



Welcome to the 2017 Indiana Health Workforce Collaborative!

Thank You to Our Sponsors:



Designing the Future of the Indiana Healthcare Workforce: Engaging Stakeholders in Creating a Plan to Make Indiana a Destination State for Practice, Education and Policy

2017 Indiana Health Workforce Collaborative Conference
Afternoon Breakout – Room A
June 20, 2017

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A Collaborative Partnership for Creating the Indiana Healthcare Workforce



**INTERPROFESSIONAL
PRACTICE AND EDUCATION CENTER**



No One Can Do This Alone!



Session Goal

Participants (educators, policy makers, and practice colleagues) will work together to develop an actionable plan to attract and retain health care workforce talent in Indiana

Session Agenda

- Welcome
- Background
- Session Overview
- Design Stage 1
- Design Stage 2
- Next Steps

Indiana Health and Healthcare Challenges

- Indiana ranks 41st for all health outcomes
- Top 5 priorities for Indiana
 - Infant mortality: rank 43rd in nation
 - Obesity: rank 36th in nation
 - HIV/AIDS: IN 176.8/100,000 US 160.5/100,000
 - Tobacco usage: rank 39th in nation
 - Drug related deaths: rank 35th in nation

Challenges for Indiana Health Workforce

- Primary Care Physicians: rank 38th for PCP population (72.3% of need met)
- Mental Health Professionals: rank 37th for adults in need (39.9% of need met)
- Dentists: rank 45th in dentists to population (49.8% of need met)
- Nurses: rural counties have a nurse to population ratio of 1:200 or greater

Key Questions

- How do we retain the health care sector?
- How do we increase the pipeline for the healthcare workforce?
- How do we retain talent in healthcare?
- How do we mobilize the health care sector on this issue?

Design Thinking

- Methodology of sharing stories and ideas to develop an actionable plan
- Being increasingly used to solve complex problems
- Solution-focused and action-oriented towards creating a preferred future (as opposed to problem-focused)

5 Stages of Design Thinking

- Design Stage 1: Empathize
- Design Stage 2: Define
- Design Stage 3: Ideate
- Design Stage 4: Prototype
- Design Stage 5: Test

Playing Rules

- Leave all assumptions and experiences behind
- No judgment
- Action oriented
- Solution focused

Design Stage 1

- Adopt the mindset of a new graduate or a talented professional considering the health care workforce in Indiana

Indiana's Workforce Challenge



Educational Attainment Level*:

- **26%** - Bachelors Degree & Above
- **10%** - Associates Degree
- **20%** - High School Plus
- **44%** High School Degree and below

*American Community Survey of Indiana working age population

The right skills, at the right time, in the right way.

Estimated Annual Workforce Supply

Projected Demand: 100,000 annually

K-12* Not Graduating - 8,748

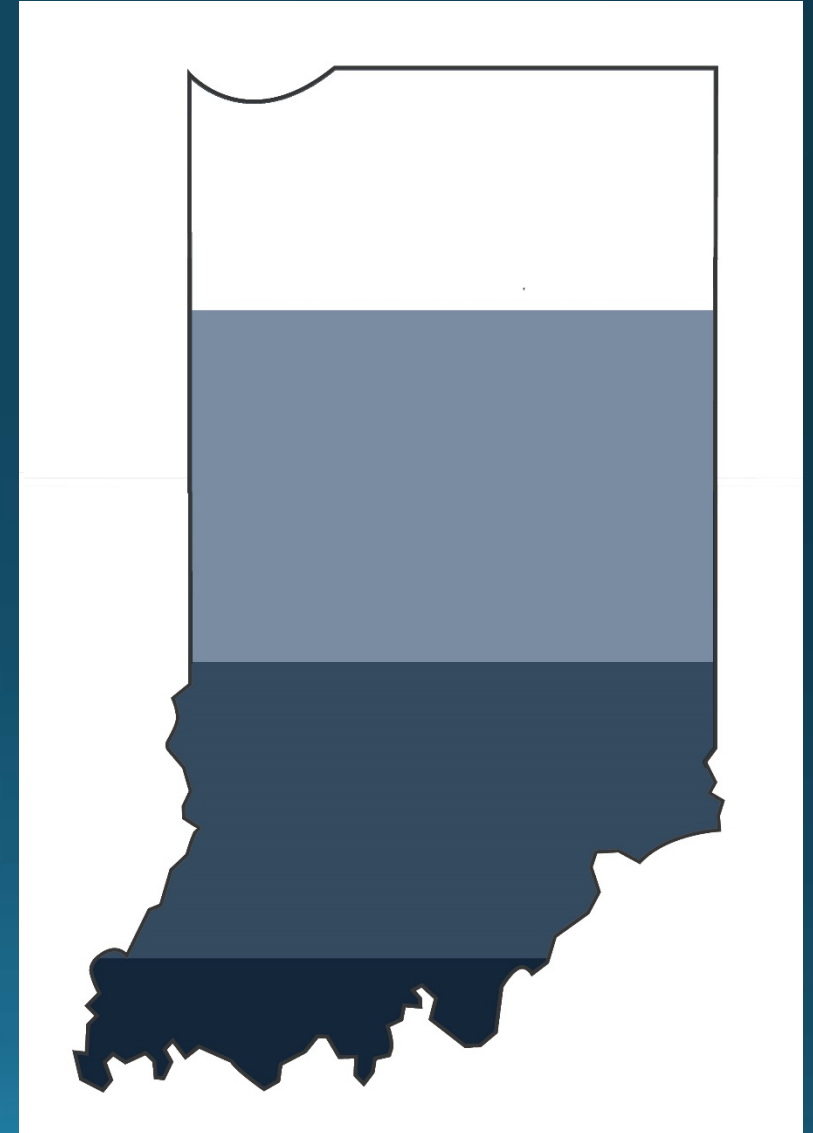
K-12* Graduates – 70,026

35% Do not immediately go to college/post-secondary- 24,509

College Graduates -	78,408**
Associate Degree	13,596
Bachelors Degree	47,322
Masters Degree	13,777
Professional Degrees	3,713
45% Employed FT in Indiana after 1 Year	35,284

**Total Estimated Supply from Education
68,541**

*K-12 Data is from 2015 and is after 4 yrs of H.S.
**Data includes Public & Private colleges and out of state residents who attend college in Indiana



The Landscape In Our View...

- Commonwealth Fund, Comparative Analysis of Health Systems (Davis et al., 2014) Out of 11 Peer Countries United States is:
 - Last or next to last on
 - Quality
 - Efficiency
 - Access
 - Dead last on health lives (mortality amenable to medical care, infant mortality, and healthy life expectancy at age 60)
 - YET....first on health care spending!

The Landscape In Our View...(cont.)

- National Research Council. (2013). United States Health in International Perspective: Shorter Lives, Poorer Health; 17 peer countries
 - Higher mortality and inferior health: First or second lowest chance of surviving to 50
 - Birth outcomes, injuries or homicides, teen pregnancy and STDs, HIV/AIDS, drug-related mortality, obesity, diabetes, heart disease, chronic lung disease, disability at the lowest



The Landscape In Our View...(cont.)

- Ratio of social-to-health spending – United States is LAST!
 - \$0.90:\$1 for United States
 - \$2:\$1 for other countries who all have better outcomes!
 - Lower rates of infant mortality, low birth weight babies, premature deaths
 - Longer life expectancy
 - View social welfare as an investment for all

The Landscape In Our View...(cont.)

- And Some People “Say” ...
 - Most hospitals are unsafe.
 - We need to focus less on the financial aspects of health care and more on the patients we serve.
 - The rural and underserved areas do not have enough primary care provided by physicians, nurse practitioners, or physician assistants and baby boomer health care professionals are retiring by the thousands every month making it worse.
 - Why would anyone want to be a nurse/doctor/pharmacist/PT/OT/ etc?



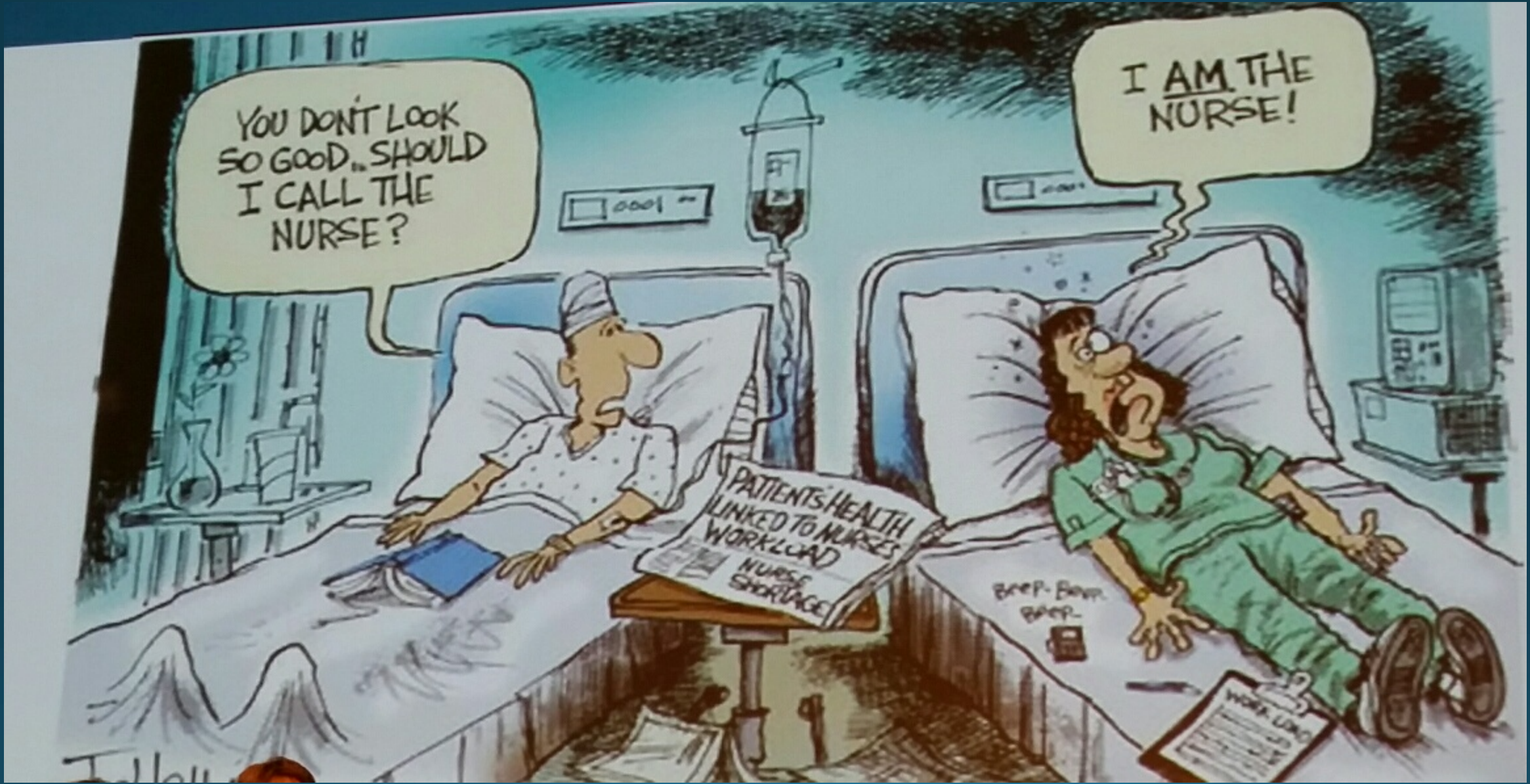
YOU DON'T LOOK SO GOOD. SHOULD I CALL THE NURSE?

I AM THE NURSE!

PATIENTS' HEALTH LINKED TO NURSES' WORKLOAD
NURSE SHORTAGE

BEEP-BEEP
BEEP-

WORKLOAD



YET...



Where exactly does
the sky begin and
the sea end?
Do we really know?



Questions for Small Group Discussion

- What do talented new graduates think they are looking for in a first job?
- What variables influence talented new health care graduates in their thinking?
- How do talented new health care graduates approach looking for a job?
- What types of support systems exist to assure success for new professionals?
- What (if any) barriers exist for healthcare professionals to practice at the top of their education and license?

Reaction Panel

Ann White, PhD, RN

Dean, College of Nursing and Health Professions

University of Southern Indiana

Peter Nalin, M.D., FAAFP

Associate Vice President for Education in University Clinical Affairs,

Executive Associate Dean for Educational Affairs, Associate Professor of Clinical Family Medicine

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