

TESTIMONY  
OF  
HON. HARRY B. MONTOYA  
COMMISSIONER  
SANTA FE COUNTY, NM  
BEFORE THE  
NATIONAL ASSOCIATION OF COUNTIES  
WORKING GROUP ON HEALTH SYSTEM REFORM  
DECEMBER 3, 2008

First elected in the 2002 Democratic primary as Santa Fe County Commissioner and successfully reelected in 2006. Commissioner Montoya is currently on the National Association of Counties (NACo) Board of Directors, representing New Mexico, and has been chairman of the Labor and Employment Steering Committee for NACo for two years. He also serves on the Northern Area Local Workforce Development Board (NALWDB) and numerous Boards at the local level.

As CEO of Hand Across Culture Corp. (HACC) Commissioner Montoya leads a successful non-profit agency which is involved in community mobilization efforts focusing on educational, health and social service programs. In 1998, HACC was recognized by the Clinton White House as an exemplary program for their work in the community in the area of substance abuse prevention. He has had the opportunity to travel throughout the country as well as internationally to provide training and technical assistance in working with multicultural populations.

Commissioner Montoya has a Masters of Arts degree in Counseling Psychology from New Mexico State University and a Bachelor of Arts in Psychology from Westmar University in LeMars, Iowa. He has numerous publications in journals of research, beginning with his Master's Thesis, continuing through his work with HACC.

Commissioner Montoya is a native of New Mexico.

### Introduction

Today our Nation faces a widening gap between challenges to improve the health of Americans and the capacity of the public health workforce to meet those challenges. Health care workers represent roughly 12 percent of the American labor force. While these workers strive to provide high quality care and make important contributions, there are growing concerns that the U.S. does not have a sufficient supply of health care professionals to meet the demands of a changing and aging population.

As the population continues to age, a shortage of health care workers will become increasingly problematic. According to the Health Resources and Services Administration, the number of American's over age 65 is projected to increase by 50 percent, between 2005 and 2020. During the same period, the number of physicians is projected to grow only 16 percent. An inadequate physician supply will not only affect the elderly, but also the 20 percent of American's who live in underserved communities and already struggle to obtain access to medical care. Currently, one

in five American's lives in a primary medical care Health Professional Shortage Area (HPSA) Left unresolved, the workforce challenges will undermine the ability of this important and dedicated workforce to protect the public's health.

As America's workforce system is shifting from responding to the needs of the individual job seeker to responding to workforce needs in the local economy, and skills demanded by industry, local workforce boards have made continuous strides--despite decreased funding--to address the public health workforce shortage through recruitment and retention programs, pipeline development, and training through apprenticeship and curriculum based programs.

Workforce Investment Boards have worked in partnership with area hospitals, nursing homes, community health centers, home health programs and community colleges to develop recruitment and retention programs that would bring new public health workers into the pipeline by advancing training programs through fast-track training, career coaching, support services, and targeted outreach to youth and older workers. Local workforce agencies have also increased education and training programs that will enable public health workers to sustain the skills and competencies to perform in an evolving public health environment.

There are numerous workforce development programs that can serve as national models to address the public health workforce shortage.

Each of the 16 workforce investment areas Workforce Board (WIB) members of the Massachusetts Workforce Board Association (MWBA) have been directly involved in efforts to address this issue, including through participation with Commonwealth Corporation's *Extended Care Career Ladder Initiative* (ECCLI), the *Nursing Career Ladder Initiative* (NUCLI) and the BEST/Bay State Works Initiatives. Based on regional labor market research, WIBs have worked in partnership with area hospitals, nursing homes, community health centers, home health programs and community colleges to develop recruitment and retention programs that would bring 1,000 new nurses into the pipeline by advancing nurse training programs through fast-track training, career coaching, support services, and targeted outreach to youth and older workers.

Through the three-year project period, with \$2.9M in funding from the US Department of Labor and \$8.9M from partner organizations, the number of workers assisted through NUCLI has exceeded 1,700.

ECCLI has focused its work on increasing the education and skills of incumbent workers in long term care, while creating an environment where the workers receive career coaching and soft skills support to enhance the quality of care provided to residents. Local WIBs have convened representatives of area providers and assisted in development of partnerships to create career ladder training programs designed to reduce high turnover and absenteeism, reduce reliance on outside agency staff, and increase staff morale. Programs placed emphasis on English language literacy, effective communication, remedial education, case management, and opportunities for career advancement. Since 2000, more than 175 long term care facilities and home health programs have participated in 75 ECCLI projects operating in all 16 WIB regions across the Commonwealth.

Through four rounds of funding under the Building Essential Skills through Training (BEST) and BayState Works Initiatives, the Commonwealth mobilized to enhance workers' skills by offering basic education and sector-specific skills training. Employers developed partnerships with workforce investment boards, unions, community-based organizations, and education and training providers to create industry targeted training programs. More than 3,000 entry-level and newly hired workers have built on their essential skills and education through 13 BEST and BEST Older Youth projects led by Workforce Investment Boards. Eighteen new projects currently focus on providing remediation and career development opportunities for older youth, adults, and older workers in industries ranging from health care, manufacturing, human services, hospitality, and culinary arts to finance and banking, aerospace, commercial drivers, automotive and other trades, education, information technology, and nursing.

These initiatives along with the activities of the 41 health care organizations, which are members of Massachusetts WIBs, represent significant time and investment in addressing the Commonwealth's health care workforce shortage. In total, the WIB members represent institutions that employ more than 79,000 people in a range of health care occupations.

Local agencies in Montgomery County, MD implemented the "Pilot Program for Licensure of Foreign Trained Nursing Professionals," in 2006. This training program, coordinated by the Latino Health Initiative of the Montgomery County Maryland Department of Health Initiative is a successful, cost effective and comprehensive approach to meeting the counties increased need for additional Spanish speaking individuals in the public health workforce. The program draws upon a synergistic model that facilitates the licensure process for foreign trained nursing professionals. Since 2006, when the program was launched with the first cohort of 25 foreign trained Latino nurses, eight have obtained their RN license, and an additional twelve individuals are currently in the pipeline due for licensure in 2008.

In 2005, the Baltimore County Office of Workforce Development (DCOWD) launched a program to provide recent graduates of the Community College of Baltimore County's nursing program, with a three week, 30 hour course designed to help students successfully pass the nationally accredited nursing licensure exam. The review course was offered through Kaplan, Inc. and conducted at a local college in Towson, Maryland. Different than the knowledge based school exams given while students are in college, this review course was application based in nature and allowed student to use critical thinking skills in preparation for real life situations. Steps have been taken to address health care workforce shortage problems in rural areas as well, many of which have been designated as Health Professional Shortage Areas.

Rural areas often experience health care workforce difficulties in the recruitment and retention of primary care physicians. To address this problem, Pueblo Project HEALTH in partnership with Pueblo Community College and its partners, Trinidad State Junior College, Pueblo Worklink, and Parkview Episcopal Medical Center, was provided a community based grant through the Department of Labor's High Growth Job Training Initiative to expand the number of health care workers in rural communities in Colorado. Through the federal grant, Pueblo Project HEALTH delivers training in a hybrid curriculum that combines traditional classroom instruction, distance learning and mobile clinical experiences, that allows graduates to secure employment in

Respiratory Care and serve as volunteer Emergency Medical Technicians. The training assists counties in Colorado that are designated as Health Professional Shortage Areas (HPSA's) and Medically Underserved Areas (MUA's), it also helps volunteer medical personnel obtain paid employment, and target minority and disadvantaged individuals.

In consideration of the ever changing needs of America's public health workforce, local workforce areas should continue to be given the authority to develop programs that meet the needs of employers and employees alike. This should include the flexibility to develop sector based, and other specialized training services that respond to local business needs.

Workforce policies and funding priorities for public health workforce training must be responsive to both the supply of public health workers and the demand for their skills, to ensure that programs are appropriately tailored to the unique configuration of needs and resources in each state and in each local jurisdiction. To that end, increased Workforce Investment Act funding for dislocated workers training programs and specialized training services should continue to be advocated.

Ultimately, a comprehensive approach to the shortage is needed. NACo policy currently supports increasing workforce development funding for sector based training. However, supporting the implementation of federally funded student loan repayment and scholarships programs, coupled with additional investments in leadership development, recruitment, and training and education would constitute a major and much-needed step in the right direction.