

Health and Long-Term Care Workforce Review and Recommendations

Appendix C

A note to the Internet reader: This document is an appendix to the larger report entitled *The Future of Iowa's Health and Long-Term Care Workforce: Health and Long-Term Care Workforce Review and Recommendations*. This report was produced in compliance with legislative requirements in House File 909 passed during the 2007 session of the Iowa Legislature. The full report is available at www.idph.state.ia.us, Topics of Interest, Health Workforce.

Pre-Summit Questionnaire Responses

As part of the registration process for the Health and Long-Term Care Workforce Summit held November 9, 2007, interested parties responded to a questionnaire. To the extent possible those responses were gathered from the submitted documents and encompassed within this appendix. The requested information was as follows:

- 1. List the services provided by members of your association/college/group that are affected by health workforce shortages.**
- 2. Please list the specific health professions and health care entities with which your association/college/group works.**
- 3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.**
- 4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.**
- 5. List strategies or solutions you currently employ to address health workforce shortages.**
- 6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)**

Appendix C-1

Pre-Summit Questionnaire Responses – Question 1

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|--|
| Calhoun County Department of Health | <ul style="list-style-type: none">• Home Health• Community Health• Hospice |
| Cherokee Mental Health Institute | <ul style="list-style-type: none">• Psychiatry• Psychology |
| Mental Health Center of North Iowa | <ul style="list-style-type: none">• Psychiatry• Psychology• Treatment• Community Services of Evaluation• Community Support• Emergency Intervention |
| Iowa Medical Society | <ul style="list-style-type: none">• IMS members are physicians – MDs and DOs; their ability to provide quality health care services is impacted by shortages in the health workforce. In particular, ready access to specialists is affected. |
| Community Mental Health Center representative to the Mental Health/Mental Retardation/Dev. Disabilities/Brain Injury Commission. As the Community Mental Health Center representative to the Commission, this survey response only represents CMHC services. | <ul style="list-style-type: none">• Outpatient psychiatric evaluations and medication management for all age ranges. Outpatient psychotherapy, psychological evaluation/testing for courts, schools and other entities, for all age ranges. School-based mental health assessments, consultations and treatment. Assertive community treatment for persons with serious mental illness. Community Support Services to assist individuals with serious mental illness including psychiatric nursing visits, social work services. Supervised apartment living services for persons with serious mental illness for skill development for independent living and illness management. |
| Ann Riley at the Center for Disabilities and Development (CDD) | <ul style="list-style-type: none">• CDD provides clinical consultations for individuals with developmental disabilities.• CDD provides consultations to public school staff on behavioral health needs of |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|---|
| | <p>students.</p> <ul style="list-style-type: none"> • CDD works with stakeholders that provide Home and Community Based Services (HCBS) through the Medicaid Waiver programs report that individuals can not access the number of hours needed to support individuals living in the community when they need nursing or personal care services daily. |
| Iowa Respite and Crisis Care Coalition (IRCCC) | <p>Our members provide the following services:</p> <ul style="list-style-type: none"> • Home Health Care for persons on Medicaid Waivers • Crisis Child Care Services through Foster Care • Consumer Choice Waiver CDAC supports • Skill building, Therapy, Community Living and Volunteer Services <p>Through grants and sponsorships we currently fund the following:</p> <ul style="list-style-type: none"> • Families caring for loved ones with special needs not currently connected to Medicaid services can receive respite care services through IRCCC. Funding is limited to 200 families. Each year we have a waiting list for people that want services. • Families in crisis; funding is limited and not adequate to serve the entire state of Iowa. • Training |
| Iowa Chiropractic Society | <p>The ICS represents over 700 chiropractic physicians throughout Iowa. On the verge of a wellness revolution, chiropractic represents a significant future need for the citizens of Iowa. It is critical that we are positioned to meet the shortages.</p> |
| Iowa Society for Respiratory Care | <p>We provide services in hospitals, clinics, skilled facilities as well as work for home medical equipment suppliers.</p> |
| Baum Harmon Mercy Hospital | <p>Workforce shortages create open positions at all levels of the organization (front office, accounting, lab, radiology, and nursing). Often makes entry level and non-technical positions like dietary and housekeeping difficult to fill.</p> |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|--|
| Institute for Public Health Practice – University of Iowa College of Public Health | <ul style="list-style-type: none"> • Develop and deliver education and training (online and face-to-face) • Enumerate and asses public health workforce • Develop competencies for public health and health care workforces • Maintain and support Prepare Iowa Learning Management System (PILMS) in partnership with IDPH • Market and provide technical assistance for PILMS to individual users and organizations • Convene advisory committees to promote collaboration among agencies and professional organizations to advance national initiatives at the state and local levels |
| Iowa Psychological Association | <p>Members of the Iowa Psychological Association provide psychological services to Iowans. Services include individual, group, family, and marital psychotherapy. Members also conduct psychological evaluations, including psychological testing, with a wide variety of clients including, but not limited to, clients in health, education, industry and forensic settings. Members use psychology to provide consultation to health, education, industry, and forensic organizations.</p> <p>Although not in the healthcare realm per se, members also teach psychology at all three Iowa universities and private institutions of higher learning. Psychology classes are often taken by other healthcare providers who view them as valuable to their healthcare training.</p> |
| Iowa Dental Association | <p>Oral Health Services including diagnostic, preventive and restorative care.</p> |
| Iowa Health Care Association and Iowa Center for Assisted Living | <p>Within skilled nursing, assisted living, and residential care facilities, the services for frail elderly and disabled are impacted for the provision of skilled nursing, physical and occupational therapy, personal care services, and senior health leadership. Contact this organization directly for the Issue Brief, <i>Workforce Issues in LTC</i>.</p> |
| Iowa CareGivers Association | <p>Long term care and supportive services in nursing homes, assisted living centers, hospitals, hospice, home health and other settings...eating, bathing, dressing, grooming, toileting, exercising, taking medication</p> |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|---|
| Des Moines Area Community College – Dental Hygiene Program | Shortage of dentists in Iowa affects placement of our dental hygiene graduates. Shortage of B.S. degree dental hygienists affects our ability to find qualified faculty. |
| The University of Iowa – Carver College of Medicine | We are the state’s medical college and teaching hospital. We work continuously to improve physician shortages as well as respond to shortages in the allied health professions, including physician assistants. Workforce shortages have increased the pressure on our College to expand the enrollment of medical students and to train more resident physicians in certain specialties. Another effect is the increase in demand for clinical services at our hospital and through our outreach clinics. |
| Iowa Foundation for Medical Care | <p>Iowa Foundation for Medical Care (IFMC) serves as the quality improvement organization for Iowa. IFMC works with physician offices, hospitals, nursing homes and home health agencies to improve quality through four primary strategies.</p> <ol style="list-style-type: none">1. Use proven tools and processes to increase the efficiency and effectiveness of care delivery2. Move to an organizational culture that consistently improves the quality of care3. Use information technology4. Measure and report performance <p>Under the direction of CMS, IFMC worked specifically on workforce issues with the nursing home setting, recognizing the correlation between a stable workforce and quality of care.</p> |
| Iowa Nurses Association | All professional nursing services. |
| Iowa Rural Health Association | Our organization’s vision is optimal health for all Iowans and is particularly concerned with access issues in the rural area. Health workforce shortages not only limit the services in a particular area but also create an increasing burden on those professionals who continue to practice in underserved areas. |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|--|
| Webster City Medical Clinic | Physicians willing to practice in Iowa. Family practice with or without OB (primary care). |
| Iowa Hospital Association | Iowa's hospitals provide their communities with a broad spectrum of essential health care services such as: primary care, surgery, laboratory services and emergency care. All of these services are dependent upon the employment of professional caregivers. This large group of caregivers includes nurses, physical therapists and pharmacists, all who are in short supply and were listed among the top 15 health professional vacancies in the 2007 publication of <i>Health Professional Work Force Survey Trends</i> . Physician recruitment and retention is also a priority concern for Iowa's hospitals, which now employ a growing number of physicians in order to assure that medical services are available within the local community. |
| Iowa Association of Area Agencies on Aging (i4a) | Case management for frail elders. Arranging for services necessary for quality of life for older persons, such as but not limited to wellness services to maintain health at home or in a facility. |
| Family Planning Council of Iowa | The Family Planning Council of Iowa funds family planning clinics across Iowa. The family planning clinics provide a host of clinical services related to reproductive health care for both women and men. These include physical examinations, screening for cervical cancer, STDs, testicular cancer screening, clinical breast examinations, provision of contraceptive methods, etc. |
| Iowa Dietetic Association | <ol style="list-style-type: none">1. Rural areas have a shortage of dietitians to work in clinics and physicians' offices to provide nutrition counseling.2. Several areas of the state have a shortage of dietitians to work in nursing homes.3. There are very few dietitians available and trained to work in home and community based care including the Medicaid Elderly Waiver Program. Home and community based care is a growing field as people age and choose to receive care in their own home and the community rather than moving into nursing homes. There will still be a need for dietitians in nursing homes due to the large number of older adults. The numbers in nursing homes are expected to remain stable but have higher levels of care and the more independent older adults will remain in the community. |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|---|
| Iowa/Nebraska Primary Care Association | <ul style="list-style-type: none">• Primary health care• Oral health• Mental health |
| Wright County Health Department | Home care and hospice services are affected. Also public health programs are affected. Lack of qualified applicants for RN positions when they are advertised. |
| Iowa Dental Hygienists' Association | Dental hygienists with BS so they can work in public health or as dental hygiene educators. |
| The University of Iowa Hygienic Laboratory | There is a current and anticipated severe laboratory workforce shortage throughout the nation; this includes all types of laboratories; the state and local public health including environmental health, hospital, reference, and clinic and physician office laboratories. These laboratories provide essential services to the states and nation. It is estimated that laboratory services drive 60 to 80 per cent of the clinical decisions from diagnosis through therapy and prognosis, while comprising less than 5 percent of the typical hospital budget. In public and environmental health, this testing is used not only for specific patient or environmental situations, but is also essential in the surveillance of infectious diseases and potential outbreaks, monitoring of environmental health effects on populations, and impacting the health of the states and nation. For the period of 1998 – 2008, the Bureau of Labor Statistics projects: 53,000 new jobs in laboratory medicine, 40,000 vacancies (due to retirements, leaving the field, etc.), 93,000 incremental positions to be filled, which is 9,000 per year with only 4,990 graduates from all the laboratory medicine schools. In Iowa alone, there have been several bachelors-level Clinical Laboratory Scientist school closings, the most recent being at the University of Iowa. A few community colleges have attempted starting Associate degree medical laboratory technician programs but these are slow to get established. Laboratories are also profoundly affected by the inability to hire staff in information technology due to low salaries. In addition, UHL and Iowa's laboratories are negatively affected by that fact we are in a rural state that doesn't attract a diverse population. |
| Iowa Association of Homes and Services for the Aging | Our members are aging service providers, including nursing home, assisted living, independent living, and a variety of home and community based services. |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

| Association Name | Answer |
|---|--|
| Iowa Nurses of Long Term Care | We are directors of nursing in long term care facilities that provide services to our frail elderly. |
| Delta Dental of Iowa | Delta Dental of Iowa collaborates with organizations, associations, colleges, state and government programs, community health centers, schools and many other entities to improve the oral health of Iowans. Through the company’s Public Benefit, we fund programs of prevention, education, access to care and research related to oral health. To accomplish this mission, Delta Dental works closely with the oral health care workforce across Iowa. |
| Iowa Alliance in Home Care | IAHC members provide in-home skilled nursing, physical therapy, occupational therapy, speech therapy, social work, and home health aide services. |
| Iowa Public Health Association | The membership of IPHA is made up of local Public Health Professionals, State Public Health Officials/employees and Public Health Agencies. |
| Iowa Substance Abuse Program Directors’ Association (ISAPDA) | <p>Members of ISAPDA operate substance abuse treatment and prevention programs throughout Iowa that work with individuals, families, and community groups. Members operate both outpatient and residential treatment programs that provide assessment services, individual and group counseling services, aftercare services, detox programs, drug testing programs, etc. The programs employ individuals with strong counseling skills and look for both substance abuse certified individuals as well as licensed mental health counselors and licensed social workers. Programs also employ nurses. Programs generally contract for consultation services with physicians, psychiatrists, and psychologists. Access to people with the needed qualifications varies across Iowa. While certainly rural areas have difficulty recruiting and maintaining qualified staff, the same holds true for many urban areas.</p> <p>Most substance abuse programs are not-for-profit groups that have difficulty competing for workers in today’s world. People entering the workforce consider the compensation and benefit packages low. This results in the programs becoming the “training grounds” for people who move into higher paying positions elsewhere. The costs of recruitment and retraining are enormous.</p> |

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| Association Name | Answer |
|---|--|
| Iowa Association of Community College Trustees | Southwestern CC It is difficult to find full-time and part-time faculty for the nursing programs offered. This includes the LPN and RN programs, as well as nurse aide programs and health careers. Kirkwood CC Broadly: Workplace Learning Connection, Skills to Employment, Kirkwood Training Services, and Rehabilitation Services. Within Health Science, we are affected by the shortage with the number of clinic sites that are available, the attitude within the clinic environment when there is a shortage, the availability of clinic adjunct instructors, and the availability of clinic preceptors. Southeastern CC The College is dedicated to providing health career programs to serve the community of SE Iowa. Health education at SCC includes: Medical Assistant, Coding/Billing, Transcription, Respiratory Care, Nursing, Chemical Dependency, Emergency Medical Paramedic Specialist and Certified Nursing Assistants, Medication Aides, and Home Health Aides. The College is experiencing more difficulty in recruiting qualified professionals to teach in health programs. The pool of applicants is shorter than recent years. NIACC The College has experienced challenges in providing services to our students due to: <ul style="list-style-type: none">• Great difficulty in finding qualified full time MSN prepared educators and part-time clinical faculty for nursing education.• Increased difficulty finding clinical sites willing to allow our Physical Therapist Assistant students on site for practicum experience.• Increased patient acuity levels and demands on agency staff sometimes interfere with ability to secure preceptors/mentors for student learning experience.• Increased difficulty securing clinical sites to provide the Medical Assisting students practicum experience, primarily due to competition with a local college. |

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

Association Name

Answer

Hawkeye

Hawkeye Community College Health Sciences department has six programs of study and a CNA course in its credit offerings. This includes practical nursing, associate degree nursing, dental assisting, dental hygiene, medical laboratory technology, respiratory care, and ophthalmic technician.

All of the programs utilize area hospitals and/or private practices for clinical experience. The two dental programs have an on-campus clinic.

Eastern Iowa CC

- Cancer Information Management Program
- Dental Assisting Program
- Electroneurodiagnostic Program
- Health Information Technology Program
- Radiologic Technology Program
- Nursing
- EMS
- Certified Nurses Aide

Iowa Lakes CC

We started an evening/weekend nursing program about four years ago to be able to offer nursing degrees to potential students who were unable to attend college during the traditional daytime hours. Clinical rotations for the evening/weekend program are held on Saturdays and Sundays. We have been able to dramatically increase the numbers of students we serve and are able to graduate many more nurses.

Iowa Valley CC

Credit Programs

- Nursing education is affected by the shortage of nursing faculty.
- The nursing shortage (worse in some areas than others), and the fact that nursing graduates will be able to find a job, has impacted the increase in applications for admission to the nursing program.

1. List the services provided by members of your association/college/group that are affected by health workforce shortages.

Association Name

Answer

Non-Credit Programs

- We are offering a “bilingual” CNA program to help address the shortages.
- Some classes are hard to fill because of lack of interested students. Auxiliary health care careers aren’t as attractive to young students. Pay is low, hours long, and the work is difficult

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|--|--|
| Calhoun County Department of Health | <ul style="list-style-type: none"> • RN • LPN • CNA • MD • DO • DDS • RDH |
| Cherokee Mental Health Institute | <ul style="list-style-type: none"> • Psychiatry • Psychology • RN • LPN • LSW/BSW • Lab Technicians • Pharm.D. |
| Mental Health Center of North Iowa | <ul style="list-style-type: none"> • LSW/BSW • RN • Psychiatry • Psychology |
| Iowa Medical Society | <ul style="list-style-type: none"> • Through our member and patient advocacy, IMS works with virtually every Iowa medical professional association, health system, medical school, and state agency as well as some national medical associations, e.g., Iowa Academy of Family Physicians, Iowa Osteopathic Medical Association, Iowa Hospital Association, Iowa Pharmacy Association, Iowa Nurses Association, the Roy J. and Lucille A. Carver College of Medicine, the University of Iowa Hospitals & Clinics, Des Moines University, and American Medical Association. |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|---|
| Community Mental Health Center representative to the Mental Health/Mental Retardation/Dev. Disabilities/Brain Injury Commission. As the Community Mental Health Center representative to the Commission, this survey response only represents CMHC services. | <ul style="list-style-type: none">• Psychiatrist, psychologists, psychiatric nurses, advanced registered nurse practitioners with specialty in mental health, physician assistants, masters level and bachelor level social workers, mental health counselors. |
| Ann Riley at the Center for Disabilities and Development | <ul style="list-style-type: none">• Medicaid HCBS Waiver Providers |
| Iowa Respite and Crisis Care Coalition (IRCCC) | <p>We work with the following:</p> <ul style="list-style-type: none">• Crisis Child Care Programs in 27 counties across Iowa that utilize Foster Care Homes.• Home Health Care Agencies across the state of Iowa• National Caregiver and Respite Care Associations• Non-medical services providers <p>We recently have begun sending introductory information to the 9,500 CDAC workers across the state informing them of IRCCC training information.</p> <p>We work in partnership with Essential Learning of San Diego and our training system is accredited by the following national professional associations:</p> <ul style="list-style-type: none">• American Psychological Assoc. (APA)• Assoc. of Social Work Boards (ASWB)• Assoc. of Alcohol and Drug Abuse Counselors (NAADAC)• National Nurses Association (ANCC)• National Board of Certified Counselors (NBCC) |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|---|
| Iowa Chiropractic Society | <ul style="list-style-type: none"> • American Chiropractic Association • International Chiropractic Association • Chiropractic colleges • Insurance companies • Legislative partners |
| Iowa Society for Respiratory Care | <ul style="list-style-type: none"> • AARC • SMACC • Other RT programs in Iowa • American Lung Association of Iowa |
| Baum Harmon Mercy Hospital | <ul style="list-style-type: none"> • We are a hospital |
| Institute for Public Health Practice – University of Iowa College of Public Health | <p>Public health practitioners and allied health professional associated with the following agencies and organizations:</p> <ul style="list-style-type: none"> • Iowa Department of Public Health • Iowa Association of Local Public Health Agencies • Iowa/Nebraska Primary Care Association • Iowa Public Health Association • Iowa Environmental Health Association • Iowa Society of Public Health Education • Iowa State Association of Counties • University Hygienic Laboratory • University of Iowa College of Public Health • University of Iowa College of Nursing • University of Northern Iowa • Iowa Nurses Association • Iowa Hospital Association • Homeland Security and Emergency Management |
| Iowa Psychological Association | <ul style="list-style-type: none"> • Psychologists ~ primarily Ph.D. level licensed psychologists |
| Iowa Dental Association | <ul style="list-style-type: none"> • Iowa Dentists |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|--|
| Iowa Health Care Association and Iowa Center for Assisted Living | <ul style="list-style-type: none">• Long Term Care workforce• Physical therapists• Occupational therapist• Registered nurses• Licensed practical nurses• Certified medication aides• Certified nursing assistants• Health care administrators |
| Iowa CareGivers Association | <ul style="list-style-type: none">• Certified Nurse Assistants• Home care aides• Personal care attendants• Direct support professionals• And numerous other titles |
| Des Moines Area Community College – Dental Hygiene Program | <ul style="list-style-type: none">• Dentists• Visiting nurses• Long-term care facilities• VA Hospital, Knoxville• Des Moines Health Center School Smiles Program |
| The University of Iowa – Carver College of Medicine | <p>The health professions include:</p> <ul style="list-style-type: none">• Physicians• Physician Assistants• Pharmacists• Nurse Practitioners• Physical therapists• And health occupations at the associate degree level in community settings. <p>We work with</p> <ul style="list-style-type: none">• Hospitals• Training programs• Medical groups• Community health centers• And community organizations |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|--|
| Iowa Foundation for Medical Care | Through the Nursing Home Quality Initiative, IFMC worked directly with administrators, DONs, all nursing staff including front line staff in long-term care facilities. Other entities that IFMC has engaged through the NHQI include Iowa Health Care Association, Iowa Association of Homes and Services for the Aging, Dept. of Inspections and Appeals. |
| Iowa Nurses Association | All health professions and in all health care practice settings. |
| Iowa Rural Health Association | Our organization is open to any individual or organization interested in health care in rural areas. |
| Webster City Medical Clinic | <ul style="list-style-type: none">• MD• DO• RN• LPN• Medical assistant• Radiology technician• Ultrasound technician• MRI technician• Laboratory technician |
| Iowa Hospital Association | <p>The Iowa Hospital Association is a voluntary membership organization representing all of Iowa's 117 hospitals. Over the last 10 years, the number of personnel employed by Iowa hospitals has increased steadily due to increases in inpatient service intensity, increases in long-term care and outpatient utilization and service intensity. Iowa's community hospitals employ nearly 70,000 personnel. In addition to our work on behalf of the hospitals, IHA also represents the following affiliate groups.</p> <ul style="list-style-type: none">• Behavioral Health Affiliate of Iowa• Iowa Organization of Nurse Leaders• Iowa Hospital Home Care Council• Iowa Society for Healthcare Human Resources Administration• Iowa Society for Healthcare Education and Training• Iowa Trauma Coordinators• Iowa Rehabilitation Managers• Iowa Society of Healthcare Engineers• Iowa Society of Healthcare Attorneys |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|--|
| Iowa Association of Area Agencies on Aging (i4a) | <ul style="list-style-type: none">• Foundation Professionals for Iowa Hospitals• Iowa Society for Healthcare Marketing/Public Relations• Iowa Society for Healthcare Purchasing/Materials Management |
| Family Planning Council of Iowa | <ul style="list-style-type: none">• CNA• Home health aides• RN• SW• MD• DO• Nursing home personnel• Nutritionists |
| Iowa Dietetic Association | Each family planning clinic has a medical director – either on staff or by contract. However, most of the direct services are provided by Nurse Practitioners. Physician Assistants also provide care in some clinics. |
| Iowa/Nebraska Primary Care Association | Hospitals, clinics, nursing homes, assisted living facilities, adult day care sites, home care, area agencies on aging, public health offices, wellness centers, pharmaceutical companies, food service management, and school foodservice |
| | The Iowa/Nebraska Primary Care Association serves the Community Health Centers (CHCs) (Federally Qualified Health Centers - FQHCs) of both states. |
| | The specific health professions CHCs employ include: |
| | <ul style="list-style-type: none">• Family practice physicians• Pediatricians• OB/Gyns• Nurse Practitioners• Physician Assistants• RN• ARNP• LPN• CMA• Dentists• Dental hygienists |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|--|
| | <ul style="list-style-type: none"> • Mental health providers • Internal medicine physicians • Pharmacists |
| Wright County Health Department | ISAC, I-ALPHA, Empowerment for our county, Rural Advisory Council, MCH Advisory Council, and local providers. |
| Iowa Dental Hygienists' Association | Dental hygienists |
| The University of Iowa Hygienic Laboratory | <p>ENTITIES:</p> <p>State of Iowa: University Hygienic Laboratory, all hospital, reference, physician clinics and physician office laboratories and environmental laboratories, laboratory science teaching programs, Iowa Association of Clinical Laboratory Scientists, Iowa Chapter: Clinical Laboratory Management Association, Iowa Department of Public Health, Iowa Department of Natural Resources, Iowa Department of Agriculture and Land Stewardship, Iowa Inspection and Appeals, Iowa Homeland Security and Emergency Management division, UI College of Public Health, all Regent's institutions, Iowa Public Health Association, Iowa Environmental Health Association..</p> <p>Nationwide: CDC, Association of Public Health Laboratories, American Society of Clinical Laboratory Scientists, Clinical Laboratory Management Association, American Society of Microbiology, American Association of Clinical Chemists, Association of Industrial Hygienists, Association of State and Territorial Health Officials, other state public health laboratories, American Public Health Association.</p> <p>PROFESSIONS in the following disciplines:</p> <p>Laboratory Medicine, Nursing, Epidemiology, Infection Control, Environmental Health, Microbiology, Health Educators, Pathology, First Responders, Chemistry, Molecular Biology, Medical Doctors, Doctors of Osteopathy, Computer Sciences</p> |
| Iowa Association of Homes and Services for the Aging | The health professions include Certified Nursing Assistants, Licensed Nurses, Nursing Home Administrators, Social Workers, Physical and Occupational Therapists, Dieticians, Medical Directors. Others involved in the delivery of aging services include attending physicians, pharmacists, dentists, and other specialty therapists. |

2. Please list the specific health professions and health care entities with which your association/college/group works.

| Association Name | Answer |
|---|--|
| Iowa Nurses of Long Term Care | Nurses in long term care and assisted living facilities. |
| Delta Dental of Iowa | Delta Dental of Iowa works with a variety of oral health and health organizations to improve the oral health of Iowans. For example, some associations are Iowa Dental Association, Iowa Dental Hygienist Association, Iowa Department of Public Health, Iowa Department of Human Services, University of Iowa College of Dentistry, and Iowa/Nebraska Primary Care Association (IANEPCA). |
| Iowa Public Health Association | Public health nurses, grant writers, health planners, administrators, environmental health service providers, University of Iowa, Des Moines University, University of Northern Iowa |
| Iowa Substance Abuse Program Directors' Association (ISAPDA) | ISAPDA members work with all aspects of the health care community including physicians, nurses, hospitals and clinics, and the behavioral health care community. Most substance abuse treatment clients are individuals with multiple health problems that require a coordinated approach by providers. |
| UI Carver College of Medicine | The health professions include physicians, physician assistants, pharmacists, nurse practitioners, physical therapists, and health occupations at the associate degree level in community settings. We work with hospitals, training programs, medical groups, community health centers and community organizations. |
| Iowa Nurses Association | All health professions and in all health care practice settings |
| Iowa Association of Community College Trustees | <p data-bbox="574 1482 781 1514">Southwestern CC</p> <p data-bbox="574 1556 1471 1692">We work with area hospitals, long term care facilities, assisted living centers, public health and home care agencies. The College works with the following health professions: Nursing, Social Workers, Activity Professionals, Nursing Home Administrators, and direct care workers.</p> <p data-bbox="574 1745 732 1776">Kirkwood CC</p> <p data-bbox="574 1818 1390 1850">Hospitals, clinics, long-term care facilities, home health. health care program</p> |

2. Please list the specific health professions and health care entities with which your association/college/group works.

Association Name

Answer

accreditation agencies.

Health care professionals from the following entities: Dental Assisting, Dental Hygiene, Dental Technology, Electroneurodiagnostic Technology, EMT Basic, Health Information Technology, Nurse Aide, Iowa Paramedic Specialist, Medical Assisting, Medical Coding, Medical Laboratory Technology, Medical Transcription, Nursing, Occupational Therapy Assistant, Pharmacy Technology, Physical Therapist Assistant, Radiological Technology, Renal Dialysis Technician, Respiratory Therapist, Surgical Technology

Southeastern CC

The College works with directly acute care hospitals, ambulatory care clinics, regional centers for primary care/hospice/dialysis, long term care agencies, medical equipment services, sleep labs and county public health departments. In addition, the College personnel collaborate with other health education providers for continuing education in social work, medicine, respiratory care and nursing. The College works closely with economic development activities in the district. At the state level, the College works with IACTE, IAEMS, Iowa Board of Nursing, IARC, IAMA, Iowa Hospital Association, Iowa Association of Deans and Directors of Continuing Education, Iowa Association of Directors of Nursing Programs, Iowa Association of Heads of Health and Iowa Department of Public Health. Workforce Development in SE Iowa and at the State level is consistently tracking health care workforce needs.

NIACC

The College offers programs in: Physical Therapy Assistant, Associates Degree Nursing, Practical Nursing, Medical Assisting and Medical Laboratory Technology.

The College has created a partnership with West Hancock schools to offer dual enrollment for high school students enrolled in the career occupations program.

We have also created a partnership with our local hospital education center-Mercy Medical Center-North Iowa, Regional Health Education to offer nursing assistant, EMT, and paramedic training.

The success of our students enrolled in health occupation programs requires clinical rotations in numerous health care facilities which include hospitals, assisted living agencies, long-term-care facilities, medical clinics, community agencies, public schools, and public health agencies.

2. Please list the specific health professions and health care entities with which your association/college/group works.

Association Name

Answer

Hawkeye

As noted above, the programs work with the area hospitals (3), private ophthalmometric offices, dental practices, medical laboratory facilities and numerous hospitals throughout the state for student internships and preceptor sites.

Eastern Iowa CC

Entities:

- Genesis Medical Center
- Trinity Medical Center
- University of Iowa Hospitals and Clinics
- Finley Hospital
- Hammond Henry Hospital
- VA Medical Center – Iowa City
- Select Specialty Hospital
- Mercy Medical Center – Cedar Rapids
- Medical Associates – Clinton
- Genesis Health Group
- Mayo Clinic – Rochester, MN
- Urology Assoc. – Davenport
- Orthopedic Specialists – Davenport
- Center for Digestive Health
- GI Associates – Moline, IL
- Unity Hospital- Muscatine
- St. Luke's Hospital – Cedar Rapids
- Mercy Hospital – Clinton
- Cottage Hospital – Galesburg, IL
- Mercy Hospital – Iowa City
- Dental Offices – QC Region
- Mississippi Valley Surgery Center
- St. Francis – Peoria, IL
- Chiropractic Offices – QC Region
- Good Samaritan Nursing Home
- Metro Lab Pathology Group
- Robert Young Center – Mental Health
- Alverno Nursing Home
- Meriter Hospital – Madison, WI
- Johnson City Medical Center, TN

2. Please list the specific health professions and health care entities with which your association/college/group works.

Association Name

Answer

Professions:

- Nursing Activity Directors
- EMS
- HIT
- Rad Tec
- Dental Assisting
- Physicians Offices
- Hospitals
- Behavioral Outreach Programs
- Field Agencies
- Outpatient Surgicenters
- Direct Care Workers
- Dental Offices
- Health Administrators
- Nursing Home Administration
- Social Workers

Iowa Lakes CC

We partner with area hospitals and nursing homes in our five-county area.

Iowa Valley CC

Credit Programs

- See attached list of health care facilities that provide clinical learning experiences for nursing students.
- IVCCD health occupations students and faculty work with the following health care professions: nurses (RN & LPN), nurse aids, physicians, dentists, pharmacists, dieticians, physical/occupational therapists, x-ray and lab technicians, and respiratory therapists.

Non-Credit Programs

- CNA, Med. Aide, Med manager, First Responder, EMS(Basic, Intermediate), Nutritional Assistant, Activity coordinators, Medical transcriptionist (coding and billing), Pharmacy Techs, Limited Practice Radiographers, dental assistants and hygienists, long term care food service workers.
- We work with three hospitals, multiple long term care facilities, residential homes youth and adult with disabilities, home care agencies, hospice, multiple fire

2. Please list the specific health professions and health care entities with which your association/college/group works.

Association Name

Answer

departments, ambulance services, physician and dental clinics, eye care clinics, Iowa Department of Public Health, and Iowa Foundation for Medical Care, and assisted living facilities. We also work with Workforce Development, Promise Jobs, and Voc. Rehab.

- Continuing ed. for Nurses, dentists, social workers, nursing home administrators, radiographers and radiologists, and all the above

Iowa Alliance in Home Care

RN, OT, LPN, Speech Pathologist, Home Health Aide, PT, and Medical Social Workers.

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|---|---|
| Calhoun County Department of Health | <ul style="list-style-type: none"> • FTE – Full-time • FTE – Part-time • Wages & Benefits • Hours Worked • Employee Age • Benefit Hours Paid • Training Hours Paid |
| Cherokee Mental Health Institute | <ul style="list-style-type: none"> • Psychiatry Shortage |
| Mental Health Center of North Iowa | <ul style="list-style-type: none"> • Case Load • Incident Prevention Rates • Regional Planning Studies |
| Iowa Medical Society | <ul style="list-style-type: none"> • IMS has no data sets; however, we do prepare physician workforce reports using data obtained from other sources. |
| Community Mental Health Center representative to the Mental Health/Mental Retardation/Dev. Disabilities/Brain Injury Commission. As the Community Mental Health Center representative to the Commission, this survey response only represents CMHC services. | <ul style="list-style-type: none"> • Our provider association has not kept our own data sets but rather has referred to those compiled by the U of I – Mental Health Consortium (Dr. Michael Flaum). The CMHC information is more anecdotal in terms of ability to hire psychiatrists and other health care professionals. Access to psychiatry and mental health physician extenders has been our highest area of concern |
| Ann Riley at the Center for Disabilities and Development | <ul style="list-style-type: none"> • Olmstead Taskforce Stakeholder Summit on Cross Cutting Barriers to Services • Enhancing Community Services Options Workgroup under the Real Choices System Transformation Grant • Services and Supports Subcommittee from the Money Follows the Person Grant |

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|---|---|
| Iowa Respite and Crisis Care Coalition (IRCCC) | <ul style="list-style-type: none"> • We utilize nationally developed materials distributed by our National Coalitions. • We do not currently track data sets related to workforce development. • We do track the prevention of abuse and neglect related to children using crisis child care and the sustainability of families in primary home environments that access respite care. • Our information that led us to build a workforce strategy has evolved from focus groups, relationships with our provider network and relationships with families using services. |
| Iowa Chiropractic Society | <ul style="list-style-type: none"> • Available at www.fcer.org. Please Note: The organization responding (see left column) provided this Web link as part of their response. IDPH cannot guarantee maintenance of this link. If the link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate the items. |
| Baum Harmon Mercy Hospital | <ul style="list-style-type: none"> • Employee turnover • Open positions only |
| Iowa Psychological Association | <ul style="list-style-type: none"> • Our association keeps data on our membership levels. Our recent data set is attached. |
| Iowa Dental Association | <p>All data sets concerning Iowa dentists are maintained by the University of Iowa, College of Dentistry. The primary contact is Raymond A. Kuthy, DDS. Dr. Kuthy may be reached at raymond-kuthy@uiowa.edu or 319-335-7201</p> |
| Iowa Health Care Association and Iowa Center for Assisted Living | <p>Demographics and some financial for skilled nursing facilities, assisted living, residential care facilities. The Issue Brief, <i>Workforce Issues in LTC</i>, is available by contacting the Iowa Health Care Association directly.</p> |
| Iowa CareGivers Association | <ul style="list-style-type: none"> • 2001 and 2004 Wage and Benefit Survey done in conjunction with the Iowa Commission on the Status of Women. |

Please Note: The organization responding (see left column) provided these Web links as part of their response. IDPH cannot guarantee maintenance of these links. If the links appear to be broken, please contact the organization directly or use your favorite Internet search engine to locate the items.

Iowa and direct care worker specific research and program reports at www.iowacaregivers.org. Information from the following Web sites: www.directcarealliance.org, www.bjbc.org, www.hchcw.org, www.directcareclearinghouse.org.

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|--|--|
| The University of Iowa – Carver College of Medicine | We have statewide workforce tracking systems for most of the major health professions including physicians, dentists, pharmacists, physician assistants and advance practice nurses. |
| Iowa Foundation for Medical Care | Annual CNA turnover rate, Staff satisfaction surveys, Resident/Family Satisfaction Surveys, Publicly Reported Quality Measures. |
| Iowa Nurses Association | Do not collect data on our own, but serve as a resource to direct to the existing sources of data. |
| Iowa Rural Health Association | No specific data sets are maintained by our organization. |
| Iowa Hospital Association | <p>Health Professional Work Force Survey Trends – In 2000, the IHA Health Profession Workforce Survey was developed to identify hospital workforce shortages in Iowa. Data is currently collected on 28 categories of health professions. Beginning in 2004, the report began to provide a five-year sustained trending analysis that is useful in predicting health professional supply and demand in Iowa’s hospitals. Over the past five years, this survey has rank ordered the top 15 health professions experiencing the greatest number of vacancies in Iowa’s hospitals.</p> <p>The 28 categories of health professions included in this survey are:</p> <ol style="list-style-type: none">1. Registered Nurse (RN)2. Certified Nursing Assistant (CNA)3. Licensed Practical Nurse (LPN)4. Unit Secretary5. Physical Therapist6. Pharmacist7. Surgical Technician8. Billing Clerk9. Home Health Aide10. Lab Technician (MLT)11. Radiological Technologist, Registered12. Occupational Therapist (OTR)13. Physical Therapy Assistant |

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|---|--|
| | <ul style="list-style-type: none"> 14. Pharmacy Technician, Certified 15. Social Worker (BSW) 16. Respiratory Therapist 17. Paramedic Specialist 18. Ultrasound Technologist – Registered 19. Nurse Anesthetist (CRNA) 20. Coder 21. Medical Transcriptionist 22. Dietitian (RD) 23. Medical Technologist – ASCP 24. Speech Pathologist 25. Biomedical Technician II 26. Medical Records Director 27. Nuclear Medicine Technologist, Registered 28. Emergency Medical Care Provider (EMT) |
| | <p>IONL Registered Nurse Practice Survey – This is an annual survey conducted by the Iowa Organization of Nurse Leaders. The following data elements are collected:</p> <ul style="list-style-type: none"> 1. Vacancy rates for RN’s, LPN’s & Nursing Assistants 2. Average age of RN’s & LPN’s 3. Annual turnover rates of RN’s, LPN’s & Nursing Assistants 4. RN to Patient Ratios 5. Nurse Executive’s self assessment of retention and recruitment efforts |
| Iowa Association of Area Agencies on Aging (i4a) | Refer to IDEA needs assessment. Please contact this organization directly with questions about how to access this. |
| Family Planning Council of Iowa | At this time we do not have specific data sets on this issue. |
| Iowa Dietetic Association | Per 100,000 citizens, Iowa has 187 physicians, 1,107 nurses and 29 RDs. For the number of RDs, this is a fairly average number for other states except North Dakota has 49. (Oct. 2007 JADA) |

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|---|--|
| Iowa/Nebraska Primary Care Association | IA/NEPCA recently completed a survey of all its members regarding provider openings. Survey results are available by contacting the IA/NEPCA directly. |
| Wright County Health Department | ISAC, IALPHA, NAHC, and Rural Outreach are groups we are involved with and they all have priorities they are working on. |
| Iowa Dental Hygienists' Association | IDHA workforce survey 2004 |
| The University of Iowa Hygienic Laboratory | UHL statistics: 50% of current employees are 46 years old or older, 6% of the 222 staff will be eligible to retire in 5 years. Other sources of data: American Society of Microbiology Benchmarking Study on Staffing Vacancies, ASTHO/CSG State Public Health Employee Worker Shortage Report, surveys done by APHL along with Position Paper (see attached), Medical Laboratory Observer surveys, Advance for Laboratorians surveys, ASCLS and CLMA data bases/surveys, data from the ASCLS Summit on the Shortage of Clinical Laboratory Personnel. |
| Iowa Association of Homes and Services for the Aging | Health workforce turnover data is available from the nursing home group at the Iowa Foundation for Medical Care. |
| Delta Dental of Iowa | Data sets used or referenced by Delta Dental of Iowa are maintained by other associations such as, Iowa Department of Public Health/Human Services and University of Iowa. Those would be health provider shortage areas, number dentists statewide and by county, dentist to population ratio by county, dentists by designated age cohorts by county, number of Medicaid eligibles by county, percent of population at 200% of poverty level by county and listings of community health centers. |
| Iowa Alliance in Home Care | <ul style="list-style-type: none"> • Salary and benefits survey data • Workforce planning survey data |
| Iowa Public Health Association | Limited membership data. |

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|---|--|
| Iowa Substance Abuse Program Directors' Association (ISAPDA) | ISAPDA currently does not have a data set available. However, most ISAPDA members internally maintain data on workforce shortages. ISAPDA could pull that information together. |
| Iowa Association of Community College Trustees | <p>Kirkwood CC</p> <p>Program data in applications to the program, acceptance, enrollment, retention, graduation from the health care program. Follow-up surveys of student satisfaction before graduation, graduate surveys, employer surveys, advisory committee surveys, licensure exam scores.</p> <p>Southeastern CC</p> <p>It would be difficult to list each individual data set maintained by our college. Data is provided to support academics (registration, retention, etc), enrollment (student identification), faculty (grading), administration (accounting, budgeting) and personnel management (human resources).</p> <p>NIACC</p> <p>Media doing an incredible job to identify workforce issues in health field, especially in nursing. Need to address other disciplines such as nursing assistants, pharmacists, medical lab technologists</p> <p>The human resources department maintains data on all positions posted, including the scarce number of applicants applying for health care faculty positions.</p> <p>Iowa Lakes CC</p> <p>We maintain data on the number of graduates in each nursing program section and identify where they are employed by conducting a one-year graduate and employee survey. We monitor NCLEX test passage rates which identify where students are obtaining licensure.</p> |

3. Provide a list of all data sets maintained by your association/college/group that assist in demonstrating the need for public policy initiatives to address health workforce shortages.

| Association Name | Answer |
|---|---|
| | Iowa Valley CC |
| | Credit Programs |
| | <ul style="list-style-type: none">• The annual report to the Iowa Board of Nursing contains data sets used by Iowa Workforce Development. This report shows data related to the number of nursing program applications, admissions, graduates, and faculty information. This report also includes admission and graduation data related to males and other minority individuals who are in the nursing program. |
| | Non-Credit Programs |
| | <ul style="list-style-type: none">• We maintain class enrollment lists and success rates with state tests. We are beginning to track the employment success of our students. |
| Institute for Public Health Practice – The University of Iowa College of Public Health | See document – Public Health Workforce Enumeration Survey (2005), available by contacting this organization directly. |

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

| Association Name | Answer |
|--|--|
| Mental Health Center of North Iowa | <ul style="list-style-type: none"> • Median age for psychologist in Iowa is 56. • Less than 225 psychiatrists in Iowa and most in urban settings • Low reimbursement rates • Few incentives |
| Iowa Medical Society | <ul style="list-style-type: none"> • See draft document marked IMS Attachment 1. |
| <p>Community Mental Health Center representative to the Mental Health/Mental Retardation/Dev. Disabilities/Brain Injury Commission. As the Community Mental Health Center representative to the Commission, this survey response only represents CMHC services.</p> | <p>COMMUNITY MENTAL HEALTH CENTER REP. TO MH/MR/DD/BI COMMISSION</p> <p>Description of health workforce issues or problems....</p> <p>Of primary concern for Community Mental Health Centers is the availability of psychiatry and more acutely, child psychiatry. We are aware this is not unique to Iowa, but a nationwide issue. While there are training programs in the state for psychiatry, very few graduates go on to work in Community Mental Health. In the recruiting process we have found very few psychiatrists who are interested in inpatient work or on-call after hours. CMHCs need availability of both of those services as part of comprehensive outpatient work.</p> <p>Qualified outpatient therapists can be difficult to recruit and retain as well. Insurance carriers, as well as Medicaid, have specific requirements for level of credentials and years of experience before they will reimburse their services. For example, many private insurers or managed care companies require a Licensed PhD psychologist to have five years experience POST licensure to be on their panel of clinicians. This limits who the psychologist can provide service to, which causes problems with scheduling and wait time for appointments. In addition, a psychologist’s unique service is psychological testing. Many payers will only reimburse for 1-2 hours of testing when many testing exams require 3-5 hours of time. The testing service is necessary for certifying level of care for some services but the loss of revenue to provide that service has caused some CMHCs to not have psychologists on staff. For master’s level therapists, the LISW is highly sought after. There is less flexibility regarding types of services that are reimbursed for Mental Health Counselors, etc.</p> <p>Psychiatric nurses (BSN) are very valuable in CMHC settings but are very expensive employees given the nursing market. BSNs are not reimbursable for many direct services (there are a few) but provide support to physicians. Some of our services</p> |

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

such as Assertive Community Treatment require nursing time to meet the fidelity scale, but filling that role has been difficult.

Bachelor level social work positions seem to have the most turnover. These positions are generally filled with new graduates, with little work experience. They are front line positions, working with seriously mentally ill individuals in community settings. They require a great deal of training and supervision, but are the lowest paid positions. After a few years, the staff person is usually looking to advance their degree and type of work, so the training starts over.

All of these professional positions are very demanding, but very rewarding. Salaries are an issue, even though benefit packages tend to be generous. We lose staff to county or state agencies due to pay scales.

COMMUNITY MENTAL HEALTH CENTER REP TO MH/MR/DD/BI COMMISSION

Public Policy solutions...

Loan forgiveness programs for professionals who agree to work in a Community Mental Health Center for a specific number of years. The Centers in HRSA area are a logical first choice but those in the more urban areas that do not qualify for HRSA are also having difficulty with recruitment. This could include all types of clinical professionals.

Requirement of clinical rotations in Community Mental Health Centers as part of residency for psychiatrists.

Iowa Respite and Crisis Care Coalition (IRCCC)

IOWA RESPITE AND CRISIS CARE COALITION – Executive Director, Doug Cunningham

Over the past year, the Iowa Respite and Crisis Care Board of Directors went through a strategic planning process, conducted a statewide survey on care services and have begun making strategic changes to improve workforce development. We identified that in both rural and urban communities families do not have control over their home based services. Many families sit on waiting lists for Medicaid Waivers for up to a year and once services are authorized providers are unavailable for several weeks to months. When providers do show up at their home they often have little to no

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

training with little investment into the individuals' needs. Parents/caregivers will spend hours training the provider that comes into their home only to see that person placed at another home to cover emergencies or a lack of available workers.

In conducting audits of existing crisis child care programs funded through IRCCC and in hosting provider network meetings, annual trainings and focus groups of those on respite care, we have learned that in rural communities there is a "that's how we do it here" kind of attitude which demonstrates a lack of training and knowledge on best practices. These communities often have incredible responses to addressing community needs such as "chipping in" to help a local family when a crisis occurs. If a family lives in the community that is unique or has a child with severe special needs or is of a minority population, the programs report there is more challenges with securing support for families. Surprisingly, these local communities will often allow families caring for a loved one with chronic health conditions to go unnoticed and the family becomes isolated which makes it difficult to connect with services.

Providers throughout our entire membership state that they are providing services in multiple counties and some administrators state that they have never met the employees have been hired to work in far reaching counties as they are acting as a fiscal agent for a CDAC worker. We see this as a concern and feel as a coalition that it is critical to support the individual worker with information, training, and answers to common questions so that we can improve the "that's how we do it here" attitude.

In urban areas there is a different challenge. We have received continuous information that there is a shortage of nursing staff to manage care for those with medical conditions. Over the past few months we have been working with families that have been terminated from local nursing agencies because they are unable to meet the intensive needs of these families. What we have found is that families are often recruiting their own nurses and seem capable of assisting in this process. Once agencies hire the nurses for the family the program will go smoothly for a short period until another family is in a staffing crisis or the agency takes on a large number of new cases that they can not staff. Agencies then pull nurses from stable cases in order to cover emergencies and to help build confidence with new cases. What happens is that the families that have been in the system begin to get frustrated with a lack of available workers to meet their needs, are staying up all night or have no coverage during difficult shifts. It places these families under constant stress and families in turn complain and get labeled as problem families.

IRCCC feels that it can help creatively support agencies, the state and families in

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

securing workers, training workers with nationally-accredited, evidence-based practices, maintaining a registry of providers and providing respite and crisis care so that fewer people need access to more intensive services.

Iowa Chiropractic Society

The chiropractic physician in Iowa is ideally suited, trained, and situated with over 40 communities in which the only physician is a DC. We can serve and compliment Iowa's health care delivery.

Baum Harmon Mercy Hospital

Addressing the Medicare and Medicaid reimbursement rates to health care provider – all medical specialties, family practice and hospital & long term care facilities.

Iowa Psychological Association

In December of 2006, the Iowa Psychological Association Task Force on the Graying of Psychology submitted its final report to the association's executive council. At the time Iowa had approximately 408 licensed psychologists living in the state. This report included the following facts and figures:

- Iowa ranks 46th among states in the number of psychologists per capita. (19 psychologists per 100,000 citizens)
- In order to reach the national average of 36 psychologists per 100,000, we would need to almost double the number of psychologists in Iowa.
- Iowa has fewer psychologists per capita than most nearby states.
 - Minnesota has 60 psychologists per 100,000.
 - Wisconsin has 54 psychologists per 100,000.
 - Illinois has 44 psychologists per 100,000.
 - Missouri has 28 psychologists per 100,000.
 - Nebraska has 24 psychologists per 100,000.
 - Only South Dakota with 15 psychologists per 100,000 has a lower ratio
- Of the 24 “health professions” in Iowa, psychologists are the oldest group.
- Nearly half of licensed Iowa psychologists (47%) are 55 and older.
 - 35 % of “mental health physicians” are 55 and older.
 - 28% of licensed social workers are 55 and older.

- Of the 408 licensed psychologists only 53 of these (13%) are in their 30s.

In order to be a licensed psychologist in Iowa one must have a doctoral degree which includes an intensive one year pre-doctoral clinical internship. Iowa has four APA

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

approved doctoral programs: one at Iowa State in counseling psychology and three at the University of Iowa (in clinical, counseling, and school psychology). Most of the graduates of these programs do not stay in Iowa for the internship year nor after obtaining their doctorates. More of these graduates would stay in Iowa if internships were available. Currently Iowa has four internships. Each internship accepts three interns per year. Three of these internships are accredited by the American Psychological Association. Accreditation is important because licensure laws often stipulate graduation from an APA approved program or the applicant for licensure must apply for special waivers which are not always granted. The APA approved internships in Iowa are: Central Iowa VA Health System, ISU Counseling Service and University of Iowa Counseling Service. A fourth internship is located in Mason City as a shared venture of the North Iowa Community Mental Health Center and Mercy Medical Center but it is not APA approved and is considering disbanding its training program.

Individuals who complete internships in Iowa are more apt to stay in Iowa. In the last decade about 40% of VA interns and 30% of University of Iowa interns stayed in Iowa for their first job. Additional internships are needed to train and retain psychologists in Iowa.

Iowa Dental Association

- Average age of Iowa dentists is in the mid-fifties
- Approximately 50 of the 99 counties in Iowa are designated dental HPSAs
- A minority of U of I dentist graduates are choosing to practice in Iowa let alone practice in rural/underserved areas
- Recruiting and maintaining qualified dental school instructors continues to be a challenge for the U of I College of Dentistry and most other dental colleges
- Specialists including pediatric dentists practicing in Iowa are in short supply
- Appropriate funding and allowed adult services for Iowa Medicaid oral health services
- Proper organization/administration and funding for a state mandated “dental home” (I-Smile) due July 1, 2008
- New graduate school debt along with practice start-up debt...limits a new dentist’s location options

Iowa Health Care Association and Iowa Center for Assisted Living

This organization attached a hard copy document with their response to IDPH. To obtain the information, please contact the organization directly.

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

| Association Name | Answer |
|--|---|
| Iowa CareGivers Association | Difficulty in recruiting AND RETAINING a qualified workforce; a result that leads to expenditure of millions of taxpayer dollars to fund a revolving door of staff that produces less quality of care |
| The University of Iowa – Carver College of Medicine | The Dean of the Carver College of Medicine appointed and convened a Task Force of health care leaders to investigate trends and challenges confronting Iowa with respect to its physician workforce. The conclusions and recommendations presented by the Task Force in May 2007 are attached to this survey form. |
| Iowa Foundation for Medical Care | This organization attached a hard copy document with their response to IDPH. To obtain the information, please contact the organization directly. |
| Iowa Nurses Association | Shortage of nursing faculty/aging of the nursing workforce. |
| Webster City Medical Clinic | <ul style="list-style-type: none">• Attempts to recruit through two firms• Investigate J1 possibilities through immigration attorney• Try to get/contact as many residences as possible |
| Iowa Hospital Association | This organization attached a hard copy document with their response to IDPH. To obtain the information, please contact the organization directly. |
| Iowa Association of Area Agencies on Aging (i4a) | Recruitment and retention of CNAs. |
| Family Planning Council of Iowa | <p>Currently, our biggest issue is the lack of nurse practitioners available for public health settings and rural health settings as well as the lack of nurse practitioners in general.</p> <p>We also have difficulty using Physician Assistants (PA) in the clinics because of the limited number of PAs that can be supervised by any one physician.</p> <p>Another issue we have identified is that there is a movement to require the educational level of a Doctorate of Nursing Practice (DNP) to be the entry level of education for Nurse Practitioners (NP). We are very concerned about the negative impact this may have on the availability of nurse practitioners in Iowa. A DNP program would require</p> |

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

additional school time of about 30 semester hours (a year or two.) In addition to adding significantly more time to the achievement of educational preparation for NP certification it would add more costs. Both of these items could have a chilling impact on the nurses' abilities and/or willingness to pursue a nurse practitioner career. This would further decrease the already limited number of Nurse Practitioners in Iowa. A decrease in the number of Nurse Practitioners would have more significant negative effect on the provision of rural health and public health services. These settings for health care would have an even more difficult time recruiting and retaining Nurse Practitioners.

There are currently four schools of nursing in Iowa that have Nurse Practitioner programs. Will all be able to add a DNP program and thus continue to have a Nurse Practitioner program or will some have to discontinue their NP Program? And, will there be an impact on the already existing shortage of faculty for entry level nursing preparation as more faculty is needed to teach in the DNP program?

Another aspect of this proposed requirement is that if it is adopted by the state board of nursing, what happens to the current certificate and master's prepared nurse practitioners? Will they be allowed to continue to practice as advance registered nurse practitioners? Will this impact the ability of currently practicing Nurse Practitioners to cross state lines to practice thus decreasing the number of available NPs in Iowa?

We would also like to note that there is no evidence demonstrating that the clinical practice of a DNP prepared NP is superior to that of a Master's prepared NP in all practice settings.

We do not oppose the establishment of doctor of nursing practice programs. We do oppose mandating the entry level of academic preparation for Nurse Practitioners to a DNP. We think that the entry level for NP should remain at the Master's level.

Iowa Dietetic Association

http://www.idph.state.ia.us/common/pdf/publications/chronic_diseases.pdf (Please Note: This Internet link was provided by this organization as part of its response; however, IDPH cannot be responsible for maintaining it. If the link appears to be broken, please contact the organization directly for the information.)

This report lists the impact of chronic disease issues in Iowa. Many of these have nutrition related impact (HTN, high cholesterol, obesity, cancer, and diabetes). The

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

need for the registered dietitian will also be impacted.

Influence of Health care Trends and Health Professions Regulation:

External reports and surveys as well as ADA's 2002 Environmental Scan show that the health care workforce represents 9 percent of America's labor force, making health care the largest industry in the country, with more than 40% of health care workers employed in hospitals. New opportunities exist for the dietetics profession, but the growth may be greater in non-traditional settings and in preventive services. With the foodservice industry ranking second to health care, the need for a broad spectrum of innovative dietetics services is clear.

Cost controls in federal and private health care programs are anticipated to continue to drive care to outpatient and non-institutional settings, and a move from chronic care to preventive care. Top students may be lured to other health professions as the health care profile of America changes.

State regulation of dietetics and scope of practice issues may have a significant influence on the future of the profession and entry-level education. Forty-six states have laws governing the practice of dietetics as licensure, certification, or registration. Issues confronting scope practice and definitions of qualified food and nutrition professionals may strain the profession in near and long term.

Iowa/Nebraska Primary Care Association

IA/NEPCA conducted a survey last fall to determine the workforce issues facing community health centers as they recruit and retain high quality providers. In general CHCs caring for patients with complex health issues and with limited financial resources have difficulty creating and sustaining a health professional workforce. A recent survey of CHCs identified the following issues:

- Hard to attract talented providers to rural and underserved areas.
- Salary demands are difficult to meet.
- High burn out with level of service and time/commitment required, including call coverage and schedule of CHC health professionals.
- Difficult to keep health professionals beyond required service.
- Lack of collegial support in small centers.

Wright County Health Department

Workforce issues:

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

1. Lack of qualified staff applying for advertised positions.
2. We cannot reimburse new staff that apply to work in our agency at a comparable wage to what they are already making. Out local critical care hospitals can pay staff at a better rate then we can as a local health department so it makes recruitment tough at times.
3. Other homecare/hospice agencies that are private or hospital based are paying their staff more than we can to recruit them we are not able to meet the wage they are currently getting.

**Iowa Dental Hygienists’
Association**

Dental hygienists are trained to provide oral health preventive services. Iowa has many people that cannot access these services within a private dental practice due to the limited number of dentists in some areas of the state, many dental practices do not accept public assisted insurance programs and the supervision of dental hygienists restricts the provision of these preventive services. To meet the needs of these people the Iowa Department of Public Health, Oral Health Bureau has developed the I-Smile program to provide these people access to oral health preventive services.

**The University of Iowa
Hygienic Laboratory**

Health Workforce Issues or Problems – Laboratory Workforce

Reasons for instability or decrease in the laboratory workforce pool supply:

- Salary
- Stressful working conditions
- Lack of opportunity for advancement
- Lack of availability of desired working conditions
- Professional image – not understood or recognized
- Risk of infectious disease
- Legal liability
- Decreasing training programs
- Rapidly aging workforce

Components affecting workforce entry into laboratory medicine:

- Image/public recognition
- Curriculum’s are management oriented
- Decreased interest in science
- Scope of Practice is not defined
- Decreased clinical training sites

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

- Funding for programs and students
- Educational program (curriculum) is demanding – does not equate to starting salaries
- Regulatory issues and compliance requirements

Iowa Association of Homes and Services for the Aging

The Long-Term Care Workforce Crisis

Paraprofessional workers--nursing assistants, home health aides and personal care attendants--are the backbone of the formal long-term care system. These workers provide necessary care and support to millions of elderly people as well as younger people with chronic diseases and disabilities.

As policymakers focus more attention on quality outcomes in long-term care, the need for a prepared, committed and sustainable long-term care workforce has become an increasing priority.

Unprecedented vacancies and high turnover among these workers have affected both home and community-based providers and nursing homes, which have reported turnover rates ranging from 40 percent to over 100 percent annually.

In a national survey conducted in 2000, 42 states reported that nurse aide recruitment and retention were major issues. There is increasing evidence that these recruitment and retention problems are affecting both the quantity and the quality of long-term care services received.

The recent softening of the economy might be expected to take pressure off tight labor markets and make direct care jobs more competitive; however, there is little evidence to support such a trend. The latest national survey of state long-term care workforce recruitment and retention practices, conducted in the first half of 2002, found that the vast majority of states continue to report serious concerns about attracting and retaining direct care workers.

Moreover, shortages of qualified, committed paraprofessionals are likely to worsen. In the coming years, the U.S. will experience a tremendous increase in the size of its elderly population as baby boomers age. At the same time, the number of middle-aged women who have traditionally filled these jobs is not growing fast enough to meet the increased demand for services. The result of these demographic shifts is an emerging "care gap" that could severely curtail our nation's ability to provide long-term care.

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

Numerous factors contribute to the difficulty in recruiting and retaining direct care workers.

- Wages are generally low and benefits are poor.
- Job preparation, continuing education and training frequently fail to prepare these workers for what they face in caring for people with increasingly complex needs.
- Advancement opportunities are often limited.
- Direct care workers often do not feel valued or respected by their employers and supervisors.
- Despite having more interaction with patients than many other members of the care team, these workers are often excluded from decision-making involving patient care.

Provider and worker organizations, along with many states, have undertaken various initiatives to attract and retain qualified direct care workers. However, very few of these have been evaluated. Credible evidence is needed on how well specific interventions work, either alone or in combination with other interventions, to meet the challenge of getting and keeping quality paraprofessionals.

For a thorough and incisive overview of the challenges facing paraprofessional long-term care workers, this organization will provide access to a document entitled “Who Will Care.” Please contact the organization directly to receive this information.

The challenges that exist in the aging service workforce are numerous.

For direct caregivers in particular, issues include the fact that the work is demanding – both physically and emotionally. Reducing the rate of turnover amongst this group is a continual challenge. Our members have endeavored over time to increase the level of wages and benefits they can offer as just one of the areas of the recruitment and retention challenge.

In nursing homes, work schedules require coverage 7 days a week, 24 hours per day year around. Schedule requirements, which include weekend and evening work, can be difficult, especially for those who have families at home.

The work environment is stressful, and is characterized by residents with increasing level of needs and at times challenging family involvement. The regulatory environment of the nursing home also contributes to the stress, particularly surrounding the state survey and certification process. Recent trends include increased

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

numbers of serious level deficiencies and fines assessed regarding care issues.

For aging services providers located near a hospital, it is especially difficult to compete with wages and benefits.

Our members understand that critical to retention, is how all staff are regarded and treated in the work environment. Included are issues of respect, trust, and level of participation in workplace issues.

Additional challenges –

- Lack of well defined career ladder for CNAs
- Lack of thorough and effective training for nurse supervisors
- Lack of opportunity for CNAs to give input and opinions
- Lack of resources to pay nursing staff adequately
- Lack of support programs to help nursing staff cope with stress
- Shortage of qualified staff to fill positions

Delta Dental of Iowa

1. Access to care for Medicaid patients – Many Iowa dentists do not accept new Medicaid patients, especially in rural areas due to the low reimbursement rate, frustration over the administrative bureaucracy of the Medicaid program and the amount of insured and paying customers that fill their patient load.
2. Lack of young dentists replacing the older population in rural Iowa – According to the UI Carver College of Medicine, Office of Statewide Educational programs, in December 2006, there were only 85 dentists in Iowa 35 years-old and younger, with the exception of Polk, Dubuque, Linn, Johnson, Scott, Black Hawk, Woodbury and Pottawattamie counties. If you included the eight urban counties listed, the total of that population increases to 207. As for dentists 60 and older, these 91 counties had 130 dentists. For all Iowa counties, the number increases to 238 Iowa dentists that are 60 and older.
3. Improving the local economy - The American Dental Association quantifies the economic impact of a new dental office as having more than \$1.2 million in direct, indirect and induced value to a local area.
4. There is a mal-distribution of dentists in Iowa – approximately 40 percent of the dentists in Iowa are practicing in just four counties.

Iowa Public Health Association

IPHA Iowa Public Health Association

IPHA has not formally discussed or planned for workforce related issues; however.

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

| Association Name | Answer |
|---|---|
| | <p>members are concerned for their individual workplaces. The membership has identified the following concerns and issues:</p> <p>The aging of the workforce especially in public health – a large percentage of LPHA Administrators are within a few years of retirement as well as their staff. Compounding this issue is that many young people do not see public health as a career option.</p> <p>Public Health in recent years has had duties and responsibilities added to its workload without an adequate increase in funding so many in the field have been burdened by increased workload. This increase in workload adds stress and fatigue to people’s lives which can lead to a negative view of these professions.</p> <p>Public health does not have a strong image and many people do not understand what public health is or its impact on the community.</p> <p>Public health has been slow to move into the age of technology. This can be a deterrent to younger people looking who are more adept at technology and want to utilize it in their jobs.</p> |
| Iowa Substance Abuse Program Directors’ Association (ISAPDA) | The organization may be contacted directly for its response to this item. |
| UI Carver College of Medicine | The Dean of the Carver College of Medicine appointed and convened a Task Force of health care leaders to investigate trends and challenges confronting Iowa with respect to its physician workforce. The conclusions and recommendations presented by the Task Force in May 2007 are attached to this survey form. |
| Iowa Nurses Association | Shortage of nursing faculty/aging of the nursing workforce |
| Iowa Association of Community College Trustees | Kirkwood CC <ol style="list-style-type: none">1. Recruiting and retaining health faculty to teach both full-time and adjunct (part-time) |

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

2. Clinic sites for student experiences (limits enrollment).
3. Data to determine the balance of need for graduates without flooding the market and creating a situation where graduates leave the state.
4. Funding for 260C.18A and tuition assistance for students, Dislocated Workers, or disadvantaged individuals.
5. Funding for innovative educational programs to help workers keep up with changes in practice.
6. Use of IA Workforce data to study graduate job placement.
7. Funding to support Workforce Training and Economic Development Fund (260C.18A) for Accelerated Career Education and Grow Iowa Value funding.
8. Retention of CNAs in long-term care.
9. Emotional and physical job demands of health care professionals.
10. Nurses who have left clinical nursing and want to re-enter the workforce to return to patient care but need a refresher course.
11. Paperwork time takes time away from patient care.
12. Lack of sharing capability of patient information between health care facilities.
13. Not all health care facilities use evidence-based practice.
14. Need to develop a local culture of collaboration and sharing of best practices.
15. Lack of access to care for some individuals.
16. Need further use of announcements or advertisements to promote health careers.
17. Need more diversity within the workforce.
18. Regulations are time consuming and take time away from clinical practice.
19. Need sharing between states of how to manage the workforce shortage.
20. Further develop career ladders for current workers to promote flexibility.
21. Need more high schools oriented to health careers.
22. Need further support of collaboration and partnerships between practice and education.
23. Seems to be some inconsistency of grandfathering licensed mental health workers from other states into Iowa.
24. Some health professions may be increasing the educational requirements for entry into health professions without the research that there will be an improved outcome.

Southeastern CC

Priority concerns related to health workforce include the following:

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

1. Retirements and aging of nursing faculty members is significant. Along with these retirements are years of experience and confidence in nursing education.
2. Clinical Adjunct Nursing Instructors are increasingly difficult to recruit and are essential to manage current enrollment in nursing.
3. Adequacy of hospitalized patients to provide learning experiences that correlate with the health curriculum. Our health students have saturated regional health care facilities, with students scheduled 16 hr/day and seven days per week. Even though the numbers of overall patients may be sufficient, the applicability to student learning must be considered. Also of concern, patients and their families are not interested in being assigned to health students 16 hrs a day and seven days a week. There is definitely a saturation point, when the patient requires rest and privacy. Simply noting the census of a health care agency does not indicate that teaching patients are in adequate number for our health students.
4. Lack of stipends or scholarships for graduate level education to support specializing in higher education.
5. Applicants for faculty positions in health programs demonstrate clinical competence in the area of specialization but have little or no experience in formal education. The transition is often difficult and turnover can be significant.

NIACC

The College has experienced challenges in providing services to our students due to:

- Great difficulty in finding qualified full time MSN prepared educators and part-time clinical faculty for nursing education.
- Increased difficulty finding clinical sites willing to allow our Physical Therapist Assistant students on site for practicum experience.
- Increase in working load of current staff provides less time to adequately mentor students.
- Increased difficulty securing clinical sites to provide the Medical Assisting students practicum experience, primarily due to competition with a local college.

Eastern Iowa CC

- Building the Workforce for Health Information: As the transition to an electronic health record gains momentum, health care delivery will need to dramatically

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

reinvent the way it collects, processes and uses health information. A workforce capable of innovating, implementing and using health communications and information technology will be critical to health care's success. Without such a workforce implementations will fail or could even cause harm. There are two contingents in this health information workforce: people who specialize in health information management, applied clinical informatics, and information technology resource management, and those who must use health information technology and electronic health records to perform their duties. But while the need for a health information specialist workforce is growing, the number of trained professionals is not keeping pace.

- Increased enrollment in the nursing program over the past several years with open faculty positions that are not being filled due to lack of interest by qualified candidates. Usually the candidates do not accept the offer due to low pay.
- Recruitment and retention for nursing and EMS.
- Pay is a huge issue – they can make more money out in the field versus instructing.

Iowa Lakes CC

Each year the Iowa Lakes Community College Nursing Program conducts an advisory committee meeting comprised of area agencies. During the meeting we have each agency identify current and projected openings. Currently our nursing program admissions have reached the capacity of our local agencies to provide clinical experiences. The Iowa state board of nursing requires that nursing faculty in ADN program be Masters prepared; this has been a challenge because the salary for nursing faculty in a community college is much less than that of a Masters prepared nurse practitioner. As we explore the possibility of NLNAC accreditation, this will be even more of a challenge. In several other states, legislative initiatives have been proposed to increase the salary and/or provide stipends for nurse educator masters programs.

Iowa Valley CC

Credit Programs

The following are some of the health workforce issues identified by IVCCD:

- Nursing shortage is generally considered a health workforce concern but not all areas of Iowa are experiencing this shortage and it is a concern that nursing education programs could graduate more nurses than needed and this could result

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

in difficulty obtaining a job.

- Qualified, available nursing faculty is a concern. Due to limited availability of nursing faculty (especially in the clinical area) the number of nursing students that can be admitted to the program must be limited. Nursing education rules say that there must be one clinical nursing faculty with every eight students. Often, it is difficult to employ a nursing faculty person at the wages offered for limited employment time. The educational requirements and the degree of responsibility are additional factors that make it difficult to maintain clinical faculty.
- IVCCD sits in a rural area and the availability of clinical sites to meet the learning needs of our nursing students is limited. The college has an excellent working relationship with area facilities but the students' learning needs require that clinical opportunities also be available in urban health care facilities. It is difficult to schedule these experiences because urban facilities are often saturated with students and the urban facility will first try to make the clinical experiences available to the educational programs in their own district.

Non-Credit Programs

Health Workforce Issues - As identified by Iowa Valley Continuing Education

More students need special accommodations than in the past:

- Language barriers
- Physical disabilities
- Learning disabilities
- Tutoring for one or more of the reasons above
- Student readiness to learn is a bigger challenge
- Lack of work readiness skills
- Lack of study skills
- The need for technology is increasing
- High end technology that is used in the workplace is difficult for our college to acquire and stay current with for training purposes.
- There is a need for assistive technology for students, which is also often not available because of cost.

Iowa Alliance in Home Care

The Iowa Alliance in Home Care (IAHC) is an Iowa 501©(6) non-profit trade association. IAHC represents more than 80% of Medicare-certified Home Health Agencies, and other providers of in-home services, throughout the state of Iowa.

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

IAHC periodically surveys its membership with respect to current and anticipated workforce recruitment and retention. The following workforce analysis provides an overview by category.

1. Nurses – Currently, most Home Health Agencies report recruitment and retention of qualified RNs as average to good. However, there is moderate concern about this changing substantially over the next 5 years due to anticipated retirements and changing government reimbursements.

Note: Home Health Agencies often attract a more experienced workforce and must compete with hospitals, nursing facilities and other health care organizations for professional staff. Declining Medicare and Medicaid reimbursement will become increasingly problematic for an HHA's ability to offer competitive wages and benefits.

Planning: Develop "Home Care Nursing Careers" marketing program and coordinate planning activities with nurse training programs.

2. Therapists – Most Home Health Agencies report recruitment and retention of physical therapists and occupational therapists as below average to difficult. Most member Home Health Agencies contract for these services but even then options are limited in many geographic areas of the state. There is significant concern about this changing substantially over the next 5 years.

Planning: Develop "Home Care Therapy Careers" marketing program and coordinate planning activities with therapy training programs.

3. Speech Pathologists – No data collected

Planning: None

4. Medical Social Workers – No data collected

Planning: None

5. Aides – Most Home Health Agencies report recruitment and retention of qualified aids as good. There is moderate concern about this changing substantially over the next 5 years.

Planning: Develop "Home Care Aide Careers" marketing program and coordinate planning activities with partner organizations.

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

Iowa College of Public Health

call for a detailed enumeration of the workforce, and an understanding of the workforce's competence and the availability of training resources to meet identified needs. Yet, as pointed out by workforce researchers at the State University of New York (SUNY) in a Public Health Workforce Study for HRSA, enumeration of the public health workforce is "complicated by the fact that the public health workforce is not easily defined or measured. It is a very diverse workforce, found in many settings and providing a wide range of services." (Public Health Workforce Study, Health Resources and Services Administration, 2005)

After enumeration, workforce development also requires assuring a quality workforce through recruitment and career development. Despite recent efforts at the state and national levels to utilize some form of performance measurement which to provide a metric for determining worker ability, the lack of consensus about who is providing which public health services, and with what quality those services are being provided persists. This lack of clarity presents a significant barrier to carrying out this fundamental workforce analysis function.

An evaluation of the workforce must be linked to an understanding of the demographics and the economic base of the state, especially in a state such as Iowa which has been experiencing many changes. People living in the rural communities are getting disproportionately older. In addition, much of the state remains rural by definition. The primary and traditional enterprise of the region, agriculture, has shifted from small family proprietorships to large and often commercial operations with associated changes in the nature of health coverage occurring as well. Operations in the modern enterprise have changed as well, moving from a predominant reliance upon the production of agricultural products (farming) to the processing of farm products. This has led to more urbanization and, increasingly, to diversification around other non-agricultural commodities and services. As a result, there are declining small towns with reduced populations and inadequate economic bases to support the infrastructures that marked their earlier existences. This includes hospitals and other health services.

The ever increasing population of aging Iowans and the often very rural setting requires that public health workers provide a wide range of services in a variety of service settings across multiple and complex service regions. For instance, service may be provided at the site of need whether it is on a farm, in a residence, at a housing development, a community center, business, school, clinic, hospital or doctor's office. A single provider may cover a portion of a county, the entire county or several

4. Please provide a one-page description of health workforce issues or problems already identified by your association/college/group.

Association Name

Answer

counties, depending on population and available resources.

These realities of population trends and infrastructure are drawing greater attention to the existence of several significant geographically-based health disparities. According to the 2003 Iowa Health Factbook, those living in Iowa's most rural counties (under 10,000) have higher rates of injury from motor vehicle crashes, agricultural machinery and livestock, fires, drowning, toxic exposures and firearms. In another example, the region's aging population faces a higher risk of complications from diseases such as the flu and the effects of chronic disease and conditions. The lack of timely or appropriate prevention and care in rural areas make this problem more acute. Finally, despite a fairly even distribution of health facilities, the region is very aware of how fragile this system is.

5. List strategies or solutions you currently employ to address health workforce shortages.

| Association Name | Answer |
|--|---|
| Calhoun County Department of Health | <ul style="list-style-type: none"> • On the job training. • Reimbursement for higher education, certifications, or degrees. • Competitive wages and benefits. |
| Cherokee Mental Health Institute | <ul style="list-style-type: none"> • Higher pay. • We have a training program for mid-levels (PA and ARNP) in psychiatry. |
| Mental Health Center of North Iowa | <ul style="list-style-type: none"> • Recruitment firms • Direct contact in universities • Visibility of issues in community |
| Iowa Medical Society | <ul style="list-style-type: none"> • IMS lobbies Congress and the Iowa Legislature annually regarding reimbursement and medical liability issues, both of which affect the maldistribution of physicians nationwide. To assist with recruitment, IMS maintains a database of residents that have some connection to Iowa (born here, attended medical school in Iowa or are completing a residency in the state). IMS formed a task force in 2007 to study Iowa’s Health Care Infrastructure, including adequacy of the physician workforce. |
| <p>Community Mental Health Center representative to the Mental Health/Mental Retardation/Dev. Disabilities/Brain Injury Commission. As the Community Mental Health Center representative to the Commission, this survey response only represents CMHC services.</p> | <p>For those Centers that qualify for a HRSA area, psychiatrists have been hired through that process. In some cases, the psychiatrist stayed long enough to fulfill the payback obligation and then moved to a more urban area. Some Centers have used recruiting firms to access psychiatrists but have had little success. Some Centers have used Locum Tenum psychiatrists for the short term but that has been cost prohibitive. For other health care professionals such as social workers, nurses and psychologists, providing the supervision necessary for their licensure is a draw but often the person will leave for private practice once that is achieved. Some Centers are now entering into agreements that the person will stay for a number of years after the supervision is complete or reimburse the Center for the cost of the supervision. For individuals wishing to advance their degrees many Centers offer some type of tuition reimbursement but again are requiring an agreement to stay at the agency for a number of years or reimburse the Center for the expense.</p> |
| Ann Riley at the Center for Disabilities and Development | <ul style="list-style-type: none"> • Consumer Directed Attendant Care services under the HCBS Waivers • Consumer Choice Options under the HCBS Waivers providing the ability to hire |

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

non-traditional Medicaid providers to help individuals with personal care options.

- Recent addition of telehealth services as billable service options for health care providers

Iowa Respite and Crisis Care Coalition (IRCCC)

Iowa Respite and Crisis Care Coalition made a conscious effort to understand the needs of both families and providers and has begun construction of a new workforce model that builds on the existing strengths of the system and helps to engage families in the very development of a trained workforce. Our first phase was to build an internet based-learning management system. We partnered with Essential Learning of San Diego, California and released an on-line training system that is organized to exceed the state training requirements. Currently the State of Iowa requires a minimum of 12 hours of training the first year and six in subsequent years. This system allows for 38 hours of certified training within the first year, and as a coalition we provide incentives to those that go beyond their minimum requirement of 12 hours. The system goes further and tests the user's ability to retain the information they learned and whether or not if they can translate that information in useable skills. Since the roll out in August 2007, we have 97 individuals registered and taking courses and three agencies with 700 employees registered to be organizational sites. One of the many benefits of this system is that if employees bounce from one employer to the next we can transfer training with the individual so that we do not lose trained people.

IRCCC is currently seeking \$125,000 to implement its second phase to build an advanced care referral system called Care Sources. Care Sources is a Web site that links individuals with clear background checks and training interested in finding a job as a care provider with families that need workers in their home and agencies interested in hiring workers. Our target market is an atypical service provider or a person that provides personal care in a home setting and health care providers as defined in section 1861 (u) of the SSA, 42 U.S.C 1395 x(u)). Atypical service providers are hired as a result of exceptions to policies, waiver outreach programs, and through the direct hiring of individuals that otherwise do not qualify for subsidized or insurance reimbursed health care services.

Care Sources is a combination of an on-line jobs board, an on-line forum similar to a dating service and an internet-based resource library. By integrating these types of online supports services, providers across the nation can register their willingness to become a trained provider and help caregivers find providers that are willing to provide care for their dependent loved one. The system will help to alleviate the strain of finding qualified providers, as it will educate families on what a quality provider is and walk a prospective provider through building a business plan, training, background checks, submitting a resume and developing a marketing page for their services that

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

appeals to families and agencies.

To further support the workforce development, we need to reduce the overall dependence on the system for care and provide people with the resources to care for themselves. Through the provision of respite funding and crisis care services, we can provide families with access to short breaks which stretches out the amount of time prior to a person needing professional home care or facility based services. Due to the lack of available respite funding, people are entering the system at a point that is almost too late to provide respite or private support services. Through the implementation of a Lifespan Respite Care Act we can train with evidenced based practices, keep existing individuals linked to the system once their services are no longer needed for a specific family, help individuals find their own care providers, help agencies list job opportunities and advertise services, and most importantly provide families with short breaks so that they can maintain their loved one at home without breaking down and extend the amount of time before needing more expensive professional systems of care.

Iowa Chiropractic Association

Relationships with chiropractic colleges and programs offered to keep, recruit, and enhance their position in Iowa.

Iowa Society for Respiratory Care

The BOD of our organization had initiated scholarships at each local RT program (x6) in the state, but had very few takers.

Baum Harmon Mercy Hospital

Would support wages competitive with other areas of the country, educational opportunities, upgrades in facilities and equipment etc., to make health care a highly desirable place to work.

Institute for Public Health Practice – University of Iowa College of Public Health

Table of goals and objectives from Upper Midwest Public Health Training Center (UMPHTC) 2005 competitive renewal (submitted to and approved by HRSA).

The organization attached a hard copy of the document. To obtain the information, please contact the organization directly.

Iowa Psychological Association

The Iowa Psychological Association has formed three task forces to explore the psychology workforce shortage. One task force, the Graying of Psychology Task Force, was formed after discussions with IDPH personnel and used IDPH data as a

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

springboard for exploring reasons for the shortage of psychologist providers in the state. The task force made specific recommendations to the IPA Executive Council to improve the number of providers in the state. For example, it was recommended that IPA seek to develop more internship opportunities for psychologists. An internship is one of the requirements for receiving a Ph.D. and being licensed to provide services as a psychologist.

Based on the recommendations of the Graying of Psychology Task Force, IPA has also formed a Training Task Force charged with developing internship training slots for Ph.D. students. Psychology graduate students who plan to provide psychological services typically spend five years in graduate school followed by at least one year of pre-doctoral full time internship in a clinical setting.

Current Iowa licensure rules state that after completing graduate school, including the pre-doctoral internship, psychologists must have an additional year of post-doctoral clinical work supervised by a licensed psychologist. Most states have similar licensure rules which originated nearly 40 years ago. These rules were formed at a time when doctoral students graduated with little practical experience. Current training programs and competition for premier internship sites demand that students have many more hours of practical clinical work before graduation. IPA has formed a task force to review Iowa licensure rules to make sure the rules reflect modern training practices and to make sure that antiquated rules are not a barrier to having more psychologists serving Iowans. The Re-sequencing of Supervision for Licensure Task Force will begin formal discussions on this issue with the Iowa Board of Psychology next month.

Iowa Dental Association

Iowa Dental Foundation has been providing scholarships to dental students, hygiene students, assistant students and laboratory tech students for over 10 years.

**Iowa Health Care Association
and Iowa Center for Assisted
Living**

- Leadership training
- Resource packets for recruiters
- Scholarships for employees
- Career resources on Web site and Job Find on Web site
- Partnerships with professional organizations involved in providing long-term care
- Education and training opportunities at district, state, and national levels
- Partnering on grant opportunities
- Lobbying at national level for amending the Nurse Reinvestment Act and state level for grants/loans for nurse educators
- Advancing Excellence campaign: increasing staff retention and employee

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

satisfaction goals and projects

Iowa CareGivers Association

Creation of a statewide support network via expansion of the direct care worker association

Leadership development opportunities for direct care staff to enhance their communications skills and self-confidence, teach personal and political advocacy skills, increase their opportunities for engaging in activities that will lead to personal and professional growth

Providing in-service opportunities for health and long-term care providers that aid in staff retention through:

- Enhanced communication and team building exercises
- Mentoring programs that support new hires and that create advancement opportunities for existing staff

Holding an annual conference and periodic regional meetings where direct care staff can become part of a direct care network, learn new skills, gain exposure to issues, have fun and come to see themselves as valued members of a valued profession

Maintenance and expansion of the Direct Care Worker Registry to give direct care staff ownership of their credentials and a greater sense of being part of a “profession”

Policy advocacy that seeks to increase wages, increase the availability of adequate and affordable health care coverage, improve training and application of HIPAA and Mandatory Reporter Rules, support culture change initiatives that seek to build a work environment where direct care workers are more greatly valued, involved, listened to and appreciated, improve Accountability Measures for nursing facilities that seek to identify and reward the best performers (which includes staff retention)

Continue the work of the Direct Care Worker Task Force...create a governance entity that assumes responsibility for credentialing and educating the direct care workforce

Des Moines Area Community College – Dental Hygiene Program

We graduate qualified dental hygiene students with skills to work in the arena of Public Health.

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

**The University of Iowa –
Carver College of Medicine**

Through our community-based courses for medical students and our affiliated primary care residency programs, we try to encourage learners to consider Iowa for their future practices. We offer a practice site counseling service for resident physicians of all specialties. We offer technical assistance to groups that are recruiting physicians. We also track workforce trends and practice opportunities in most medical specialties. We publish a directory of medical practice opportunities annually.

**Iowa Foundation for Medical
Care**

Advancing Excellence in America’s Nursing Homes—This national campaign is a coalition based, two-year campaign that launched in September 2006. The campaign is reinvigorating efforts to improve the quality of care and quality of life for those living or recuperating in America’s nursing homes. Through this campaign, homes are provided with efficient, consistent and evidence-based approaches to:

- Increase staff retention—by measuring staff turnover and developing action plans as appropriate, the goal of this campaign is to reduce the national average (measured) for staff turnover by 15%.
- Implement consistent assignment—recognizing that regularly caring for the same resident maximizes quality as well as resident and staff relationships, the goal of this campaign is to have 1/3 of nursing homes adopting consistent assignment among CNAs.

Quality Improvement Training—The national campaign reinforces the use of performance improvement approaches. By incorporating the key phases of recognition/assessment, cause identification, management and monitoring, nursing homes can attain optimal improvement in reducing turnover.

- Recognition/Assessment—assessing nursing home’s current approaches and compare current to desirable approaches
- Cause Identification—investigating causes and contributions factors related to operations that need improvement
- Management—implementing measures to try to reinforce or improve the underlying processes, practices and performance that will permit the goal to be obtained
- Monitoring—checking for consistent implementation of desirable approaches, rechecking results and adjusting approaches.

Nursing Home Quality Initiative: For the past 18 months, IFMC has been working with a select group of 52 nursing homes to improve clinical and organizational measures. Reducing workforce turnover was identified as an opportunity for improvement. This initiative addressed workforce turnover by requiring participants

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

to:

- Track CNA turnover rates Homes were required to collect CNA turnover rate for a three-year period. By tracking their turnover rates, homes were able to monitor their progress. The 2006 rate for these designated homes was 73.59%, for 2007 the CNA turnover rate was 68.40%. Homes were encouraged to do a drill down for the financial cost of replacing one CNA.
- Annual Staff Satisfaction Survey The identified participants were required to complete an annual staff satisfaction survey. By getting feedback from their staff, homes were then able to develop action plans to help improve the satisfaction rate for their employees, thereby helping to promote longevity in their staff.
- Performance Improvement Approaches—many homes were able to implement a number of interventions that had a positive impact on staffing ratios. These interventions included, but were not limited to:
- Consistent Assignment—understanding that relationships are at the heart of good quality care and improved quality of life for residents and staff, many homes began to implement consistent assignment, where residents have a consistent caregiver.
- Orientation Process—many homes identified the need for additional training and a longer orientation period to ensure staff were sufficiently trained.
- Peer mentoring—implementing a peer mentoring program helped new employees develop a relationship with a peer who helps them acclimate to their new position.
- Flexible Scheduling—recognizing the demands of employees’ personal lives, implementing interventions such as self-scheduling or new attendance policies proved beneficial to employees finding a work/life balance.

Stakeholder Partnerships IFMC has developed a strong relationship with long term care stakeholders in Iowa. Through the Nursing Home Quality Partners and Iowa Person Directed Care Coalition, organizations working with long term care providers actively seek opportunities to provide education and assistance in key areas such as workforce retention.

Iowa Nurses Association

Raising visibility of the nursing shortage and the direct relationship to the nursing faculty shortage.

Educating nurses and the general public (to the extent possible) about the pending shortage in the state; especially considering the large number of elderly anticipated while the nursing workforce itself ages.

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

Iowa Rural Health Association Awareness and advocacy

Iowa Association of Area Agencies on Aging (i4a)

1. Develop a comprehensive educational program

AAA's have a strong comprehensive educational program. They provide many public information sessions to senior groups, educational institutions, community organizations regarding aging issues. They initiate discussion and continue to communicate the services available to older adults.

2. Develop strategies for healthy aging.

AAA's have always provided for and/or helped fund many health promotion activities at senior meal sites, senior centers and community health fairs. These activities include twice monthly nutrition education programs, exercise programs, health promotion presentations, recreational activities and other educational sessions.

Recently the AAA's have initiated the Iowa Healthy Links program in three areas of the state providing evidence-based health promotion activities for older adults and their caregivers.

3. Develop extensive network of services and providers

In terms of a network of services and providers regarding housing and home and community based services, this is a strength of the AAA network. Through the Iowa Family Caregiver database (ESP), the AAA's have identified and keep up-to-date information on the service providers across the state of Iowa. This information is also linked with information from 211 and the disability community through ADRC. Through the case management program for the frail and elderly and through contracts for service, on-going working relationships for many of these services are developed. Information on the existence of the extensive network of service providers is shared with consumers through the case management program and through i4a's Web site.

Regarding caregivers, AAA's maintain a staff person dedicated to counseling caregivers and to providing funds for services most needed by the individual caregivers to assist in keeping frail elders at home.

Regarding direct care workers, AAA's continue to participate in initiatives by the

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

Iowa Caregivers' Association and related advocacy organizations.

4. Develop strategies to strengthen the network

The Iowa Association of Area Agencies on Aging (i4a) maintains a statewide database, by county of services available for older Iowans in cooperation with ADRC, Life Long Links and 211

AAA's have taken the lead on collaborative efforts at the state and local level to meet the ever changing needs of older adults. We will continue to participate with other stakeholders to implement best practices to assist older Iowans in their continuum of care.

5. Provide persons with accurate assessment

Work through the case management program to develop a universal assessment tool. We train staff to develop consistent assessment process. Ongoing education is critical for developing a standardized tool.

6. Provide persons with information to enable them to make informed choices.

This has been and continues to be a major responsibility of AAA's. This is accomplished through the information and assistance program at each AAA through the i4a Web site, through the AAA's case management program, through the AAA's family caregiver support program and family caregiver services database (ESP). The AAA's will continue developing and updating the Iowa family caregiver services database (ESP) so that an up-to-date database on services and providers is always available. i4a continues to review and modify it's Web site to provide persons with the information they need to make informed choices in an easily understood format. AAA's are experts on aging issues and services. They are critical to the delivery of information and assistance.

7. Provide persons with needed support

This is one of the core service areas for the AAA's. We continue to provide information and assistance, counseling and outreach to older adults, families and caregivers. AAA's continue to assist clients to apply for appropriate public assistance programs and to provide funds to local service providers. AAA's continue to provide high quality and consistent case management services.

5. List strategies or solutions you currently employ to address health workforce shortages.

| Association Name | Answer |
|---|---|
| Family Planning Council of Iowa | We are attempting to increase salaries for clinicians. |
| Iowa/Nebraska Primary Care Association | <ul style="list-style-type: none">• IA/NEPCA recently initiated a recruitment effort to market CHCs and draw health professionals to Iowa CHCs.• Utilize National Health Service Corps, J1 Visa programs. |
| Wright County Health Department | We have an aging staff (12 RN's over 50). Several staff have retired and we have been able to re-hire PRN at times. The current staff that is close to retirement would like to work fewer hours but they need the insurance and that is only for full time employees. We have made it so staff can work 35 – 40 hours for full time benefits. We try to flex their hours as able. We offer free CEUs and try to have in-services/classes at our office. We reimburse up to \$100 per year for their malpractice insurance. We were able to raise the mileage to 48.5 cents per mile recently. We try to offer skill updates and classes pertaining. Our solutions are limited as we are a county based agency and have budget restrictions. |
| Iowa Dental Hygienists' Association | The Iowa Dental Board added nursing homes to the settings where dental hygienists can provide dental hygiene services. |
| The University of Iowa Hygienic Laboratory | <p>Strategies that UHL is focusing on include: using information technology and the internet, partnering with educational institutions, marketing public health careers at K-12 and college campuses, training future public health leaders through internships and fellowships, and providing professional training both statewide and nationally.</p> <p>UHL recruits Emerging Infectious Diseases fellows to work in our laboratory and then hires many of them at the end of their fellowship. We also encourage them to take classes at the College of Public Health during their fellowship to assist them in starting their advanced degree in public health. We recruit college interns to work in the Laboratory and also provide job shadow opportunities for high school students. UHL teaches public health classes to K-12 students through a partnership with Iowa Public Television. This year, we have 16 public health classes that will be delivered over the Iowa Communication Network, reaching across Iowa. We have a video on the UHL Web site at: http://www/aboutuhl/video.html that has been shared nationally to promote careers in public health. We are developing online courses and interactive games that also serve as tools for workforce recruitment.</p> |

5. List strategies or solutions you currently employ to address health workforce shortages.

| Association Name | Answer |
|---|---|
| Iowa Association of Homes and Services for the Aging | <p data-bbox="537 338 1406 483">Our many members implement a spectrum approach to address the issues in recruitment and retention. In recruitment (finding the right people) these issues include, identifying possible target groups, marketing, factors affecting the local economy, wages/benefits, schedule flexibility, successful screening of applicants.</p> <p data-bbox="537 527 1468 632">In retention (keeping the right people) these issues include, effective orientation and training, peer mentor and support, addressing the challenges in the long term care work environment, and wages/benefits.</p> <p data-bbox="537 676 1455 743">Another area of future emphasis will be implementing a more “consistent assignment” model (same caregivers caring for the same residents most of the time).</p> <p data-bbox="537 787 1455 892">Our association has begun to gather and formalize the various approaches to recruitment, retention, and consistent assignment used by our members in meetings of the HR Managers from our member organizations.</p> <p data-bbox="537 936 1455 1041">On a national level, the American Association of Homes and Services for the Aging has recently published a white paper titled “Our Moral Imperative: Creating an Ethical Workplace” which addresses a number of health care workforce issues.</p> <p data-bbox="537 1085 1463 1388">In addition, AAHSA through its research arm, the Institute for the Future of Aging, served as the project manager for the three year project “Better Jobs, Better Care” funded through the Robert Wood Johnson and Commonwealth Fund. There are publications of the findings of this major piece of work. Better Jobs, Better Care . (Please note: The organization responding (see left column) provided this Web link as part of its response. IDPH cannot guarantee maintenance of this link. If the link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate the item.)</p> <p data-bbox="537 1432 867 1465">Additional possible solutions –</p> <ul data-bbox="565 1509 1455 1845" style="list-style-type: none">• Create career ladder for CNAs• Add management/supervisor training to nursing and CNA curricula• Increase reimbursement for Direct Care Costs to pass on to nursing staff• Seek partnership with community resources to start employee assistance programs• Implement a Mentoring Program• Choose Diversity as an HR strategy and seek out minorities to start health care careers• Partner with Colleges to create support programs for foreign born workers to |

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

help them get through CNA/Nursing programs

Iowa Nurses of Long Term Care

We allow the local community college to bring in their CNA students to complete their clinicals. We encourage staff to continue their education and offer assistance in filling out scholarship applications.

Delta Dental of Iowa

1. The Loan Repayment program was launched in 2003 in collaboration with the University of Iowa College of Dentistry, the Iowa Department of Public Health and the Iowa Dental Association in the belief that loan forgiveness is one of the most viable solutions to address the state's access-to-dental care problem. The Loan Repayment program is open to private practice dentists and dental public health professionals who commit to practice in a shortage area and allocate at least one-third of their practice to patients who are considered underserved. Since 2003, loan repayment recipients have performed more than 37,600 procedures during 16,000 patient visits—all to meet the needs of the underserved who may include uninsured, Medicaid, *hawk-i* (SCHIP), disabled, elderly, nursing homes, refugees, homeless and indigent.
2. In April 2005, Delta Dental expanded its current Loan Repayment program by providing an additional three \$50,000 loan repayment grants over three years. Under the terms of this expanded Loan Repayment program, local communities in 15 identified "critical shortage" areas of Iowa would be encouraged to provide matching grants and in-kind donations to create an economic development and recruitment package for dentists. The counties targeted for assistance are: Adams, Buena Vista, Clay, Clinton, Des Moines, Jackson, Kossuth, Mahaska, Plymouth, Poweshiek, Shelby, Wapello, Washington, Webster and Winneshek.
3. In June of 2006, Delta Dental committed a three year \$150,000 grant to the University of Iowa College of Dentistry to establish a Practice Opportunities Position at the college. This individual coordinates recruitment of dentists to rural, underserved communities throughout Iowa and helps to match Iowa's dental graduates with open practice sites. The position also works with Iowa Chambers of Commerce, the Iowa Departments of Economic Development and Public Health, the Iowa Dental Association and the University of Iowa Dental Alumni Association to identify communities seeking a dentist and facilitate placement.

Iowa Public Health Association

Through the strategic planning process IPHA is reemerging as a professional organization for public health workers. That provides networking, policy advocacy statements, and education opportunities.

Iowa Substance Abuse Program Directors' Association (ISAPDA)

ISAPDA members use the following:

- Relationships with both community colleges and the private/public colleges and universities that include everything from paid/unpaid student internships (which might result in a future employee), speaking to college classes to encourage interest in the substance abuse field, and development of educational programming that targets those interested in working in the substance abuse field.

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

- Hiring people with college degrees in counseling fields and then supplementing with intensive on-the-job training specific to the substance abuse field.
- Because wage and benefit packages are low, employers try to compensate with generous time-off packages, flexible scheduling, family-friendly employment practices, etc.
- Recruitment of new employees using Web-based listings and direct recruitment at colleges.
- Recruitment outside of Iowa using Web-based programs and recruitment agencies.

**Iowa Association of
Community College Trustees**

Southwestern CC

The community colleges of Iowa provide educational programs to prepare individuals to enter the workforce. Southwestern's programs include: Registered Nursing, Licensed Practical Nursing, Medication Aide, Medication Manager, Nurse Aide, Resident Attendant/Supported Community Living Specialist, Emergency Medical Technicians, and Paramedics.

The colleges use a variety of strategies to recruit students into health fields.

Kirkwood CC

Health Science Academy within the high schools to generate an interest and background in health care.

Interventions to recruit and retain faculty.

Innovation to provide educational programs.

Southeastern CC

1. An evening weekend track of the nursing program was implemented in January, 2007 in an effort to spread student assignments across 16 hrs of the day and also to provide graduates to the workforce in December of the year.
2. Alternating class and clinical schedules within and between programs so that fewer health students are in the clinical area at the same time.
3. Providing more experiences in the lab/simulation setting.

NIACC

4. The College provides tuition reimbursement to support faculty in obtaining advanced degrees.
5. We offer a reduced work load for first year of employment to allow faculty to "get

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

grounded” in their new instructional roles.

6. We provide mentors for new faculty to offer one-to-one support.
7. We have entered in a partnership with Mercy Medical Center –North Iowa for shared clinical faculty – Currently have one faculty member in a shared position with Mercy and NIACC. (benefits and 20 hours per week paid by MMC-NI; NIACC pays 20+ hours per week). This is an imperative strategy to facilitate strong clinical practice educators partnered with full time faculty.

CLINICAL AGENCY STRATEGY:

Need to reduce agency requirements for clinical education: huge expectations for faculty and

students to do clinicals (alternative orientations, medication administration exams, computer usage orientations/updates, computerized medication passing procedures, etc.) The time/agency expectations required to get students “ready” for clinical experiences keeps increasing and is extremely complex. Extremely problematic when using multiple agencies which all want explicit orientation to “their” facility.

Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Hawkeye

The major concern of the associate degree programs is the growing need for qualified faculty. To address this concern, the department is continuing to investigate avenues of articulation to baccalaureate degree granting institutions. One example is the agreement with Allen College, a private institution, for a two-plus-two BSN.

Eastern Iowa CC

- Advertising in local and national journals
- Web sites
- Flex scheduling
- Advertise in national association ems educators association website
- Discuss with ems advisory board committee strategies to increase worker shortages

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

- All allied health programs at EICCD are constantly monitoring curriculum for inclusion of the latest technology as clinical procedures go digital and data collection of all health information becomes electronic only.
- Recruitment from area high schools, career fairs, and direct marketing

Iowa Lakes CC

Our program has increased the number of students admitted in each program both in the daytime program and in the evening weekend program.

Iowa Valley CC

Credit Programs

- The Medical Assistant program was implemented this year at IVCCD partially due to the projection from Iowa Workforce Development that there would be a large growth in Medical Assistant jobs in Iowa between now and the year 2012.
- Nursing program at IVCCD is attempting to develop nursing labs that will implement simulation technology that will increase the opportunity for practice of nursing skill development.-IVCCD and the Iowa Veterans Home has developed a joint clinical/instructor contract to utilize IVH nursing staff as clinical instructors for students having a clinical experience at IVH.
- A part-time Practical Nursing Program was implemented at the Grinnell center to accommodate students who wished to go through the program on a part-time basis. This program will not continue after this school year due to decreased enrollment.

Non-Credit Programs

- New courses in a variety of ancillary careers to help facilities fill positions such environmental aides, nutritional aides, 16 hr. nurse aide.
- Some facilities cross train employees for a variety of areas to help alleviate shortages.
- We help facilities make optimal use of the State Wide Nurse Aide Registry.
- Developed a “bilingual” nurse aide program.
- More Spanish language advertising to attract new Iowans into health care careers.
- Utilize grants to make training available for low-income students.

Iowa Hospital Association

- Through the Iowa Hospital Education and Research Foundation (IHERF), an affiliate of the Iowa Hospital Association, Iowa’s hospitals have created a

5. List strategies or solutions you currently employ to address health workforce shortages.

Association Name

Answer

scholarship program to assist students pursuing careers in health care. Students can received up to \$6,000 in assistance from the program. In 2007, 29 scholarships were awarded at \$3,000 each for a total of \$87,000.

- The Iowa Hospital Association distributes the brochure, “There is Something for Everyone in Health Care” to high school guidance counselors, community colleges and hospital Human Resource Directors.
- The IHA legislative agenda includes a variety of items to address workforce shortage issues.
- The Iowa Hospital Association formed a Physician Issues work group that has evaluated the policy recommendations from the University Of Iowa’s Carver College Of Medicine’s Task Force On The Iowa Physician Workforce and has developed recommendations for the 2008 IHA legislative agenda.
- A Nursing Practice-Education Collaborative for Future Patient Care Delivery has been created. This group is comprised of leaders in nursing practice and leaders in nursing education from around the state of Iowa. This goal of this group is to:
 - Promote coordination around emerging practice models, advances in nursing curricula, and new professional roles.
 - Produce recommendations for nursing practice and education in Iowa.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|---|---|
| Cherokee Mental Health Institute | <ul style="list-style-type: none"> • Increase Medicaid reimbursement for psychiatrist. • Increase stipends to community mental health center directors. |
| Mental Health Center of North Iowa | <p>The Mental Health Center of North Iowa is one of a number of community mental health centers in Iowa that are associated with the Iowa Association of Community Providers.</p> <p>Iowa’s public universities are failing to train adequate levels of mental health professionals especially for those area of Iowa that are not densely populate.</p> <p>The University of Iowa was awarded approximately 300,000 dollars to incentive the Department of Psychiatry to be more engaged in community out reach. But little has happened. More is needed to incentive a shift to more medical students going into psychiatry, more linked to community psychiatry and more encouraged to practice outside the few concentrated area in Iowa (Des Moines, Iowa City, Davenport, Cedar Rapids).</p> <p>A public initiative to advance the use of tele-medicine linking the University of Iowa’s Department of Psychiatry with community mental health centers has been only fleetingly discussed.</p> <p>Opening up the training and expanding the number of psychiatry extenders is needed through advanced practice nurses and physician assistants.</p> <p>Increase public reimbursement rates.</p> <p>Mental health parity.</p> <p>Mental health transformation to Iowa’s system with an infusion of state funds to integrate with county and federal funds.</p> |

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

Ann Riley at the Center for Disabilities and Development

- Add tele-health devices to approved list of medical equipment for people on Medicaid State Plan and HCBS Waivers.
- Provide funding to train direct care workers on how to provide behavioral health interventions
- Train family members and school health workers on the early warning signs of Mental Illness and provide list of resources to contact for assistance.
- Require criminal justice workers to complete a continuing education course each year on recognition of symptoms of mental illness and interventions to use in a crisis situation.

Iowa Respite and Crisis Care Coalition (IRCCC)

IOWA RESPITE AND CRISIS CARE COALITION

Requires DHS to establish a Lifespan Respite Care Program (Program).

Requires the Program to:

- a) establish the Iowa lifespan respite services resource network within the department to develop and encourage statewide coordination of respite services and to work with community-based private nonprofit or for-profit agencies, public agencies, and interested citizen groups to engage in networking community lifespan respite services information resources for primary caregivers of individuals who do not currently qualify for other publicly funded respite services.
- b) support the growth and maintenance of a statewide respite coalition.
- c) conduct a study on the need for respite care throughout the lifespan of individuals.
- d) identify local training resources for respite care providers.
- e) link families with respite care providers and other types of respite caregiver consultants.
- f) create an evaluation tool for recipients of respite care to assure quality of care.

Defines “lifespan respite care” as a coordinated system of accessible, community based respite care services for family caregivers of children or adults with special needs; and “respite care” as short-term care and supervision services that are provided to an individual to relieve the individual’s caregiver.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|---------------------------------------|--|
| Iowa Chiropractic Society | <p>Ends the Program on July 1, 2017.</p> <p>Appropriates \$500,000 and one FTE position from the state General fund in FY 2008-2009 for the purposes of the Program.</p> <p>Exempts the appropriation from lapsing.</p> |
| Iowa Psychological Association | <p>This item was not available from this organization at the time the organization submitted its response. Please contact the organization directly for further information.</p> <p>Solution #1---In 2007 the Iowa Legislature, as stipulated in House File 146, appropriated \$50,000 in funds to the Iowa Psychological Association (IPA) for the initial steps in developing psychology internship training programs. The language from that bill was ultimately included in the session's budget bill which Governor Culver signed in May, 2007.</p> <p>The bill stipulated that the association take initial steps to develop internship programs that serve citizens in rural and underserved areas of the state. The initial appropriation of \$50,000 will be spent on training program development. Program development tasks include:</p> <ul style="list-style-type: none"> • identify possible training sites and meet with those sites to explain critical provider shortage issues • assess the potential for training program development at those sites by discussing with sites the requirements for program budget, funding, facilities, staff and APA accreditation status • identify limitations for successful program development at sites • assess site interest, commitment and ability to overcome limitations to successful program development • assist site(s) with removing limitations to program development. For example, funding limitations are a significant concern for sites. In order to be APA accredited sites must prove financial viability over time. Program development will include assisting sites with exploring and identifying funding sources that |

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

will provide a continuum of funding.

- endorse a training site(s) by written agreement with responsibilities of IPA and training site(s) defined and mechanisms for evaluation of the agreement specified.

A program development leader will be hired on contract by the association to be responsible for above. Expenses will therefore include the leader's salary and office/administrative expenses as well as expenses incurred by the association in regard to the above.

Solution #2---The above steps only describe development of the training site. The estimate for the annualized need for a functioning internship is \$250,000 in Year 2 and beyond. IPA will document the need for \$250,000 in funding from the 2008 legislature to facilitate the creation of a functioning internship site.

Solution #3---Although many interns continue to practice in the communities in which they interned, IPA will seek public policy solutions that further encourage retention of interns in our rural and underserved communities. With approximately 10 years of educational expenses most interns are in need of financial assistance in the form of loan forgiveness or additional financial incentives such as salary guarantees. IPA will work with state and federal officials to develop innovative ways to **train and retain psychologists in Iowa.**

Iowa Dental Association

- State and state/community funded forgivable loan program
- State tax incentives to practice in rural/underserved areas
- State tax incentives to provide services to Medicaid members
- Limit regulatory burden including changes to testing of entry-level dental assistants allowing the supervising dentist to contract for testing outside the current regulatory mandated system
- Carve-out oral health services under Medicaid (see hawk-I) including the state mandated dental home (I-Smile) program due for implementation July 1, 2008

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|---|---|
| Iowa Health Care Association and Iowa Center for Assisted Living | Please contact this organization directly to obtain the document it included as an attachment to address this item. |
| Iowa CareGivers Association | <p>Create a public awareness campaign that seeks to heighten the publics' knowledge of the direct care workforce and the value of those who are part of it.</p> <p>Create a specific direct care worker recruitment campaign that focuses on middle and high school students, early retirees and older workers, males, immigrants and family caregivers.</p> <p>Increase funding to allow the expansion of mentoring and leadership programs, conferences, regional meetings and other techniques that build professionalism in, and a commitment to, the workforce.</p> <p>Increase wages of direct care staff via specific language in appropriation bills that isolate a certain % of reimbursement increases expressly for wages.</p> <p>Increase the quality of initial and ongoing training, the portability of credentials, and the professionalism of the workforce, by the creation of a governance entity within DPH (the work of the Direct Care Worker Task Force and the Direct Care Worker Registry).</p> <p>Create or improve pay for performance mechanisms that reward those providers that increase retention via better pay and benefits, a progressive work culture, an emphasis on initial and continuing education, periodic surveys that measure employee attitudes and address their concerns and suggestions, etc.</p> <p>Have State Agencies take an activist approach to the identification of "Best Practices" among providers that have the highest levels of employee retention. Determine what they are doing that others aren't, and create processes/devote staff to "replicating excellence."</p> |
| | Those same State Agencies should give additional attention to publicly acknowledging |

- 6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)**

Association Name

Answer

**Iowa CareGivers Association
(continued)**

those providers and giving them high-profile visibility on web sites and other information-sharing and public relation vehicles.

Work with the Iowa Congressional delegation, federal agency heads and the new President of the United States (and candidates wishing to occupy that office) to deal with the systemic issues in Medicare and Medicaid that lead to low reimbursement levels for providers of services.

Obtain comprehensive health care coverage reform in Iowa to ensure that all direct care workers have adequate and affordable health care benefits.

Give additional focus to the training of direct care worker supervisory/management staff to encourage a more open, supportive, progressive, participative and fulfilling work climate for all staff members.

Expand the existence of career-ladders, the creation of “Master-CNA, Master Home Care Aide” positions (much like a Master Firefighter or Master Police Officer or Master Teacher), and retention-specialist positions that will encourage more people to enter, remain and grow in the profession.

Encourage experimentation with scheduling and staffing configurations that improve quality of care via consistent assignment of staff, expanded hours of work-per-week for those who want it, and improved staff to resident/consumer ratios.

Create a comprehensive data base of direct care staff that provides ongoing information about the workforce....numbers, locations, age/race/sex, full time vs. part-time status, new hires, losses, reasons for losses, pay, benefits, etc. to aid in the continuing analysis of, and planning surrounding, the health and long term care direct care workforce.

Final Comment:

This “summit” to address the health and long term care workforce is an excellent idea and a necessary technique to bring all the parties together that understand the problems, are impacted by them, and have an important role to play in addressing

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

them.

**Iowa CareGivers Association
(continued)**

It suggests to us the importance of having an ongoing focus for health and long term care workforce planning within state government; an entity that can insure that the necessary data exists and is being used, that collaborative efforts among multiple state agencies are regularly occurring, that the voice of providers and employees and consumers (and the related organizations and associations that support all of them) are regularly being heard, that future needs are always being looked at along with current needs, etc.

In that sense, it may be that the best outcome from the extensive effort that comes from HF 909 would be that the need for another summit in the future would never exist; that the need would not exist because we will have woven health and long term care workforce efforts into the fabric of state government, that the necessary resources have been provided for it, and that significant results are being achieved.

**Iowa Foundation for Medical
Care**

Health care Workforce Issues Identified by IFMC

The Iowa Foundation for Medical Care has a broad-based initiative, the national Nursing Home Quality Initiative, which has been actively in place for the past 5 years. A primary focus nationally and statewide has been workforce retention by tracking the staff turnover of the front line staff in 50 nursing homes x 3 yrs; followed by a staff survey to help rationalize why the certified nursing assistants were leaving their jobs. Results have shown that CNAs

1. Do not feel that leadership appreciates them or that leadership is actively involved with employees who strive to be treated like professionals – causing low self esteem and disillusionments with their jobs.
2. Do not feel there is good communication between staff from shift to shift - making it difficult to deliver the proper care.
3. Lack of proper training for something new they are expected to do - causing accidents/injuries to residents or self.
4. Do not feel there is an adequate number of staff to deliver care - causing premature burnout
4. Do not feel the pay is adequate for the job they are expected to do and generally there are little to no benefits for the CNAs – causing them to seek employment elsewhere.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

Iowa Hospital Association

Please contact this organization directly for a copy of the attachment it included as its response to this item.

Family Planning Council of Iowa

Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

One public policy solution would be for the Legislature to direct the Iowa Board of Nursing to retain a Master’s degree as the basic credential for entry to Nurse Practitioner practice.

Another policy solution would be to work with state organizations that can apply influence to the national accreditation bodies (both current and proposed) and national nurse practitioner specialty area certifying bodies to retain a Master’s degree as the basic credential for entry to Nurse Practitioner practice.

Iowa Dietetic Association

Nutrition counseling is a covered services for Iowa Medicaid Elderly Waiver Clients. The reimbursement rate is below the market rate for dietitians for program case managers have a difficult time finding a dietitian to provide counseling. Currently, less than 1% of clients who are screened and determined to have nutrition problems receive nutrition counseling. Recommend that the Medicaid Elderly Waiver reimbursement reflect market rate and include travel time for home visit as billable time. Another option is to develop a payment method that bundles services. For example, the program could pay \$100 for the first visit and \$75 for subsequent visits.

Reimbursement for Medical Nutrition Therapy beyond renal and diabetes.

The Iowa Dietetic Association supports legislation providing access to registered and licensed dietitians for families with children in Iowa K-12 schools and children covered by Early ACCESS (birth to three-children with special needs). (The Iowa

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

Dietetic Association provided the attached handout in Word format along with their response. If you are unable to open the attachment, please contact the Iowa Dietetic Association directly for more information.)



AEA_Leg_Handout.doc

Iowa/Nebraska Primary Care Association

Please contact this organization directly for a copy of the attachment it provided in response to this item.

Wright County Health Department

We need to be able to increase pay for our professional staff. We are in a rural area so we are competing with other local providers for the same RN/SW pool of people. We already do some grants with neighboring counties; such as; I4 grant is a 3 county grants, MCH/WIC is a 4 county grant, and our empowerment is a 3 county area. Economic growth is slower in our area and sometimes the younger people like to go to cities to work.

Iowa Dental Hygienists' Association

Additional training in public health program development would provide dental hygienist with the resources to make this program (I-Smile) develop it's full potential. A dental hygiene degree completion program in Iowa with a dental public health emphasis would be very beneficial.

Currently, when a dental hygienist in public health programs provides preventive services they may not provide those services to clients again until that client has received a dental exam by a dentist. Changing the public health supervision of a dental hygienist would require a legislative action. Preventive services should not be restricted.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

Iowa Association of Homes and Services for the Aging

BJBC Findings

- Please Note: The organization responding provided several Web links as part of their response. IDPH cannot guarantee maintenance of these links. If a link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate this item.)
- FutureAge March/April 2007
The March/April issue of FutureAge magazine is dedicated to the Better Jobs Better Care findings. Each article illustrates the work BJBC has done to support changes in long-term care policy and provider practice that help improve frontline worker retention.
 - Issue Briefs - Respectful Relationships: The Heart of Better Jobs Better Care Number 7, April 2007
Building a foundation of respect in the long-term care workplace can increase direct care worker satisfaction and retention and help providers embrace the growing racial and cultural diversity of their frontline staff. ([PDF](#))
 - Engaging the Public Workforce Development System: Strategies for Investing in the Direct Care Workforce Number 6, February 2006
Partnerships between long-term care providers and the workforce development network can improve quality of care, increase the supply of direct care workers and promote greater workforce stability.
([PDF](#))
 - Family Care and Paid Care: Separate Worlds or Common Ground? Number 5, May 2005
Family and paid caregiving are typically treated as separate worlds, yet they often intersect. The brief explains the demographic and economic trends that affect caregiving and suggests ways to strengthen the bond between family and paid care.
([PDF](#))
 - Quality Improvement of Organizations: Recognizing Direct-Care Workers' Role in Nursing Home Quality Improvement Number 4, August 2004
Quality improvement organizations (QIOs) are changing their approach in nursing homes, focusing on direct care workers and other caregiving staff in their efforts to improve care.
([PDF](#))
 - Health Insurance Coverage for Direct Care Workers: Riding Out the Storm

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

Iowa Association of Homes and Services for the Aging
(continued)

- Please Note: The organization responding provided several Web links as part of their response. IDPH cannot guarantee maintenance of these links. If a link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate this item.)

- Number 3, March 2004
Direct care workers face numerous challenges in finding health care coverage. There are realistic strategies for making health coverage more available and more affordable to them and their families.
[\(PDF\)](#)
- Direct-Care Workers Speaking Out On Their Own Behalf
Number 2, January 2004
Direct care workers play a critical role in improving the quality of long-term care services. They are enhancing their role by getting involved in workplace change initiatives, worker associations and unions.
[\(PDF\)](#)
- Multi-Stakeholder Coalitions: Promoting Improvements in the Long-Term Care Workforce
Number 1, October 2003
Partnerships among long-term care providers, consumers and workers can strengthen the long-term care workforce and create fundamental changes that improve the jobs and work environments for direct care workers.
[\(PDF\)](#) -- Please Note: The organization responding (see left column) provided this Web link as part of their response. IDPH cannot guarantee maintenance of this link. If the link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate this item.)

Practice and Policy Reports

- The Cost of Frontline Turnover in Long-Term Care
October 2004
The high rate of turnover among frontline workers in long-term care is a serious workforce problem. This report presents a framework for measuring these costs and makes a case for why they are important to track.
- [Executive Summary](#) (PDF) - [Full Report](#) (PDF)
- Linking Payment to Long-Term Care Quality: Can Direct Care Staffing Measures Build the Foundation?
April 2005
State and federal policymakers are looking at using incentives to reward providers who can

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

**Iowa Association of Homes and Services for the Aging
(continued)**

demonstrate better quality. This report describes the challenges in designing effective incentive systems in long-term care.

- [Executive Summary](#) (PDF) - [Full Report](#) (PDF)

State Program Initiatives and Reports

- Please Note: The organization responding provided several Web links as part of their response. IDPH cannot guarantee maintenance of these links. If a link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate this item.)

- Governing Magazine recognizes three states with BJBC demonstration grants for their efforts to improve long-term care services. The 2004 Government Performance Project report, which focuses on health care, provides detailed reports for six crucial problem areas including long-term care that experts cite as the most significant in state-funded health care. Please Note: The organization responding (see left column) provided these Web links as part of their response. IDPH cannot guarantee maintenance of these links. If the links appear to be broken, please contact the organization directly or use your favorite Internet search engine to locate the items.

- [Introduction to the issue](#)
- [Report on long-term care](#)
- [State success stories](#), highlighting Oregon, Pennsylvania and Vermont (three of the five Better Jobs Better Care demonstration grantee states)

[Massachusetts' Extended Care Career Ladder Initiative \(ECCLI\) Round 2: Evaluation Report, August 2002](#), by Randall Wilson, Susan C. Eaton and Amara Kamanu, Working Paper Number:RWP03-006, John F. Kennedy School of Government, Harvard University. Results of an 18-month evaluation of ECCLI Round 2, a program designed to use workforce development strategies to improve long-term care worker and resident outcomes. The report evaluates activity, lessons, barriers, and achievements of seven consortia that implemented initiatives between July 2001 and May 2002. Many lessons for how to implement career ladders and care giving improvements were identified.

Once on the Faculty Research Working Paper Series Web site, search by author, topic, date or working paper number.

[Extended Care Career Ladder Initiative \(ECCLI\): Baseline Evaluation Report of a](#)

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

Iowa Association of Homes and Services for the Aging (continued)

- Please Note: The organization responding provided several Web links as part of their response. IDPH cannot guarantee maintenance of these links. If a link appears to be broken, please contact the organization directly or use your favorite Internet search engine to locate this item.)

[Massachusetts Nursing Home Initiative](#), by Susan C. Eaton, Claudia Green, Randall Wilson and Theresa Osypuk, Working Paper Number:RWP01-035, September 2001

[Michigan's Care Gap: Our Emerging Direct-Care Workforce Crisis](#), by Hollis Turnham and Steven L. Dawson, and published by the Paraprofessional Healthcare Institute, highlights the labor crisis facing the long-term care field in the state and recommends that the quality of jobs be improved through higher wages and benefits and creating a "culture of retention". April 2003.

[Results of the 2002 National Survey of State Initiatives on the Long-Term Care Direct Care Workforce](#), published by the Paraprofessional Healthcare Institute and the North Carolina Department of Health and Human Services, Office of Long Term Care, June 2002.

[Pennsylvania's Frontline Workers in Long-Term Care: The Provider Organization Perspective](#), Leon, J., J. Marainen, and J. Marcotte, Jenkintown, PA: Polisher Geriatric Institute at the Philadelphia Geriatric Center, 2001.

[In Their Own Words: Pennsylvania's Frontline Workers in Long-term Care](#), Pennsylvania Intra-governmental Council on Long-term Care, February 2001.

[Report to the Joint Appropriations Committee on Study of Nonprofessional Direct Care Staff Recruitment, Retention, and Wages](#), State of Wyoming Department of Health, December 2001.

[Certified Nursing Assistant Recruitment and Retention Pilot Project Final Report](#), Iowa Caregivers Association, November 30, 2000.

[Comparing State Efforts To Address The Recruitment And Retention Of Nurse Aide And Other Paraprofessional Aide Workers](#), Cramer B, Harmuth S, Gamble E., Raleigh, NC: North Carolina Division of Facility Services, September 1999.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|---|--|
| Delta Dental of Iowa | <ol style="list-style-type: none"> 1. Fully funding the Iowa Department of Public Health I-Smile program. A proposed component of the I-Smile program includes a state loan repayment program that would align to the current Delta Dental of Iowa Loan Repayment program. The average debt load of a graduating dentist from the University of Iowa College of Dentistry is more than \$120,000. In addition, the average cost to setup a new practice is \$150,000 to \$200,000 in equipment and related expense. 2. The ability to provide an economic incentive package to a dentist to locate and either purchase or build a practice in a rural community is vital to his or her investment in rural Iowa. 3. Another goal of the I-Smile program is to improve the access for Medicaid children to a dental home. To accomplish this goal, a private insurance carrier whose expertise in dental can reduce the existing barriers to oral health care. These barriers include increasing the provider reimbursement rate for a carve-out expansion group of children (1-6 years), reducing the dentist administrative burdens, and establishing an adequate dental provider network across the state. By doing this, ultimately, the public health strain on the dental workforce is lessened and undeserved children receive the oral health care needed. |
| Iowa Public Health Association | As an organization IPHA has not developed or written any policy statements on workforce issues. |
| Iowa Substance Abuse Program Directors' Association (ISAPDA) | <p style="text-align: center;">Work Force Development Position Paper</p> <p>Workforce shortages face most professions, but especially in human services. The “graying” of the workforce has made it essential that the substance abuse disorders profession develop new and better techniques to attract the best and brightest into the profession. This, combined with the stigma that envelops substance abuse disorders, high employee turnover rates, inadequate compensation, insufficient professional development and lack of a defined career path, has made recruitment and retention of professionals a highly challenging effort. The profession must outshine other professions where the work may appear more rewarding and glamorous and certainly more lucrative. Recognizing the crisis in this profession, the Substance Abuse and Mental Health Services Administration (SAMHSA) elevated workforce development to the level of a Program Priority on its “SAMHSA Priorities: Programs and Principles Matrix”, which outlines the major initiatives of that agency. In order to assist in future development of the prevention and treatment workforce, ISAPDA along with SAAS supports these guiding principles:</p> <ol style="list-style-type: none"> 1. Continued recognition that the substance abuse disorders profession is a |

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|---|--|
| Iowa Substance Abuse Program Directors' Association (ISAPDA) (continued) | <p>unique specialty profession.</p> <ol style="list-style-type: none"> 2. Support for state and federally-funded tuition assistance, loan repayment programs and other funded fellowships through agencies such as Iowa Student Loan (ISL), SAMHSA, the Health Resources and Services Administration, the National Institutes of Health and others. 3. Support for increased state and federal funding for workforce development initiatives in both treatment/prevention agencies and educational institutions. 4. Development of marketing strategies aimed at attracting new graduates looking for career opportunities and to persons who are seeking second careers. 5. Nurture and support those in recovery and their families who may want to enter the substance abuse treatment and support field. 6. Creation and implementation of national standard for credentialing. 7. Development of a career ladder with salary grades on both the clinical level and the administrative level that is at least equal to other allied health care professions at similar educational and credentialing levels. 8. Reimbursement must recognize the true costs of a professional workforce, including the cost of clinical supervision. Clinical supervision plays a critical role in training, assuring the fidelity of evidence-based practices, and validating the creativity and commitment of counselors and professionals. 9. Developing leadership and legacy planning for the profession. 10. Development of a continued working relationship with training institutes and other providers of alternative education opportunities to promote core competencies for substance use disorder professionals. A funding source to insure the start-up costs should be considered. 11. Continuation and development of new working relationship among colleges and universities, accrediting bodies and specialty substance abuse disorder treatment and prevention programs and practitioners to promote: <ul style="list-style-type: none"> • Core competencies and focused competencies for undergraduate and graduate programs for specialty treatment and prevention of substance use disorders, • Competency based curricula, • Evidenced-based training methods, • Implementation of strategies to support and sustain use of newly |

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

**Iowa Substance Abuse
Program Directors’
Association (ISAPDA)
(continued)**

- acquired skills in practice settings,
- Core competencies for physical health care and behavioral health practice,
 - Core competencies for peer-led and peer-supported services,
 - Education for current staff on new technologies (electronic records, etc) to bridge the “generational gap,”
 - Re-evaluate requirements for colleges and universities to allow individuals with past criminal records to have access to loans and funding for school, especially in the addiction field.

Iowa Nurses Association

IOWA NURSES ASSOCIATION

1999 Resolution # 12

EXAMINING THE NURSING WORKFORCE

(Submitted by Iowa ANA Delegates – Author, Judy Collins)

- WHEREAS** Throughout the history of modern United States nursing there have been swings of shortage and supply of registered nurses; and
- WHEREAS** The 1990’s have seen rapid changes in the financing and organization of health care delivery; and
- WHEREAS** These trends have had an impact on employment settings, nurse staffing, wages and recruitment and retention rates for nurses; and
- WHEREAS** The future demand for nurses is increasing related partly to the aging of the U.S. population, especially in Iowa and the increase in the incidence of chronic illness; and
- WHEREAS** There is an aging of the nursing workforce with the average age of the practicing nurse being 42.3 years in 1996 (Moses, 1998); and

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer | |
|--|-----------------|---|
| Iowa Nurses Association (continued) | WHEREAS | There is a shortage of nursing personnel, especially experienced competent nurses in a time of projected demand for increase in nursing services, therefore be it |
| | RESOLVED | That INA collaborate with members of the Iowa Council of Nurses (ICON) to develop a model to forecast the future needs of nurses in Iowa and appropriate utilization of the nurse workforce, and be it further |
| | RESOLVED | That INA collaborate with the American Nurses Association (ANA) in their efforts to develop an integrated forecasting model, and be it further |
| | RESOLVED | That INA collaborate with ANA and local nursing education programs to encourage and support funding to increase basic education of licensed nurses and facilitate recruitment of qualified candidates, and be it further |
| | RESOLVED | That INA collaborate with ANA and nurse employers regarding strategies to improve the retention of competent nurses in the workforce, and be it further |
| | RESOLVED | That INA report findings, program and policy recommendations and implementation strategies to the Iowa House of Delegates at the 2000 INA Convention, American Nurses Association, Iowa Congressional Delegation and Iowa policymakers. |

IOWA NURSES ASSOCIATION

2000 Resolution #1

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

**Iowa Nurses Association
(continued)**

Adequate and Appropriate Nurse Staffing

ANA House of Delegates

Lynn Boes, author

WHEREAS, The Institute of Medicine (IOM) Report “To Err is Human: Building a Safer Health System” released November 1999 brought attention to the questionable quality of health care delivered in the United States; and

WHEREAS, Recent research suggests important linkages between nurse staffing and adverse patient care outcomes (ANA, May 2,2000; Korner, 1998); and

WHEREAS, Many nurses across the country are concerned about the inadequacies of staffing and are struggling with excessive and unsafe overtime work to meet patient care needs; and

WHEREAS, Some health care entities in Iowa are facing nursing shortages, resulting in nurses working overtime; and

WHEREAS, Fatigue in nurses from overtime and other factors can adversely impact decision-making; therefore be it

RESOLVED, That the Iowa Nurses Association make available upon request information on Assignment Despite Objection (ADO) forms; and be it further

RESOLVED, That the Iowa Nurses Association make available upon request the American Nurses Association (ANA) Principles for Nurse Staffing; and be it further

RESOLVED, That the Iowa Nurses Association communicate to the Hospital, Nursing Home and Home Care Associations their concern regarding adequate and appropriate nurse staffing.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

**Iowa Nurses Association
(continued)**

IOWA NURSES ASSOCIATION

RESOLUTION # 1

2001

**NURSING' AGENDA TO SHAPE THE FUTURE-FOR THE PROFESSION
AND FOR SAFE, QUALITY CARE DELIVERY**

Revised, ANA 2001 HOD

LaVone Sopher and Karen Fread

Whereas, At the 2000 Iowa Nurses Association HOD, members recognized the need to address the current impending implications of staffing, as a contributing factor to the nursing shortage and professional practice environment; and

Whereas, Iowa Council of Nurses (ICON) recently completed the Nursing Shortage Workforce Survey; and

Whereas, Iowa was recently ranked 50th in the nation on average nursing salaries; and

Whereas, In 2010 the nursing supply no matter how redistributed or additionally educated will no longer meet projected consumer needs or industry demand; and

Whereas, Advances in science and technology, coupled with the resources needed to manage chronic illness and aging Iowa population increase the demand for health services; and

Whereas, Increasing diversity among health care consumers adds another layer of

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|--|---|
| Iowa Nurses Association (continued) | <p>demand for access to care that meets specific cultural needs; and</p> <p>Whereas, Much of today’s nursing shortage and the professional image of nursing could be improved if health care provider organizations would address specific workplace and professional practice concerns; and</p> <p>Whereas, Research has confirmed that sufficient and appropriate nurse staffing assures quality care, minimizes the likelihood of adverse events; and reduces length of hospital stay which ultimately reduces the cost of health care; and</p> <p>Whereas, Staff nurses working in acute care environments are increasingly being reassigned to clinical specialty areas for which they may not have current clinical skill and knowledge; and</p> <p>Whereas, Nurses and nursing have a strong desire and commitment to create environments that meet the mutually beneficial needs of patients and nurses; and</p> <p>Whereas, ANA has issued a Call to the Profession to come together around an agenda to preserve health care’s most pivotal resources and commodity, nurses and safe, quality care; and therefore be it</p> <p>Resolved, That Iowa Nurses Association participate in new and ongoing efforts with other organizations and groups to assess and outline changes within the work environment, the health care industry, nursing education programs and workforce diversity to promote accessible quality health care delivery; and be it further</p> <p>Resolved, That Iowa Nurses Association promote an agenda for focus on nursing’ role and value in health care delivery; and be it further</p> <p>Resolved, That Iowa Nurses Association continue to identify issues of recruitment and retention of nurses in all roles; and in all settings and be it further</p> |

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

**Iowa Nurses Association
(continued)**

Resolved, That Iowa Nurses Association support activities to develop guidelines for successful transitions to be used by registered nurses in situations where nurses face reassignment due to nursing shortage

IOWA NURSES ASSOCIATION

2002 RESOLUTION #6

FACULTY CRISIS IN NURSING EDUCATION

Submitted By INA Resolutions Committee

Reaffirmation of 1992

WHEREAS, Nursing schools are seeing a rebound in applicant pools, and

WHEREAS, Nursing schools are unable to increase enrollment as the applicant student pool increases because of budgetary constraints in hiring faculty and lack of availability of qualified faculty, thus threatening recovery from the national nursing shortage; and

WHEREAS, The shortage of qualified faculty appears to be the result of multiple factors: non-selection of academic career paths by doctoral and masters in nursing students; decrease in nursing schools offering preparation for teaching careers; salary lag as compared with nursing practice settings; academic role strain and overload; lack of personal satisfaction; and aging of the faculty; and

WHEREAS, Few qualified faculty choose to teach in a non-doctoral degree granting program, although most nursing education takes place in these settings;

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

**Iowa Nurses Association
(continued)**

THEREFORE BE IT RESOLVED that the Iowa Nurses' Association will:

1. Encourage and support nurses in doctoral and masters in nursing programs to select educational preparation for academic career paths and to pursue those paths in non-doctoral degree granting programs.
2. Support nurse educators as they work for equity in salary and workload both within and without the academic settings.
3. Support nurse educators at they work to balance the demands of academia regarding teaching, research, service, and practice so as to decrease role strain and increase role satisfaction.

State of Iowa

Summary of Nursing Faculty Vacancy & Student Waiting List Statistics

| | 2004 | 2005 | 2006 |
|-------------------|---|--|--|
| Faculty Vacancies | 27 FT + 58 PT = 85 | 25 FT +81 PT = 106 | 23 FT + 82 PT = 105 |
| Waiting Lists | 509 RN 798 LPN = 1,257 | 445 RN 1000 LPN = 1,445 | 726 RN 698 LPN = 1424 |

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Association Name

Answer

**Iowa Nurses Association
(continued)**

Bureau of Health Care Access, Center for Health Workforce Planning, IDPH, 2004, 2005

Iowa Board of Nursing Annual Program Reports, December 2006, as submitted by the heads of programs, 2006

**Iowa Association of
Community College Trustees**

Southwestern CC

Funding is needed for community colleges to expand capacity in programs in health care fields. Southwestern has used funds through the ACE (Accelerated Career Education) Infrastructure program to expand capacity of the nursing program. Additional funds are needed.

Kirkwood CC

1. Funding to support students to avoid ongoing increases of tuition, for Dislocated Workers or rehab services and programs targeted to disadvantaged individuals. Increased use of training programs and strategies to permit the use of these funds in professions requiring several years of education should be explored.
2. Expanded annual data collection and tracking of the supply, demand and use of health workers and additional professionals within an IWD region of the state.
3. Funding to support Workforce Training and Economic Development Fund (260C.18A) for Accelerated Career Education and Grow Iowa Value funding.
4. Training of supervisors and managers, especially those in long-term care facilities. This could improve worker satisfaction, retention, quality of care and control costs.
5. Promote systemic change to improve job design to improve efficiency and decrease the demand for workers. Designing jobs to reduce the physical/emotional demands on workers, reduce errors and improve quality of care (e.g.: innovations in health care delivery, improve workers' skills, provide feedback on performance, support labor-saving technology, improve

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

- information systems, voice entry of data). Marketing is not effective if current workers are discouraging people from entering the career.
6. Create a state-wide online course to encourage registered nurses who have left clinical nursing to reenter the workforce and return to patient care.
 7. Create an effective shared information system with technology to decrease resources spent on billing and paperwork instead of patient care. Excessive paperwork wastes resources and contributes to dissatisfaction. Reducing paperwork time will help reduce shortages, increase worker satisfaction, and improve patient care. Getting essential information rapidly to those who need it affects outcomes.
 8. Invest in education and training for innovative, flexible educational programs to support lifelong learning and keep up with the pace of change (e.g. interdisciplinary education of health professionals).
 9. Support for educational innovations (distance learning, computer-assisted learning, and the Internet)
 10. Evidence-based scope-of-practice requirements within a culture of sharing best practices.
 11. Improve access to care and distribution of services (shortage impacts access for some).
 12. Promote public service announcements or advertisements prepared by other states, corporations or professional associations. Such campaigns recognize those already working in a career and can improve job satisfaction and retention
 13. Support for increased minority recruitment and retention to potentially improve access to care for the underserved and provide cultural competence, thereby contributing to more effective care.
 14. Modify health facility requirements and regulations to avoid overregulation and limited flexibility.
 15. A clearinghouse of the states' most successful policies in managing the health workforce shortage to learn from each other.
 16. Career ladders for current workers to promote flexibility (including programming and computer-assisted learning to provide access e.g. - rural communities).
 17. High schools oriented to health careers.

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

Association Name

Answer

- 18. Support collaboration and partnerships between practice and education.
- 19. Investigate means of grandfathering licensed mental health workers from other states into Iowa. The current system of grandfathering (psychologists, licensed mental health workers, etc...) seems inconsistent.
- 20. Monitor increased educational requirements for entry into health professions. Some increased requirements are warranted due to the increased information in the field. However, some requirements may reflect a profession's desire for more prestige and higher income while having limited improvement to health outcomes. Increased educational requirements should be based on research as it can increase the time and money to enter a career and thus be a barrier.

Southeastern CC

- 1. Stipends and scholarships for graduate level education if working in health programs in Iowa. Graduate stipends would include some living expenses. The current issue is that working full time in education and attending full time graduate education is burning out our future educators.
- 2. Scholarships for minority students, single parents, first generation college students. Amongst these students are also future educators who will help us to recruit and retain a better minority representation in health care. In addition, retention of these higher risk students is essential for their futures.
- 3. Development of a rational, defined data set required by the State that can be shared by all departments. Rationale for this request is based on numerous requests for specific data related health program enrollments (specifically nursing) with no feedback about how this information is being used. Workforce Development has had access to a huge data base developed through a grant from Iowa Department of Public Health to track health care workforce shortages. Let's find this data source, update and refine it and continue to track the health care workforce in the future.
- 4. Support through grants, creative projects for recruitment and retention of health career students in Iowa with specific emphasis on single parents and minority students. In addition, efforts within long term care to develop and promote health students must be reinforced. All nursing students in the SCC nursing program are required to be Certified Nursing Assistants prior to

- 6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)**

Association Name

Answer

enrollment. These students are staffing many long term care agencies while students are in school. Such models of cooperation must be noted and reinforced.

Thank you for the opportunity to comment on the current needs and concerns of Southeastern Community College.

NIACC

- Offer quality on-line masters in nursing education programs that still include academic rigors to parallel rigors of being a nurse educator.
- Increased funding (grants and aid) be made available for college students interested in pursuing careers in health profession education.

Eastern Iowa CC

- Additional grants and scholarships to be made available for health workforce students
- Programs similar to STEM for health professions.

Iowa Lakes CC

Please see responses above.

Iowa Valley CC

Credit Programs

- The Iowa Education Loan Forgiveness Program has been very valuable in making it financially possible
- For students to get a nursing degree. Increasing the amount of loan forgiveness and/or making it available to more students would be helpful. It would be very helpful if it were available to part-time students also. I know full-time nursing faculty who cannot go to school fulltime and so under the current guidelines they are not eligible for this loan forgiveness program.

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- Health care facilities and nursing education programs need to collaborate more not only for joint staff/faculty positions but there are other areas of teaming that would result in a better prepared nursing graduate.
- Legislature could provide money for nursing education labs that provide high tech simulation experienced. This helps to provide a quality learning experience and may help to decrease the number of hours needed for student experiences in a health care facility.

Iowa Public Health Association – 2008 Advocacy Statement

Also endorsed by the Iowa Association of Clinical Laboratory Scientists and the Iowa Laboratory Manager’s Benchmarking Group

Promote State Licensure of Individuals Employed in Laboratories

2008 Advocacy Statement

Background:

Laboratory medicine is the only allied health profession that does not require individual licensure in Iowa. Currently, anyone can be hired to work in the local hospital lab, doctor’s office, or clinic lab and perform laboratory testing that is critical to the diagnosis, treatment and therapy of disease. The federal regulation called CLIA .88 (Clinical Laboratory Improvement Amendment of 1988) that many refer to as a regulation for laboratory personnel sets only minimum standards for personnel, regulating the lowest minimum standards for personnel performing laboratory tests. The simple fact is that employees at a nail salon are more regulated than a laboratory worker who has your life in their hands.

CLIA .88 is a federally mandated certification for laboratories and is based on-site compliance, not individual competency or compliance. CLIA .88 divides laboratory testing into three groups.

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Answer

University of Iowa Hygienic Laboratory (continued)

The waived testing group includes tests that do not require much interpretation and are not technique dependent. (i.e., if instructions are followed there is little chance of erroneous results). This group includes qualitative pregnancy tests, glucometer tests, finger stick cholesterols, and lipid testing.

The next two groups, moderate and highly complex testing, define the laboratory tests that require a higher level of knowledge and training to perform the test (either because the complexity of the instrument or the science behind the testing). These tests require a high level of individual interpretation and critical thinking to ensure the correct result is reported. Examples of these tests include West Nile Virus, ABO-Rh typing, microorganism identification, and cancer markers. It is critical that the individual performing and interpreting these types of tests has documented training and competency in laboratory medicine.

In Iowa, the person performing this level of testing could be someone hired off the street and trained on the job. Improved quality of laboratory testing has been demonstrated in the states with individual licensure requirements. Eleven states require licensure. Five more are actively pursuing licensure. Iowa holds beauticians, masseurs and tattoo-artists to a licensing standard while compromising public health by not requiring the same of the person performing testing for HIV, cross-matches and cancer markers.

Policy Recommendations:

- Support efforts and the draft legislation of the laboratory professional societies seeking licensure at the state and local levels.
- Support legislation that requires individual licensure for clinical laboratory professionals.

For more information, contact:

Bonnie Rubin - Phone: (319) 335-4500 - Email: bonnie-rubin@uiowa.edu

- 6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)**

Association Name

Answer

University of Iowa Hygienic Laboratory (continued)

Nancy Mathahs - Phone: (319) 768-4529 - E-mail: nmathahs@grhs.net

APHL Position/Policy Statement

Public Health Laboratory Workforce Shortage

A. Statement of Position

It is essential that APHL support and strengthen the Nation's frail public health laboratory workforce without which the PHL system will not be able to provide the critical detection and surveillance testing needed for current and emerging health threats.

B. Background/Data Supporting Position

Public health laboratories across the nation are facing a workforce shortage. Since the 1980s, the number of clinical laboratory science degree programs has decreased by 50% and the number of hospitals sponsoring clinical laboratory internships has declined sharply. National trends indicate that laboratory vacancy rates exceed 20% and are increasing; the Bureau of Health Statistics predicts the current vacancy rates will double over the next decade (Reference 1). The number of retirements are on the rise in all categories of laboratory science, but the shortage is particularly acute in PHL settings.

Factors contributing to this workforce shortage include an aging workforce resulting in laboratorians retiring in record numbers; lagging salaries and compensation; the invisibility of the public health laboratory community when it is working well; lack of public understanding regarding the values and roles of the PHL; the poor image of PHLs and laboratorians; an impending leadership vacuum; and a shrinking pool of existing candidates both internally and externally. Existing workforce shortages were highlighted by the strain on the laboratory during the anthrax crisis in which personnel were quickly overwhelmed by the volume of testing samples.

Further, leadership and organizational management skill building opportunities for public health laboratory leaders are hard to find. In addition to general shortages in

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Association Name

Answer

University of Iowa Hygienic Laboratory (continued)

laboratory personnel, from 2002 – 2005 there was a 26% vacancy rate in state public health laboratory directors (PHLDs). This figure does not include attrition due to other reasons. During 2005 the APHL directory lists five acting or interim laboratory directors. One state has been recruiting for a public health laboratory director since 2002 (Reference 2). The PHLDs of the future will be challenged to acquire new skills and knowledge to effectively meet the ever evolving and increasingly complex laboratory requirements. Half of the PHLDs surveyed indicated that the current skill sets of the available candidate pool are inadequate to meet present and future needs (Reference 3).

In the past century, many achievements in public health can be attributed to PHLs fulfilling their traditional roles in disease detection, control and surveillance, food safety, environmental health protection and laboratory improvement. The extent to which PHLs can continue to make improvements in the health of the public greatly depends on having educated and experienced laboratory professionals. In order to meet these personnel requirements, PHLs must assure a sufficient and competent workforce by addressing training, salary, recruitment and retention issues.

C. References

1. US Department of Labor, Bureau of Labor Statistics. Occupational Projections and Training Data, Bulletin 2542, Washington, DC: US Government Printing Office, January 2002.
2. APHL 2004 Year in Review, March 2005.
3. Schoenfeld E, Banfield-Capers SY, and Mays G. Who Will Run America’s Public Health Labs? Educating Future Laboratory Directors. Washington, DC: Association of Public Health Laboratories, February 2002.

Recommended by: APHL Workforce Development Committee

- Date Submitted: June, 2005
- Date Revised: March, 2006
- Date Approved by APHL Board of Directors for Interim use: March, 2006
- Date Approved by Membership: June, 2006

6. Please provide a one-page description of public policy solutions which have already been identified by your association/college/group as potential solutions to the health workforce issues or problems already identified. This should include solutions which would require legislative action/authority and therefore could be considered as a recommendation in the report we provide to the governor and legislature. (Label the document with your association/college/group name.)

| Association Name | Answer |
|---|--|
| University of Iowa Hygienic Laboratory (continued) | <ul style="list-style-type: none"> • Sunset Date: June, 2011 • © 2004 Association of State and Territorial Health Officials Issue Brief : Public Health Workforce Shortage – Laboratory Workers |
| Iowa Alliance in Home Care | <p>The Iowa Alliance in Home Care (IAHC) is an Iowa 501©(6) non-profit trade association. IAHC represents more than 80% of Medicare-certified Home Health Agencies, and other providers of in-home services, throughout the state of Iowa.</p> <p>IAHC has identified the following public policy solutions:</p> <ol style="list-style-type: none"> 1. IME Fee Schedule – Implementation of a new “Fixed Rate” Fee Schedule, with significantly inadequate fees (i.e. 26.5% below cost on average), will be problematic for Home Health Agencies. In turn, this should be a concern globally since home care represents one of the most cost-effective health care delivery models. 2. Public Policy Solution: The Iowa Department of Human Services, Iowa Medicaid Enterprise and the Iowa Legislature should ensure that funding requests and appropriations are sufficient to at least adequately fund fee schedule amounts at levels that preserve current access. Further, under a rebalanced health care delivery system, a case can be built that encourages the expansion of access to home-based services. |
| Iowa Hospital Association | <p>See document - Building the Future Healthcare Workforce IHA Public Policy Proposals, available by contacting this location directly.</p> |