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The Future of
Iowa's Health and Long-Term Care Workforce

The Health and Long-Term Care Workforce Review and Recommendations

House File 909 Section 110 2007 Session of the Iowa General Assembly

Executive Summary

During the 2007 Iowa legislative session House File 909 was enacted, which required the Iowa Department of Public Health (IDPH), in cooperation with other specified state agencies, to examine and report on health and long-term care workforce issues in Iowa. This report includes findings and recommendations from IDPH and a wide variety of health care professionals.

The “Health and Long-Term Care Workforce” includes a wide range of professionals who provide health care services to individuals. It also includes public health professionals who provide and support population-based health services. The workforce consists of health care providers with varying degrees of education that span a continuum of care, including physicians, nurses (licensed and credentialed at several levels), dental hygienists, social workers, mental health counselors, physician assistants, pharmacists, physical and occupational therapists, laboratory workers, direct care workers and others. Services are provided by these professionals in a wide variety of settings including nursing homes, home health agencies, residential facilities for persons with disabilities, hospitals, clinics, and schools. Throughout this report, unless otherwise specified, references to health professionals should be understood to include all public health and long-term care professionals along with those in health care settings.

“Some of the most difficult recruiting in the United States today occurs in the health care sector, where labor shortages are acute, vacancy rates are high and the consequences of unfilled positions range far beyond those found in most industries. ... It is important to note ... that the health care labor shortage will become so acute over the next decade that greater recruiting efficiencies will not be able to breach the growing gap between supply and demand. Health care organizations will have to take a more aggressive collective approach at the national level to increase federal funding for training programs and substantially increase the size of the candidate pool.”

– Fay Hansen, Workforce Managementⁱ

Iowa's demographic situation, including a high number of older Iowans (those placing greater demand on the health and long-term care system), means that the state's efforts to address health and long-term care workforce concerns are acute. The nationwide impact of baby boomer retirements impacts the

supply of health care workers at all levels. In Iowa an increasing percentage of elderly in rural counties along with the trend of workers leaving rural counties means the shortage of health care workforce is magnified in rural areas.

Employers of health professionals experience the impact of shortages on a day-to-day basis as do health professionals themselves. Of course, citizens as recipients of health and long-term care services also experience these impacts making the need to find solutions to the health workforce shortage a priority for everyone.

To complete the report, IDPH conducted a literature review and gathered information from existing reports on Iowa's health workforce. A work group of state agency partners was convened, including the Iowa Department of Public Health, Department of Human Services, Department of Corrections, Department of Elder Affairs, Department of Education, Department of Inspections and Appeals, Department of Economic Development and Iowa Workforce Development.

IDPH convened a Health and Long-Term Care Workforce Summit on November 9, 2007, in Johnston, Iowa. It was attended by approximately 90 individuals representing various organizations and state agencies. A pre-summit questionnaire gathered information about the health and long-term care professions associated with the organization, workforce data collected by the organization, the organization's efforts to resolve workforce challenges, and recommendations for future actions. Activities at the summit included large-group conversation about workforce challenges, brainstorming about potential solutions, categorizing solutions and small-group work on refining ideas into recommendations. The recommendations in the report come directly from the summit. There are short-term (1-2 years) and long-term (3-5 years) recommendations for action by the state to address health and long-term care workforce challenges.

The recommendations fall within seven areas (not necessarily in priority order):

- A structure or team for coordination of efforts
- Managing health workforce data
- Recruitment, retention and training of health professionals
- Financing in health care
- Raising public awareness
- Wellness and prevention
- Use of best practices

The full report includes details about the recommendations, support data and summaries of summit activities. Literature, trend information and professional and personal experiences have come together in this report to provide these recommendations.

To view the report in its entirety, please go to

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

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ⁱ Hansen, Fay. 2007. Reorganizing the Recruiting Function. *Workforce Management*. Available at <http://www.workforce.com/section/06/feature/24/99/92/index.html> (accessed 29 November 2007).