Iowa

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Center for Health Workforce Planning
Bureau of Health Care Access
White Paper Describing Health Workforce Supply and Demand in Iowa: A Call to Action
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This paper addresses the need for comprehensive and accessible information about the health workforce as an essential first step in resolving health needs. It summarizes issues impacting Iowa's health care workforce supply and demand, and may be used to promote data collection to support health policy. It is organized into the following sections: background, data collection at the national level, data collection in Iowa, and recommendations for action.

Background

A well-trained and accessible health workforce is essential to provide high quality care at national and state levels. Provision of quality health care and access to affordable care hinge upon a well-trained and available health workforce. State governments influence the workforce in several ways including licensure, credentialing, and funding streams for secondary education and professional training programs. States impact reimbursement for the provision of health care services through Medicaid and the regulation of private insurance companies (National Center for Health Workforce Information & Analysis, 2000). State public health departments are also charged with the assurance of access to health care for the population.

Public health is responsible for essential services, including the assurance of a competent public health and personal health care workforce. The core functions of public health (as defined by the Institute of Medicine, 1988) are assessment, policy development and assurance. In order to assure a competent health workforce, states must develop policies which will create and sustain education and employment opportunities for a well-trained and diverse health workforce. Successful policies and strategies are predicated upon an accurate assessment of health workforce supply and demand through systematic data collection. The National Center for Health Workforce and Analysis calls for states to track and report workforce data (e.g., supply, demand, distribution, education and utilization) that assist state planners and policy makers to address issues relating to health workforce issues (National Center for Health Workforce Information & Analysis, 2000).

Many factors influence the supply and demand of health workforce and need to be accounted for when planning to stem cyclical workforce shortage and surplus. Variables include population demographics, health care utilization patterns, education and training opportunities, work place environment and the economy. For example, age demographics impact supply (e.g., pending wave of retiring nurses and nursing faculty) as well as demand (e.g., increased health care utilization by aging baby boomers).

Data Collection at the National Level

A November 2002 survey of all 50 U.S. states and Puerto Rico showed that every government has taken some action to address existing and projected health workforce shortages (Center for Workforce Studies, 2002). Task forces or commissions had been convened to study workforce shortages in 88 percent of states. Furthermore, 27 states and Puerto Rico (54%) reported health workforce data collection activities. Models for data collection varied among states. State health and education departments lead data collection

efforts in most states. Many diverse stakeholders (e.g., task forces, health workforce research centers, Area Health Education Centers and provider associations) are partners in data collection (Center for Workforce Studies, 2002).

The nation's public health planning document, *Healthy People 2010: Understanding and Improving Public Health*, identifies objectives related to personnel training, continuing education and increasing the representation of minorities entering the health professions. Solid data collection on the existing and potential health workforce is required to meet these objectives.

The Bureau of Labor Statistics (BLS) projects that nearly seven of every ten new jobs created by 2010 will be in the health services industry (Hecker, 2001). Health workforce planners will need to track emerging trends which will create these new positions. The Health Resources and Services Administration (HRSA), Bureau of Health Professions has led national initiatives to collect data on health workforce and identify shortages. Within this bureau, HRSA created the National Center for Health Workforce Analysis to collect, analyze and disseminate data. The private sector has also acknowledged the need for systematic data collection on the health workforce. The Colleagues in Caring project, funded by the Robert Wood Johnson Foundation during the nursing shortage of the 1990s, established a network of state centers dedicated to the collection, analysis and reporting of data on the nursing workforce. The final newsletter of this network of regional collaboratives stated the significance of data in creating workforce policy recommendations and recommended a minimum data set for each state (Rapson, 2003).

Data Collection in Iowa: Why National Data Collection is Not Sufficient to Meet the Needs of Iowans

Iowa's licensed health workforce is tracked by the Iowa Department of Public Health through the boards of dentistry, medicine, nursing and pharmacy, and the Bureau of Professional Licensure. In addition, Iowa's Department of Inspections and Appeals maintains a registry of certified nursing assistants. Vital to the health workforce, but not presently tracked in a centralized fashion, are the numerous unlicensed health workers.

Current counts of health care workers whose supply is systematically tracked, and who directly impact access to health care by vulnerable populations, follow:

Health Care Worker	Statewide Count	Licensing Entity
Certified Nursing Assistants	18,570	Department of Inspections and Appeals
Dental Assistants	4,045	Board of Dental Examiners
Dental Hygienists	1,488	Board of Dental Examiners
Dentists	1,844	Board of Dental Examiners
Dietitians	797	Bureau of Professional Licensure
Funeral Directors	761	Bureau of Professional Licensure
Marital/Family Therapists	145	Bureau of Professional Licensure
Massage Therapists	1,757	Bureau of Professional Licensure
Mental Health Counselors	450	Bureau of Professional Licensure
Licensed Practical Nurses	9,622	Board of Nursing Examiners
Nursing Home Administrators	625	Bureau of Professional Licensure
Occupational Therapists	686	Bureau of Professional Licensure
Occupational Therapy Assistants	328	Bureau of Professional Licensure
Optometrists	450	Bureau of Professional Licensure
Pharmacists	4,830	Board of Pharmacy
Psychologists	421	Bureau of Professional Licensure
Physical Therapists	1,323	Bureau of Professional Licensure
Physical Therapy Assistants	560	Bureau of Professional Licensure
Physicians	9,776	Board of Medical Examiners
Physician Assistants	583	Bureau of Professional Licensure

Registered Nurses	38,137	Board of Nursing Examiners
Respiratory Care Practitioners	1,084	Bureau of Professional Licensure
Social Workers (Independent, Bachelors & Masters prepared)	4,241	Bureau of Professional Licensure
TOTAL	**102,523**	

Note: A minimum data set must be collected on each health care worker in order to accurately project supply. Some of the data fields recommended but not presently collected by all licensing entities include: employment status, field/place of employment, zip code of primary employer, and average hours worked per week.

Healthy Iowans 2010, Iowa's Health Agenda for the New Millennium, states the need for access to quality health services. The authors of this statewide planning document developed goals to address health care access: 1) increasing the supply of health professionals in underserved communities, 2) increasing the use of funding for education of health professions and allied health disciplines, and 3) increasing funding for health professions education by 5 percent annually throughout the decade through new models of financing and the involvement of employers (Iowa Department of Public Health, 2000). Iowa must collect data on supply and education of the health workforce in order to gauge progress toward these objectives.

In addition to tracking workforce supply, Iowa's planning efforts must include assessment of demand data. It is difficult to overstate the importance of demand in workforce planning. Iowa outpaces much of the nation in the aging of its population, yet HRSA projections for Iowa's nursing workforce failed to show a shortage of full-time equivalent registered nurses in Iowa beyond the year 2005 (National Center for Health Workforce Information & Analysis, 2002). This is due largely to the omission from the HRSA model of the growth of Iowa's aging population and the resulting increase in demand for health care services.

Actions Recommended by the Center for Health Workforce Planning in 2003/2004

- Profile Iowa's health workforce by defining position title, description, education/training, places of employment, wages and key contact for information.
- Collect minimum data required for accurate supply projections.
- Develop and pilot a tracking system that yields an annual inventory (the supply) of registered nurses in a regional workforce, with the capacity to forecast future supply when sufficient data is available.
- Develop an annual measure of demand for additional registered nurses across all potential employers in the selected region of the state.
- Create partnerships for data collection and sharing to maximize resources.
    - Iowa Board of Nursing
    - Iowa CareGivers Association – source for certified nursing assistant wage data
    - Iowa Department of Inspections and Appeals – source for certified nursing assistant supply data
    - Iowa Hospital Association – source for vacancy and wage data in hospital employment setting
    - Iowa Workforce Development – source for vacancy and wage data
- Improve technology infrastructure at Iowa Department of Inspections and Appeals to improve the Nursing Assistant Registry database.
- Participate in national and regional efforts to identify shortage areas for all health workers.

The Center for Health Workforce Planning was created in the Iowa Department of Public Health, Bureau of Health Care Access, to assess and forecast health workforce supply and demand, address barriers to recruitment and retention, support strategies developed at the local level that prevent shortages, and engage in activities that assure a competent, diverse health workforce in Iowa. Funding for the center, fueled through the efforts of U.S. Senator Tom Harkin, is administered through the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services.

http://www.idph.state.ia.us/hpcdp/workforce_planning.asp

References

Center for Workforce Studies, School of Public Health, University at Albany (November, 2002). State Responses to Health Worker Shortages: Results of 2002 Survey of States. Available at ftp://ftp.hrsa.gov/bhpr/nationalcenter/stateresponse.pdf.

Hecker, D.E. (2001). Employment outlook: 2000-2010: Occupational employment projections to 2010. http://www.bls.gov/opub/mlr/2001/11/contents.htm

Institute of Medicine, Committee on the Future of Public Health (1988). The Future of Public Health. Washington, DC: National Academy Press.

Iowa Department of Public Health, ed. *Healthy Iowans 2010*. Des Moines, Iowa: January 2000. Available at http://www.idph.state.ia.us

National Center for Health Workforce Information and Analysis (July 2002). Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020. Available at ftp://ftp.hrsa.gov/bhpr/nationalcenter/rnproject.pdf.

National Center for Health Workforce Information and Analysis (December 2000). Health Resources and Services Administration State Health Workforce Profiles – Iowa. Available at ftp://ftp.hrsa.gov/bhpr/workforceprofiles/IA.pdf.

Rapson, M. (Ed.). Colleagues in Caring Newsletter, Spring 2003. Published by the Robert Wood Johnson Foundation.