

A Recommendations Guide **To Ensure an Adequate Supply of Skilled Health Professionals in Maine**

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Compiled by:

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

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For information about the Health Workforce Forum and its membership go to:

<http://www.maine.gov/dhhs/boh/orhpc/hwf/index.shtml>

A Recommendations Guide to Ensure an Adequate Supply of Skilled Health Professionals in Maine

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I. Executive Summary

The Maine CDC's Health Workforce Forum (Forum) *Recommendations Guide* is a comprehensive list of recommendations for ensuring an adequate supply of skilled health professionals in Maine. 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*¹, 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 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.

The comprehensive list of recommendations in the *Guide* (and listed in an abbreviated summary chart – Appendix A) represents the Forum's overall recommendation that a long term workforce planning and development approach be implemented to address Maine's health workforce needs and issues. 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, which are detailed in the reports that are referenced in the *Guide*.

Maine's aging population, aging health workforce and limited resources for training and recruiting new professionals present serious challenges to ensuring an adequate supply of skilled health professionals. 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 and will need to be tied into and 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.

¹ 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 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.

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 *Guide*, Forum and partnerships 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 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.

II. Introduction

This *Recommendations Guide* was developed as a tool for coordinating initiatives to ensure an adequate supply of skilled health professionals in Maine. The *Guide* outlines the workforce priorities listed in the *2010-2012 State Health Plan* and a comprehensive set of strategic objectives and recommendations to address Maine's immediate and projected workforce shortages. These recommendations were compiled by the Maine CDC's Health Workforce Forum (Forum), a group representing health professionals, employers and educators, licensing boards and the Maine Departments of Labor and Health and Human Services.

The Forum was convened by the Maine CDC's Office of Rural Health and Primary Care following the enactment of a statute by the Maine Legislature and Governor to assess the state's health care workforce. *An Act to Ensure an Adequate Supply of a Skilled Health Care Workforce in Maine*,² established guidelines in 2005 for a Maine health care workforce report and established the Forum to provide input to the Department of Health and Human Services (DHHS) on health policy and planning decisions. A number of Maine-based and national reports have been published, and are referenced in the *Guide*, to inform state administrators and policy-makers that 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 conducted an extensive review of these reports and has been meeting for more than two years to discuss Maine's health workforce, the current and future supply, employer and population needs, and workforce needs, sources, issues and initiatives. In the process, the Forum compiled numerous recommendations and searched for benchmarks in the data and member consensus to organize and prioritize them. Their findings are described in detail in the Maine Department of Labor Health Workforce Reports and the Forum's 2006 - 2010 Progress Report³.

This *Guide* summarizes the workforce recommendations in two sections, starting with the workforce priorities identified in the *2010-2012 Maine State Health Plan*. The comprehensive list of recommendations and activities to address the immediate and long term workforce plans directed by the State Health Plan and outlined by the Forum is summarized in the *Guide*, and outlined in Appendix A, the summary chart: Key to Strategic Objectives, Recommendations and Potential Stakeholders.

² 22 MRSA §256 &257.

³ Scala, E. and Sutton, S. (2010).

For additional information about the Forum, consult the Forum's *Progress Report 2006 – 2010*, which provides an overview of Forum activities and developments, and concludes with an outline of Plans, Challenges & Opportunities and Next Steps. This report provides background information and context for these recommendations and the proposal to use this *Guide* as a foundation for strategic planning. The Forum's website can be found at: <http://www.maine.gov/dhhs/boh/orhpc/hwf/index.shtml>

III. Recommendations Guide

A. 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.”⁴

Second, 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.”⁵

The following tasks are listed in the Plan:

1. 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.
2. The Health Workforce Forum's Steering Committee will initiate a communications, membership outreach, and organizational development and implementation plan by Fall 2010 – December 2011.
3. 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.
4. 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.

⁴ Governor's Office of Health Policy and Finance with the Advisory Council on Health Systems Development. (2010). p. 35.

⁵ Ibid.

5. 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.
6. 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.”⁶

Third, under 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.”⁷

Fourth, 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.”⁸

⁶ Ibid. p. 35-36.

⁷ Ibid. p. 38.

⁸ Ibid. p 42.

B. Strategic Objectives and Recommended Activities

This list of objectives and recommended activities is proposed as a Guide or tool to coordinate workforce initiatives that address Maine's needs for skilled health professionals, to be developed and implemented through a strategic planning process, as discussed above. Many of them are related to or subsumed in the *State Health Plan* priorities listed above. The broad scope of the recommendations is due to the Forum's statutory purpose to gather information and to provide their assessment of Maine's diverse and varied workforce needs and issues. The expectation is that initiatives to address workforce shortages will continue to be decentralized with a range of stakeholders involved in those initiatives of interest to them.

The Key to Strategic Objectives, Recommendations and Potential Stakeholders, provided later in this document (Appendix A.), identifies potential stakeholders for each recommended activity. The Forum's vision is that all of these separate initiatives, whether in the short or long term, will be considered as a means to accomplish the state's health and public health objectives for access, quality and cost-effectiveness and to meet the new workforce demands of the Affordable Care Act.

The *Recommendations Guide* is organized into the **six strategic objectives** identified by the Forum as priority focus areas: **Leadership, Workforce Data/Information, Pipeline/Supply, Financial Resources/Investment, Workforce Effectiveness and Utilization, and Emerging Health Workforce Needs**. Each strategic objective is defined with an explanation of its purpose, a needs assessment and a list of recommended activities that was compiled from Forum discussions, member recommendations, reports and articles about what is being done, or needs to be done, in Maine and nationally.

Strategic Objective 1- Leadership

Establish the leadership needed to coordinate and implement appropriate and effective health workforce development initiatives.

Needs Assessment and Forum Observations

The Forum's recommendations for leadership follow a long and impressive list of reports, workgroups and experts with similar assessments. Appendix B, lists many of the reports, articles and workgroups as resources. The need for leadership to coordinate and direct the efforts to be effective is a theme in the Maine reports and recommended by national organizations, and well defined by M.C. Moskowitz.⁹ Maine's uncoordinated initiatives and limited support for workforce development lacks the comprehensive planning and organized infrastructure to address these complex issues and relies on leadership that uses an advocacy-based approach focused on specific occupations and health service sectors rather than a coordinated and communicated approach to address the greater needs for access and quality.

Coordinating and implementing the recommended activities to ensure an adequate and skilled workforce to meet Maine's current and future health, public health and long-term care needs will require:

- **Leadership by state government with an administrator to champion workforce planning as a critical factor in ensuring accessible, quality and cost-effective health services** and to galvanize support across departments and educational systems (Education, Labor, Economic Development,

⁹ Moskowitz, M.C. (2007).

Professional and Financial Regulation, Health and Human Services, University of Maine System, Maine Community College System).

- **Leadership by the Forum at the state level** to convene, engage and inform collaborative working relationships across systems and departments to coordinate regional and local workforce development initiatives.
- **Leadership from employers and regional and local stakeholder organizations** to identify their area needs and opportunities and to actively work with the Forum to coordinate, implement and share evidence-based workforce initiatives.

Recommended Activities to Establish Leadership, Coordinate a Maine Health and Public Health Workforce Agenda and to Authorize Implementation of Approved Initiatives:

- A. Establish the Maine CDC Director, or other appointed administrator, as responsible for leading the state's health and public health workforce agenda and to oversee the Forum's strategic plan and outcomes. This would include advocating with the Governor's Workforce Cabinet, the Advisory Council on Health Systems Delivery, the State Coordinating Council for Public Health and others to take immediate, strategic and coordinated action.
- B. Establish the Forum as the state's designated taskforce or council. Make the necessary changes to the structure, leadership, staffing, membership, role, responsibilities, reporting lines and resource needs. Propose revisions to the statute to authorize these changes and clarify its purpose, workplan/timelines, reporting responsibilities and process.
- C. Convene the Forum to assess need and oversee the coordinated implementation of agreed upon *Recommendations Guide* objectives and activities.
- D. Establish liaisons with Maine Jobs Council/DOL grant, *Multi Sector Partnerships to Accelerate Credentialing and Employment in Maine's High-Demand Health Care Occupations*,¹⁰ HIT and others to share data and findings and build and support complementary roles and partnership agreements.
- E. Identify ways the Forum will be informed about and collaborate with the State Workforce Board and Governor's Workforce Cabinet, Cabinet members and state policy-makers/administrators and designated groups. (ACHSD, DOE, DED, DOL, DHHS, DPFR, University of Maine System, Maine Community College System, State Health Plan, Quality Forum, State Coordinating Council for Public Health).
- F. Develop a coordinated strategic planning process that utilizes the 2006 and 2010 Healthcare Occupations Reports,¹¹ and recommended sources and experts, to identify approaches that will support the cross-system coordination proposed in item D, above. This would require steps to identify agreed-upon criteria for reviewing workforce data and health needs assessment data and for prioritizing types and levels of need in order to establish common targets and complementary strategies. This process would also provide a basis for assessing existing programs, redirecting programs to address priority needs and/or to support proposals for new programs.

¹⁰ Maine Department of Labor. (2010).

¹¹ Kruk, M. (2007). and Leparulo, P. (2010).

- G. Identify regional variations in workforce needs. Identify and support strategies, such as the role of public health in rural areas, which reflect the complexities of ensuring adequate health care and workforce in that region.
- H. Develop a communication strategy to inform the public, policy makers, etc. about Maine’s health and public health workforce needs and the impact of the workforce on access to quality health care.¹² Elements of a communication strategy might include a state or regional conference, facilitating information sharing between employers, DHHS Districts, educators and WIBs at the regional level.
- I. Conduct programs and provide materials to educate legislators and state administrators on the health sector, health workforce professions, public health professions and educational sources, to inform policy development and decision-making.
- J. Develop a standardized process for the Forum to consider introducing its own or supporting legislative or policy initiatives at the state, federal or local level.
- K. Provide input into the State Workforce Board and Workforce Investment Act plans regarding the state’s needs around health care workforce and the strategies for addressing those needs.
- L. Identify federal initiatives (Senator Snowe’s Sector Act,¹³ HRSA’s Health Workforce Information Center,¹⁴ Department of Labor, Trust for America’s Health¹⁵ and National Governors Association) that could provide leadership, support and strategic recommendations for health and public health workforce initiatives.
- M. Endorse and pursue the workforce related recommendations of the Governor’s Task Force on Oral Health¹⁶ and the oral health components of the State Health Plan¹⁷ developed by the Maine Dental Access Coalition. Recently the Collaborative Dental Recruitment Initiative Working Group made the following recommendations:
 1. Increase MaineCare reimbursement rates so that they are consistent with the 75th percentile of rates for dentists in New England.
 2. Support the development and establishment of a dental school by the University of New England.
 3. Increase funding for loan and scholarships for Maine residents pursuing careers in dental professions.¹⁸
- N. Endorse and pursue the workforce related recommendations of the rural health components of the State Health Plan:
 1. Provide ongoing leadership to address the shortage of skilled health care workers.
 2. Maintain data on demand for and supply of health care workers.

¹² Rivar, S.M.J. (2009, August).

¹³ S. 777; H.R. 1855 The Strengthening Employment Clusters to Organize Regional Success (SECTORS) Act of 2009.

¹⁴ Health Workforce Information Center. (2010). <http://www.healthworkforceinfo.org/>.

¹⁵ Levi. (2009, December).

¹⁶ Governor’s Task Force on Expanding Access to Oral Health Care for Maine People. (2008, December).

¹⁷ Maine Dental Access Coalition. (2007, November) and Governor’s Office of Health Policy and Finance with the Advisory Council on Health Systems Development. (2008, April).

¹⁸ Collaborative Dental Recruitment Initiative Working Group. (2009, February).

3. Continue to develop the role of the Office of Rural Health and Primary Care in workforce initiatives like HPSAs, J-1 Visa, Conrad 30, NHSC.
4. Expand the capacity of existing health professions education programs and/or create new programs in higher education.
5. Provide additional financial support to recruit more students into health care fields and encourage existing health care professionals to remain at work.
6. Establish more effective partnerships between higher education institutions and health care providers.
7. Ensure that the Legislature continues to address issues affecting the direct care workforce in Maine, particularly in rural areas.
8. Work with the Maine Telehealth Collaborative to ensure that they consider the use of telehealth and telemedicine as a tool for workforce retention in rural areas.
9. Rural community providers should be assisted by AHEC and/or ORHPC to target their recruitment efforts on local individuals as they move through the educational system, complete professional training and enter practice.¹⁹

Strategic Objective 2 - Workforce Data and Information

Support and improve the ongoing collection, analysis, and reporting of data needed to inform health workforce planning, policies, practices and initiatives necessary to assess workforce shortages and supply barriers, and to evaluate their impact.

Need Assessment and Forum Observations

The 2005 statute and creation of a Maine Healthcare Occupations Report²⁰ was a great starting point. Additional data and analysis is needed to align health services demands with workforce/supply development needs. The Maine Department of Labor reports, the *2006 Healthcare Occupations Report* and *2010 Occupational Outlook in Maine's Health Services Sector* report, provide sector and employment information to characterize the dynamic nature and challenges of workforce and health sector analysis. The 2010 report includes state of the art demand information, and the data provide a quantitative foundation for assessing need and prioritizing recommendations to ensure an adequate supply and distribution of health professionals. **To build on the information in these reports and to determine the effectiveness of implemented strategies, a more clearly defined research plan is needed to prioritize and direct the collection and analysis of the workforce data and evaluate the recommended strategies.** This workforce data should be complemented with data that provides a need based perspective that identifies the level of services required and the number of health professionals necessary to effectively serve the population. This assessment could gather information from high performing health systems.

Recommended Activities to Support and Improve Health Workforce Data and Information:

- A. Conduct an inventory in Maine to identify where and how relevant health and public health workforce information is being collected and reported, and work to coordinate efforts.

¹⁹ The Rural Health Work Group and The Office of Rural Health and Primary Care, Maine Center for Disease Control. (2008, October) and Prevention and Governor's Office of Health Policy and Finance with the Advisory Council on Health Systems Development. (2008, April).

²⁰ 22 M.R.S.A. § 256. A.

- B. Commit 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 Department of Professional and Financial Regulation and affiliated health professional licensing boards, employers and educational institutions. Specifically, this should include continued publication of the Healthcare Occupations Report coordinated with the Forum to review and analyze the data and to draft recommendations. This should include support to implement the recommendations listed in the 2006 and 2010 Maine Department of Labor reports and subsequent reports, plans for longitudinal studies to identify trends and assess impact, and funds to contract the research, survey development, and evaluation expertise provided by the Muskie School of Public Service.
- C. Improve educational data to assess Maine's graduate capacity and supply pipeline, wait-list data, the Integrated Postsecondary Education Data System and other information sources.
- D. Develop data and survey templates and provide guidance to employers, educational, professional, labor, public health and other organizations to improve the consistency, quality, timeliness and usefulness of the information being gathered and analyzed. This should include technical support to those who collect the health professional, labor, employer and educational data to ensure that the data is complete, i.e. that there is an adequate response rate to any surveys administered and that the survey questions are reliable and valid.
- E. Develop and utilize criteria to review workforce data and to prioritize types and levels of need. This should include technical assistance to assess regional and local needs and priorities, public health and workforce data for multi-region employers and health systems that encompass multiple providers. This review should include data that provides a need based perspective that identifies the services required and the number of health professionals necessary to effectively serve the population. This assessment could look at high performing health systems.
- F. Conduct an inventory of health, behavioral health and public health workforce related initiatives being conducted in the state and establish a clearinghouse for program information, reports and evaluation information.
- G. Conduct a literature review to identify outcomes research on all Forum recommendations to assure that the activities/strategies accomplish their intended objectives.
- H. Whenever possible, assess workforce initiatives before they are implemented to identify if and how they have been or will be evaluated for effectiveness. Those involved in addressing Maine's health and public health workforce needs should gather the data and information available in Maine and nationally to evaluate and assess the effectiveness of the strategies that are being considered or pursued to assure that those strategies accomplish their intended goals.

Strategic Objective 3- Pipeline/Supply

Coordinate stakeholders and improve the alignment between the sources of qualified applicants and the job openings so that: workforce shortages and vacancies are limited; health care services are not compromised; and students and job-seekers moving through education, training and career development are qualified and employable for the available job openings.

Need Assessment and Forum Observations

Workforce data shows that health care is the one employment sector in Maine that continues to have job openings, and offer high wages and secure career opportunities. While many students, dislocated workers and unemployed adults are signing up for health care related education and training programs, hospitals are reporting fewer entry level openings and a need for experienced professionals. Health reform and changing models of care add an additional level of uncertainty and unpredictability for job projections. Coordinated needs assessment and planning across systems, between informed employers, education institutions and employment programs, would coordinate strategies and design pipelines, and advise and match students and job seekers with workforce needs. The types of changes and the pace of these changes in health services delivery, like information technology, care models for chronic disease prevention and primary care, and a new pandemic flu, will challenge both educators and employers to meet the demand for access. Strategies to address these challenges on a statewide level will require workforce planning.

Recommended Activities to Align Health Workforce Supply and Demand:

- A. Identify the sources of qualified students and health professionals. Facilitate collaboration with employers to review workforce and public health system demand data, academic and clinical qualifications and pipeline data to identify strategies for addressing the supply/demand dynamic needs. Coordinate the implementation of a mix of workforce development strategies and initiatives. This should include the identification of successful model partnerships and sources of data. It should also include an assessment of regional needs, workforce shortages that are regional/local due to distribution, employer turnover or rural factors, and an assessment of workforce diversity goals and needs.
- B. Establish the Forum to serve as the Maine Health Workforce Industry Council to support collaborative efforts with the Maine Jobs Council, State Workforce Investment Board (WIB), local WIBs and CareerCenters, and identify activities that meet Workforce Investment Act objectives and qualify for funding.
- C. Pursue the strategies being developed by the Forum's Employment Readiness Group aimed at informing and preparing individuals interested in pursuing health and public health careers.
- D. Coordinate with educators (K-12, adult education), employment assistance groups, community programs, AHECs and health employers, etc. to increase recruitment of youth into health and public health careers.²¹
- E. Increase opportunities and resources for educators, including adult education, employment assistance groups, community programs, AHECs and health employers, etc. to recruit and retain non-traditional and unrepresented minority populations into health and public health careers.²² This should include foreign trained health professionals.²³
- F. Utilize the 2010 DOL project, *A Multi-Sector Partnership to Accelerate Credentialing and Employment in Maine's High-Demand Health Care Occupations*,²⁴ as a model for organizing and operating regional, employer-driven health workforce planning coalitions.

²¹ Molloy, Rita. (2006, January).

²² Ibid.

²³ Huber, B. (2010, January).

²⁴ Maine Department of Labor. (2010).

- G. Expand the number of residencies and clinical experiences, particularly in rural areas or long-term care facilities, and encourage existing health care professionals to teach in higher education.²⁵
- H. Pursue the development of a primary care, oral and behavioral health workforce. Promote interprofessional integration of behavioral, oral and physical health training and practice, particularly in rural areas.
- I. “Expand the capacity of existing health care programs and/or create new programs in higher education to achieve the goal of graduating enough students,”²⁶ attracting enough dislocated workers and retaining current health care workers to meet Maine’s demand in 2020.
- J. Build on and support the efforts of the Maine Co-Occurring State Integration Initiative (COSII) that is working with Maine’s academic institutions to address the workforce training needs and other workforce related barriers to serving people with co-occurring mental and addictive disorders.

Strategic Objective 4 - Financial Resources and Investment

Organize the use of resources from multiple departments to support investment in health workforce development initiatives and coordinate collaborative efforts, such as applying Recovery Act, Jobs Bill, and ACA funds to health workforce needs and seeking new federal and private grant funds.

Need Assessment and Forum Observations

The decline in state revenues for education, rising costs of technology and insufficient faculty and clinical training staff pose serious capacity issues for educational institutions and the students and employers that rely on them. Investments of time, effort and money are needed at the individual, organizational and system level to ensure an adequate supply and appropriate distribution of skilled health professionals. By having a state health and public health workforce agenda and workplan, it will be possible to realize results by taking incremental steps and maximizing the use of current resources and federal funds (American Recovery and Reinvestment Act and Affordable Care Act funds). The workplan should help inform and guide the resource planning and re-organization efforts being conducted by the University of Maine and Maine Community College systems.

Recommended Activities to Locate and Secure the Resources Needed to Implement Proposed Health and Public Health Workforce Recommendations:

- A. Address the lack of educational capacity that exists within Maine for training primary care professionals, dental professionals, psychiatrists, behavioral health professionals and nurses, and using the Pipeline/Supply Objective #3, identify plans that will target investment needs and placement of programs to support a sustainable workforce development plan.
- B. Increase the amount and availability of loans, loan forgiveness or repayment, scholarships and tax incentives to attract health care professionals, to practice in Maine as well as to encourage Maine

²⁵Committee to Address the Health Care Skilled Worker Shortage. (2001, October).

²⁶ Ibid.

students to pursue health careers and practice in the state. Information regarding the availability of these resources should be coordinated into one central location.²⁷

- C. Identify funds and in-kind resources to support the Forum's operations and activities, including strategies for combining funds from multiple departments, grants and possibly employer members.
- D. Broaden access to health careers education funding (like the Department of Labor's Job and Employment programs, and Maine's Competitive Skills Scholarship Program) for non-college individuals, such as those who want to become direct care workers or who are transitioning into a technical position.²⁸
- E. Identify sources of scholarships and support funds available through current programs and increase access to these programs to support the advancement of health care workers and students. (See DOL grant and HCAT or model programs.²⁹)
- F. Identify support and resources available through the Department of Labor (WIA Formula Funds and Recovery Act Funds) and the Department of Economic Development to promote the health sector, including the training and educating of the health workforce, as a key variable in economic development.
- G. Increase the awareness, support and collaboration among public and private funders of the need to support health and public health workforce initiatives. This could include funders who typically support health, public health, educational, science, workforce and economic development initiatives.³⁰
- H. Identify projects for health, rural health, long-term care, behavioral health and/or public health related work; determine if workforce-related objectives and activities are included; and link them to the Forum's strategic objectives and activities.
- I. Identify and pursue grant funds to support health and public health workforce objectives to supplement state and stakeholder resources devoted to workforce development.

Strategic Objective 5 - Workforce Effectiveness and Utilization

Identify strategies to utilize the current health workforce in ways that will help address immediate and future workforce needs.

Need Assessment and Forum Observations

In addition to bringing new people into the workforce, steps should be taken to promote retention, career advancement and inter-professional (oral, behavioral and physical) training to utilize current workers and prepare future workers to fill positions. The workforce data raised important questions about the current workforce and how the existing population of experienced health professionals will help fill skill gaps and projected shortages. Data is needed to understand and manage turnover, build career development and

²⁷ Ibid.

²⁸ Molloy, Rita. (2006).

²⁹ Health Care Action Team (HCAT). (2005). and Maine Department of Labor. (2010).

³⁰ National Fund for Workforce Solutions. (n.d.).

retention incentives and understand the workforce that will be needed to meet the demands of the ACA. Forum members raised creative recommendations during the grant proposal process, and the health sector grant awarded to the Maine Department of Labor will provide the resources to assess them.

Recommended Activities to Ensure the Utilization of Qualified Professionals Currently Available in the State:

- A. Initiate reviews by Maine’s health educators, public health system, licensing boards, employers, public and private payors, etc., of the different models for providing care that are under consideration, such as the patient centered home or the increased use of telehealth, and work to orient Maine’s health, oral health and behavioral health professions to delivering care through those new models.
- B. Encourage employers to develop incentives for workers approaching retirement age to remain working, particularly in shortage areas. This could include addressing licensing or malpractice provisions that hinder part-time work.
- C. Encourage employers to utilize career ladders, job flexibility, retraining and other staff development opportunities as retention and productivity incentives to enhance the capacity of their current workforce to meet future needs.³¹ This could include staff development planning across facilities or programs within larger health systems.
- D. In determining scope of practice, employers, DOL, DPFR and affiliated licensing boards, educators and public and private payors should focus on evidence-based skill sets or competencies required to do specific work and which allow a professional to work to the full extent of their education, training and competence, rather than the job title that is generally associated with the work. Define areas of service, such as in co-occurring behavioral health domains, which do not require professional licensure or advanced degrees for practice.
- E. Maine’s health professional licensing system should be reviewed to consider:
 - 1. Whether or not there are unnecessary barriers or restrictions to inter-state licensing.
 - 2. Whether or not the public’s health and access to appropriate health and behavioral health care is a prime consideration in determining scope of practice.
 - 3. The extent to which it promotes interprofessional, integrated practice and supports effective workforce utilization.
 - 4. Whether or not it provides the flexibility to allow pilot studies for changes in scope of practice, new models of care, new approaches to training, the use of new technologies like telehealth and online learning, or the development of new health professions.
 - 5. The recognition and reimbursement by public and private payors for changes in scopes of practice.³²
- F. Encourage the state and long-term care providers to develop workforce development plans, as recommended in the LEAN Worker Group Report, and LD 1364.³³

³¹ Ibid.

³² Johnston, Drew. (n.d.).

³³ Direct Care Worker Task Force. (2010, January).

Strategic Objective 6 - Emerging Health Workforce Needs

Expand the number of occupations and scope of services considered by the Forum in order to address emerging or changing workforce needs or priorities and/or changes in the state's health care delivery system.

Need Assessment and Forum Observations

Many of the strategies suggested in this report to address shortages in the general health workforce are also applicable to the public health, HIT workforce or other emerging health workforce areas. There may be areas, such as in behavioral health, where the workforce lacks the array of skills needed to address the increasing incidence of co-occurring mental and addictive disorders and educational programs have not kept pace with the changes in treatment practices.³⁴ Additionally, there may be auxiliary staff or types of personnel that are not traditionally thought of as part of the health workforce, such as translators or interpreters, whose services are critical to access and the delivery of health care.

Recommended Activities to Address Emerging Workforce Needs:

- A. The Forum should include the public health workforce in its considerations and work with the Statewide Coordinating Council for Public Health, DHHS Districts, MCDC and others as it addresses workforce gaps and reviews strategies for addressing those gaps. Possible strategies, amongst others, might include: scholarship and loan repayment for public health workers, increased support for the public health infrastructure, enhanced leadership development for the public health workforce and internships and fellowship programs.³⁵
- B. The Forum should include HIT in its consideration and work with HIT leaders in the state like the Office of State Coordinator for HIT, HealthInfoNet, Maine Telehealth Collaborative, employers, educators, DOL and others to:
 - 1. Identify HIT workforce needs
 - 2. Assess new skill sets needed to prepare the HIT workforce for current and future job responsibilities
 - 3. Determine job roles and career pathways for HIT workers
 - 4. Create 'stackable' certificates within the community colleges and advanced degree programs and support faculty for those programs
 - 5. Promote interprofessional education and cross training
 - 6. Support educational curricula and learning environments across Maine's health professional educational programs that fully reflect the electronic environment in which health professionals will practice.³⁶
- C. The Forum should work with the appropriate stakeholders within the state to assess the workforce issues related to translation and interpreter services.
- D. The Forum should work with the Maine Co-Occurring State Integration Initiative (COSII) Workforce Development Committee and others in Maine addressing the behavioral health workforce needs related to serving people with co-occurring mental and addictive disorders and

³⁴ Annapolis Coalition on the Behavioral Health Workforce. (2007). p 1.

³⁵ Perlino, Courtney. (2006, September).

³⁶ Buck, Sally. (2008, March). and National Rural Health Information Technology Workforce Summit. (2009, September).

should consider recommended goals from such groups as the Annapolis Coalition to address behavioral health workforce needs, including:

1. Implementing systematic recruitment and retention strategies
2. Increasing the relevance, effectiveness and accessibility of training and education
3. Enhancing the infrastructure to support/coordinate workforce development efforts.³⁷

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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

V. Appendices

Appendix A: Summary Chart: Key to Strategic Objectives, Recommendations and Potential Stakeholders

The following chart is provided as a tool for strategic planning and identifies potential stakeholders who may be interested in pursuing specific recommended activities. The listing is not an all inclusive list of stakeholders but merely meant as a starting point of the possible interested parties who should be involved in the discussions and planning around that particular recommendation.

Key to Strategic Objectives, Recommendations and Potential Stakeholders

STRATEGIC OBJECTIVE 1 – Leadership	
Recommended Activities	Potential Stakeholders
A. Establish the Maine CDC Director to lead the state’s health and public health workforce agenda	Maine CDC, Forum, Governor’s Workforce Cabinet, ACHSD, State Workforce Board and State Coordinating Council for Public Health, DOL
B. Establish the Forum as the state’s designated health workforce workgroup	Forum, Maine CDC, Coordinating Council for Public Health, Legislature
C. Convene the Forum to oversee and coordinate activities	Forum, Maine CDC, stakeholder organizations
D. Establish liaisons with DOL and other grants to coordinate activities	DOL, State Workforce Board, grant advisory groups, Forum, LWIBs
E. Forum will inform and be informed by the ACHSD, Governor’s Workforce Cabinet, Cabinet members and state policy-makers/administrators	Forum, Governor’s Workforce Cabinet, State Workforce Board, members from Maine DOE, DED, DOL, DHHS, DPFR, University of Maine System, Maine Community College System, State Health Plan, Quality Forum, State Coordinating Council for Public Health, ACHSD
F. Develop a coordinated strategic planning and priority setting process that is data driven and evidence-based	Forum, DOL WRIC
G. Identify regional variations in workforce needs and support regional strategies	Forum, Office of Rural Health and Primary Care, Regional LWIBs, DHHS Districts, DOL, CWRI
H. Develop a coordinated communication strategy	Forum
I. Educate legislators and state administrators on health workforce needs	Forum
J. Develop a standardized process to support/introduce legislation	Forum
K. Provide input into the state and regional Workforce Investment Act plans	Forum, Maine Jobs Council/ State Workforce Board/DOL, LWIBs
L. Identify federal initiatives that support health and public health workforce initiatives	Forum, Congressional offices, regional and national workforce

	development organizations
M. Support oral health workforce initiatives	Forum, oral health stakeholders, Maine Dental Access Coalition, Oral Health Funders, LWIBs
N. Endorse and pursue the workforce recommendations of the rural health components of the State Health Plan	Forum, Office of Rural Health and Primary Care and their stakeholders, LWIBs
STRATEGIC OBJECTIVE 2 - Workforce Data/Information	
Recommended Activities	Potential Stakeholders
A. Inventory health workforce information gathering	Forum, CWRI
B. Commit resources to coordinate the collection, analysis and reporting of health workforce data	Forum, DOL, Office of Data Research and Vital Statistics, DPFR and affiliated health professional licensing boards, Muskie School of Public Service, employers, educational institutions
C. Improve educational data regarding Maine's educational capacity and supply pipeline	Forum, DOL, educational institutions
D. Provide guidance regarding data collection	Forum, DOL, Muskie School of Public Service, Office of Data Research and Vital Statistics, DPFR and affiliated health professional licensing boards, employers, professional associations
E. Develop criteria to assess workforce data and to prioritize types and levels of need and need based data related to high performing health systems	Forum, DOL, Office of Rural Health and Primary Care, MPCA
F. Inventory health and public health workforce related initiatives	Forum, DOL
G. Conduct a literature review to identify outcomes research on recommendations	Forum
H. Assess workforce initiatives before they are implemented for how they will be evaluated	Forum, State Workforce Board, Maine Jobs Council/DOL, employers, DHHS Districts
STRATEGIC OBJECTIVE 3 – Pipeline/Supply	
Recommended Activities	Potential Stakeholders
A. Facilitate collaboration between sources of students and employers to address workforce and public health system needs	State Workforce Board, LWIBs, DHHS Districts, employers, Forum, educational institutions, AHEC
B. Establish the Forum to serve as the Maine Health Workforce Industry Council	Maine Jobs Council/ State Workforce Board/DOL, Forum
C. Inform and prepare students and others interested in pursuing health and public health careers.	Forum, AHEC, LWIBs, DOL, adult education, Maine Jobs Council, Colleges/Universities, CareerCenters
D. Coordinate with educators and others to recruit youth into health and public health careers	Forum, DOE, employment assistance groups, community programs, AHECs

	and health employers, etc.
E. Recruit and retain non-traditional and unrepresented minority populations into health and public health careers.	Forum, MCDC Office of Minority Health, Career Centers, educators, including adult education, employment assistance groups, community programs, AHECs and health employers, etc.
F. Utilize the 2010 DOL grant to organize at the regional level	DOL, Grant Advisory Groups/members, LWIBs, DHHS Districts, employers, educational institutions, Forum
G. Expand the number of residencies, clinical experiences and encourage teaching in higher education	Forum, AHEC, Office of Rural Health and Primary Care, MPCA, MMC/Tufts Program.
H. Promote interprofessional integrated training and practice, particularly in rural areas (integration of behavioral and oral health with physical health)	Forum, UNE, AHEC, Office of Rural Health and Primary Care, MPCA, COSII
I. Expand the capacity of existing health care programs, attract dislocated workers, and retain current workers to meet needs by 2020	Forum, DOE, Workforce Cabinet, health educators, DOL/Career Centers, employers.
J. Build on the Maine Co-Occurring State Integration Initiative (COSII)	Forum, COSII, academic institutions,

STRATEGIC OBJECTIVE 4 – Financial Resources/Investment

Recommended Activities	Potential Stakeholders
A. Address the lack of educational capacity for training primary care and behavioral health professionals through a sustainable workforce development plan	Forum, AHEC, DOE, Workforce Cabinet, FAME, Legislators
B. Increase the amount and availability of loans, loan forgiveness or repayment, scholarships or tax incentives	Forum, FAME, HRSA, Office of Rural Health and Primary Care
C. Identify funds and in-kind resources to support the Forum’s operations	Forum, Office of Rural Health and Primary Care, State Workforce Board, DOL, Advisory Council on Health Systems Development, Forum members, LWIBs
D. Broaden access to health careers education funding for non-college individuals	DOL, VA, LWIBs, employers, grant and scholarship funders
E. Increase access scholarships and supports for incumbent health care workers	DOL, employers, , VA, LWIBs, grant and scholarship funders, Forum
F. Identify DOL and DED support to promote the health sector, as a key variable in economic development	DOL, LWIBs, DED, Forum, Workforce Cabinet
G. Increase the awareness, support and collaboration amongst public and private funders	Forum, MeHAF, LWIBs, DOL
H. Identify grant funded projects	Forum, DOL

I. Identify and pursue grant funds to support health and public health workforce objectives	Forum, DOL
STRATEGIC OBJECTIVE 5 – Workforce Effectiveness and Utilization	
Recommended Activities	Potential Stakeholders
A. Adapt Maine’s health professions and payors to delivering care through those new models	Forum, health educators, public health system, licensing boards, employers, OMNE, public and private payors, etc.,
B. Develop incentives/remove barriers to keep workers reaching retirement	Forum, employers, educators, insurers, Office of Licensing and Registration, professional groups
C. Utilize career ladders, promote job flexibility, retraining to promote current workforce	Forum, employers, educators, professional groups, DOL
D. Base scope of practice on evidence based skill sets or competencies that are required to do specific work	Forum, employers, DOL, licensing boards, educators and public and private payors, professional groups
E. Review Maine’s health and behavioral health professional licensing system to consider public health and access to health care	Forum, Maine Office of Licensing and Registration, MCDC, professional boards, Maine Telehealth Collaborative, professional groups
F. Encourage the state and long-term care providers to develop workforce development plans	DHHS, long-term care providers, employers, professional groups
STRATEGIC OBJECTIVE 6 - Emerging Health Workforce Needs	
Recommended Activities	Potential Stakeholders
A. Work with the Statewide Coordinating Council for Public Health, etc. to address public health workforce needs	Forum, Statewide Coordinating Council for Public Health, DHHS Districts, MCDC and others, MPHA, LWIBs, Maine Jobs Council, DOL
B. Include HIT and work with HIT leaders in the state like the Office of State Coordinator for HIT	Forum, HIT leaders in the state like the Office of State Coordinator for HIT, HealthInfoNet, Maine Telehealth Collaborative, employers, educators, DOL
C. Assess translation and interpreter workforce issues	Forum, MCDC Office of Minority Health, employers
D. 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	Forum, COSII, licensing boards, professional associations, academic institutions

Appendix B: Maine Reports and Resources

The following is a listing of Maine reports that have been issued during the past decade related to health workforce that helped to inform the Forum in its identification of issues and suggested strategies and recommendations for addressing workforce needs. In addition to these reports there is much information available nationally and from other states related to health workforce. Some of these resources are also listed below. For additional information go to the Forum's website at:

<http://www.maine.gov/dhhs/boh/orhpc/hwf/index.shtml>.

Maine Reports

- *Maine's Health Care Skilled Worker Shortage: A Call to Action – 2001, Report of the Committee to Address the Health Care Skilled Worker Shortage*
- *The Status of Access to Oral Health Care in Maine – 2001, Prepared by the Maine Department of Human Services*
- *Health Care Workforce Leadership Council - Prepared for the Joint Standing Committee on Health and Human Services 121st Maine Legislature - Final Report – 10/04*
- *2004 Annual Report of the Maine Quality Forum Advisory Council – 2004, Maine Quality Forum*
- *Professional Growth of the Lewiston/Auburn Healthcare Workforce: Where They Are, Where They Want to Be, What's Keeping Them from Getting There – A Report of the Health Care Action Team (HCAT) - 2005*
- *Solutions for Maine Health Careers Recruitment & Retention: A Visionary Approach – 1/06, Advisory Committee of the Maine AHEC*
- *Health Occupations Report, Maine Department of Labor, January 2007*
- *Maine Oral Health Improvement Plan – 2007, Maine Dental Access Coalition*
- *Maine Minimum Data Set: Maine's Nurses who Renewed their Licenses between September 1, 2004 and August 31, 2006 – November 2007, Jane Kirschling*
- *A Plan for Improving Rural Health in Maine 10/08, Developed by the Rural Health Work Group and The Office of Rural Health and Primary Care, Maine Center for Disease Control and Prevention*
- *Current Status and Trends in the Labor Market for Clinical Laboratory Workers in Maine – January 2008, Prepared by Planning Decisions for the Maine Chapter of the Clinical Laboratory Management Association*
- *Maine's 2008-2009 State Health Plan – April 2008, Governor's Office of Health Policy and Finance with the Advisory Council on Health Systems Development*
- *An Analysis of High-Demand, High-Wage Jobs in Maine – June 200, Center for Workforce Research and Information, Maine Department of Labor.*
- *Report of the Governor's Task Force on Expanding Access to Oral Health Care for Maine People– December 2008, Governor's Task Force on Expanding Access to Oral Health Care for Maine People*
- *Collaborative Dental Recruit Initiative Working Group Interim Report - 2009, Oral Health Program, MCDC*
- *Improving the Health of Maine People – January 2010, Collaborative Strategies Planning Team*
- *Analysis of Emergency Department Use in Maine – January 2010, Muskie School of Public Service*

- *Reducing the Use of Emergency Departments and Reducing Preventable Admissions to the Hospital from Emergency Departments – February 2010, Governor’s Office of Health Policy and Finance*
- *Reentering the Healthcare Field: Resources for Foreign-trained Health Professionals in Maine – January 2010, Maine Migrant Health Program*
- *The Occupational Outlook in Maine’s Health Services Sector [2010 Healthcare Occupations Report]- April 2010 – Maine Department of Labor*
- *Maine’s 2010-2012 State Health Plan – July 2010, Governor’s Office of Health Policy and Finance with the Advisory Council on Health Systems Development*

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

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

- John Bastey, 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 Dubai, 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
- Sharon Kuhrt, Central Maine Medical Center, College of Nursing and Health Professions
- *Rebecca Lamey, Human Resources, Maine General Health
- *Valerie Landry, Landry & Associates, Consultant to Mercy Hospital, Landry and Associates
- Charles Lawton, Consultant, Planning Decisions
- Suzanne LeDoux, Office of Data Research and Vital Statistics, Maine CDC
- Barbara Leonard, Maine Health Access Foundation
- 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
- Krista Meinersmann, College of Nursing and Health Professions, University of Southern Maine
- *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
- Mary Sargent, Human Resources, Pen Bay Health Care
- Ann Sassong, School of Nursing, University of Maine
- Kristi Saunders, Human Resources, Calais Hospital
- *Elise Scala, Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine
- Susan Sepples, College of Nursing and Health Professions, University of Southern Maine
- Lisa Sockabasin, Office of Minority Affairs, Maine CDC
- Scott Shott, Miles Health Care
- Gordon Smith, Maine Medical Association
- Judith Spross, College of Nursing and Health Professions, University of Southern Maine
- Catherine Stakeman, National Association of Social Workers - Maine Chapter
- *Sally Sutton, Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine
- Barbara Sylvester-Pellett, Maine Office of Rural Health and Primary Care
- Deb Thomas, Eastern Maine Medical Center
- 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