Dane County Health and Human Needs Committee – Health Care and Public Health Workforce Needs Subcommittee

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Report to Dane County Health and Human Needs Committee

August 2022

Contents

Dear Health and Human Needs Committee Members,

The COVID-19 pandemic has impacted the lives of every person in some way. While people social distanced, wore masks, and did their part to reduce the spread of COVID-19, health care and public health employees were working tirelessly to help prevent the spread and treat those who were experiencing the virus. They were working with fewer staff and more hours than prior to the pandemic, under increased stress and strain, all while trying to protect themselves and their families from the same disease they were fighting at work.

The Health and Human Needs Committee – Health Care and Public Health Workforce Subcommittee was created to examine the challenges facing Dane County's health care and public health workforce, and make recommendations for improving the working conditions for these workers.

The recommendations put forth by the Subcommittee represent a response to the critical need to act now to prevent a deepening of the health care worker and public health worker crisis. The testimony and comments from workers themselves, members of the public, and friends, families, and loved ones of public health and health care workers, were instrumental in guiding the work of the Subcommittee. We extend our gratitude to those who came forth to tell their stories and share their experiences.

We all rely on and benefit from the difficult work that health care and public health workers do every day. We must take care of those who have dedicated their lives to taking care of us.

Sincerely,

Supervisor Mike Bare
Personnel and Finance Committee of the Dane County Board of Supervisors
(**Chair of Subcommittee**)

Supervisor Kierstin Huelsemann
Health and Human Needs Committee of the Dane County Board of Supervisors
(**Vice Chair of Subcommittee**)

Supervisor Holly Hatcher
Board of Health for Madison and Dane County

Pat Raes, RN, President, SEIU Healthcare Wisconsin

Tami Burns, RN, UW Health

Tatiana Smith, CAN, Oakwood Nursing Home

Patti Becker, Director of Program Operations, Community Living Alliance

Dr. Gene Musser, MD, Member of the Dane County Board of Health and Wisconsin Medical Society

Kerri Kliminski, Chair, Nursing Department, Madison College

Dr. Nainika Nanda, MD, Dane County Medical Society

Dr. John Beasley, MD, Dane County Medical Society

Tim Conroy, Executive Director, Capitol Lakes Retirement Community

Dr. Mark Huth, MD, President and CEO of Group Health Cooperative of South Central Wisconsin

Colleen Moran, Wisconsin Public Health Association

Subcommittee Creation

At the May 26, 2022, Health and Human Needs Committee, the Health Care and Public Health Workforce Needs Subcommittee was created by the following motion:

> Motion to create a “Health Care and Public Health Workforce Subcommittee” subcommittee of the Health and Human Needs Committee in accordance with Chapter 7.11(5)(a) of the Dane County Ordinances, which states: “Standing Committees may create subcommittees composed entirely of their own members or other supervisors or may call upon the assistance of non-supervisors in examining particular issues;” the Subcommittee shall examine challenges facing Dane County’s health care and public health workforce, including recruitment, retention, wellness, mental health, and community trauma; and the Chair shall appoint up to 13 members to the subcommittee to include at least one County Board member who serves on the Health and Human Needs (HHN) Committee, one board member who serves on the Personnel and Finance Committee, one other member of the County Board, and members who represent medical providers, long-term care providers, and health care and public health workforce development. The Subcommittee shall a) be appointed by June 1, 2022; b) meet by June 20; c) hold a public hearing by July 20, 2022; d) report its recommendations to the Health and Human Needs Committee at its August 11, 2022 meeting; e) receive staffing support from the Department of Human Services and Public Health Madison Dane County for video-conferencing and drafting and posting of agendas and minutes and, as capacity allows, from the County Board office in subcommittee planning and drafting recommendations; and f) dissolve after delivering its report to HHN unless extended by future action of HHN or the County Board.

At the July 14, 2022, Health and Human Needs Committee, the Health Care and Public Health Workforce Needs Subcommittee motion was amended to add a member:

> Motion to increase HHN Subcommittee on Health Care and Public Health Workforce By One Person to Add a Member with Public Health Experience.

Subcommittee Membership

Supervisor Mike Bare, Personnel and Finance Committee of the Dane County Board of Supervisors (**Chair of Subcommittee**)

Supervisor Kierstin Huelsemann, Health and Human Needs Committee of the Dane County Board of Supervisors (**Vice Chair of Subcommittee**)

Supervisor Holly Hatcher, Board of Health for Madison and Dane County

Pat Raes, RN, President, SEIU Healthcare Wisconsin

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Dr. Mark Huth, MD, President and CEO of Group Health Cooperative of South Central Wisconsin

Colleen Moran, Wisconsin Public Health Association

Presentations

At the June 14, 2022, Subcommittee meeting, the following presentations were given:

- Effects of the Pandemic on Dane County Health Care Workers
  Presented by SEIU members & and Kelli Knight, DIRA Representative
  Presentation files:
  Effects of Pandemic on Dane County Healthcare Workers
  Workforce Trauma Recovery and Training Program
- The Future of Wisconsin's Health Care Workforce
  Presented by George Quinn, Executive Director of the Wisconsin Council on Medical Education and Workforce
  Presentation files:
  The Future of Wisconsin's Healthcare Workforce
- Challenges Facing Wisconsin's Public Health Workers
  Presented by Wisconsin Public Health Association
  Presentation files:
  Wisconsin Public Health Workforce Challenges

At the July 5, 2022 Subcommittee meeting, the following presentations were given from Health Care and Public Health employees:

- Stoughton Hospital
  Presented by Stoughton Hospital Chief Nursing Officer Amy Hermes
  Presentation file: Stoughton Hospital

- RISE Wisconsin
  Presented by Scott Strong, RISE Wisconsin Executive Director
  Presentation file: RISE Wisconsin

- Capitol Lakes
  Presented by Tim Conroy, Capitol Lakes Executive Director
  Presentation file: Capitol Lakes

- Group Health Cooperative of South Central Wisconsin
  Presented by Dr. Mark Huth, President and CEO of Group Health Cooperative of South Central Wisconsin
  Presentation file: Group Health Cooperative

At the July 19, 2022 Subcommittee meeting, the following presentations were given:

- Solutions for Health Workforce
  Presented by Professor Richard Davidson, PhD, Director, University of Wisconsin Center for Healthy Minds
  Presentation file: Center for Health Minds

- Workforce Solutions from Workers' Perspective
  Presented by Pat Raes, President of SEIU Healthcare Wisconsin, Subcommittee member
  Presentation file: Programmatic Solutions from Healthcare Workers

- Resources for Clinician Wellbeing
  Presented by Dr. Gene Musser, MD, Subcommittee member
  Presentation file: Resources for Clinician Wellbeing

- Possible Solutions
  Presented by Kerri Kliminski, Ed.D., MSN, RN, Program Chair – Nursing at Madison Area Technical College, Subcommittee member
  Presentation file: Possible Solutions

Public Hearing

On July 5, 2022, the Health and Human Needs Committee – Health Care and Public Health Workforce Subcommittee held a virtual hearing, where 36 people attended. The hearing included testimony from 13 people. Themes from the testimony include:

- Shortage of healthcare workers was an issue prior to the pandemic and has been exacerbated by it
- Healthcare workers have been facing growing hostility at work
- The COVID-19 pandemic completely altered the lives of healthcare workers and their families, many extremely concerned about bringing COVID-19 home to their families
- Healthcare workers have chosen to work in healthcare because they care for people
- The stress from the pandemic has had extremely negative mental and physical effects on healthcare workers, citing mental health breaks, and changes in physical health
- There continues to be an increase in demand on workers with decreasing support from additional staff or the tools to do their jobs
- The pay for healthcare workers is low given the high stress and negative aspects they deal with
- There is a strong ask for support for healthcare workers so they are able to continue to give care to the community
- Healthcare workers would like a voice in the workplace
- Negative feedback from healthcare organizations with growing demand continues to lower morale
- Healthcare organizations need to think about how to continue providing services with a workforce that is shrinking and feeling unsupported

Written testimony can be found in the appendix. A recording of the hearing is available on the County's Legislative Information Center.

Recommendations

The presenters and public testimony made several useful recommendations to the Subcommittee to address the problems uncovered in the first two meetings of the Subcommittee. The following list is a compilation of recommendations heard by the Subcommittee.

County coordination

The Subcommittee has concluded that there is a role for Dane County to play in addressing the problems that were unveiled in our meetings and the testimony we heard.

1. Create a County-based or community-based workforce coordinator, or an office/entity, whose job(s) it is to coordinate a public-private response to the problems uncovered by the Subcommittee. This would have three primary objectives:
    1. Convene stakeholders
    2. Assess the health care and public health workforces with stakeholder input and publish a detailed report on the future of these workforces in Dane County, making specific recommendations about what can be helpful in recruitment, retention, and worker wellness.
    3. Gather resources to fund programming and activities recommended below.
    4. Operate or contract for operation of the programming and activities recommended below.
    5. Report annually to the County Board and County Executive on results of this effort.
2. Amend the County's legislative agenda to include tackling issues helpful to these workforces that are outside of the County's purview.

Implement supports for mental and physical health

3. Free hotline to call
4. Pilot and then fully deploy a mobile app for mental health wellbeing among these workforces
5. Guided mindfulness and wellness opportunities
6. Circles of Support, a model for collectively working through trauma and navigating difficult circumstances
7. Peer support specialists (mentors, as well as initiatives such as we see in other mental health and special needs areas).
8. Mental Health first aide type training (as with the recommendation above, this fosters care for each other on a peer-to-peer basis, builds moral, and so on. It also helps to ensure that people receive support and resources before entering burn out or a crisis state).

Workforce development

9. To retain employees, give workers a seat at the table, including the ability to have a collective voice. In doing so, workers would feel valued and protected by their employers. Infusing training programs with wellness practices
10. Recruitment of a diverse workforce into health care in Dane County

11. Training program for health care providers who would like to do wellness work with health care or public health workers
12. Innovations to retain/recruit
13. Encourage/allow employees to practice at the top of their skills and credentials
14. Facilitate increased health care and public health career scholarship opportunities at
15. Employers support of academic programming and incentives to address staff shortages in the workplace
16. Programming/perks to make these careers more attractive
17. Support care in best/appropriate setting
18. Efficient utilization of telemedicine and other technology

Funding

19. County Funding

    It was recommended that the County allocate $5 million to launch a Healthcare and Public Health Workforce Trauma and Recovery Program. This would help leverage funding from other government sources, and employer and private entities
20. State Funding

    The state has a substantial amount of unallocated American Rescue Plan Act (ARPA) funds, workforce development funds, and public health funds that could all potentially be useful.
21. Federal Funding

    There are several federal funding sources available to address the problems the Subcommittee uncovered, but the Subcommittee did not investigate these in detail.
22. Employer Funding

    The Subcommittee heard significant testimony about what programming has been available from employers, but these programs are inconsistent from employer to employer. Funding and existing programs fall far short of being sufficient to meet the workers current needs.
23. Private

    There are significant private funding opportunities to explore as well, but the Subcommittee did not do further research on this.

Next Steps

Supervisors will meet with the County Executive and brief him on the work and recommendations of the Subcommittee. Following a discussion, Supervisors will prepare a resolution with recommendations including funding for any programs that may be created.

Appendix

Written Testimony

The following written testimony was provided to the Subcommittee.

Dear Members of the Madison, WI., Health Care& Public Health Workforce Subcommittee, Health & Human Needs Committee: I have personally and recently, been reached out to by a small group of contacts, about forming a group for elder supportive care outside of existing systems. Specifically, these friends are not wealthy, likely have some health issues, are single, may have family distant, and who wish to find a way to live together within reasonably independent quarters with some shared elements. As I am a retired RN, Critical Care x 42 years, still pretty darn healthy & active - nearing 70, I have a fair grasp on most of the complexities therein.

For example, a quadplex is often mentioned as a start, but a standard quadplex is not set up for conjoined living in terms of service supply (single vs x4 - elect/water/computer/heating-cooling...). A more workable scenario might be multiple bedroom/studio spaces with 2 shared kitchens, or fragmentary kitchen elements within a unit (sink/microwave unit), and access to a full kitchen shared kitchen (ideally 2 fuller kitchen workspaces), and communal full bathroom with individual basic partials dependent on size of group. Parking and shared vehicle access can be expected. The idea is the members choosing to work together in aging, do so as a sort of family unit.

Coming from a family of eleven siblings, I am familiar with all the ways that this sort of setup could fail, AND I am very clear on all the ways in which it can work.

End of personal 'introduction' to Committee Members.

Public comment section:

I am curious about is community/governmental support for citizens like myself, of modest income, who may or may not be able to afford a co-housing arrangement, yet want to be in close community with friends who can then help each other within aging process. That also suggests roles for community wellness, care & oversight involvement (eg periodic Visiting Nurse, Social Work contacts for setting assessments/support - not disciplinary roles). This communication is about that subject.

IS there a role for Govt (Local/State...) in supporting this potential direction in transitional & supportive self-care for elderly? I'd prefer to take my chances with friends than move into a distant neighborhood institution where elderly are warehoused. I know I must plan to accept and work within that option if it evolves for me, nonetheless, and I will work to make it as successful for myself as feasible.

I have no dependents - and I don't belIeve in relying on dependents to assume these responsibilities. A close friend is currently doing 24/7 elder care (neighboring county) and is unable to find qualified caregivers that qualify under his Mother's old age Insurance policy,

which she's had for at least 30 if not 50 years. The policy requires CNA to be personally certified, not adequate to be certified by an outside agency where they might also work. Everyone requests $ under the table. Pay is poor and work is hard. No family members (undetermined to what depth - third cousins, fourth cousins...Insurance Co says anyone who is related (including anyone married into family & their relatives - - six degrees of separation applicable here)...so in a smaller community in a rural county settled in 1850-1900, almost everyone is related somehow. That makes this long term Insurance policy useless and unaccessible, and so one individual family member is left loaded with a highly unrealistic - and dangerous load (safety for both, over-workload for caregiver). I have asked this individual to call the Wisconsin State Insurance Board for advice in some resolution or comment on 'interpretation' by Insurance Agency, on what terms a 'relative'. The reality is that the available care-givers are not out there, and population trends do not support growth within that market - quite the opposite.

SO, how do elders work to care for each other in our aging process, and how can organizational support be garnered - somewhat outside of the *ball & chain only 'for-profit' market*? Aging resources seem unable to deal even with simple trials/challenges (support options), as again, the realities are too overwhelming for practice as usual, and funding and care options lag severely. If Institutional care is the only available answer, we have a problem. WE HAVE A PROBLEM.

IS there room for a conversation directed at how something friendlier might evolve? Am I missing something that already exists - something that is within a healthy aging centric design outside of the corporate care market? I'm happy to be more informed. I've worked in health care, RN in Critical Care > 40 years, so I do understand the serious lapses in spoken promise and reality, bedside. The suggestion/idea, to simply stick with what exists...and tough - you die soon anyway, has significant and severe limits.

Elders can - likely with limited targeted support, including housing structure, design, flexibility in 'no more than two unrelated individuals'...any sort of restrictions that limit senior options. Senior needs are unique as with all age-related needs. Elder assisting oversight and care may only supply so much, but if that supply includes the caring community, eyes with oversight & concern, and critical contacts that best avoid Emergency Rooms (obvious exceptions) and support self-directed goal setting: Let me survive in active community, with normal evaluation and care option advice and intervention, yet minimize the 'catastrophe ' of inevitabilities (the inevitable, death, is not a catastrophe - it can be a rich and fulfilling time for the dying and those attending to/caring for. There's ETHICS buried in there, obviously, in choice process and discussion, preparation for 'inevitability', joy as possible until that happens, and as needed, in situations of growing physical disability and dementia, increasing levels of assessment and discussion regarding proper intervention - even institutionalization at that point if best/required.

Help give the elderly more options for self-derived caring, in life and in passing beyond into Cosmos.

Respectfully,

John Steines

3327 Chicago Ave
Madison, WI. 53714
Txt only: 608-712-3543

I will contact Ald Grant Foster about this subject in some form as well (decided to cc). Also, SS Mayor. Thanks.

Dear Thomas,

I have been a inpatient hospital RN for nearly 40 years. Every night or day sleep would be a problem for me as I kept hearing the IV Pumps beeping and hard to turn your brain off. I could solve that with relaxation techniques and steaming calm sounds or music.

Post Covid on top of Lean Staffing(cut staff to make more money) is ugly everyday. My peers are crying every shift due to stress, time constraints, patient and family behavior problems, short staffed and overall frustration!

We do not want to turn into alcoholics or substance abusers but the lack of support, respect and staff can not be relaxed away. Suicides are up amongst healthcare workers. Human Resouce Departments are less than helpful when no one answers the phone or calls back. Wellness programs take time to exercise and plan and cook healthy meals. Time away from work is so limited with so much turnover and shifts not filled. New ideas and methods need to be tailor fit for this level of constant stress.

Instead of covering holes with Traveling RNs and Internal Traveler inticements, listening to staff ideas for moral, respect and a safe patient to nurse ratios need's to take legs and reestablished. In the short run until our for profit system of healthcare delivery econonomically rewarding nondirect care administrators is turned around trauma recovery programs need our attention and funding.

Nurses that use to love their job, end a shift satisfied that they made a real difference are contemplating another profession. Our desire to help people is being taken advantage of in the name of better bottom lines. Guilt tripping and begging for Xtra shifts from overused staff is the norm. Budgets have a cycle, a start and finish. This shortsighted accessment tool does not focus attention to the chronic chipping away of their most valuable resource NURSES! If a nurse does not want one of her family members admitted to her hospital without a 24 hr private healthcare trained advocate then what does the average patient get?

We cannot keep this pace up and have shone it by voting with our feet.

This crisis needs relief YESTERDAY!!

Thank you for your thoughtful attention to this matter.

Sincerely,

Ann Louise Tetreault RN

Good evening,

My name is Justin Giebel, a registered nurse in the Trauma and Medical ICU at UW Health where I have been a nurse for nearly 3 years. I want to thank you for hearing my comments once more. I wanted you to hear my words, but I'm on a much-needed vacation at the moment so written will have to suffice.
I'm hopeful that this committee is still dedicated to creating the trauma recovery program, as the experiences that I told you about a few months ago still ring true. Though the number of COVID-19 patients has decreased, we remain overworked, understaffed, and essentially running on empty in many cases. Daily messages from work asking for staff, anticipating unsafe staffing, and low morale have become part of the norm for many of my colleagues.

We currently draw support from one another, medications, therapy, or maybe some more unhealthy coping mechanisms. Notice I never mentioned our facility and leaders. That's because the resources provided fall under at least one of these adjectives: inaccessible, inadequate, or ineffective. My vision is that this committee help fill in those gaps.

I firmly believe this is of the utmost importance for our community, and even our state. UW Health and other area hospitals are beacons of care for our state and other communities surrounding us. Our ability to provide exceptional, and dare is say "remarkable" healthcare is being bled out in the form of RNs leaving the profession entirely, leaving to travel, or going to other facilities with better pay, benefits, and quality of life.

When I became a nurse, they had already prepared me with all the statistics in school. By the time many RNs get to 5 years of experience, they're looking for a way out of the profession. At that time, I thought that sounded ridiculous; why would I work as hard as I have and spent as much money to get a good education just to leave? But now I'm in that statistic. The thing is, I don't want to be. I want to continue to care for patients. However, the environment in which the provider is giving care is often so unhealthy for the provider that we have trouble providing healing to others.

The leaders of our hospitals and this committee, partnered with nurses and other healthcare providers, have the ability to change this. The work will be hard but it must be done. Thank you for your time and I look forward to working with you.

I have worked as a CNA for the entirety of this pandemic. I have seen so many people walk away from the healthcare field because of the issues that came with it. Remember when we were the essential heroes? Now it seems as if the world has just fallen apart and we are left to deal with the mess. I still come in day in and day out because if I am not taking care of my people who is? With the staffing shortages I say up worrying about them. Things that would greatly help me out would be some affordable daycare. I would be more willing to pick up hours if there was incentives such as a bonus for me to take a step away from my personal life and then not have to turn around and hand it over to a daycare provider for both of my children to be full time in the daycare this summer it would be roughly 2800 so at my current rate of pay at 21.25 I'm working 131 hours a month just to pay for daycare leaving me with 50 hours that would be my take home pay 1050 which is not even enough to cover my rent plus the price of

gas and food it's impossible. I actually work three jobs. I bartend part time on the weekends and work at a restaurant part time.

Gloria Serio

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1. How can our limited public resources make up for the poor treatment of workers sometimes tolerated by their employers, healthcare organizations? Large healthcare organizations should be held to account. They usually have more resources to address the problems than the public sector. Our healthcare system is largely private sector, reducing the transparency so we don't actually know how much any medical procedure or medicine costs, or how to interpret the books. Also for nominally "non profit" organizations, they are often a great deal like big companies, maintain ridiculously high executive pay and have revenues well in excess of outlays. So we should hold them to higher standards.
2. Laws and ordinances like mandatory nurse-to-patient ratios have been effective in California hospitals and elsewhere. These are minimum goals. We should use legislative bodies at the city and county level to impose new requirements like this also. Switzerland has caps on CEO pay for example.
3. What ever happened to the eight hour day? Standard shifts of twelve hours in the healthcare sector, and mandatory overtime, are deleterious to the safety and well-being of patients and staff. This rampant overwork of staff is abusive when kept up over the long haul. Apparently UW Hospital hired a consultant who used a sandwich shop analogy to get the hospital to reduce staffing. Over a period of years prior to the pandemic a large number of nurses were lost from staff and no action was taken to replace them. This made UW Hospital have to overwork its staff during the pandemic. Just one example.
4. Healthcare organizations should be mandated to provide good health insurance to every worker they employ. Uninsured "Limited Term Employees," contract workers, etc. who have to go on the ACA to get insurance should be unknown in the industry. These organizations burden the public rather than paying their workers fairly from the start.
5. Minimum wages are far too low in many sectors of healthcare, especially in nursing homes and home health care. Wisconsin lags neighbors like MN and IL in progress toward $15 minimum wage in general. In some parts of the state, and with any dependents, healthcare workers would need more than $15 an hour to get out of poverty.
6. Dane County should adopt a resolution encouraging workers to form unions at all healthcare organizations and pledging support for them in these efforts.
7. Our County and City should communicate with the health insurers of their employees, or the state Group Insurance Board if they are a part of that. Participating healthcare companies get contracts from City/County to insure their staff. These companies should be held to best practices for treating their own staff. Why aren't these organizations doing more to stop the pandemic locally by making it easier to get basic healthcare for example covid vaccines and tests (one large healthcare organization has only one location for covid tests, not all their pharmacies offer the covid vaccines)?
8. Actions to reduce the potential for violence in healthcare settings should be taken.

Barbara Smith

As a Co-Chair of the Wisconsin Family and Caregiver Support Alliance (WFACSA), we are keenly aware of the health care workforce shortage crisis being felt by businesses across Wisconsin includes a characteristic that is often overlooked: The need to support family caregivers in the workplace. Employers experience a drain on productivity when employees struggle to balance their work lives with the responsibilities of caring for children, aging relatives, or disabled family members. WFACSA recently undertook conducted, in partnership with UW-Madison Division of Extension, the Wisconsin Working Caregivers Strategies and Resources for Employers report published by WFACSA provides insight into challenges of recruiting and retaining employees in the current job climate. It also identifies opportunities for businesses to make positive changes simply by tapping resources already available in every Wisconsin community. Read our two page summary of our report here: https://drive.google.com/file/d/1VwgLPYQGV-bTyNad91JFzNqSJoF9o-ZS/view Or here: https://wisconsincaregiver.org/what39s-happening-in-the-wfacsa In WFACSA's recent survey, more than eight in ten employed caregivers in Wisconsin reported having their work life interrupted, resulting in workplace accommodations such as using flex time, reducing work hours, or quitting work entirely. This stress faced by working family caregivers and workplace flexibility is a significant need and is a direct result of the home and community based health care service workforce crisis. Its impact is exponential: affecting care workers, care recipients, family caregivers, and employers. The survey also found that nearly 3/4 of respondents were not meeting their own personal needs, such as taking care of their own health, and 2/3 had difficulty balancing care for someone at home. Seventy-two percent said they were tired or worn out all the time, while 90 percent said their emotional or physical health had worsened since taking on a caregiving role. The health care workforce crisis is a public health issue for many in Dane County, State of Wisconsin, Nationally and Globally.

Lisa Schneider

There needs to be additional support services and resources targeted towards expanding both Daytreatment mental health services and residential treatment Daytreatment services as a means to give patients what they need in a timely manner and reduce institutionalization of children and adults that could be helped in the community .

Jalateefa Joe-Meyers

Hello. Thank you for your work on this important topic. Two areas I'm concerned about include affordable and community-based elder care housing and support, and also community trauma/resiliency support. I am not an expert in these areas and so can't offer much by way of specific ideas, but as an east side resident would like to see our community committed to supporting older people living good and affordable lives here and also for there to be strong resources for mental health. I imagine we need many kinds of resources in order to support mental health in people of different ages and community/cultural diversity. I see this work as critical to the future health and well being of Madison for everyone.

Mrill Ingram

Thank you for your work on this committee, and for addressing this important issue. Thank you also for inviting our comments. Over the past two years I've been watched my older colleagues in health care and public health work beyond what is reasonable. They have given so much of themselves, and many are now retiring. I wish I could say that they have great pensions and savings, but many do not. I feel we owe these public health and care group of workers a special debt for all they have given our community during Covid. It strikes me that they deserve more affordable housing and care options for themselves. May I suggest that your committee give some thought to establishing an agenda and perhaps a subgroup who could look into establishing positive, affordable options for our care workers who will be needing this type of health care and living options in the not so distant future? Again, thank you very much for your generous donation of time to serve our community. Be well. Betty

Betty Chewning

Our 16 year old daughter receives personal care services through Medicaid because of her multiple disabilities. For the first time in 10 years we are having trouble recruiting workers for this coming school year. We have been told by several applicants that the pay ($14 per hour) that Medicaid provides is too low. The pay for personal care workers needs to be competitive at least with Target, Kwik Trip, and other local employers. Please increase the pay for the workers we rely on to help our daughter with her most personal cares (bathing, feeding dressing).

No name

During the start of the pandemic Chrysalis was able to maintain a strong workforce and do our best to meet community needs. It has been interesting (and challenging) that as we adjust to the ongoing nature of the pandemic we are seeing more staff having to leave the workforce due to their mental health. We are also seeing staff leave for other positions as they reconsider the intensity of the work and how that fits with their work life flow. I would like to see more resources (both financial and resource-driven) to support this Human Services Workforce. Staff are playing a vital role in the support and strengthening of our community. People should be compensated and offered benefits that reflect the value of this work. I would also like to see County-Led initiatives to support the wellbeing of our workforce. Individual agencies cannot take this on alone. If there is interest in this approach I would be happy to sit in on a County-led workgroup that looks at ways to support the workplace wellness of the workforce. I think to start including financial support for agencies in these efforts would be a huge step. I think other discounts that the County may be able to leverage (ie. reduce cost massages, acupuncture, reki, gym memberships, ongoing learning opportunities, yoga, etc.) would be helpful. I also see a larger campaign to celebrate and emphasize the important role of Human Service providers could go a long way to support this purpose-driven work. Thanks you for creating this subcommittee and recognizing this need.

Dani Rischall

UnityPoint Health Meriter | PARTNER OF UWHealth

To: Dane County Board - Healthcare and Public Health Workforce Sub-Committee

From: James Arnett, President & CEO, UnityPoint Health – Meriter

Date: June 30, 2022

Re: Dane County Healthcare Workforce Development

UnityPoint Health – Meriter appreciates the work of the Dane County Healthcare Workforce Subcommittee as they look to identify ways to develop the local healthcare workforce. We are, once again, in unchartered waters as we look for unique, out-of-the-box solutions that address our critical healthcare workforce shortages. As the recent Wisconsin Hospital Association Workforce Development Report points out, "an aging workforce combined with a spike in worker departures created unprecedented levels of vacancy rates in health care professions in 2021." There is no doubt that it will take all of us to address this challenge.

At Meriter, we recognized this issue long before the pandemic began, and we have taken many actions to recruit, train and retain team members throughout all areas of our organization. A few highlights include:

- **Creating Pathways Training Programs:**
  - We offer a **fully paid-training opportunity for our team members interested in becoming a CNA or Phlebotomist**. These programs, supported by the Meriter Foundation, not only pay for the training, but also provide paid time off of work to complete the required coursework, clinicals and exams. Once the team member passes their necessary exam, our Human Resources team works closely with the graduates as they apply for positions within our organization. It is important to ensure that our workforce is also representative of our community, and as such, our workforce development programs **highly encourage team members from historically marginalized populations to take part.** In the future, we also plan to expand these programs out to our community members.
  - We are in the process of renovating one of our facilities so we can **invest in a state-of-the-art setting** devoted to healthcare training and education as well as provide a streamlined onboarding process to get our new hires helping patients as quickly as possible.
  - We have been the **Adopt-A-School partner of Madison Memorial High School** for the past several years, working closely with their school and healthcare pathways leadership team to provide shadowing, mentoring and training opportunities for those high school students considering a healthcare career.
- **Providing Tuition Reimbursement:**
  - UnityPoint Health-Meriter is one of the only employers in Dane County to reimburse tuition and books before the class is completed.
- **Offering Referral Bonuses:**

    - We know that our current team members are our best ambassadors, and as such we **provide referral bonuses** to eligible team members who refer colleagues to our organization.
- **Embracing Technology:**
    - COVID has taught us many things, but an important learning was the way in which we can use technology to support our workforce. We recently launched **Telehospitalist and eICU programs** to support our bedside care teams, and we continue to look for future opportunities to leverage technology.
- **Focus on Team Members' Wellbeing:**
    - Our team members have always been our priority, but throughout the pandemic, we have invested even further in our team's wellbeing. For example, we have developed the following:
        - a strong **Employee Assistance Program** (EAP)
        - **Code Lavender** onsite sessions to assist in our team members processing traumatic events that occurred at work
        - free ad-hoc **virtual mental health counseling** (including therapists specializing in racial trauma)
        - providing Community Resilience Model training for targeted departments, as well as new clinical staff
        - a robust **employee wellness program** that incentivizes healthy behaviors
        - free **online physical and mental health education** portals
        - free and **discounted healthy community activities** for Meriter team members to take part in
        - **$17/hour starting wage** to support financial health
        - facilitated **weekly leader peer support sessions** that have been so well utilized that other organizations like the South Central Wisconsin Healthcare Emergency Readiness Coalition (SCWIHERC) requested training for their own implementation
        - addressing **workplace safety** by securing our access points, increasing our security staff and requiring visitor identification
        - ensuring personal safety by **providing protective supplies and equipment** which often required aggressive PPE sourcing due to national shortages during the pandemic
        - and much more …

In addition to recommendations made by the WHA, the State of Wisconsin recently gave out several grants to support healthcare workforce development. We encourage the County subcommittee to connect and leverage these and other community partners who are also focusing efforts on this important work, as well as support our healthcare community partners (assisted living centers, SNF's, etc.) who are an integral link in the healthcare chain. We also believe that community organizations such as the Urban League, Centro Hispano and Madison College must be involved.

While we continue to work within Meriter to address this issue, we are look forward to learning from the work of the committee later this summer.