach – a shift that paid off. A workforce proposal was developed and submitted and a partnership of Forum members was selected for a \$4.9 million, 3-year, health sector grant awarded to Maine DOL in 2010.

- The Forum is recognized by members, especially employers, as a unique, valuable and potentially transformational cross-system vehicle for building collaboration to address shared concerns for workforce competency and development, connecting multiple public programs (Maine Departments of Health and Human Services, Education and Labor) and private stakeholders' needs and resources to resolve shortages and barriers.
- The Forum published a comprehensive set of recommendations (*Recommendations Guide*¹⁶) to inform the state's workforce initiatives and approach to ensure an adequately trained, appropriately utilized and sustainable workforce that is aligned with Maine's health reform goals to improve access and quality, provide essential public health services and reduce the costs of health care.
- The Forum provided recommendations to the State Health Plan¹⁷ and is sighted as a workgroup in the 2010-2012 plan to address specific workforce activities.
- The Forum's work provided a foundation for the state's successful application for funds from the US Department of Health and Human Services, Health Resource and Services Administration, and the Forum's Recommendation Guide and Progress Report will be utilized for the Maine Job's Council State Health Workforce Planning Grant, a one year strategic planning process for writing Maine's ten year health workforce plan.

Forum's Recommendations

The Forum's *Recommendations Guide* and the capacity demonstrated by the Forum's partnerships and accomplishments provide tools and a framework for Maine to take the next steps for addressing its health workforce needs and ensuring an adequate supply of skilled professionals. These next steps will be significantly influenced by the leadership and partnerships that implement the recommendations. The *Recommendations Guide* outlines the following steps:

1. The Maine CDC Office of Rural Health and Primary Care will continue to be the primary point of contact, coordination, and support for the Forum within state government;
2. In 2010-2011, the Maine Jobs Council Health Care Planning Grant will distill the substantial array of recommendations developed in all sectors of health care workforce development into a ten year strategic plan. This planning will be conducted in collaboration with professional and trade groups (such as nursing and physicians), with state agencies such as DHHS, with educational institutions and with employers and take into consideration the workforce demands of the ACA;
3. The Forum will continue to provide statewide interdisciplinary leadership for health care workforce planning, and in that context will provide information and support for the State Health Plan, the Advisory Council for Health Systems Development (ACHSD), Maine's implementation of the Affordable, Care Act (ACA), initiatives in state government related to health care workforce development, e.g., the Maine Jobs Council Health Care Planning Grant, the Maine DOL Health

¹⁶ Scala, E. and Sutton, S. (2010).

¹⁷ Governor's Office of Health Policy and Finance with the Advisory Council on Health Systems Development. (2010, July).

Sector Grant; commissions, boards, councils or other groups within state government; and private sector initiatives related to health care workforce;

4. The Forum will continue to synthesize the use of high quality data regarding the health care workforce in all its activities, and in this regard continue its close and productive partnerships with the Maine DOL Center for Workforce Research and Information and the DHHS Office of Data, Research, and Vital Statistics; and
5. The Forum will continue to coordinate responses for potential resource development in the form federal, state, or foundation grants.

The Forum's recommendations include six strategic objectives for development and implementation of key activities:

- **Leadership:** Activities to establish state leadership, structure and a workplan to coordinate and implement workforce development plans and activities. The recommended activities are consistent with the *2010-2012 State Health Plan* workforce tasks.
- **Workforce Data/Information:** Activities to coordinate steps for the collection, analysis and reporting of data that informs health workforce planning, policies, practices and initiatives to be need and evidence-based and cost effective. The recommendations expand upon the Maine CDC and Maine DOL workforce data and analysis activities directed by the State Health Plan and the health workforce statute (22 MRSA §256 &257).
- **Pipeline/Supply:** Activities to align workforce supply and demand. The recommended activities to convene, engage and coordinate the education, training, licensing, labor and employer stakeholders is consistent with the State Health Plan workforce tasks and the implementation of a well-informed, collaborative plan for educating, licensing, recruiting and retaining people with the skills and credentials needed – in the right place at the right time.
- **Financial Resources/Investment:** Activities to engage stakeholders and orchestrate resources, public and private, to support the implementation of health workforce development initiatives and reduce financial barriers for students and professional development.
- **Workforce Effectiveness and Utilization:** Activities to identify and implement strategies for utilizing the current health workforce in ways that will help address immediate and future workforce needs under the ACA.
- **Emerging Health Workforce Needs:** Activities to orchestrate the public health and HIT workforce initiatives with the Forum's workforce planning and development initiatives to address emerging or changing workforce needs or priorities and/or changes in the state's health care delivery system.

II. Background

The Forum was established by the Maine Legislature in 2005 to serve as a stakeholder group on health workforce needs for the Department of Health and Human Services (DHHS). The statute, *An Act to Ensure an Adequate Supply of a Skilled Health Workforce*,¹⁸ outlines general guidelines for the Forum's purpose and membership representation by health professionals, employers, licensing boards, health education programs and the Departments of Labor and Health and Human Services.

The Forum was established to perform three primary functions:

1. Convene stakeholders;
2. Review the latest workforce data report and discuss current health care workforce issues;
3. Gather information to provide input for the Maine Department of Health and Human Services' (DHHS) health policy and planning decisions and policy recommendations.¹⁹

The Forum was convened by the Maine Office of Rural Health and Primary Care in late 2006 to review the first edition of the Maine Healthcare Occupations Report²⁰. The report confirmed Forum members' concerns about projected shortages of physicians, dentists, nurses and pharmacists, and provided the basis for their initial recommendations submitted in draft form to Dr. Dora Ann Mills, Director of the Maine CDC, in late 2007. Questions about the feasibility of the recommendations amidst growing budget deficits, and a request to re-assess and prioritize the recommendations opened the door for the Forum to extend its discussions.

The Forum reconvened in June 2008. Expanded membership, renewed concerns about workforce shortages and supply issues, growing state budget deficits, as well as new concerns raised by members about the many health occupations that had little or no data available, necessitated regular monthly meetings and an expanded set of objectives:

- To complete the Forum's statutory charge, finalize and re-submit workforce recommendations;
- To expand the Forum's membership and ensure representation across more health occupations;
- To improve communications with stakeholders and to gather and disseminate information;
- To review health workforce data and information and identify priority needs;
- To link the Forum's work to the State Health Plan and other health policy initiatives;
- To identify and develop resources to support the Forum's work, including grants;
- To develop the Forum and clarify the processes for reporting and implementing the recommendations.

The Maine Department of Labor (DOL) Center for Workforce Research and Information, in conjunction with the Maine CDC's Office of Data Research and Vital Statistics, provided the Forum with the most comprehensive reports to-date on Maine's health sector and workforce. The following list highlights data that informed the Forum's recommendations:

- Over 30 percent of all dentists in Maine are over the age of 60, and over 68 percent are over 50
- One out of every five physicians is at or nearing typical retirement age

¹⁸ 22 MRSA §256 &257.

¹⁹ Public Law Chapter 327 establishing the Forum, did not appropriate funds to support Forum activities.

²⁰ Kruk, M. (2006).

- “Population and aging growth in Maine will cause total demand for physicians to increase 22.5 percent (850 practitioners) over the next 20 years.”²¹
- Health care is Maine’s largest employment sector, with a consistent record of, and future projections for, steady job growth (17 consecutive years of job production).²²
- “The health care sector is relatively labor intensive...” Maine has historically had a higher percentage of employment in health care settings that have a relatively low productivity rate, compared to ambulatory care services.²³
- Nearly one out of every three surgeons in Maine is over the age of 60.
- Registered Nurses in Maine are older than the national average, averaging 48.9.²⁴
- Per capita counts show Maine’s supply of RNs to be at surplus levels relative to national benchmarks, yet supply/demand ratios show that 13 of the 22 high priority occupations in Maine, including RNs, had a greater hiring demand than the national average.²⁵
- “The distribution of health care workers is a significant issue in Maine. Oxford County has 43 percent fewer RNs per capita than the nation and 29 percent fewer nursing aides. The declining job and economic base in many rural areas will likely worsen the situation.”²⁶
- “Access barriers to dental care resulting in a high volume of emergency department visits arise both from financial barriers and provider shortages.”²⁷
- “DHHS statistics indicate that the need for more dentists is high, but per capita analysis shows that the supply of dentists in Maine is only nominally below that of the nation.”²⁸
- “Wage statistics for dentists, psychiatrists, surgeons and pharmacists suggest that these are high priority occupations with the most acute shortages.”²⁹
- “Contrasting the average number of {health education} program completers with annual job opening projections reveals that the production of health care professionals is insufficient in over half of the high priority occupations”.³⁰
- “The health care industry is the largest in Maine with an average of 84,200 jobs in 2008, accounting for 14 percent of wage and salary employment....The job outlook for health care is bright. Between 2006 and 2016 the number of health care jobs is expected to rise 17 percent, compared to an average growth rate of 5 percent for all industries.”³¹
- Unemployed and dislocated workers and students seeking employment opportunities and career options are encouraged by projections of health care jobs as being high growth, high demand and high wage jobs, and will seek health related education and training programs.³²
- “From 1991 – 2004 per capita health care expenditures in Maine grew faster than any state in the country.”³³
- Maine’s six rural counties (per capita) have approximately 70 to 80 percent fewer dentists and physicians/surgeons, 60 to 70 percent fewer surgical technologists, 40 percent less dental

²¹ Leparulo, P. (2010). p. 80.

²² Ibid. p. 10.

²³ Ibid. p. 12.

²⁴ Kruk, M. (2007). p. 4.

²⁵ Leparulo, P. (2010). p. 36.

²⁶ Ibid. p. 74.

²⁷ Governor’s Office of Health Policy and Finance. (2010, February). p. 6.

²⁸ Leparulo, P. (2010). p. 75.

²⁹ Ibid. p. 74.

³⁰ Ibid. p. 71.

³¹ Maine Department of Labor (2009). p. 1-2.

³² Evans, D. (2008, June).

³³ Ibid. p. 15.

hygienists, than the nation, 35 percent less speech pathologists, and 20 to 30 percent fewer pediatricians compared to the nation.³⁴

These snapshots of Maine's health care sector and workforce illustrate the complexity of the data and explain the scope of work and cause for urgency that motivated the Forum's activities, informed its development and influenced its approach for engaging stakeholders to address the workforce needs and supply issues that affect all the health occupations.

The Forum reviewed workforce recommendations from many sources and searched for benchmarks in the data and member consensus on statewide workforce needs and initiatives to identify recommendations that address immediate and projected shortages. This Progress Report describes the Forum's review process and approach for addressing the broad scope of workforce needs and supply issues. The *Recommendations Guide* and the Forum's other accomplishments to-date are products of its partnerships and the coordinated investments of its members. The Maine CDC's Office of Rural Health and Primary Care supported the Forum's growth and development. The Maine Department of Labor reinforced the Forum's work by engendering a workforce development and sector strategy approach and supporting the Forum through the Health Care Sector Grant. The Maine Jobs Council can use the Forum's recommendations to guide the work of its Health Care Planning Grant's development of a ten year strategic plan for Maine. The State Health Plan assigned key goals and tasks to the Forum and provides a context for building a needs-based approach to the Forum's workforce planning activities.

The Forum's assessment of the state's workforce issues and needs, the decision to take a comprehensive and long-term approach to compiling recommendations are consistent with the conclusions in the 2007 report from the Association of Academic Health Centers, *State Actions and the Health Workforce Crisis*:

- **Lack of comprehensive planning** – There is a need for cohesive and thorough health workforce planning which may require a new structure.
- **Lack of organized infrastructure** – Responsibility for health careers is divided among different departments of health, higher education authorities, workforce agencies, governors, legislatures.
- **Absence of leadership** – Lack of a central lead makes efforts, visibility, funding and prioritization of health workforce issues among governor and legislatures difficult to sustain.
- **Narrow focus** – State efforts generally focus on an immediate crisis for one occupational group when there is a need for cross-professions approaches appropriate for broader trends and concern.
- **Need for communication and coordination** – Successful efforts require action by state health, education, and labor agencies. Communication and coordination between agencies is essential to develop a cohesive policy and prevent duplication of effort.
- **Common strategies and tactics** – Data collection on a broad, sustained basis; pipeline development through health career websites; scholarships/loan repayments all benefit from more ongoing involvement of state agencies to help raise awareness, increase public outreach and heighten media attention.
- **Licensure and credentialing** – Expanded scopes of practice need further exploration and research.
- **Education capacity building** – Educational capacity needs to be expanded and coordinated at the state level.³⁵

³⁴ Leparulo, P. (2010). p. 2.

³⁵ Moskowitz, M.C. (2007). p. 15.

Summary of Activities & Developments, Outcomes & Findings

The Forum's discussions, findings and outcomes are summarized in three sections, corresponding to the Forum's primary functions: to convene stakeholders; review the latest workforce data report and discuss current health care workforce issues, and gather information to provide input for the Maine Department of Health and Human Services' (DHHS) health policy and planning decisions and policy recommendations.³⁶

Function 1: Convene the Forum

The statute provided these guidelines regarding the Forum meeting and members:

- “convene at least once annually a health workforce forum to review the latest report developed under section 256-A and discuss current health care workforce issues.”
- “must include representatives of health professionals, licensing boards, employers, health education programs and the Department of Labor.”³⁷

The Forum's membership development and the convening activities went through a start up phase in 2006 and 2007, gained momentum and direction in 2008 with an increase in membership and regular meetings, and in 2009/10 a core group of members actively engaged in resource development and strategic planning.

The Maine CDC's Office of Rural Health and Primary Care Director, Charles Dwyer, provided oversight and staff support for the Forum. Funds from existing federal grants³⁸ supported the hiring of part-time staff from the Muskie School's Cutler Institute for Health & Social Policy, University of Southern Maine. Elise Scala, Research Associate, and Sally Sutton, Senior Policy Analyst, were retained to facilitate meetings and communications, provide research and technical support, and prepare documents and reports. Financial support for data collection, analysis and reporting has been provided by the Department of Labor, Maine CDC, Office of Data Research and Vital Statistics and the Maine health professional licensing boards. A Chair (Valerie Landry), Steering Committee and sub-committees were formed,³⁹ to respond to Forum needs and member interests.

The Forum held monthly meetings through 2010 and membership grew to nearly 90 people, adding active participation by employers, and representatives from the mental and behavioral health, laboratory, dental and pharmacy professions and the Department of Labor's Maine Jobs Council. (*See Appendix A.*) Total membership peaked at nearly 90 in 2008. Active participation, as measured by meeting attendance, was variable and notably lower in 2009, although the level of engagement by a core group of members increased. Member involvement is voluntary and members' time and expenses are covered by the in-kind support from their organizations. The Forum's e-mail distribution list continues to increase and meeting materials and documents are posted on the website (<http://www.maine.gov/dhhs/boh/orhpc/hwf/index.shtml>).

The level of involvement was important to the Forum's discussions, findings, accomplishments and recommendations. A recommendation has been made for the Forum to assess the member list and to recruit representatives from Maine's Community College System and the University of Maine System campuses and the Maine health professional licensing boards.

³⁶ Public Law Chapter 327, did not appropriate funds to support Forum activities.

³⁷ 22 MRSA § 257.

³⁸ See Funders, p. 2.

³⁹ See Acknowledgements, p. 2.

The number and diversity of the members added information, perspective and challenges to the Forum's efforts to select workforce priorities using the *2006 Healthcare Occupations Report*. The scope and depth of the Forum's discussions increased along with members' understanding of shared issues and concerns. The Forum's capacity was demonstrated in 2009 when a subcommittee developed proposal options and completed a grant application to the U.S. Department of Labor, and soon after connected members for a Robert Wood Johnson application that successfully recruited the Bingham Foundation and the Betterment Fund as partners to advance nursing education and practice objectives in Maine.

Forum members, especially employers, identified the Forum as unique, valuable and potentially transformational as a cross-system vehicle for building collaboration to address shared concerns for workforce competency and development, connecting multiple public programs (Health, Education and Labor) and private stakeholders' needs and resources to resolve shortages and barriers. The Forum's utility was demonstrated throughout 2009 as members discussed: the changing dynamics of Maine's health workforce issues; the impact of Medicare and health reform on employers and the labor market's newly-graduating RNs; the complexity of gauging what older workers will do; what skills will be needed; and how to coordinate the education pipeline to align with future workforce needs.

Health reform, with the potential of 88,000 more insured Mainers by 2019⁴⁰ seeking health care, and the economic recession raised the level of complexity and changed the framework for assessing workforce issues. The impact of lower turnover and restricted hiring reported by employers was accompanied by reports from schools that new RN graduates were having trouble finding employment. This raised the sense of urgency about the gaps between job vacancy qualifications and the adequate supply of experienced applicants. There was agreement that recommendations to address these issues would require collaboration, creative strategies, and shared resources. The Forum's discussions shifted between shortages of specific occupations and medical home, educational pipelines, Maine's State Health Plan, Workforce Investment Act Strategic and Modification Plans and how health reform would affect Maine's workforce needs and priorities. The American Recovery and Reinvestment Act of 2009 (ARRA) influenced the Forum's discussions and fundamentally changed its approach and the language used to address the health workforce issues. ARRA grant opportunities for the health workforce were offered through the Department of Labor workforce development system and provided the Forum with a new framework for its workforce recommendations - a health workforce development plan for Maine.

Outcomes Related to Convening Stakeholders

Between 2007 and the early fall 2010 the Forum developed its purpose and process as an on-going workgroup and worked through the challenges of the statute's limited guidelines, a large and diverse member group, and a continuous stream of influencing factors from health reform uncertainties, state budget cuts and the recession.

The Forum provided access to information and opportunities to engage stakeholders, and demonstrated its capacity, potential and the strategic value of encouraging stakeholders to widen their scope of interest from a focus on health occupations and service sectors to statewide, cross-system planning and collaboration for workforce development and sustainability. This strategy and the Forum's success with a U.S. DOL grant have established a productive working relationship with DOL and using Workforce Investment Act goals for developing sector initiatives in Maine. Forum members are requesting support

⁴⁰ McAndrew, C. (2010, March). p. 2.

to continue and build the membership, structure and activities needed to oversee the recommendations in this report as a strategic plan for Maine's health workforce development plan.

Findings Related to Convening Stakeholders

The Forum made the following assessments related to its function to convene stakeholders:
(the list is not prioritized)

- The Forum is the only group in the state that is convening health sector policy-makers, regulators, employers and education-based stakeholders – the experts from both the demand and supply sides of the workforce, and the Departments of Labor, Health & Human Services and Education. The meetings, discussions and activities helped raise awareness and improve communications about shared workforce needs and issues, the basis for building the partnerships needed for grant applications and problem solving.
- Maine's health workforce development initiatives have been uncoordinated, and lack the research, evaluation and communications needed to identify and replicate interventions that are evidence-based, cost effective and sustainable.
- The Forum's role, leadership, recommendations and reporting process, per the statute, were non-specific and unclear, creating both ambiguity and opportunity for their activities and development.
- The State Health Plan includes a workforce component that was not developed, and the relationship to the Forum's work was not acknowledged and non-specific.
- The Forum's part time staff and limited operational structure were effective for the start up phase but limited for managing the large, diverse membership and expanded agenda on an ongoing basis.
- A directory of Maine's workforce development initiatives would have helped. Assessments of effectiveness and a national literature review should be done to identify evidence-based initiatives.
- There are many impressive and resourceful organizations and individuals in Maine working on health workforce initiatives.
- The Forum needed more representation from the Maine Community College System, public K-12, technical education and AHEC, professional licensing boards, and the range of health, long-term care and public health sectors and occupations.
- Development strategies and financial support are needed to support the Forum's objectives and activities.
- The grant support provided through the Maine CDC's Office of Rural Health and Primary Care was instrumental to the Forum's development and outcomes, and is due to end in Fall 2010.
- The Forum demonstrated its relevance and value for the 2009 U.S. Department of Labor (ARRA) grant and future U.S. DOL and Health Reform Act support for sector initiatives.
- The Forum's development to-date and strategic plan should position Maine as a competitive applicant for anticipated health reform, rural health, HIT and public health federal and foundation grant opportunities.

Function 2: Review the latest workforce data report and discuss current health care workforce issues

The statute provided these guidelines regarding the workforce data report and the Forum's function to review workforce data and information:

- “Beginning in 2006, the Department of Labor, in conjunction with the Office of Health Data and Program Management's Division of Data, Research and Vital Statistics, shall compile and annually update (amended to: 2009, then every 4 years) a health care occupations report to be completed and presented to the health workforce forum.”
- “convene at least once annually a health workforce forum to review the latest report developed under section 256-A and discuss current health care workforce issues.”⁴¹

The statute that established the Forum and the Healthcare Occupations Report was enacted primarily to improve data and information on Maine's health workforce. The Department of Labor (DOL) and groups concerned about health workforce shortages were in agreement that more comprehensive and consistent data was necessary to inform, target and organize interventions and workforce development recommendations. They identified the available sources of reliable and useful data and established the Report as a first step to compile the data and publish it on a periodic basis as a statewide reference.

Prior to 2006 workgroups representing nurses, rural health, primary care physicians, oral health, long-term care, and others conducted separate workforce studies and compiled multiple reports that used a variety of census data, demographics, and surveys. Some groups conducted surveys to gather data and support their workforce initiatives. These provided inconsistent reference information limiting their use for comparing data and trend analysis and long-term planning. Most of these groups identified the need for more and better data to support analysis. Valuable workforce data was being collected by professional licensing boards and the Maine CDC's Office of Data Research and Vital Statistics (ODRVS), as well as DOL, but access to the data was restricted and/or required data analysis expertise to be fully utilized.

The statute addressed some of these issues and established the guidelines and DOL's role to compile and coordinate the Office of Data Research and Vital Statistics, licensing boards, and DOL data. The *2006 Healthcare Occupations Report* provided the Forum with the most comprehensive compilation of data and information on Maine's health care industry and related workforce data available to-date. John Dorrer, Director of the DOL Center for Workforce Research and Information provided expertise and support that was essential to the development and publication of this important resource.

The statute lists the data and sources compiled in the Report.⁴² This list was selected to capture information about Maine's health industry and the workforce collected from five key sources: DOL data collected from Maine employers, U.S. DOL and census databases, licensing board information gathered directly from licensed professionals, data from voluntary surveys of these professionals compiled by the Maine CDC's ODRVS, and information on relevant educational requirements and Maine's schools programs and enrollment/completion, for each health occupations. The DOL report provides an overview of Maine's health care industry and workforce and compiled data for 15 occupational groups, selected by DOL.

⁴¹ 22 MRSA § 257.

⁴² 22 MRSA § 256 A & B.

DOL is continuously working to identify new sources of data and the resources and capacity to support more extensive analysis of the industry, workforce and labor market. The 2010 *Occupational Outlook in Maine's Health Services Sector* report's use of supply/demand ratios, job vacancy surveys, occupational program completer analysis and occupational wage analysis are some examples of additional data that can be brought into the analysis. Both DOL and the Maine CDC's Office of Rural Health and Primary Care identified the need for more reliable and timely data on the licensed health professionals collected by Maine's professional licensing boards and the supplemental surveys compiled by ODRVS. The small sample sizes, lack of state licensing requirements for some occupations and low survey response rates reduced the amount of data available and therefore limited the level and type of analysis that could be performed within acceptable levels of reliability. Lisa Morris, PhD, Assistant Research Professor, with the Muskie School of Public Service of the University of Southern Maine, provided consultation for this review and the ODRVS workforce reports.

Activities and Developments Related to Reviewing Workforce Data

The Forum utilized the 2006 *Healthcare Occupations Report* as a guide and primary source of information. The statute noted that the Forum would meet to review the report and “*discuss current health care workforce issues.*” Over the course of many meetings Forum members became familiar with the data report and brought their own information and needs to the discussions, and they started asking questions that the Report could not answer – this was both a development and a challenge. DOL described the limitations of the available data and analysis in the Report, and the Forum gained a clearer understanding of these limitations as they assessed and prioritized Maine's workforce needs and their recommendations.

These discussions chronicle the Forum's process, assessments of workforce needs and issues, their approach to, and development of, the workforce recommendations and strategic plans, and are summarized below.

The newly convened Forum met with DOL in 2006 to discuss the workforce data and the report. The demographic data on the aging workforce and projected shortages were not new news for most members. As anticipated, the report provided additional information that included an overview of Maine's health industry and the workforce, and more comprehensive information on the largest occupational groups and licensed professionals. The data available on Maine's workforce of physicians, surgeons, nurses and dentists and hygienists supported the need for a more in-depth assessment and raised new questions and concerns about distribution issues, turnover and supply gaps. Forum members with extensive knowledge of the nursing workforce issues cited additional data from the *Maine Minimum Data Set*⁴³ and *Survey of Maine's Nursing Education Programs*.⁴⁴ The discussions about projected shortages of RNs provided an opportunity for Forum members to learn a lot about RN workforce needs and issues, and to gain greater appreciation for, and understanding of, the workforce data. These discussions engaged employers, educators and academic administrators, the Board of Nursing, DOL and members of the Organization of Maine Nursing Executives (OMNE) and provided an excellent exchange of information, perspectives and analysis.

The Forum drew from these discussions to draft their first set of recommendations focused on the larger occupations (nurses, dentists, physicians) and the need to address financial and informational barriers in the supply-education pipeline. A recommendation to support and expand the state's workforce data gathering and analysis activities was included. The cost of implementing recommendations, like the loan

⁴³ Kirschling, J. (2007).

⁴⁴ Kirschling, J. (2006, January).

repayment incentives and expansion of education and training programs, presented a major issue at a time when state budget deficits were rising. The Forum's recommendations' proposal was not finalized, but some of the occupation-specific recommendations were pursued through legislation by professional organizations in the state.

The Forum reconvened in 2008 and utilized the *2006 Healthcare Occupations Report* to both orient new members and continue the work to review and discuss how to prioritize recommendations. The Forum continued to focus on occupational groups, using the DOL Report as a primary assessment tool and guide to determine which occupations were 'heading towards the edge of the cliff,' also referred to as the "fires." New members representing multiple employers and occupations added new information and perspectives to the workforce data discussions. Some of the new members, including clinical laboratory, primary care physician and pharmacy representatives, had additional data and reports compiled as part of their own development initiatives. Others, like the behavioral health representatives were new to the discussion and looked to the data and the Forum to address their workforce concerns.

The Forum spent multiple meetings discussing the merits and concerns of narrowing their assessment and recommendations by focusing on selected occupations. There was general support for the recommendations to address projected shortages of physicians, nurses, dentists and pharmacists. There was sufficient data, given the large number and distribution of these professionals across the state and employer sites, to conclude that aging and retirement would have a significant impact. The data and analysis necessary to identify targeted interventions to effectively address the shortages were not as clear. Information from educational programs necessary to assess whether sufficient people are progressing through the lengthy educational pipelines for these occupations was very limited or not available – a need that was noted in the 2006 DOL report. Discussions with employers about their needs and recommendations added information and complexity to the Forum's review process. The demand for these professionals, based on Forum member employer projections, varied by region, service sector, the ages of their current staff, and the particular specialty and experience levels of these older/near retirement workers. It was noted that the lack of comparable data on many of the other occupations, like the laboratory technologists, emergency medical technicians and others posed a disadvantage to the assessment of the smaller groups and non-licensed professions when shortages and supply gaps were major concerns in some regions and service areas.

Changes in the economy in fall 2008 and the uncertainties of health reform through 2009 had a direct impact on workforce demand and influenced the Forum's assessment of immediate and long-term workforce needs and issues. The DOL report continued to be an important reference, but the retrospective data could only present part of the story and the changes occurring in the health care industry and labor markets raised issues that had implications for the DOL projections. The Forum's attention shifted from the occupations data and DOL projections to employers' stories about hiring curtailments, skill/knowledge/experience gaps between new – graduate RNs and nursing vacancies created by retiring advanced practice staff. Cuts to higher education and the recession raised new levels of concern about supply pipelines that were already assessed as insufficient based on projected retirement rates and anticipated shortages of nursing faculty, physicians, dentists and nurses.

The 2009 American Recovery and Reinvestment Act (ARRA) provided an unexpected turning point for the Forum's discussions and activities. An ARRA funded U.S. DOL health workforce development grant opportunity motivated a core group of Forum members and the Maine Jobs Council (State Workforce Board, Maine DOL) to develop a proposal and complete the application. The grant objectives and application deadline helped the Forum work through and organize the key issues and recommendations being discussed over the last year. The objectives included: workforce planning and workforce

development initiatives, strategic partnership between the DOL, health employers and education programs. The proposals from two Forum subcommittees were combined to meet the grant guidelines, employer, education, clinical training and professional needs. One group researched career pathways and workforce supply pipelines, and the other group focused on demand and employer-directed needs for nursing and allied health staffing needs and how to align workforce development initiatives to meet these needs. The proposal provided framework for the Forum's recommendations and a successful grant application. The Maine DOL was awarded \$4.9 million to implement *A Multi-Sector Partnership to Accelerate Credentialing and Employment in Maine's High-Demand Health Care Occupations*.⁴⁵ This three year project will allow Maine to implement and demonstrate, and the Forum to assess, some of their recommendations. The utilization of workforce data as a tool for workforce planning is an important component of the grant project and the Forum's future work, and will require continuing development of Maine's Healthcare Occupations Report and implementation of the Forum's data recommendations.

Outcomes Related to Workforce Data

The publication of the *2006 Healthcare Occupations Report* by DOL was a significant outcome that fulfilled expectations as an important source of data and guidance. The data informed the Forum's discussions, decisions and recommendations. It launched the Forum's development by expanding the scope of understanding of Maine's health industry and workforce, providing answers and warning signs, and opening the door to new questions. The *2010 Occupational Outlook in Maine's Health Services Sector* report will contribute even more to the Forum's understanding. The Forum supports the continuation and improvement of the Healthcare Occupations Report and recommends the development of a comprehensive research plan to support and build upon DOL's work. The *Recommendations Guide* is the outcome of the Forum's review and discussions. The Forum is recommending building on the efforts and findings made in this first cycle of work within the statute and to support future DOL reports.

Findings Related to Reviewing Workforce Data

Readers are encouraged to refer to the *2006 Health Occupations Report* for workforce data and analysis. The *2010 Occupational Outlook in Maine's Health Services Sector* report provides more current data and analysis of Maine's health industry and workforce that will help inform the Forum.

The Forum made the following assessments related to its function to review the DOL reports and to hold discussions of current workforce issues:

- The 2004 conclusions from the Health Workforce Leadership Council still hold true: "that without focused, targeted actions aimed at obtaining and analyzing consistently available information on the workforce and related trends, Maine will continue to lack a common language to discuss these issues thoroughly and to know what actions are needed to address them."⁴⁶ Accurate, reliable and timely data, analysis and useful reports are essential for informing health workforce development initiatives.
- The Forum observed that the collection and analysis of workforce supply/demand data and of health services demand data are fraught with challenges.
- The statute provided the authority and terms necessary to establish the Health Occupations Report, however the burden of producing it is significant. DOL managed this burden and may not be adequately funded for the continuation and improvements that support the Forum's objectives.

⁴⁵ Maine DOL. (2010).

⁴⁶ Health Care Workforce Leadership Council. (2004). p. 1.

- The Forum agreed with the DOL report recommendations that improvements in employer, licensing survey and education data collection would provide useful information.
- Future needs assessments and recommendations that correlate workforce projections and development initiatives with needs-based data would be useful.
- The Forum could be a resource for DOL to gather information from employers and other members.
- The data collected directly from health professionals by the health professional licensing boards and the supplemental surveys compiled by ODRVS, an essential component of the Report, needs to be reviewed and improved.
- DOL and the Maine CDC ORDVS did not receive additional funding through the statute and face diminishing resources, jeopardizing the workforce data collection and analysis.

Function 3: Gather information to provide input for the Maine Department of Health and Human Services' (DHHS) policy recommendations.

The statute provided these guidelines regarding the Forum's recommendations to the Department:

- "Information gathered through the forum to develop its health policy and planning decisions authorized under this Title and to make appropriate policy recommendations based on its analysis of the health care workforce."⁴⁷

Activities and Developments

The Forum gathered information through meeting notes, literature reviews, relevant national, regional and state reports and articles, member updates and summaries of legislative initiatives. The Forum's website, member e-mails and interim activity reports to the Maine CDC Office of Rural Health and Primary Care were used to document activities in 2008 and 2009. ORHPC Director, Charles Dwyer, provided Forum updates to the Department and attended Maine CDC, national, regional and state rural health, and Advisory Council for Health Systems Development meetings.

Outcomes related to providing input to DHHS for policy recommendations

The Forum met on an on-going basis to review and gather information, and prepared this report and the *Recommendations Guide* for the Department. The stakeholders had, and continue to have, expectations that the Department will respond to the Forum's information and take action to support and implement policies that address Maine's health workforce needs and issues. The Forum will also be working with the Maine DOL to support the U.S. DOL grant, the Maine Jobs Council planning grant and other opportunities for the development of Maine's sector initiatives for health care.

The Forum compiled the comprehensive list of recommendations to fulfill its function to gather information, and the request for recommendations and occupational priorities. This list of recommendations is extensive and is intended for use as a guide for the Forum and others involved in Maine's health workforce development and planning initiatives.

⁴⁷ 22 MRSA § 257

Findings related to gathering information to provide input for the Maine Department of Human Services' (DHHS) policy recommendations

The Forum made the following assessments:

- The terms in the statute are not sufficient, as written, to guide the Forum or the Department through a conclusive process for reviewing or acting on the workforce information.
- The request to the Forum to prioritize and/or reduce the number of workforce recommendations was extremely challenging. Efforts to identify selection criteria resulted in a more in-depth discussion of the data and supply issues, and an appreciation for the value of representation of the health occupations, both in the data and by the Forum members.
- Maine's health workforce needs and supply issues within each occupation are diverse and varied based on region (urban vs. rural), health service industries (acute vs. long-term care) and the proximity of and access to educational programs.
- Multiple organizations and individuals invested time and resources in the Forum's activities, and demonstrated their interest, capacity and value as sources of information to address state, industry and stakeholders' workforce needs and interests.

Recommendations

The Forum compiled a comprehensive list of recommendations and published in 2010 *The Recommendations Guide*⁴⁸ (listed in an abbreviated summary chart – Appendix B). While the list is extensive, the approach is consistent with the Forum's assessment that Maine's health workforce planning needs are complex, long-term, cross-system and involve policy and resource issues. The *Guide* was written to organize the extensive list of workforce recommendations gathered by the Forum and to provide a framework for strategic planning to address identified workforce needs and issues. The recommendations include both direct interventions that involve policy changes and long term strategies that involve systemic planning and collaboration. The recommendations are prioritized to highlight the workforce initiatives directed by the *2010-2012 Maine State Health Plan*,⁴⁹ the immediate need to ensure the supply and distribution of qualified primary care providers and the emergent needs of the public health and health information technology (HIT) workforces.

The State Health Plan identifies the workforce as a core component of Maine's comprehensive plan to reduce cost, improve health, increase access, and improve quality. It provides an overarching benchmark to direct the Forum's structure and functions and spells out workforce priorities for the Forum and Maine CDC. The workforce goals, tasks and implementation timelines published in the *2010-2012 State Health Plan* were used to identify a prioritized set of recommendations in the *Guide*. Immediate steps should be taken to implement recommendations to coordinate the Forum's members, structure and workplan. The Plan's focus on primary care, rural health, public health and HIT will direct the Forum's attention to selected recommendations in the *Guide* by prioritizing selected occupations, and includes: physicians, nurse practitioners, physician assistants, nurses, dental professionals, behavioral health providers and health information technology specialists, medical assistants and the auxiliary workers that ensure cultural competence among care providers and enhance access to care.

⁴⁸ Scala, E. and Sutton, S. (2010).

⁴⁹ Governor's Office of Health Policy and Finance with the Advisory Council on Health Systems Development. (2010).

The Forum's recommendations include six strategic objectives for development and implementation of key activities:

- **Leadership:** Activities to establish state leadership, structure and a workplan to coordinate and implement workforce development plans and activities. The recommended activities are consistent with the *2010-2012 State Health Plan* workforce tasks.
- **Workforce Data/Information:** Activities to coordinate steps for the collection, analysis and reporting of data that informs health workforce planning, policies, practices and initiatives to be need and evidence-based and cost effective. The recommendations expand upon the Maine CDC and Maine DOL workforce data and analysis activities directed by the State Health Plan and the health workforce statute (22 MRSA §256 &257).
- **Pipeline/Supply:** Activities to align workforce supply and demand. The recommended activities to convene, engage and coordinate the education, training, licensing, labor and employer stakeholders is consistent with the State Health Plan workforce tasks and the implementation of a well-informed, collaborative plan for educating, licensing, recruiting and retaining people with the skills and credentials needed – in the right place at the right time.
- **Financial Resources/Investment:** Activities to engage stakeholders and orchestrate resources, public and private, to support the implementation of health workforce development initiatives and reduce financial barriers for students and professional development.
- **Workforce Effectiveness and Utilization:** Activities to identify and implement strategies for utilizing the current health workforce in ways that will help address immediate and future workforce needs under the ACA.
- **Emerging Health Workforce Needs:** Activities to orchestrate the public health and HIT workforce initiatives with the Forum's workforce planning and development initiatives to address emerging or changing workforce needs or priorities and/or changes in the state's health care delivery system.

Plans, Opportunities & Challenges

Plans

The *Recommendation's Guide* and this report complete the Forum's objective to gather information and inform the Department of Health and Human Services on Maine's health and public health workforce needs and issues. The Forum's goals are: to become established and supported as on-going workgroup; and, to use the *Guide* to coordinate the state's approach and initiatives for addressing current and projected health workforce shortages and the state's goals for improved access, quality and affordability of health services.

Opportunities & Challenges

The Forum's development and outcomes are a result of the opportunities and challenges it encountered over the course of its work between 2006 and 2010. The enactment of health reform legislation may clarify the challenges and offer funding opportunities, but the impact of the changes and continuing uncertainty in the economy will present a steady stream of new issues to address. The Forum's work demonstrated the value of bringing stakeholders together as a strategy for developing opportunities and cross-system solutions to these issues. The challenges of health reform initiatives and the necessity for cost-effective solutions supports the continuation of the Forum. The following lists highlight the

opportunities and challenges that are expected to influence the Forum's work and the state's efforts to address health workforce needs and supply issues.

Opportunities

A number of opportunities for addressing health workforce were started or announced in 2009:

- The American Recovery and Reinvestment Act (ARRA) identified the health industry as a high growth sector for employment and job development. Governor Baldacci also designated the health sector as a priority industry for the state.
- Maine was selected to receive funds through a competitive DOL grant. The Department of Education received funds for STEM disciplines that will support Maine's schools to develop programs and encourage students to enroll in courses that are required for health careers and degrees in the health occupations.
- Funds to expand National Health Service Corps, and loan repayment programs for physicians and nurse faculty were announced.
- Development of a dental school at the University of New England is being organized, and voters passed a bond supporting the school and associated rural dental clinics in November 2010.
- Maine is actively participating in Robert Wood Johnson Foundation grants and applications to support nursing education and practice reforms.
- The U.S. and Maine Departments of Labor and State Workforce Board are discussing plans to support industry councils, a plan that is consistent with the Forum's design and work. A component of the Reauthorization of the Workforce Investment Act and the Sector Act bill sponsored by Olympia Snowe would support this initiative.⁵⁰
- Public health accreditation and HIT initiatives/funding are expected to continue and increase, and workforce development needs and opportunities to address them are likely to emerge as new priorities. The University of Maine at Augusta has just received support for the establishment of an HIT program.
- National health reform efforts include a number of workforce provisions. The emphasis on primary care, prevention and person-centered planning in both national and Maine health reform initiatives is expected to support the Forum's recommendations and focus on physicians and physician assistants, nurses, nurse practitioners and advanced practice nurses, psychiatrists and dental professionals.
- The 124th Maine Legislature considered and enacted a number of health workforce initiatives.

Challenges

The Forum expects the following challenges to influence the implementation of workforce recommendations and efforts to address Maine's health workforce needs and supply issues:

- The grants supporting the Forum's activities are time limited. Leadership and support resources will be needed to coordinate Maine's health workforce development initiatives to ensure cost effective, evidence-based and sustainable outcomes.
- Grants, and funding initiatives that target single occupations, systems (education, labor, employment, health services) will challenge efforts to address broad and long-term workforce development issues, as demonstrated by the U.S. DOL grant focus on employment outcomes for unemployed and dislocated workers in the health sector while Maine's employers were focused on the need to fill positions requiring credentialed, experienced professionals.
- All stakeholders in the health workforce system are under stress:

⁵⁰ S. 777; H.R. 1855

- Individuals seeking employment in health care: high/prolonged unemployment of people who need education and skills training; limited options and resources for career development (money, debt, time, lack of pre-requisite education requirements, time to build skills/education/clinical training, work experience); few openings when older workers stay in their jobs; vacancies require higher level skills/experience; changes in the job market and regions with no or limited access to education programs and jobs.
- Individuals currently employed in health professions: job insecurity; changes in job, training, educational and licensing requirements; fewer options for aging workers to adjust work activities and make job changes; aging issues/needs.
- Students seeking opportunities in health care professions: high costs; limited access to information/guidance/support; pre-requisite requirements; length of training/education.
- Providers/employers: health reform and changes to Medicare, Medicaid and insurances; changing models of care; quality improvement and regulatory requirements; HIT; continuing education costs; reduced hiring and training funds; aging workforce.
- Educational institutions face (public and private): reduced revenues and higher costs; higher demand; aging workforce; pressure to improve access with on-line courses; employers' needs change faster than academic programs - changing job market and employer needs require greater flexibility and transferability of programs.
- State: limited access; quality and cost-containment; budget deficits and regulatory changes; rural and public health costs; varying/reduced revenues; prolonged unemployment benefit/support needs; and employment barriers.
- Stress on employers and educational institutions will limit staff time needed for collaboration and long-term planning.
- Grant requirements will require new approaches and expect outcomes that may be difficult to accomplish and sustain.
- Funds for research and evaluation of workforce initiatives may be limited and more competitive.

Next Steps

The Forum continues to meet and work on the following tasks:

1. Finalize the recommendations process by meeting with Dr. Dora Ann Mills (see below)
2. Submit the *Recommendations Guide* and prepare the Forum's workplan- attached App. B.
3. Follow-up on the workforce related tasks in the State Health Plan that are assigned to the Forum.
4. Distribute the *Recommendations Guide* to interested stakeholders.
5. Establish the Forum's structure, functions and roles with DOL and HRSA grant groups (Maine Department of Labor Health Sector Grant and Jobs Council/State Workforce Board), and Maine CDC grants.
6. Review new grant announcements and organize development subcommittees.

Request for Support for Maine's Health Workforce Development Plan

The Forum is submitting this *Progress Report* and the *Recommendations Guide* to the Director of Maine CDC, Dr. Dora Ann Mills to provide guidance and leadership to establish Maine's health workforce development plan as follows:

1. The Maine CDC Office of Rural Health and Primary Care will continue to be the primary point of contact, coordination, and support for the Forum within state government;
2. In 2010-2011, the Maine Jobs Council Health Care Planning Grant will distill the substantial array of recommendations developed in all sectors of health care workforce development into a ten year strategic plan. This planning will be conducted in collaboration with professional and trade groups (such as Nursing and Physicians), with state agencies such as DHHS and with educational institutions, with employers and take into consideration the workforce demands of the ACA;
3. The Forum will continue to provide statewide interdisciplinary leadership for health care workforce planning, and in that context will provide information and support for the State Health Plan, the Advisory Council for Health Systems Development (ACHSD), Maine's implementation of the Affordable, Care Act (ACA), initiatives in state government related to health care workforce development, e.g., the Maine Jobs Council Health Care Planning Grant, the Maine DOL Health Sector Grant; commissions, boards, councils or other groups within state government; and private sector initiatives related to health care workforce;
4. The Forum will continue to synthesize the use of high quality data regarding the health care workforce in all its activities, and in this regard continue its close and productive partnerships with the Maine DOL Center for Workforce Research and Information and the DHHS Office of Data, Research, and Vital Statistics; and
5. The Forum will continue to coordinate responses for potential resource development in the form federal, state, or foundation grants.

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22 MRSA § 256 – A. Health Care Occupations Report

22 MRSA § 256 – B. Collection of Professional Data

22 MRSA § 257. Health Workforce Forum

Appendix A: Health Workforce Forum Members (2006-2010)

(Note: This list is inclusive of all attendees, both time-limited and long term members 2006-2010)

- John Bastej, Governmental Affairs, Maine Dental Association
- Claudia Bepko, Co-occurring State Integration Initiative, Maine DHHS Services
- Jeri Betts, Office of Licensing and Registration
- Crisanne Blackie, University of Maine
- *Paul Bolin, Eastern Maine Health Systems
- George Bottomley, Physician Assistant Program, Westbrook College of Health Professions, University of New England
- Mike Bourret, Coastal Counties Workforce, Inc.
- Jill Berry Bowen, Mercy Hospital
- Myra Broadway, Maine Board of Nursing
- Jan Byard, Eastern Maine Health Systems
- Pam Cahill, Maine Nurse Practitioners, Adult Education
- Bethany Campbell, Business and Community Partnerships, Southern Maine Community College
- Ginny Carroll, Apprenticeship and Strategic Partnerships, Maine Department of Labor
- Cathy Cole, Lincoln County Healthcare
- Sheila Comerford, Maine Psychological Association
- Jackie DeSaint, Maine Medical Center, MaineHealth
- Joan Dolan, Health Care Sector Grant, Maine Department of Labor
- John Dorrer, Center for Workforce Research and Information, Department of Labor
- Carolyn Dorrity, Acadia Health Education Coalition
- Jim Dowling, Workforce Development Manager, Maine Primary Care Association
- Tim Driscoll, Representative, House District 26
- Sarah Dubay, Bangor Area Health Education Center (AHEC), Penobscot Community Health Care
- Lori Dunivan, Eastern Maine Health
- *Charles Dwyer, Office of Rural Health and Primary Care, Maine CDC
- Gene Ellis, Apprenticeship Program Standards, Maine Department of Labor
- Rick Erb, Maine Health Care Association
- Fackler, Carol, College of Nursing and Health Professions, University of Southern Maine
- Jeffrey Fantine, Adult Education, Maine Department of Education
- Coleen Farrell, MidCoast Health Services
- Joe Feero, Northstar Alliance Tri-County LWIB/ Eastern Maine Development Corporation
- Christopher Gauthier, Maine Pharmacy Association
- Stevan Gressit, Office of Adult Mental Health Services
- Lois Hamel, Saint Joseph's College
- Susan Hamel, Bridgton Hospital
- Tom Happe, Maine Standards Company
- Joanna Harris, Mount Desert Health Center
- *Lisa Harvey-McPherson, Eastern Maine Healthcare Systems
- Meg Harvey, Career and Technical Education, Maine Department of Education

- Anne Head, State of Maine Office of Licensing and Registration
- Marty Henson, Office of Data Research and Vital Statistics, Maine CDC
- Barbara Higgins, College of Nursing, Husson University
- Bryant Hoffman, Central/Western Local Area Workforce Investment Board
- Daniel Huff, College of Pharmacy, Husson University
- George Hunter, MidCoast Health Service
- Jennifer Hutchins, Mercy Hospital
- Philip Johnson, Eastern Maine Healthcare Systems
- Patricia Jones, Representative, Maine Legislature
- Catherine Kasprak, Maine Dental Hygienists' Association
- Debbie Kelly, Coastal Counties Workforce, Inc., Health Care Sector Grant, Maine Department of Labor
- Nicole Kelly, Penobscot Community Health Care
- Marilyn Kenyon, Laboratory, St. Joseph's Hospital
- Holly Korda, University of New England
- Peter Kraut, Maine Primary Care Association
- Mathew Kruk, Labor Market Information Services, Maine Department of Labor
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- *Rebecca Lamey, Human Resources, Maine General Health
- *Valerie Landry, Landry & Associates, Consultant to Mercy Hospital, Landry and Associates
- Charles Lawton, Consultant, Planning Decisions
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- Paul Leparulo, Center for Workforce Research and Information, Department of Labor
- Ellen Libby, Eastern Maine Medical Center School of Medical Technology
- Jessica Loney, Mid Coast Hospital,
- Stephanie Loux, Muskie School of Public Service, University of Southern Maine
- Antoinette Mancusi, Coastal Counties Workforce, Inc.
- Jerry Marstaller, Human Resources, Central Maine Medical Center
- Jean Mattimore, Maine Community College System
- Alfred May, Downeast Maine District, Public Health System, Maine CDC
- Judy McGuire, Miles Health Care
- Lisa McIlwain, Miles Health Care
- Helen McKinnon, Eastern Maine Medical Center, and Organization of Maine Nurse Executives
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- *Doreen Fournier Merrill, Program Manager, Maine Health & Education Collaborative
Coastal Counties Workforce, Inc., Health Care Sector Grant, Maine Department of Labor
- Lisa Miller, Representative, House District 52, and Bingham Foundation
- Nicole Morin-Scribner, Human Resources, St. Mary's Health System
- Lisa Morris, Muskie School of Public Service, University of Southern Maine
- Theresa Mudgett, Health Care Sector Grant, Tri-County Workforce Investment Board/ Maine Department of Labor
- *Garret Oswald, Maine Jobs Council, Maine Department of Labor
- *Sandra Parker, Maine Hospital Association
- Ryan Pelletier, Aroostook & Washington Counties Workforce Investment Board
- Peggy Pendleton, Representative, House District 128
- Peggy Pinkham, St. Andrews Hospital, Consultant
- Mary Anne Ponti, Sisters of Charity
- Vicki Purgavie, Home Care and Hospice Alliance of Maine

- Christine Robinson, Office of Adult Mental Health, Maine DHHS
- Karen Rogers, Director, Education, Franklin Community Health Network
- Marianne Rogers, College of Nursing and Health Professions, University of Southern Maine
- Mark Ruggiero, Maine AHEC Network, Center for Community and Public Health, University of New England
- Joanna Russell, Tri-County Workforce Investment Board
- Peter Russell, Mercy Hospital
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- Meredith Tipton, University of New England
- David Trahan, Senate District 20
- Tracy Tweedie, Health Care Sector Grant, Northern Maine Development Commission/Maine Department of Labor
- Tom Umphrey, Aroostook Medical Center
- Kaylene Waindle, Southern Maine Community College
- Donald Ward, Public Health Systems, Maine CDC
- *Judith West, Human Resources, MaineHealth
- Angela Cole Westhoff, Maine Osteopathic Association
- Kurt Wise, Maine Center for Economic Policy, Direct Care Worker Coalition
- Dena Wilson, Aroostook & Washington Counties Workforce Investment Board

*Steering Committee Members

Appendix B: Recommendations Workplan Chart

Maine CDC’s Health Workforce Forum: Workplan Chart (Drafted Fall 2010/ Last revision: 10/14/10)

Introduction: The tables below contain information extracted from the Forum’s Recommendations Guide⁵¹, (<http://www.maine.gov/dhhs/boh/orhpc/hwf/index.shtml> - See Forum and Maine Health Workforce Reports) and are organized according the Lead/Responsible Group that is currently working on, or likely to take a lead role to address the recommendation.

Lead / Group Responsible	Recommended Activity	Forum Guide #	Source for Reporting
Forum			Maine DHHS/CDC ; Statute / Legislature; State Health Plan (Advisory Council for Health Systems Development) ; DOL Health Sector Grant; Forum Recomm. Report
	Inform and be informed by Governor’s Workforce Cabinet, Cabinet members and state policy-makers/administrators	Priority 1E	State Health Plan Goal VII.1 # 5; Forum Report Recom Step 2; HRSA # 8
	Develop a coordinated communication strategy	Priority 1H	State Health Plan Goal VII.1 #; Forum Report Recom Step 3; DOL grant # 2
	Educate legislators and state administrators on health workforce needs (communications)	Priority 1I	DHHS directive- under State Health Plan Goal VII.1 # 3, 4
	Provide input into the state and regional Workforce Investment Act plans. (communications)	1K	Forum Report Recom Step 5; HRSA # 2, 3
	Identify federal initiatives that support health and public health workforce initiatives. (communications)	Priority 1L	State Health Plan Goal VII.3; Forum Report Recomm.Step 3
	Increase the awareness, support and collaboration amongst public and private funders.	4G	Forum Report Recom Step 5; HRSA # 3
	Inventory health workforce information gathering	Priority 2A	State Health Plan VII.1 # 4 and Goal VII.6
	“...review the latest (data) report, discuss health care workforce issues to gather information for the department”	Priority	MRSA22 sections 256-A, 256B and 257
	“...review findings of the Forum’s Report with a designated point of authority in DHHS and the Advisory Council for Health Systems Development to confirm and prioritize strategic objectives and workforce development activities, and to determine the appropriateness of the Health Workforce Forum serving as the advisory group to oversee workforce planning efforts by Fall, 2010.	Priority	Maine State Health Plan Goal VII.I
	Forum’s Steering Committee will initiate a communications, membership outreach, and organizational development and implementation plan by Fall 2010 – December 2011	Priority	Maine State Health Plan Goal VII.I
	Develop a Workforce Plan to guide the recruitment, retention and training of a qualified work force to meet the needs of the people of Maine. Special focus should be given to ensuring sufficient resources for the enhancement of Maine’s emerging public health system and the primary care workforce including all members of the team – physicians, nurse practitioners, physician assistants, nurses,	Priority	Maine State Health Plan Goal VII.I

⁵¹ Scala, E. and Sutton, S. (2010)

	medical assistants, behavioral health providers, and health IT specialists.		
	Develop a sub-committee to address the need for cultural competence among health care providers and the use of auxiliary workers to enhance access to health care, such as medical interpreters, cultural brokers, community outreach workers, peer-to-peer support	Priority	Maine State Health Plan Goal VII.I
	Conduct a literature review to identify outcomes research on recommendations	2G	(no source)
	Assess workforce initiatives before they are implemented for how they will be evaluated	2H	(no source)
	Identify grant funded projects	4H	Forum Report Recom Step 5; HRSA #3
	Identify and pursue grant funds to support health and public health workforce objectives	4I	Forum Report Recom Step 5
	Base scope of practice on evidence based skill sets or competencies that are required to do specific work	Priority 5D	State Health Plan VII.3
	Review Maine's health and behavioral health professional licensing system to consider public health and access to health care	Priority 5E	State Health Plan VII.3
	Encourage the state and long-term care providers to develop workforce development plans	Priority 5F	State Health Plan VII.1 # 1; HRSA
	Secondary: Check with Maine Jobs Council on >planning/data-drive priorities identified for HRSA Planning Grant >Facilitate collaboration between sources of students and employers to address workforce and public health system needs >Establish the Forum to serve as the Maine Health Workforce Industry Council	Priority 1F 3A, B	State Health Plan VII.1 # 1, 3 HRSA #1,2; DOL grant # 1,4;
	Secondary: Coordinate with DOL Grant Advisory/ Staff/LWIBs Identify regional variations in workforce needs and support regional strategies Utilize the 2010 DOL grant to organize at the regional level (DOL Grant 2)	Priority 1G, 3F	State Health Plan Goal VII.1 # 2; HRSA # 2; DOL grant # 2
	Secondary: Establish liaisons with DOL and other grants to coordinate activities	1D	Forum Report Recom Step 3; DOL Grant 3; HRSA # 6, 8
	Secondary: Coordinate with Maine DHHS/CDC for Forum support and recommended actions (1A, 1B, 1C, 4C)	Priority 1A,B,C, 4C	State Health Plan Goal VII.1 # 1, 2, 3,4, 5; Forum Report Recom Step 1, 3;
	Secondary: Collaborate with AHEC Inform and prepare students and others interested in pursuing health and public health careers. Coordinate with educators and others to recruit youth into health and public health careers	3C, D	DOL Grant 1; HRSA # 1,2,4
	Secondary: Work with the Maine COSII Workforce Development Committee and others in Maine addressing the behavioral health workforce needs related to primary care integration and to serving people with co-occurring mental and addictive disorders	Priority 6D	State Health Plan VII.1 # 5
	NEW: 10/14: Transition work/activity to Planning Grant Group		
	NEW: 10/14 Discuss continuation of Forum website and addition of a social network component that allows people to		

	add information and comments.		
Lead / Group Responsible	Recommended Activity	Forum Guide #	Source for Reporting
MJC Subcommittee	MJC Subcommittee: HRSA Planning Grant		HRSA State Health Workforce Planning Grant
	Develop a coordinated strategic planning and priority setting process that is data driven and evidence-based	1F	DOL grant # 4
	Identify regional variations in workforce needs and support regional strategies	1G	DOL grant,
	Inventory health workforce information gathering	2A	State Health Plan VII.1 # 4 and Goal VII.6
	Improve educational data regarding Maine's educational capacity and supply pipeline	2	State Health Plan VII.6; HRSA # 1, 2
	Inventory health and public health workforce related initiatives	2F	HRSA #3
	Facilitate collaboration between sources of students and employers to address workforce and public health system needs	3A	DOL Grant 1; HRSA # 1, 2
	Establish the Forum to serve as the Maine Health Workforce Industry Council	3B	State Health Plan VII.1 # 1, 3
	Expand the capacity of existing health care programs, attract dislocated workers, and retain current workers to meet needs by 2020	3I	HRSA-MJC/HRSA Plng
	Address the lack of educational capacity for training primary care and behavioral health professionals through a sustainable workforce development plan	4A	State Health Plan VII.1#5
	Broaden access to health careers education funding for non-college individuals	4D	HRSA #3
	Increase access scholarships and supports for incumbent health care workers	4E	HRSA #3
	Identify DOL and DED support to promote the health sector, as a key variable in economic development	4F	HRSA #3
	HRSA /MJC Workforce Planning Grant Objectives:		
	<i>Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers</i>		
	<i>Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways</i>		
	<i>Identify existing Federal, State and private resources to recruit, educate or train and retain a skilled health care workforce and strengthen partnerships</i>		
	<i>Describe the academic and health care industry skill standards for high school graduation, for entry into post secondary education, and for various credentials and licensure</i>		
	<i>Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling</i>		
	<i>Identify Federal or State policies or rules to developing a coherent and comprehensive health care workforce development strategy and barriers and a plan to resolve these</i>		
	<i>Participate in programmatic evaluation and reporting activities</i>		
	<i>Under the aegis of the Maine Jobs Council, produce a flexible, sustainable, statewide, comprehensive health workforce development ten year plan utilizing a unique strategic planning method to guide the process.</i>		

Lead / Group Responsible	Recommended Activity	Forum Guide #	Source for Reporting
Maine DHHS/CDC			Forum; Statute / Legislature State Health Plan (Advisory Council for Health Systems Development) ; DOL Health Sector Grant; Forum Recomm. Report
	“to convene a health workforce forum to review the latest report (above), discuss health care workforce issues to gather information for the department. The department will develop its health policy and planning decisions and make policy recommendations based on its analysis of the workforce and prepare a report.”	-	Statute/Legislature MRSA22 sections 256-A, 256B and 257
	Establish the Maine CDC Director to lead the state’s health and public health workforce agenda	1A	Forum Report Recommendation Step 1
	Identify funds and in-kind resources to support the Forum’s operations	4C	State Health Plan VII.1 # 1, 3; Forum Report Recommended Step 5
	Establish the Forum as the state’s designated health workforce workgroup 3. <u>Maine DHHS</u> will review and amend as necessary statutes (Title 2, section 257) to authorize the Forum’s purpose, structure, work plan/timelines, and reporting responsibilities by Fall 2010/Spring 2011. 4. <u>Maine DHHS</u> will assess and secure statute terms and resources to continue, improve and coordinate the collection, analysis and reporting of health workforce data by the Department of Labor, Office of Data Research and Vital Statistics, and the Office of Licensing and Regulatory Services by Fall 2010 – December 2011.	1B	State Health Plan Goal VII.1 # 1, 3,4; Forum Report Recommended Step 3
	Convene the Forum to oversee and coordinate activities	1C	State Health Plan Goal VII.1 # 2, 5; Forum Report Recomm Step 3
	Develop a standardized process to support/introduce legislation	1J	State Health Plan Goal VII.1 # 3; Forum Report Recomm Step 2, 3
	Endorse and pursue the workforce recommendations of the rural health components of the State Health Plan Plan	1N	State Health Plan Goal VII.1 # 5; Forum Report Recomm Step 3
	Commit resources to coordinate the collection, analysis and reporting of health workforce data	2B	State Health Plan VII.1 # 4 and Goal VII.6; Forum Report Recomm Step 4
	Provide guidance regarding data collection	2D	State Health Plan VII.1 # 4 and Goal VII.6
	Develop criteria to assess workforce data and to prioritize types and levels of need and need based data related to high performing health systems	2E	State Health Plan VII.1 # 1 and Goal VII.6
	Recruit and retain non-traditional and unrepresented minority populations into health and public health careers.	3D	DOL Grant 1; HRSA # 1,2
	Expand the number of residencies, clinical experiences and encourage teaching in higher education	3G	(none)
	Promote interprofessional integrated training and practice, particularly in rural areas (integration of behavioral and oral health with physical health)	3H	(none)
	Increase the amount and availability of loans, loan forgiveness or repayment, scholarships or tax incentives	4B	State Health Plan VII.3; HRSA # 3
	Adapt Maine’s health professions and payors to delivering	5A	(none)

	care through those new models		
	Work with the Statewide Coordinating Council for Public Health, etc. to address public health workforce needs	6A	State Health Plan VII.1 # 5; Forum Report RecommStep3
	Include HIT and work with HIT leaders in the state like the Office of State Coordinator for HIT	6B	(State Health Plan VII.1 # 5)
	Assess translation and interpreter workforce issues	6C	(State Health Plan VII.1 # 6)
Maine DOL/CWRI	“in conjunction with the Office of Data Research and Vital Statistics to compile and update a health care occupations report;”		Statute/Legislature MRSA22 sections 256-A, 256B and 257 MJC/HRSA Plng Grant
Lead / Group Responsible	Recommended Activity	Forum Guide #	Source for Reporting
OTHER:			
Maine Dental Access Coalition	Support oral health workforce initiatives	1M	State Health Plan Goal VII.3; Forum Report Recom Step 3
AHEC, Adult Ed, DOL Grant	Inform and prepare students and others interested in pursuing health and public health careers.	3C	DOL Grant 1; HRSA # 1,2,4
(Community Colleges)	Coordinate with educators and others to recruit youth into health and public health careers	3D	DOL Grant 1; HRSA # 1,2
	Build on the Maine Co-Occurring State Integration Initiative (COSII)	3J	None
Co-occurring workgroup	Work with the Maine COSII Workforce Development Committee and others in Maine addressing the behavioral health workforce needs related to primary care integration and to serving people with co-occurring mental and addictive disorders	6D	State Health Plan VII.1 # 5
	Develop incentives/remove barriers to keep workers reaching retirement	5B	(none)
	Utilize career ladders, promote job flexibility, retraining to promote current workforce	5C	DOL Grant 1; HRSA # 1

Key to Abbreviations/Names:

CWRI: Center for Workforce Research and Information, Maine Department of Labor

Forum: Maine Center for Disease Control and Prevention’s Health Workforce Forum

HRSA: Health Resources and Services Administration, U.S. Department of Health and Human Services

Maine DHHS/CDC: Maine Department of Health and Human Services/ Center for Disease Control and Prevention

Maine DOL: Maine Department of Labor

MJC: Maine Jobs Council

Key to Workforce Initiatives and Grant Directives:

- I. Health Workforce Statute:
- II. State Health Plan 2010-2012: Workforce-related Goals, Objectives and Tasks
- III. Maine CDC's Health Workforce Forum, Recommendations Guide 2010
- IV. Maine Department of Labor Health Sector Grant, 3/1/10 – 2/28/13
- V. HRSA Proposal, Maine State Health Workforce Planning Grant
- VI. Other: Maine Nursing Grants: RWJ and Earmark Strategic Planning Grant

I. Health Workforce Statute

The Maine Public Law, MRSA22 sections 256-A, 256B and 257 provides a baseline, defining the current terms established for addressing Maine's health care workforce needs. *An Act to Ensure an Adequate Supply of a Skilled Health Care Workforce in Maine*,⁵² enacted in 2005 and amended in 2007, directs the Maine Department of Labor, in conjunction with the Office of Data Research and Vital Statistics to compile and update a health care occupations report; and directs the Maine Department of Health and Human Services to convene a health workforce forum to review the latest report (above), discuss health care workforce issues to gather information for the department. The department will develop its health policy and planning decisions and make policy recommendations based on its analysis of the workforce and prepare a report.

II. State Health Plan Workforce Priorities

The *2010-12 Maine State Health Plan* spells out the priorities for the Forum and Maine CDC for addressing Maine's health workforce needs. First, it requires that there be a "strategic and coordinated development plan that takes into account the dynamics of state and regional health service needs, the economy, health policies, licensing and regulatory policies, the demographics and distribution of the current workforce, employers, the education and employment systems and their pipeline of students that supply the future workforce."⁵³

GOAL VII.1 to "Ensure an adequate number of qualified professionals to provide accessible quality and cost effective health care," recognizes that "The Forum will continue to have the primary functions to convene stakeholders, build cross-system partnerships to support workforce initiatives, assess workforce needs and issues, and to gather and disseminate information."⁵⁴

The following tasks are listed in the Plan:

"The Health Workforce Forum's Steering Committee will review findings of the Forum's Report with a designated point of authority in DHHS and the Advisory Council for Health Systems Development to confirm and prioritize strategic objectives and workforce development activities, and to determine the appropriateness of the Health Workforce Forum serving as the advisory group to oversee workforce planning efforts by Fall, 2010.

The Health Workforce Forum's Steering Committee will initiate a communications, membership outreach, and organizational development and implementation plan by Fall 2010 – December 2011

Maine DHHS will review and amend as necessary statutes (Title 2, section 257) to authorize the Forum's purpose, structure, work plan/timelines, and reporting responsibilities by Fall 2010/Spring 2011.

Maine DHHS will assess and secure statute terms and resources to continue, improve and coordinate the collection, analysis and reporting of health workforce data by the Department of Labor, Office of Data Research and Vital Statistics, and the Office of Licensing and Regulatory Services by Fall 2010 – December 2011.

The Health Workforce Forum will develop a Workforce Plan to guide the recruitment, retention and training of a qualified work force to meet the needs of the people of Maine. Special focus should be given to ensuring sufficient resources for the enhancement of Maine's emerging public health system and the primary care workforce including all members of the team – physicians, nurse practitioners, physician assistants, nurses, medical assistants, behavioral health providers, and health IT specialists.

⁵² 22 MRSA §256 &257.

⁵³ Governor's Office of Health Policy and Finance with the Advisory Council on Health Systems Development. (2010). p. 35.

⁵⁴ Ibid.

The Health Workforce Forum will develop a sub-committee to address the need for cultural competence among health care providers and the use of auxiliary workers to enhance access to health care, such as medical interpreters, cultural brokers, community outreach workers, peer-to-peer support programs and translators.”⁵⁵

GOAL VII.3, regarding access to oral health care, the Forum is assigned the following task:

“Maine Center for Disease Control and Prevention’s Health Workforce Forum, working with the MCDC’s Oral Health Program, dental professional organizations, the Department of Education, FAME, the Maine Technical College System and others – by June 2012

Increase effectiveness of the dental workforce by redefining and expanding the roles of dental and medical professionals, within and according to their respective scopes of practice.

Promote and support distance learning technology to provide dental professional training programs more broadly throughout Maine.

Promote expansion of dental professional educational loan forgiveness programs, especially for those serving at-risk and underserved populations, including in Maine’s free dental clinics.

Support the expansion of Expanded Function Dental Assistant training programs, and encourage the use of uniform (core) curricula by all teaching institutions.

Encourage the expansion of dental professional education loan forgiveness programs, especially for those serving at-risk and underserved populations.”⁵⁶

G VII.6 of the State Health Plan addresses health workforce data and assigns the following tasks to the groups listed below:

“CDC Health Workforce Forum, Department of Labor, Office of Licensing and Regulation, Maine CDC, educational institutions, Vital Statistics and Muskie School

Complete an inventory of available data and sources that are currently being collected of and about Maine’s healthcare workforce.

Determine gaps, redundancies and inefficiencies in the collection and use of that data.

Develop a strategy for streamlining and enhancing the use of workforce data to inform decisions about health workforce planning, policies, practices and opportunities.”⁵⁷

III. Maine CDC’s Health Workforce Forum’s 2010 Recommendations Guide: Next Steps

The Forum compiled recommendations and prepared a comprehensive list of recommendations, highlighting the following next steps:

The Maine CDC Office of Rural Health and Primary Care will continue to be the primary point of contact, coordination, and support for the Forum within state government;

In 2010-2011, the Forum will distill the substantial array of recommendations developed in all sectors of health care workforce development into a coherent action plan. This planning will be conducted in collaboration with professional and trade groups (such as Nursing and Physicians), with state agencies such as DHHS and DOL, with educational institutions, and with employers;

The Forum will continue to provide statewide interdisciplinary leadership for health care workforce planning, and in that context will provide information and support for the State Health Plan, initiatives in state government related to health care workforce development, e.g., the current Maine DOL Health Sector Grant; commissions, boards, councils or other groups within state government; and private sector initiatives related to health care workforce;

The Forum will continue to synthesize the use of high quality data regarding the health care workforce in all its activities, and in this regard continue its close and productive partnerships with the Maine DOL Center for Workforce Research and Information and the DHHS Office of Data, Research, and Vital Statistics;

The Forum will continue to coordinate response for potential resource development in the form federal, state, or foundation grants;

IV. Maine Department of Labor Health Sector Grant:

Development of a health career pathway guidebook/health care career lattice tool

⁵⁵ Ibid. p. 35-36.

⁵⁶ Ibid. p. 38.

⁵⁷ Ibid. p 42.

Plan and co-host annual health workforce summit
Facilitation of Health Workforce Forum
Grant activities assigned to the 4 Local Workforce Investment Boards
Grant activities to convene regional and state advisory groups

V. Maine State Health Workforce Planning Grant (HRSA grant 10/1/10-9/30/11)

Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers; Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways; Identify existing Federal, State and private resources to recruit, educate or train and retain a skilled health care workforce and strengthen partnerships; Describe the academic and health care industry skill standards for high school graduation, for entry into post secondary education, and for various credentials and licensure; Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling; Identify Federal or State policies or rules to developing a coherent and comprehensive health care workforce development strategy and barriers and a plan to resolve these; Participate in programmatic evaluation and reporting activities
Under the aegis of the Maine Jobs Council, produce a flexible, sustainable, statewide, comprehensive health workforce development ten year plan utilizing a unique strategic planning method to guide the process.

VI. Maine Nursing Workforce Grants: (RWJ grant 6/1/10-5/31/12)

Robert Wood Johnson & Bingham funded: *Maine Partners in Education and Practice*

The 2 year project will focus primarily on the topic areas of educational infrastructure and faculty development, with additional emphases on long-term care and geriatric issues. Major objectives of the Maine proposal are to: delineate and adopt core competencies for nursing practice, which include patient centered care, professionalism, communication, systems-based practice, teamwork and collaboration, evidence based practice, quality improvement, safety, informatics, and leadership (developed by the Massachusetts Collaborative). Add a Maine-based competency: geriatrics; perform a gap analysis of these core competencies (through survey and focus group work) among recent graduates and preceptors to catalyze education re-design; convene education and clinical partners to assure adoption in professional school curricula and practice experiences; expand adjunct faculty opportunities by strengthening clinical preceptor and faculty linkages and relationships; and broaden relationships with a wider range of stakeholders to solidify support for reforms.

At the end of the two-year program, we will have been successful if: Consensus is reached among the nursing education and clinical sectors regarding core competencies for modern nursing practice in Maine; Infrastructure is developed for curriculum re-design, where gaps in skill sets are identified and pilots of new educational elements are tested and disseminated; Bridges are built between the nursing education and clinical sectors that enable identification of a) potential new adjunct faculty in clinical settings and b) training resources to equip the new faculty for their teaching duties. External evaluation will be provided by the Maine Center for Public Health, a well-respected research and evaluation organization affiliated with Harvard University. Evaluation measures and instruments will be informed by the work of the Massachusetts Collaborative.

EARMARK/HRSA funded project to OMNE/Board of Nursing- (7/1/10 – 6/30/11)

The Maine Board of Nursing will oversee the implementation of a one-year for 1 year strategic planning process to ensure the nursing workforce (all levels, unlicensed to licensed advanced practice and home care aides). Will fund 5-6 meetings and utilize forum sessions to talk to stakeholders.