State Strategies for Addressing Iowa’s Health Workforce Shortages

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Iowa Demographics (Highlights)

Demographics

- 2007 Census estimates for Iowa Population is 2,988,046.
- 2010 estimates – 3,009,907
- 2020 estimates – 3,020,496
- In 2000, 30 Iowa counties had at least 20 percent of residents over the age of 65. There will be 88 Iowa counties in 2030 that will be able to lay that claim.
“The oldest of the baby boomers turn 65 in the year 2011, at which time the United States will experience an accelerated increase in the proportion of elderly persons which will continue for several years. According to the Census Bureau, by the year 2050 as much as 25 percent of the population may be over the age 65, and one in 20 people may be 80-85 years of age, the majority of whom will be women. The growing elderly population will require expanded health care services and hospitals may be the entity most appropriate and capable of providing such services.”
## Rural/Urbam Demographics

<table>
<thead>
<tr>
<th></th>
<th>RURAL</th>
<th>URBAN</th>
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<tbody>
<tr>
<td>Counties</td>
<td>79 Counties</td>
<td>20 Counties</td>
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<tr>
<td></td>
<td>45% of Iowa’s population</td>
<td>55% of Iowa’s population</td>
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<tr>
<td>Population to PC Provider</td>
<td>1781:1</td>
<td>1588:1</td>
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<tr>
<td>Women of Child-bearing Age</td>
<td>17%</td>
<td>22%</td>
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<tr>
<td>Women of Child-bearing Age to PC Providers*</td>
<td>306:1</td>
<td>348:1</td>
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<tr>
<td>Women of Child-bearing Age to OB/Gyns*</td>
<td>5064:1</td>
<td>2573:1</td>
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*Note: It is unknown how many providers actually see women for prenatal care or deliver babies.
Iowa’s Health Workforce Challenges

A study by the National Association of Community Health Centers estimates a lack of health care providers will result in nearly 242,000 Iowans being without reliable access to health care by 2015.

In the recent *Americans Speak on Health Reform: Report on Health Care Community Discussions* (http://www.healthreform.gov/reports/concernsc.html) Among the Health Care Community Discussion reports that focused on access problems, 18 percent pointed to provider shortages as a barrier.
Iowa’s Health Workforce Challenge Specifics

- The shortage of mental health professionals is critical. The Health Resources and Service Administration (HRSA) data ranks Iowa 47th among states in psychiatrists per 100,000 population and 46th for psychologists per 100,000 population in 2000.

- Iowa’s shortfall of nurses is projected to increase from 8% (2,300 RNs) in 2005 to 27% in 2020.

- Long-term care facilities face high turnover of direct care workers, which according to the Iowa Direct Care Worker Task Force report, “in many cases is caused by low pay, lack of health care coverage, a lack of opportunity for professional advancement, and by a need and desire for more education and training.”
Challenges continued…

- Almost ½ of Iowa’s dentists (49%) are over the age of 50. Access to dental care is already a concern in many areas of the state.

- The Iowa Medical Society states that Iowa ranks 44th in the nation in physicians per population. Recruiting Primary Care Physicians in rural areas is increasingly difficult.

- In some cases, rural communities also experience difficulties recruiting and retaining physician assistants, emergency medical technicians, advanced registered nurse practitioners, pharmacists, and other health professionals.
Public Health Workforce Challenges

In a 2003 white paper produced by Janet L. Place, MPH Southeast Public Health Training Center - UNC School of Public Health...

Healthy People 2010, The Future of Public Health and numerous other public health reports have identified the need for strengthening the public health workforce as a critical part of infrastructural development. Specific challenges that have been identified with regard to the strengthening the public health workforce are:

- Four out of five public health employees have no formal public health training.
- Loss of disease surveillance capacity and sanitation oversight are behind recent national outbreaks of preventable disease
- Rural health departments face a continuing problem attracting and retaining the proper mix of public health professionals
- Strategies are needed to attract a diverse team of skilled personnel to rural areas, including training programs.
The public health workforce, defined as those making up the public health system, not just health departments, is made up of many diverse professions that include physicians, nurses, environmental health specialist, mental health professionals, administrators, health educators, and many others. Not all health agencies define these positions in the same way. Enumeration efforts, however, have found the following to be true:

- The public health workforce is aging and retiring, especially within public health nursing.
- The largest professions within public health are nursing and environmental health.
- Metropolitan health departments have larger and more diverse workforces than non-metropolitan health departments.
- Public health nurses, environmental health specialists, health educators, epidemiologists and administrators are in greatest demand.
- In rural areas, public health nurses provide the majority of care.
So what are we doing about it?

Our resources
Federal Health Workforce Infrastructure

- Department of Labor
  - Bureau of Labor Statistics (http://stats.bls.gov/)

- Health Resources and Services Administration
  - Bureau of Clinician Recruitment & Service
  - Bureau of Health Professions
HRSA-Bureau of Clinician Services

Mission: To improve the health of the Nation's underserved communities and vulnerable populations by coordinating the recruitment and retention of caring health professionals in the healthcare system and supporting communities' efforts to build more integrated and sustainable systems of care.

- National Health Service Corps
  - Loan Repayment Program
  - Scholarship Program
  - Opportunities List
  - Ambassadors Program
- Nursing Scholarship Program
- Nursing Education Loan Repayment Program
- Faculty Loan Repayment Program
**Mission:** Increase the population's access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all.

- Health Information Workforce Center
  http://www.healthworkforceinfo.org/
- National Center for Health Workforce Analysis
- Health Professional Shortage Areas
- Training Programs
  - AHECS, Medicine, Nursing, Dental, Public health, other
- Practitioner Data Banks
Federal Programs Used In Iowa

- National Health Service Corps
  - Scholar Program
  - Loan Repayment Program
- State Loan Repayment Program
- J1-Visa Waiver/Conrad 30 Program
- National Interest Waivers
- National Rural Recruitment and Retention Network
- Federal Office of Shortage Designations
- Other National Workforce Initiatives
State Infrastructure

IDPH

Health Care Access

- PRIMECARRE – Primary Care Recruitment and Retention Endeavor
- Iowa 3RNet Program
- Primary Care Office-Shortage Designations
- State Office of Rural Health
- Iowa Health Workforce Center
Legislative Initiatives

- In 2006, HF 909 established:
  - Mental Health Professional Shortage Area Program that includes a Mental Health stipend program to Community Mental Health Centers and Hospital Based Psychiatric in-patient units to recruit and retain medical directors.
  - A grant to the Iowa Psychological Association to establish an Intern Psychologist Rotation Program to rotate intern psychologists in shortage areas.
  - A Post graduate Residency Training Program - A grant to the University of Iowa Department of Psychiatry for a Physician Assistant Psychiatric residency training program and School of Nursing psychiatric nurse specialist program. This included continuing funding of a previous grant to Cherokee Mental Health Institute for the PA/ARNP post graduate psychiatric training program.
  - Statewide Iowa Collaborative Safety Net Provider Network Initiatives. (http://iowasafetynet.com/)
  - Community Health Center FQHC Incubator program.
  - Direct Care Worker Task Force and a Direct Care Worker Association Grant for education, outreach, leadership development, mentoring, and other initiatives intended to enhance the recruitment and retention of direct care workers in health and long-term care.
  - A report - Health and Long-Term-Care Workforce Review and Recommendations.
  - The Commission on Affordable Health Care.
Legislative Initiatives

- In 2008, SF 2539 established a Health and Long-Term Care Access Advisory Council.
  - The council was charged to Develop a Strategic Plan for Health Care Delivery Infrastructure and Health Care Workforce Resources in Iowa due to the General Assembly January 2010 and every two years afterward. The strategic plan was directed to describe the existing health care system, describe and provide a rationale for the desired health care system, provide an action plan for implementation, and provide methods to evaluate the system.

- This year, pertinent legislation includes SF 389 that proposes the establishment of a workforce shortage initiative that as of 4/6/09 includes:
  - A medical residency training state matching grants program
  - A health care professional and nurse workforce shortage initiative
  - The safety net provider network workforce shortage account
  - The health care workforce shortage national initiatives account
State Programs Used in Iowa

Rounding up the usual suspects
National Health Service Corps

- The National Health Service Corps (NHSC) is a program of the United States Public Health Service (USPHS) that is an important tool for recruitment and retention of health care providers in Iowa.

- The NHSC recruits and places health professionals at eligible sites within federally designated Health Professions Shortage Areas (HPSAs).
National Health Service Corps

- NHSC recruits primary care physicians, nurse practitioners, physician assistants, certified nurse-midwives, dentists, dental hygienists, and mental health professionals. These providers serve in community-based systems of care in return for scholarship or loan repayment assistance.

- The Bureau of Health Care Access through the Iowa Primary Care Office (PCO) works with the federal Bureau of Clinician Recruitment and Service (BCRS) to administer these programs and act as the state liaison between the BCRS and Iowa. Contact: Bobbi Buckner Bentz (bbuckner@idph.state.ia.us)
National Health Service Corps

- The two key programs within the NHSC include the Scholar Program and Loan Repayment Program.

- Health Care facilities benefit by becoming an approved site through the NHSC enabling them to list their vacancies through NHSC to recruit Scholars or offer loan repayment to recruit or retain employees.
The NHSC scholarship program is designed for students committed to providing primary health care in communities of greatest need.

- Scholarship recipients serve where they are most needed upon completion of their training. Scholars choose a practice site in a federally designated health professional shortage area identified as having the greatest need.

- Period of service is 1 year for each year of support you receive, with a 2-year minimum commitment.
The program offers the following benefits for up to 4 years of education:

- Payment of tuition and fees
- Twelve monthly stipend payments per year of scholarship support
- Payment of other reasonable educational expenses, such as books, supplies, and equipment
- NHSC scholarship awards for tuition, fees, and other reasonable expenses are exempt from Federal tax. The stipend is taxable income.
To be eligible for the NHSC Scholarship Program, you must be a U.S. citizen enrolled, or accepted for enrollment, in a fully accredited U.S.:

- Allopathic or osteopathic medical school
- Family nurse practitioner program (master's degree in nursing, post-master's or post-baccalaureate certificate)
- Nurse-midwifery program (master's degree in nursing, post-master's or post-baccalaureate certificate)
- Physician assistant program (certificate, associate, baccalaureate, or master's program)
- Dental school
NHSC Scholar Program

- Scholars attending medical school are expected to complete residency programs in one of the following specialties:
  - Family medicine
  - General pediatrics
  - General internal medicine
  - Obstetrics/gynecology
  - Psychiatry
  - Rotating internship (D.O.s only) with a request to complete one of the above specialties
  - Dental Scholars may do residencies in general practice or pediatric dentistry.
The NHSC LRP recruits fully trained health professionals who agree to provide primary health services in NHSC community sites. In return, the NHSC LRP assists clinicians in their repayment of qualifying educational loans that are still owed up to $50,000 for two years of service. Additional years can be funded up to $35,000 per year of service. NHSC funds are tax deductible.

The NHSC seeks clinicians who demonstrate the characteristics for and interest in serving the Nation’s medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service to medically underserved populations is the primary purpose of the NHSC LRP and not the repayment of educational loans.
The National Health Service Corps (NHSC) is committed to increasing access by assisting communities through recruitment and retention, site development, practice management, and quality assurance activities.

- Sites may apply for assistance in recruiting and retaining primary care clinicians. To begin the application process for NHSC assistance, sites must complete the NHSC Multi-Year Recruitment and Retention (R&R) Assistance Application.

- Once approved, as long as your site remains in a HPSA (and the HPSA score does not change) and continues to meet NHSC requirements, your site can continue to list vacancies on the NHSC On-Line Opportunities List for a period of three years.

- http://nhsc.bhpr.hrsa.gov/
HRSA-State Loan Repayment Program

- Funds states through either the Primary Care Office or State Offices of Rural Health or other non-profit or governmental entities to provide funds to qualified applicants for loan repayment in return for service

- Dollar for dollar match with funds

- Iowa uses this as a part of the Primary Care Recruitment and Retention Endeavor
The J-1 Visa allows an international medical graduate to come to the United States under an educational exchange program for up to seven years. When the visa expires, the physician must return to his/her own country for at least two years before applying for a permanent visa in the United States.

J-1 Visa categories include Physicians, Professor & Research Scholar, Trainee, International Visitor, Government Visitor, College & University Student, and Short-Term Scholar.
The State Conrad 30/J-1 Visa Waiver program allows state health agencies to annually hire up to 30 foreign physicians to practice in rural and inner-city communities (federally designated health professions shortage areas or medically underserved areas) that often have difficulty recruiting physicians.

States have the flexibility to place up to ten of their 30 state J-1 physicians in an area not designated as a HPSA, provided the facility serves individuals residing in a HPSA.
J1-Visa Waiver/Conrad 30 Program

- Requirements vary from State to State, the following is generally required:
  - A full-time offer of employment (40 hours per week) in a health professional shortage area or medically underserved area in a particular State;
  - A letter of support from the particular State Director of Health supporting the physician's state 30 request;
  - A 'no-objection' letter from the foreign physician's home country, if needed; and
  - A three-year employment contract.
J1-Visa Waiver/Conrad 30 Program

- This program is an important source of qualified physicians for underserved rural areas. The enacted legislation contains the following provisions.

- The federal (HHS) J-1 waiver program will be applied to specialists as well as primary care physicians. In order to receive a waiver for a specialist, a sponsoring agency must determine the area to be served has a shortage of that particular specialty.
The J-1 Visa Waiver program has been instrumental in maintaining access to healthcare in many rural communities when other recruitment efforts have failed. Since the J-1 Visa Waiver is contingent on the physician working in a HPSA or MUA, the program produces a win-win situation for the doctor and the community. The physician is able to stay in the United States to practice and an underserved community gets a much-needed doctor.

Iowa has used all eligible slots for each year except for one since the program’s inception. Priority is given to Safety net providers.
National Interest Waivers

- An alien may apply for permanent residence status (Green Card) and seek a waiver of the offer of employment by establishing that his (her) admission to permanent residence would be in the National Interest.

- There is no rule or statutory standard as to what will qualify an alien for a National Interest Waiver. The USCIS considers each case on an individual basis.

- The procedure is to file the case with evidence to establish that the alien's admission to the United States for Permanent Residence would be in the national interest.
National Interest Waivers

- The Iowa Department of Public Health writes National Interest Waiver letters through the PCO on behalf of physicians who have demonstrated their commitment to serving the underserved population in Iowa.

- Generally speaking the letters are written for physicians who have served in Iowa as one of the Conrad 30 program waiver recipients or on a case by case basis.

- Between 1-4 letters are written per year
National Rural Recruitment and Retention Network (www.3RNet.org)

- 3RNet works to improve rural and underserved communities' access to quality health care through recruitment of physicians and other health care professionals, development of community based recruitment and retention activities, and national advocacy relative to rural and underserved health care workforce issues.

- **The National Rural Recruitment and Retention Network (3RNet)** is made up of organizations such as State Offices of Rural Health, Areas Health Education Centers (AHEC's), Cooperative Agreement Agencies and State Primary Care Associations.

- These not-for-profit organizations help health professionals locate practice sites in rural and underserved areas throughout the country.
National Rural Recruitment and Retention Network

- Each organization has information regarding rural practice sites in their respective states or territories. The focus is retention as much as recruitment.

- One of the main recruiting tools 3RNet offers is a versatile Web site. Members maintain their own pages and tailor them to their needs.

- Non-profit health care facilities in rural and underserved areas can place vacancies on the Website to advertise positions and health care providers can register to find jobs and express an interest in a practice area.

- The Iowa program is placed within the Iowa Health Workforce Center
Federal Office of Shortage Designations

- The Health Resources and Services Administration Shortage Designation Branch develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

- **Health Professional Shortage Areas** HPSAs may be designated as having a shortage of primary medical care, dental, or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.
Federal Office of Shortage Designations

- **Primary Care HPSAs** (a population to provider ratio of 3,500:1).
- **Dental HPSAs** (a population to provider ratio of 5,000:1).
- **Mental Health HPSAs** (a population to psychiatrist ratio of 30,000:1).
- **Medically Underserved Areas/Populations**
  - **Medically Underserved Areas (MUA)** may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.
  - **Medically Underserved Populations (MUPs)** may include groups of persons who face economic, cultural or linguistic barriers to health care.
- Iowa submits shortage designation applications to the Federal Office of Shortage Designations through the Primary Care Office.
The Primary Care Recruitment and Retention Endeavor (PRIMECARRE) was authorized by the Iowa Legislature in 1994 to strengthen the primary health care infrastructure in Iowa. PRIMECARRE allocations currently support the Iowa Loan Repayment Program, with matching federal and state funds.
PRIMECARRE – Primary Care Recruitment and Retention Endeavor

Iowa Loan Repayment Program:
- Offers two-year grants to primary care medical practitioners for use in repayment of educational loans.
- Requires a two-year practice commitment in a public or non-profit hospital or clinic located in a health professional shortage area (HPSA). Primary care providers must practice in a primary care HPSA, dental providers in a dental HPSA, and mental health professionals in a mental health HPSA.
- Provides up to $30,000 per year for primary care physicians, psychiatrists, and clinical psychologists; up to $20,000 per year for dentists; and up to $15,000 per year for physician assistants, registered nurse practitioners, certified nurse midwives, dental hygienists, clinical social workers, and psychiatric nurse specialists.
PRIMECARRE programs no longer funded

- PRIMECARRE Community Grant Program
  - Provided communities of 10,000 or less with up to 10K to recruit or retain a health care provider

- PRIMECARRE Community Scholarship Program
  - Provided matching federal, state and local funds to sponsor a scholarship for medical education up to 80K in return for service to the sponsoring community
Iowa 3RNet Program

- Federal funds are provided through the Primary Care Office grant in the amount of $3,000 to maintain membership in the national organization.

- Iowa program is managed through the Iowa Health Workforce Center.

- Iowa facilities that use the program include hospitals, FQHC’s, rural health clinics and community mental health centers.

- Organizations can post vacancies for free for any length of time. *(However not for professional recruitment companies)*
Primary Care Office-Shortage Designations

- HPSAs are designed to identify communities with diminishing health care services and provide them with opportunities to improve access to and availability of care. By identifying health professional shortage areas, communities become eligible for state and federal assistance to recruit and retain health professionals, access additional reimbursement dollars, and eventually alleviate the shortage.

- Iowa has 51 Primary Care HPSA’s, 49 Dental HPSA’s and 84 Mental Health HPSA’s.

- MUA’s/MUP’s are necessary for the establishment of FQHC’s.

- State developed Governors Shortage Area designations were developed to establish and maintain certified rural health clinics enabling them to get cost based reimbursement under Medicare and Medicaid.
Office of Statewide Clinical Education Programs- Carver College of Medicine-University of Iowa

- Develops and coordinates collegiate outreach programs for medical education and community service. OSCEP coordinates the College’s community-based medical education – involving medical students, residents and physician assistant students – through six regional medical education centers affiliated with the College.

- Oversees the UI-Affiliated Family Practice Training Network and the College’s Visiting Professor Program. In combination, these community-based medical education programs constitute the Statewide Medical Education System.

- Provides community service programs, supporting private medical practitioners and community hospitals. OSCEP also operates tracking systems that monitor the state’s physician workforce, as well as the workforces in dentistry, pharmacy and other health professions.

  - The OSCEP tracking system is a continuous inventory of over 5,000 physicians actively practicing in Iowa. The Iowa Health Professions Tracking Systems contain biographical, educational, and professional information for every active Iowa physician, dentist, pharmacist, physician assistant and advanced practice nurse. It characterizes the health professional population (e.g., age, gender, practice arrangements, supply), monitors trends, and facilitates research on the health care workforce.
Iowa College Student Aid Commission (ICSAC)

Mission: to advocate for, and provide a continuum of services to support, Iowa students and families as they explore and finance educational opportunities beyond high school.

The Iowa College Student Aid Commission (Iowa College Aid) is a state agency that provides:

- Information and referral for student loans
- An online service that streamlines the reporting of state grant and scholarship information
- Training and Resources
- Policy Guidance
- Default Prevention and
- College Planning and Outreach
Area Health Education Centers (AHEC) recruit and retain health professionals in underserved areas. Centers teach children about healthcare careers, offers clinical training sites for health profession students and support health care practitioners with continuing education programs.
Other National and State Workforce Initiatives

- Colleagues in Caring (www.aacn.nche.edu/CaringProject)
- Cultural diversity in Nursing (www.culturediversity.org)
- Institute for Health Care Improvement (www.ihi.org)
- Johnson & Johnson Campaign for Nursing’s Future (www.discovernursing.com)
- National Clearinghouse on Direct Care Workforce (www.directcareclearinghouse.org)
- Nurses for a Healthier Tomorrow (www.nursesource.org)
- Robert Wood Johnson Foundation (www.rwjf.org)
Other National and State Workforce Initiatives

- Rural Health Career Center (careers.NRHArural.org)
- National Association of Health Care Recruitment (www.nahcr.com)
- Iowa Workforce Development (http://www.iowaworkforce.org/)
- Generation Iowa (http://www.generationiowa.com/)
- Upper Midwest Public Health Training Center (http://www.public-health.uiowa.edu/UMPHTC/)
- Upper Midwest Center for Public Health Preparedness (http://www.public-health.uiowa.edu/ICPHP/)
State Office of Rural Health

- The State Office of Rural Health (SORH) is a federal-state partnership to help rural communities and organizations identify and resolve issues and build rural health infrastructure. The office provides rural health advocacy and outreach, coordination of rural health resources and consultation to communities and health care providers in rural Iowa communities.
In 2002, federal funds were granted to the IDPH to establish a Center for Health Workforce Planning. Funding for the Center was a result of the efforts of Senator Tom Harkin fueled by the work of then Governor Tom Vilsack’s Task Force on Nursing Shortage, the Iowa Council of Nurses, the Iowa Care Givers Association and others. Funds were available through 2006.

**Program Goals**

- Expand the Iowa Nurse Tracking System to all counties in Iowa and other health workers.
- Support best practices for recruitment and retention of health workers.
- Conduct data collection and sharing about the health workforce in Iowa.
- Serve as a central point of contact for health workforce supply and demand in Iowa.
- Support federal initiatives to designate shortage areas for nurses and other health workers.
Iowa Health Workforce Center

- Under state funds staff currently administer contracts and programs for the
  - Direct Care Worker Advisory Council
  - Iowa Caregivers Association leadership program
  - Health and Long Term Care Advisory Council
  - 3Rnet program
  - All other workforce related programs within IDPH
- Provide information and referral to resources and programs at the federal, state and local areas.
Other State or Regional Programs

- Delta Dental Loan Repayment Program
- Individual university and college loan forgiveness programs
- Foundation scholarships and grants
Federal Primary Health Care Shortage Designations
January 2009

Legend
- County Boundaries 20060303
- Population - Low Income Designation
- Geographic Designation

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Disclaimer: This map is a snapshot of the Health Professional Shortage Area (HPSA) designations for Iowa as of 12/31/2008 and should not be used for the determination or approval of programs requiring a shortage designation. The official site for determination of shortages is: http://hpsafind.hrsa.gov.
Federal Medically Underserved Population (MUP) Designations
January 2009

Legend
- Designated Areas
- County Boundaries

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Disclaimer: This map is a snapshot of the Medically Underserved Population (MUP) areas for Iowa as of 12/31/2008 and should not be used for the determination or approval of programs using a MUP designation. The official website for determination of the MUP designation is: http://mupfind.hrsa.gov.
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