

COUNCIL ON WOMEN & GIRLS- SUBCOMMITTEE ON HEALTH & SAFETY

DATE: March 7, 2022

TIME/ LOCATION: 10:00am - 11:30am/ Microsoft TEAMS

Meeting Members/Designees/Attendees:

Beth Bye (Subcommittee Tri-Chair: Comm OEC) **Vannessa Dorantes** (Subcommittee Tri-Chair: Comm. DCF); **Manisha Juthani** (Subcommittee Tri-Chair: Comm DPH) **Patrick Flaherty** (Presenter - DOL Office of Research); **Jane Siegel** (Staff Attorney DVA); **Shelly Nolan** (Director of Women's Services at DMHAS); **Valencia L. Bagby-Young**; **Dr. Marie Spivey** (Consultant Health Equity Planning) (SEET Systems Consultant Equity Education & Transition); **Donna Palomba** (Jane Doe No More); **Janet Stolfi Alfano**, (The Diaper Bank of Connecticut) **Corrinna Martin** (Mothers Of Victim's Equality Inc. M.O.V.E. Inc); **Kim Martone** (Deputy Director Office of Health Strategy); **Ashley Starr Frechette** (CCADV); **Brian Foley** (DESPP); **Gretchen Raffa** (Planned Parenthood of So. New England); **Megan Smith** (CHA); **Terra Volpe** (CT Against Gun Violence); **Yvette Young** (Village for Family & Children); **Alice Forrester** (Clifford Beers) **Laura M. Baker** (Office of Workforce Strategy); **Colette Anderson**; **Kelli Vallieres** (Chief Workforce Officer); **Chenae Russell** (Executive Secretary OEC), **Christina Augliera** (OEC Parent Cabinet member); **Carla Abdo-Katsipis** (OEC Parent Cabinet member); **Mary Morgan** (Hartford Health Care), **Lesbia Nieves**, **Casey Russo** (OEC Parent Cabinet member)

Recorder: **Diane Fasano** (Department of Children and Families)

MINUTES

Topic	Discussion	Action
Welcome and Introductions	OEC Commissioner Bye welcomed the group and called the meeting to order at 10:00 AM and laid out the timeframe of the meeting. We will hear from Patrick Flaherty - Data on CT workforce compared to nationally; We will then hear from parents about what they are hearing and seeing out there. We will hear from Mary Morgan from Hartford Healthcare about what are the impacts on the health care sector; Congratulations given to Subcommittee Tri-Chair DPH Commissioner Juthani on her confirmation. DFC Commissioner asked folks to populate in the CHAT your name and which Organization you are with.	
Review and Approval of minutes from last meeting	The minutes for last meeting were sent to subcommittee members in advance to today's meeting. They are posted on the Council's site and will be accepted by consensus unless there are objections or edits. https://portal.ct.gov/-/media/Office-of-the-Governor/Working-Groups/Council-on-Women-and-Girls/20220207-H--S-Minutes.pdf	
Legislative Updates – Members, Agencies	None	
Legislative Advocacy	None	
Topics of Discussion	Patrick Flaherty, Director of Research at Dept of Labor presented slides on the National numbers - job picture in CT using November data of CT Employment Change and CT Labor Force Participation rates.	

- Mr. Flaherty noted the Labor Commissioner was just confirmed as well.
- Friday there was a release of numbers: based on November data (prior to the Ukraine crisis) shows a decline in unemployment rate but still higher than before the pandemic. The jobs picture in the country improving.
- Situation in Ukraine - increase in cost of gas etc. will have a negative impact going forward.
- Labor Force Participation Rate: Age 16 and over in the labor force (either has a job or looking for work) - Effects of COVID, particularly on women. There was an increase in female labor force participation rate peaked 10 years ago and then been flat then began to decline during pandemic. Big jump in male participation rate with the numbers released Friday. Not out of the woods yet in terms of the effects of COVID.
- Industry employment and Household employment.
- Social Assistance industries which include Childcare consists largely of women employment. Still well below where we were before the pandemic. Transportation, warehousing, and construction (more male dominated industries) has higher employment rate that before the pandemic started.
- Overall labor force participation rate down in 2021 compared to 2019 but the drop for women was much larger than for men. We are still above the national average. Below national average for younger women.
- Anonymous Survey online CT Hire Program approx. 7,000 responded. It gives us insights to what is causing a barrier to employment and what supports are needed. There are job quality concerns regarding benefits and predictable schedule. Childcare is a barrier cited needing childcare support to return to work. 12% overall cited

affordable housing as a need to return to work. Age discrimination came up over and over again. Labor force includes people employed and unemployed: younger women have left the work force due to childcare barrier. Unemployed older women looking for work perceive age discrimination as a barrier.

- Claimants: Traditionally men are more likely to use the unemployment insurance system more than women. (Men are involved in seasonal industry i.e., construction and manufacturing jobs.)
- Payroll employment - There are more men employed in the labor force than women - many men are more likely to be self-employed or be independent contractors. Women are a majority of payroll employment. Was a big drop when pandemic hit with some bounce back. Gap between where women were before the pandemic and through 2nd quarter of 2021, much more dramatic drop than we saw for men.

Questions:

Carla Kapsisis, Parent Cabinet Representative asked, **Do your findings account for part time labor?**

Answer (P. Flaherty): One of the reasons that folks haven't reengaged is because of the quality of the job. Some people can't take a job with a predictable schedule and no benefits, so they are not willing to engaged. They survived last 2 years without the benefits. A huge challenge for women with children to take a job with an unpredictable schedule or does not offer the benefits needed.

Dr. Marie Spivey, Consultant on Health Equity Planning, a former member of DPH, asked **if there is information on diversity populations** - and said she would love to have the Study.

P. Flaherty responded that he would send the Study. We do have data on demographics. Pointed out CT should be proud. The labor force participation (employed and unemployed) participants for our nonwhite population are higher than white population. Hispanic labor workforce population increased during the pandemic in CT. There are older workers who want to work or need to work but find it difficult to find a job. There are younger women who are not looking for a job who don't have childcare or need a predictable schedule, so they disengaged. Different strategies for those different populations.

Dr. Megan Smith, Sr. Director Community Hospital Assoc (CHA)
Asked if the data on supports needed - Were those open-ended questions? Was there an "other" category - such as diapers menstrual products, basic needs which might have been mentioned?

P. Flaherty - Yes, there was a drop-down menu with the ability to put "other." The people who responded were an older group. 70% were age 45+. The people who chose to respond were an older group.

OEC Commissioner Beth Bye: Introduced Kelli Vallieres (Appointee Commissioner level) Chief Workforce Officer of the Office of Workforce Strategy and thanked her for joining us.

OEC started a Parent Cabinet at OEC - modeled after DCF. Our parent representatives are informed about our policy and could respond as to what they are hearing out there from other parents. Our parent cabinet also is connected to parent ambassadors at the community

level. They get good feedback. Explain what Patrick just showed us about workforce and women.

Christina Augliera, OEC Parent Cabinet Rep, shared her personal experience. She is a young mother of 2 with a bachelor's degree and found that childcare for full time care was too expensive. Husband is a teacher - made too much to qualify for any assistance. She switched to shift work to rotate hours with husband but she could not maximize income potential after earning her degree in Psychology. Younger son was diagnosed with autism. Could not find centers who would take a child over age 3 who were not potty trained and needed assistance with communication so not able to go back to full time work until 2017. When the pandemic hit had to leave work force to stay home full time from March - November to home school younger son. Started a nonprofit for autism in her community - flexible hours. Lack of available childcare options, the cost of daycare and qualified staff still a barrier for her and her family. Another recent obstacle - relied on Camp Moe for extended school year services and 5 weeks of summer camp which is now closing. Back to finding care for him over the summer. Childcare is a huge barrier especially if you have a child with special needs.

Commissioner Bye asked Christina with so many challenges what was the impact on you personally? Huge accomplishment to graduate college when 8 months pregnant. Was anxious to go into the work force and earn her place. Having children and not be able to work, it was hard on my mental health. Can't have both personal and professional success; work life balance childcare is a huge barrier.

Commissioner Bye noted Christina made the Nexus that the tri-chairs had in mind. How does this labor report relate to health and safety? Your ability to achieve after all the work is hampered at this time and those data have a lot of stories like yours behind them.

Carla Abdo-Katsipis OEC Parent Cabinet Rep and mother of 2 (ages 3 yr. and 8 months) College graduate PhD in 2016 was working full time but due to high cost of childcare, switched to adjunct labor, which is low pay, not steady or stable. It is not easy to find good affordable childcare options. A family with more than one child is out of workforce for an average of 6 or 7 years then

when ready to go back to work - compete with younger workers. Conducted her own survey of parents and shared data. Found 45% women would look for full time work if they had affordable childcare and 23% would think about it. Public taxes could pay for this. Canada has a subsidy and has the highest female labor force (86%) participation rate in the world. Child center cost millions to build but resulted revenue. The revenue generated from childcare creates more profits than expenditures. We need to invest in mothers and viewing them as skilled people who could contribute further to the state.

Kelli Vallieres (Chief Workforce Officer), I can relate to these conversations. After having 2nd son, after paying for childcare for 2 children took home only \$50/week so left my job and went back to school part time and earned Ph.D. while stayed home for 7 years with her kids. Struggled with one income in the family and went back to work when they were in middle school. Office of Workforce Strategy is working with OEC to support the improvement of the childcare landscape. We provided Cares Act dollars to help OEC support the small daycare providers who lost business during the pandemic. Also working with the new funding to support this initiative. Introduced Laura Baker - Workforce Specialist - will give an update on things we are working on at the Office of Workforce Strategy.

Laura Baker: I look at this in 3 big buckets - both short- and long-term solutions.

1. **Funding** - What we are doing to support childcare providers and parents; Looking at Career Connect as our funding opportunities for short-term training programs to help bring folks back from unemployment specifically targeting those marginalized populations; make sure we can upskill folks to a career pathway with supports needed as they go through 12 week training programs, including support such as childcare vouchers, transportation stipends, diapers, laptops. We just closed our 1st round of grant opportunities. We are going to hold some funding over for August. Look at what can be awarded and where are the gaps? Guardrails for allowable uses. Incumbent Worker Bond Dollars: working on getting bond dollars to be used for incumbent worker training. Someone who is already employed give them more skills. Take someone who is already there and needs more training/skills.

	<p>2. Employer Side: Hearing that employers are moving towards flexible scheduling or remote work. How is it working and how impactful is it? Excited to see where it goes over the next year. Is it a best practice model? A lot of lessons to be learned from the employer community.</p> <p>3. Education: Understanding how we can expose high school students to the early childhood career path earlier. A pay disparity for folks entering childcare workforce. It takes a special person - engage them early on - people who do this work love it. Identify them earlier. Get them into facilities and show them the multiple roles in the facilities - showcase career pathways. Stackable credentials. Progressive. Engage our 14-16 year olds to start to think about this as a career pathway.</p>	
<p>Questions:</p>	<p>Alice Forrester, CEO Clifford Beers, raised the issue of social workers and mental health workers - We are in the most acute crisis in this area than we have been ever before. The competition for salaries has increased enormously. Raised our starting salary 25% and still below others. We are also seeing data some delay in our diversity equity and inclusion understanding of folks who graduate college with a masters who then immediately have to take a masters exam before they can practice. We are asking for a timeline to give us some room so folks can still work and see clients and help them with the testing. Other states have done student loan reimbursement for contracting with providers. There is the Chelsea program in CT, but you have to pay 10 years ahead of time. If we can do what other states are doing a contract for 3 years and student loans will be reimbursed for 3 years. We have not received any applications over the past 30 days. There are graduates but where are they going? We see that 80% of all licensed clinicians in CT are white, 6% are Latino and 14% Black. This makes it difficult to have a diverse workforce.</p> <p>Commissioner Bye - Noted these are the repercussions we are seeing.</p> <p>Laura responded: Licensing tests are only offered a couple times a year. Will help with success rates of marginalized populations if the tests are embedded in the training program. We are also looking at utilizing other payment methods SNAP E&T Programming, looking at models for Pay It Forward or Evergreen fund</p>	

will be a way to get some funding opportunities back to individuals. Provided her email in the chat.

Kellie - We are working with DPH, DMHAS, DSS to put in our proposal that made it in the Gov's budget to include tuition payments for people going into nursing or mental health, to develop accelerated programs for people that have bachelor's degree to get additional education they need for nursing or mental health services. There is a broad support in the legislature. The other part is the pay. We expand the supply but if we don't get people interested due to low pay rate, that's an area of conversation that needs to happen on the provider side.

Commissioner Bye added that pay rate has to improve in women-dominated fields. Great to have Kellie and Laura to help with the workforce for these professions but in the end the pay needs to go up.

Terra Volpe: We are losing people in early childhood field and the root problem is poverty wages. It is a workforce dominated mostly by black and brown women and we offer poverty wages so the rest of the country can get to work. I can't tell a young person you should go into this field because I had to leave this field because I could not afford to stay in it.

Commissioner Dorantes - 1st presentation showed people of color are still in the essential. Noted Alice's comments about clinicians and how to get people what they need at the same time as the workforce challenges are hitting the people that are going to be needed to bring us into the next phase of recovery from the pandemic. We are in a significant workforce crisis when it comes to women, and particularly women of color.

Dr. Marie Spivey - We are very frightened by the lack of nurses. Seeing so many nurses who have left mainly because of the pandemic. They are not only aging out but also not getting paid for overtime.

Commissioner Bye introduced Mary Morgan, Vice President of Talent Acquisition at Hartford Health Care to talk about recruitment challenges who is out there live seeing these issues.

Mary Morgan - Hartford Health Care is growing. We employ 33,000 across state of CT; Last year we filled 11,000 positions. Large woman employer - 78% of our workforce is female. The pandemic has gone on longer than anticipated so we are seeing our turnover rise over the last 16 months or so. Our job postings doubled. 30-35% decline in applications. Hiring more people with less applicants. It's a tough recruiting environment out there. We are all fighting each other for the same talent pool which is quite limited. Seeing nursing turnover - some burn-out. Some people left CT to be closer to family. Many nurses took travelers (temporary employees) jobs. They move from state to state to fill in gaps in vacancies. Our nurses can leave Hartford Health Care and make double or triple the amount of compensation to travel to another state for 13 weeks and their housing is paid for. We are working closely with the Gov's Workforce Council and the Office of Workforce Strategies to talk about those career pathways, both health care specific and IT specific. One of the larger challenges is that the vast majority of our workforce is very skilled requiring licenses and certifications. We are working hard to partner with other people in the community to find people who never thought about a career in health care. Introduce high school students to health care jobs. Just started talking with Junior Achievement. Internally we created career pathways and we offer tuition assistance. We have started this year to offer loan forgiveness to early career RNs. Partnered with colleges and universities (Quinnipiac, Sacred Heart, UCONN) to build our capacities for careers in health care. We do not enough graduates to sustain the hiring we do. Health care open 24/7 365 days a year - flexible schedules. We put together a Colleague Support Center and asked employees if daycare was one of their concerns. Day care was an issue but the bigger part of it was last minute daycare issues i.e., snow day but health care workers have to go to work. Worked with the state on special daycares for health care workers during the pandemic. We increased compensation and paid bonuses to acknowledge the toll this pandemic has taken on them and to position us as a competitive employer.

Casey Russo (OEC Parent Cabinet Rep) - Meriden mother of 6 shared feedback from mothers in her community - They are working but they have food insecurity because of the high cost of childcare. One left

her job after 20 years when her daughter was born because she would be working only to pay for childcare. Casey's friend Angela became pregnant at the beginning of the pandemic. With only 3 weeks left to complete her field work she had to leave because of the pandemic. She can't make up those 3 weeks. There is a time limit to complete her degree. She can't get a job she is qualified for. She is now forced to pay back GI benefits because she did not get her master's degree in time. When she applies for jobs, she is told she is overqualified, and they ask why she didn't finish her degree. She is struggling to pay for childcare and mortgage.

Commissioner Bye asked what agency do I refer Angela to? Senator Blumenthal is helping with the GI bill but as far as reaching her certification who can help. Tim Larson's office - Higher Ed. Or if it is a private college then the Council of Independent Colleges and Universities. Casey will reach out to Commissioner Bye to help resolve Angela's problem.

Commissioner Bye also noted the shortage of nursing faculty in public and private colleges. Seeing the value of the Parent Cabinet in this meeting.

Christina Augliera noted how making sure we look at all the issues which are interconnected. Youth and adolescent mental health crisis - invest in early childhood. School system - teachers are leaving in droves; parent mental health; mental and behavioral health issues are therefore compounded.

Yvette Young, Vice President for Programs and Advocacy at the Village for Families and Children - Seeing the struggle on the acute level residential side. Pool of candidates declined. Residential work is not easy work. How do we work as a collective, so we are all able to provide quality care? The more we deplete resources won't meet requirements for safety. Share things that are working well. This can get worse as we lose more and more resources.

Commissioner Dorantes - There is concern that people who are leaving the provider agency to go to a state job giving only 2 weeks' notice to wrap up their clients how unfair to our provider partners. We upped it to 4 weeks. If we interview a pool of people, how do we share our applicants with our agency partners if they are not a

good match for us? This topic generated a lot of conversation. How do we need build upon it, so it doesn't stay here?

Commissioner Bye spoke about the lack of professional standards - The story about Casey's friend who has everything, but 3 weeks of internship finished. Need to create alternate on-ramps for these jobs. How do we create these half ways to help people to get started who may not have their MSW or bachelor's in early childhood so now what? There are no services for families. Kellie, for the next meeting, are there examples for industries and pilots where there has been success with that to show us that there may be alternate on-ramps?

Kellie - People can start with a certificate that stacks into a credited program that stacks into an associate degree and so on. There are so many fragmented programs. We are coordinating with community colleges and technical high schools, high schools, and 4-year institutions on building stackable programs and working with employers to show how people can work and continue to earn those credentials to improve their pay and role within an organization. We are working with Office of Public Health and League of Nursing to understand the barriers to the stackable credentials. We need to make those pathways easily defined and ensure that the people in those programs understand the pathways available to them. Consolidation of the community college system will help. Employers will want to know what the skills are coming out of these programs.

Valencia Bagby-Young - DDS - Important to consider people can't get a job or promotion in the place they work. Nurse practitioners need clinicals and their own employers may not be a resource. The nurse should not have to look for clinicals. Physicians don't have to look for clinicals. They get selected.

Colette Anderson, Executive Director at The Connecticut Women's Consortium - Last year increase in min wage. Noted that Target had a salary increase (\$22/hour) so people working at Target are making more than some people in behavioral health field. Salaries did not come up with 24% inflation over the years. Need to have the discussion on how to make the nonprofit systems competitive.

Committee Updates and Announcements:		
Closing Remarks:	<p>Commissioner Bye's Closing Remarks: People in Health and human services professions are exhausted, and they feel under paid and underappreciated and cannot see the next step up for themselves where they are working. These are female dominated professions and women's mental health is being impacted. The pandemic has exposed these problems that feel intractable without the funds in the system to be able to pay people what we need to pay them.</p> <p>We left hanging tabs for our next meeting.</p> <p>Commissioner Dorantes added let's keep it going and use the force of our collective to continue to raise these issues beyond the meetings we have here. She then thanked those who shared their lived experience.</p>	
Adjournment	<p>The meeting adjourned at 11:30am</p> <p>Future Subcommittee Meetings:</p> <p>May 2, 2022 June 6, 2022 August 1, 2022 September 6, 2022 November 7, 2022 December 5, 2022</p>	