

# HEALTH CARE WORKFORCE STORYBOOK



**Stories from around the Granite  
State about the impact of the health  
care workforce shortage**



# INVEST IN OUR HEALTH CARE WORKFORCE

New Hampshire's health care workforce crisis impacts access to quality and timely health care for Granite State families.



## THE HEALTH CARE WORKFORCE SHORTAGE IN NEW HAMPSHIRE

For years, severe workforce shortages have left patients facing lengthy wait times and traveling long distances to access much-needed health care. Across many settings, patients are struggling to get the care they need when they need it.

The workforce shortage is especially affecting small towns and rural communities. New Hampshire competes nationally for health care professionals. Most of the training programs in the state are centered in larger communities in Southern New Hampshire, so there are few providers training and remaining in rural communities where services are most needed.

With many job vacancies across the state, now extending across the health care spectrum, there remains a strong need to invest in programs to foster a future health care workforce within the Granite State.

## WE NEED TO GROW OUR HEALTH CARE WORKFORCE

To keep New Hampshire healthy and thriving economically, we must address our health care workforce shortage. We need to attract and retain health care workers in our state so that Granite Staters have access to quality health care, across the spectrum of care, when they need it.

## TAKE ACTION

**Urge state lawmakers to support programs that invest in our health care workforce:**



Share your experience as a patient awaiting care or as a health care worker



Sign the petition urging lawmakers to act



Spread the word on social media

Scan or visit [investinnhhealth.org](http://investinnhhealth.org)



## HOW NH CAN ADDRESS WORKFORCE CHALLENGES



### Rural Residency Program

Creates opportunities for doctors to work in rural and underserved areas by investing in the Family Medicine Residency Program in the North Country. Currently, there are no family medicine residency programs north of Concord.



### Community Health Worker Voluntary Certification Program

Provides a clear career path and greater financial stability for community health workers. Currently, employers must rely on intermittent grant funding to support this invaluable workforce.



### Health Care Pipeline Investments

Provides training and mentorship opportunities to NH youth through the NH Area Health Education Centers to encourage middle and high school students to work in health care.



### Expansion of State Loan Repayment Program

Expands the state loan repayment program to bachelor-level professionals, including case managers who work in primary care and mental health settings.

# INVEST IN OUR HEALTH CARE WORKFORCE

## SB 403 is Supported by:

Alzheimer's Association, MA/NH Chapter

Ascentria Care Alliance

Bi-State Primary Care Association

Center for Life Management

Community Partners

Community Support Network, Inc.

Disability Rights Center - NH

Granite State Home Health & Hospice Association

Greater Nashua Chamber of Commerce

Greater Nashua Mental Health Center

HealthForce NH

Headrest

Lakes Region Mental Health Center

LeadingAge Maine & New Hampshire

Legislative Commission on the Interdisciplinary  
Primary Care Workforce

Meals on Wheels New Hampshire

Mental Health Center of Greater Manchester

Monadnock Family Services

NAMI-New Hampshire

Nashua Chamber of Commerce

Nashua Division of Public Health and Community  
Services

National Association of Social Workers, NH Chapter

New Futures

NH Alcohol & Drug Abuse Counselors Association

New Hampshire Area Health Education Center (AHEC)

NH Association of Nurse Anesthesiology

NH Association of Residential Care Homes

NH Community Behavioral Health Association

New Hampshire Dental Hygienists' Association

New Hampshire Health Care Association

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New Hampshire Hunger Solutions

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New Hampshire Nurse Practitioner Association

New Hampshire Oral Health Coalition

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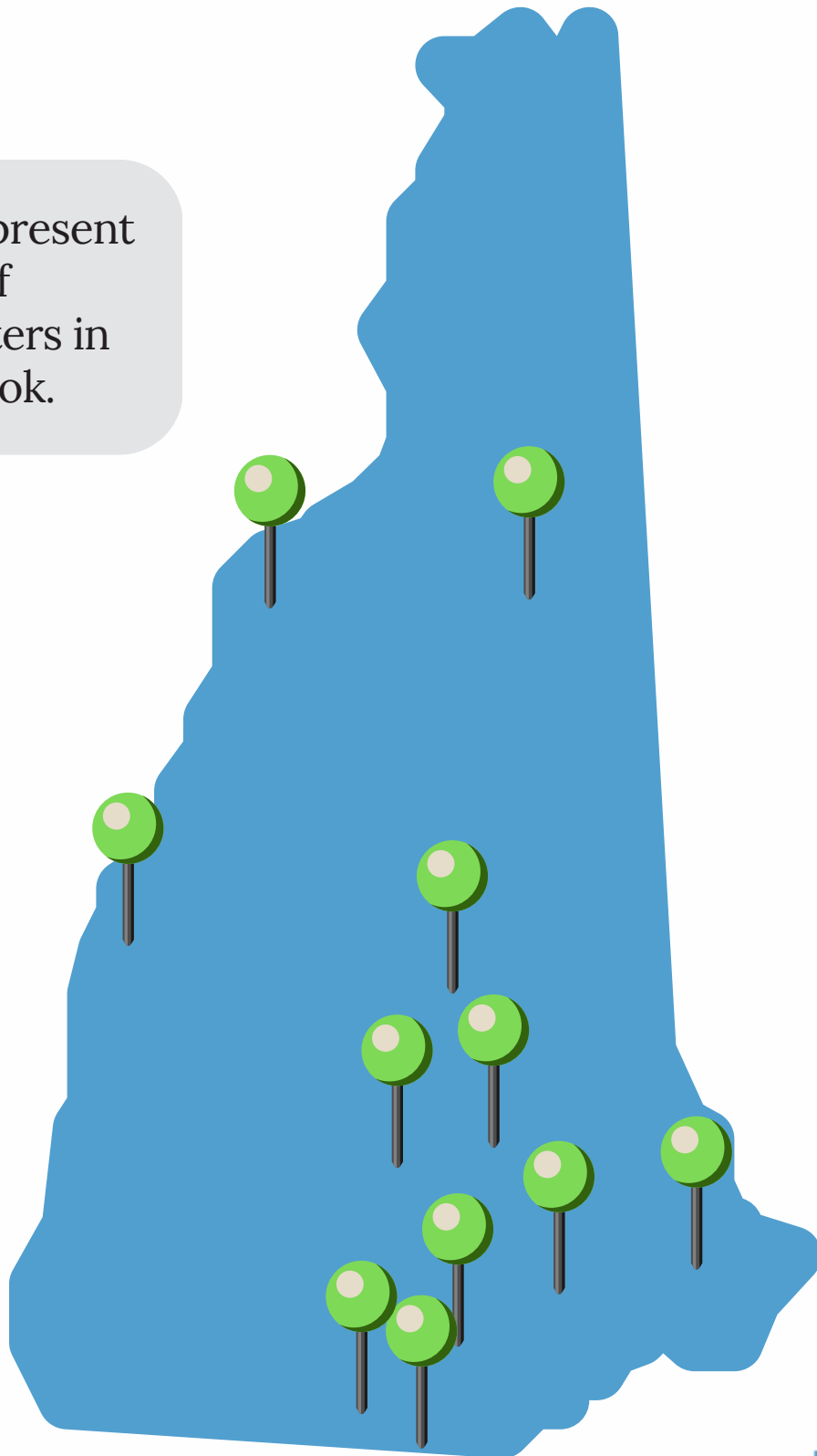
Waypoint

West Central Behavioral Health

# STORIES ACROSS THE STATE

Granite Staters are **struggling** to access the health care they need when they need it. This is seen **across the state**.

The pins represent the towns of Granite Staters in this storybook.





My mother was a single parent and because of that when it was her time to retire, she was extremely poor and had several chronic conditions. She had to rely on direct support providers to come into her home to help her with daily living. She died during COVID due to having no one to help her bathe, go shopping, and get her to her doctor appointments. The direct care workforce is in dire need of funding, better pay, better insurance, benefits and the understanding of how very valuable they are to our communities. **They can literally mean the difference between life or death for our loved ones.** I am a New Hampshire resident and so was she.



Lori Jean Raymond, Loudon



I'm a caregiver for my husband, an older adult who has Alzheimer's and Parkinson's diseases. **I've put my own health on the backburner for years** to take care of him. There used to be one church-based, adult day program in our area, but it **closed down due to staffing shortages**. They weren't able to take my husband anyways since he's a wanderer, and they didn't have enough volunteers to keep an eye on him. I wish I had more support and didn't have to do this alone.



Mary Ruppert, Lyman





Over the last year, I started to have increasing muscle and joint pain. My PCP referred me to a specialist at a New Hampshire hospital. My PCP later received a letter that I couldn't be seen by the specialist because I didn't have severe enough symptoms.

A few years ago, I was experiencing some memory loss, so my PCP recommended a neuropsychology evaluation. **Finding a provider that was covered by my insurance was difficult.** That same hospital accepted my insurance so I decided to start there. My PCP made a referral twice in two different years and the hospital never gave me an appointment. I ended up going south to Massachusetts for the evaluation and am **now on the hook for thousands of dollars in payment for this evaluation**, despite my inability to find care at the New Hampshire hospital that accepted my insurance.

After one of my appointments, the regular scheduler was out of the office and so I couldn't schedule my next appointment at the time. I was told that I would be called by the scheduling office to make the appointment. I was never contacted.



Patient, Manchester






When my family moved to Concord from Nashua, the only way I could get my toddler into a local pediatrician's office was to give birth to my son, who was able to get in since I used the same office for my obstetric care, and then they let her in as his sibling. **If there wasn't such a workforce shortage, we wouldn't have had to go months without a local pediatrician for her.** We ended up needing to use a local urgent care for an appointment for her one time that summer when her eye swelled shut because we didn't have a local doctor.

I also continue to travel to Nashua for dermatology care, as it has been four years since we moved and we still haven't been able to find a dermatologist in Concord. My mother, a melanoma survivor who lives in Chichester, also travels to Nashua for dermatology care. We are lucky that we are physically able and can afford to drive, but not everyone can.

**It's tough as a working parent with small children to find the time to travel that far for a doctor appointment,** and I am sure there are many in my situation who might even skip necessary appointments because of the inconvenience. Just this week, we were unable to get my daughter in for a same-day appointment with her pediatrician. We had to choose between sitting for hours in urgent care or waiting a day.

Investments in the health care workforce will help families like mine with concerns like these.

 Patient, Concord





**“You can lead a horse to water, but you can’t make them drink... but you can make them thirsty. People will get thirsty and see the things that you see possible for them.”**

I started as a Community Health Worker in 2015. Working closely with Early Supports and Services, I saw how these supports resulted in families being able to obtain services for their young children. Now, through the City of Nashua, we are doing post-Covid outreach. There are many homeless members of our community. Through our outreach services, we have been able to get these individuals housed, provide them with transportation and things as simple as going to the DMV to get an ID, accessing mental health treatment, and seeing a PCP. As Community Health Workers, we help people throughout the way.

To sustain this CHW workforce through accreditation and licensure would be amazing. I’ve seen funding come and go through the years. Now, with the outreach services in Nashua, I’ve seen great successes within our community. **People are happy to have Community Health Workers within their community...within the schools... their medical home. CHWs reduce health care costs because we help people go to their PCP rather than the emergency room for services.** Through accreditation and licensure of CHWs, we wouldn’t have to be afraid to lose our jobs because our funding goes away.



Greshka Diaz Castillo, Community Health Worker, Nashua







At Southern NH AHEC (one of three offices of our statewide network of AHEC programs), we promote recruitment and retention of the health care workforce by offering continuing education programs to health professionals, facilitating community-based rotations for health professions students, and promoting health career awareness.

**Currently, New Hampshire is one of the only states that does not fund its AHEC programs,** and our reliance on grant funds make systematic deployment of programs across the state challenging.

One student, Margaret, was interested in becoming an Occupational Therapist. In our program, she set goals and engaged in a panel discussion with health professionals who shared how they overcame challenges to reach their goals. AHEC facilitated a job shadowing at an OT practice, so Margaret could see up close what being an OT would be like. Margaret graduated from high school and is currently enrolled in an OT program.

Another high school student was interested in becoming a nurse. We linked her to an LNA prep program, which prepared her to successfully apply to nursing school.

Each of these high school students, with proper support and coaching, can realize their dreams and be our future workforce.

**There is a lot of competition between manufacturing, retail, and health care. We need to invest in our health care workforce.**



Paula Smith, Director, Southern NH AHEC, Raymond





Health care workforce shortages in New Hampshire have been growing at a concerning pace for years and now extend across both clinical and non-clinical positions. At Lamprey Health Care (a federally qualified health center), our vacant FTE positions include Registered Nurses, Family Practice Physicians, Family Nurse Practitioners, Physician Assistants, Behavioral Health Clinicians, and Medical Assistants. **It is critical that we invest in policies in 2024 to help retain our current staff – who we cannot afford to lose – and broaden the pipeline for the future workforce.**



Greg White, Co-CEO, Lamprey Health Care,  
Nashua, Newmarket, and Raymond

We are in a very significant staffing shortage within our Community Mental Health Centers. We have benefited greatly from the State Loan Repayment Program (SLRP). **Riverbend alone has had 40 SLRP participants. Of the 17 past participants, 12 are still employed with Riverbend – an outstanding 70% retention rate.** Being able to help staff with their loans has helped them stay in community mental health, which is critical to be able to open services for those living with mental illness and addiction. We believe if we're able to offer loan repayment for our Bachelor's Level staff as well, we can keep the talent that is coming from our University and College system in our state.



Lisa Madden, President and CEO, Riverbend  
Community Mental Health, Concord






**The health care workforce shortage is one of the biggest challenges facing the 26,000 Granite Staters living with Alzheimer's disease. The number of folks with Alzheimer's disease is expected to go up by 23.1% by 2025.**

The workforce shortage is resulting in long waits for diagnostics, evaluations, and ultimately treatment. This is happening at a time when early detection is more important than ever due to exciting research advances - underscoring all the more the importance of early detection and care for Alzheimer's disease.

Investment in the Area Health Education Center (AHEC) workforce development pipeline would increase the number of entry-level clinical staff, including direct care workers in NH - this will lead to more LNAs, and ultimately, more PCPs in the state, who are on the front lines facing our dementia issues.

Because of enhanced focus on early detection of Alzheimer's disease, we want to be sure we're doing everything we can to ensure these individuals are getting the quality and timely care they need to give them the best chance they have.

 Jessica Eskeland, Senior Policy Manager,  
Alzheimer's Association, Concord





As a Community Health Worker, I meet people out in the community and discuss with them how to access medical care and how to overcome barriers to getting medical care.

One woman I worked with was living with high blood pressure, high cholesterol, and obesity. We met bi-weekly, and through the use of motivational interviewing, she was able to make obtainable and time-specific goals. She was able to gain access to the wonderful parts of her life she had been missing, like spending time with her daughter outdoors.

As a CHW, I spent time working in a reverse primary health care integration program, where primary care is provided within a Community Mental Health Care. Here, **I worked closely with a population that statistically does not receive the care they need to stay healthy. These individuals often die 25 years earlier than those outside the routine mental health care system.**

CHWs are doing great work. We are not enabling people to become dependent on a system; instead, we are giving every interaction the best chance to be successful, navigating through barriers when they arrive. There are many settings where this work has yet to start. **Our communities need our help**, and we want to be here to close the gap.



Carli Hughes, Community Health Worker, Raymond





# STORIES FROM COMMUNITY HEALTH WORKERS



**My role as a CHW is a Dementia Navigator.** I work with older adults in the Mt. Washington Valley in memory care. I find local resources to help them successfully age in place. I work with a patient and his wife (his caregiver). I discovered quickly that the caregiver of the patient with dementia also has memory issues. There were several safety concerns. I was able to enroll them in our local Meals on Wheels program. The local police department addressed safety concerns with me. **It become very obvious that the couple needed a home health aide to help with meal preparation, transportation, grocery shopping, housekeeping, and personal care.** Unfortunately, they had limited income. Knowing that the patient was a veteran, I helped him make an appointment at the local VA. He was connected with services and was awarded 20 hours a week for a home health aide.



CHW, Mt. Washington Valley



I work with is connecting each patient with the various resources they need. **CHWs are able to build relationships that other providers aren't able to, by meeting people out in the community** and communicating via texts and phone calls outside of normal office visits.



Sarah, CHW, Dartmouth Health's HIV Program, Lebanon and Nashua





# STORIES FROM COMMUNITY HEALTH WORKERS



**I worked with a single mom of 5 children who left her husband due to domestic violence and had to juggle bills, a mortgage, and a part-time job.** The mom was struggling financially for months, after being hesitant to reach out for help. As a CHW, I supported her through the difficult times and connected her with resources to help her family become successful and stay together. CHWs play a key role in linking people in the community to medical, public health, and mental health services. **Patients value the CHW to help them manage their diabetes and other chronic health conditions.** The trusting relationship allows residents to take the time they need to learn how to manage their own care.

 A CHW in NH



**I worked with a man living in a van in a relative's driveway. He had nothing.** We helped him get glasses, which allowed him to get a job and eventually an apartment of his own.

I try to always spend time with the residents in my 8-hour shift. There is one resident who has been having a hard couple of months. I go and talk to him at some point in the day, whether it is during lunch or when he passes by the nursing station.

 A CHW in NH





# STORIES FROM COMMUNITY HEALTH WORKERS



**I support moms when they need resources like diapers and baby wipes.** Sometimes moms have mental health challenges like postpartum depression and don't know how to find support. My role is to provide a referral to the right facility that fits the individual's needs.



Sindy

My role is to help families who are struggling and have no support. My story starts with a 5-year-old boy who lives with his mom and 2-year-old brother. **I am school-based as a CHW**; this little boy goes to the school where I work. Mom was struggling with getting Medicaid and the boys in for their appointments, especially with the 5-year-old having autism and struggling in school. In my role at the school, I connected with his mom, and we filled out an application for Medicaid and got help with obtaining food for the family. **Mom asked me to check on the boy when he's in class and to send her a message on how he's behaving. I delivered Christmas presents to mom at her house due to a lack of transportation.** She was very grateful for that and for CHWs that are helping families in the Granite State.



A CHW in NH





# STORIES FROM COMMUNITY HEALTH WORKERS



I work for the Partnership for Public Health, and **I help run our statewide program called Wellness Link, where we help with the reduction of social isolation and loneliness of the aging population in NH.** We have a Covid-19 call center. I had a call that started out as a normal call setting up a vaccine appointment, then the call turned into a conversation on how his day was going and what his hobbies are. I was on the phone for 90 minutes. **He told me that no one calls him to see how he is doing, and he told me several times that I made his day** and his mood was so much better. Having a small 20-minute conversation with someone can truly make their day.



CHW, Laconia



**A 59-year-old male was hospitalized for failure to thrive.** I met him in his home. He didn't have a working phone, was food insecure, and lacked transportation. I assisted him in applying for a SafeLink phone, Meals on Wheels, post-hospital meals, SNAP, APTD, and SSI. **Now, this resident has access to food, transportation, and medical assistance.**

I feel that communities that have CHWs are happier communities. CHWs help community members be heard. We bridge patients and health care. CHWs are new to my community, and the feedback has been so positive!



A CHW in NH







# STORIES FROM COMMUNITY HEALTH WORKERS



I worked with a 70-year-old man who had no income...no endurance... no pep. He used the emergency room for care. When the patient was admitted to the hospital, his roommate stated she could no longer care for him. He needed long-term care. I assisted him with applying for NH Medicaid Long-Term Care. We called Social Security, and I found he had never worked, so he didn't qualify for Medicare A or B. Due to his lack of income, we applied for MSP-QMB and he was able to enroll in Medicare A and B. He was also found to have been married in the past 10+ years so was able to qualify for SSI under his spouse (divorced). **Once Medicaid Long-Term Care was approved, he was admitted to a Long-Term Care facility.**



A CHW in NH



I worked with a male 62-year-old cancer patient who was on Social Security Disability Insurance. He couldn't read or write, English was his second language, and he didn't have transportation. We applied for Medicaid utilizing Conifer (Dartmouth Health) that assists with insurance. I had to drive to his house for a signature (time-sensitive) for his Medicaid application. I also helped him on an application for food pantry delivery and transportation. **The town cop and local Senior Center assisted with transportation to his appointments.**



A CHW in NH




# DO YOU HAVE A STORY TO ADD TO OUR STORYBOOK?



Countless Granite Staters have a story to share about their experience with the workforce shortage and how it impacts their ability to access the care they need. If you have a story, we can add it to our storybook here.

**Go to [investinnhhealth.org/take-action/share-your-story](https://investinnhhealth.org/take-action/share-your-story) to share yours.**

 Your name and town would go here.

## SUPPORT SB 403!

Learn more at [investinnhhealth.org](https://investinnhhealth.org)

