

# Indiana's Long Term Care & Aging Workforce



**SCHOOL OF MEDICINE**  
BOWEN CENTER FOR HEALTH  
WORKFORCE RESEARCH & POLICY

# TABLE OF CONTENTS

Introduction ..... 3

    The Aging Population in Indiana and the United states .....3

    Who is the “Long-Term Care and Aging (LTCA) Workforce”? .....4

Findings .....5

    Physician Services.....6

    Nursing Services .....8

    Behavioral Health Services .....10

    Dental Services.....12

    Rehabilitative Services.....14

    Pharmacy Services .....16

Closing Summary .....17

    Policy Connections.....18

    Conclusion.....18

Appendix A: Federal and State Requirements for LTC Workforce Staffing .....19

Appendix B: Methodology .....19

Acknowledgements..... 22

# INTRODUCTION

## THE AGING POPULATION IN INDIANA AND THE UNITED STATES

The United States population is getting older, and Indiana is no exception. The proportion of Indiana’s population over the age of 64 has been steadily increasing over the last decades and a recent report out of the Indiana Business Research Center (IBRC) estimates that this trend will continue; by 2035, around one-fifth (20.7%) of the Hoosier population will be age 65 and older.<sup>1</sup>

As we age, we generally require more health care services. Population aging is and will continue to impact demand for health care services targeting geriatric populations and those provided in long-term care and home health settings. Understanding current capacity and identifying gaps in availability of these services is critical to informing initiatives and to successfully meeting future demand. The workforce that provides or supports the delivery of these services is an important piece of the puzzle. **The purpose of this report is to identify the licensed health professionals in Indiana who report practicing in geriatrics or long-term care/home health/related settings and describe their professional characteristics.**



WHO IS THE “LONG-TERM CARE AND AGING (LTCA) WORKFORCE”?

For the purposes of this report, the “LTCA Workforce” refers to the licensed health care workforce that **1)** provides long-term care services, (the services to meet the medical and non-medical needs of individuals who cannot care for themselves<sup>1</sup>) or **2)** that specializes in/focuses on care for geriatric populations. Long-term care services are generally delivered in a facility-based setting, such as a nursing home, or in a home-health setting. Care delivered in a home-based setting may be delivered by certified personnel, such as home health aides, or by unlicensed personnel, such as family members and caretakers.

**This report will only include those licensed health occupations that report providing direct care in a geriatric specialty or within a long-term care type setting.**

HOW WE ORGANIZED THE DATA?

This report is organized by the types of services that must be provided by LTC facilities, as outlined by state and federal statute<sup>2,3</sup> (additional information about these requirements can be found in Appendix A). This report includes information from survey data obtained from professions regulated by the professional licensing agency. The services which require licensed health occupations for delivery include:



WHO IS NOT INCLUDED IN THIS REPORT?

This report examines those licensed professions regulated by the Professional Licensing Agency whose practice/employment is dedicated to geriatric populations or those in long-term/home health care. Certified nurse aides and home health aides are significant contributors to the LTCA workforce. However, they are regulated by a separate entity, Indiana State Department of Health, and therefore, information on these workforces is unavailable. Also, many other professionals provide health care services for geriatric populations without it being their primary focus area (ex: family medicine).



WHAT INFORMATION IS INCLUDED IN THIS REPORT?

A side-by-side comparison of the following characteristics associated with the total workforce in Indiana and the LTCA workforce in that profession



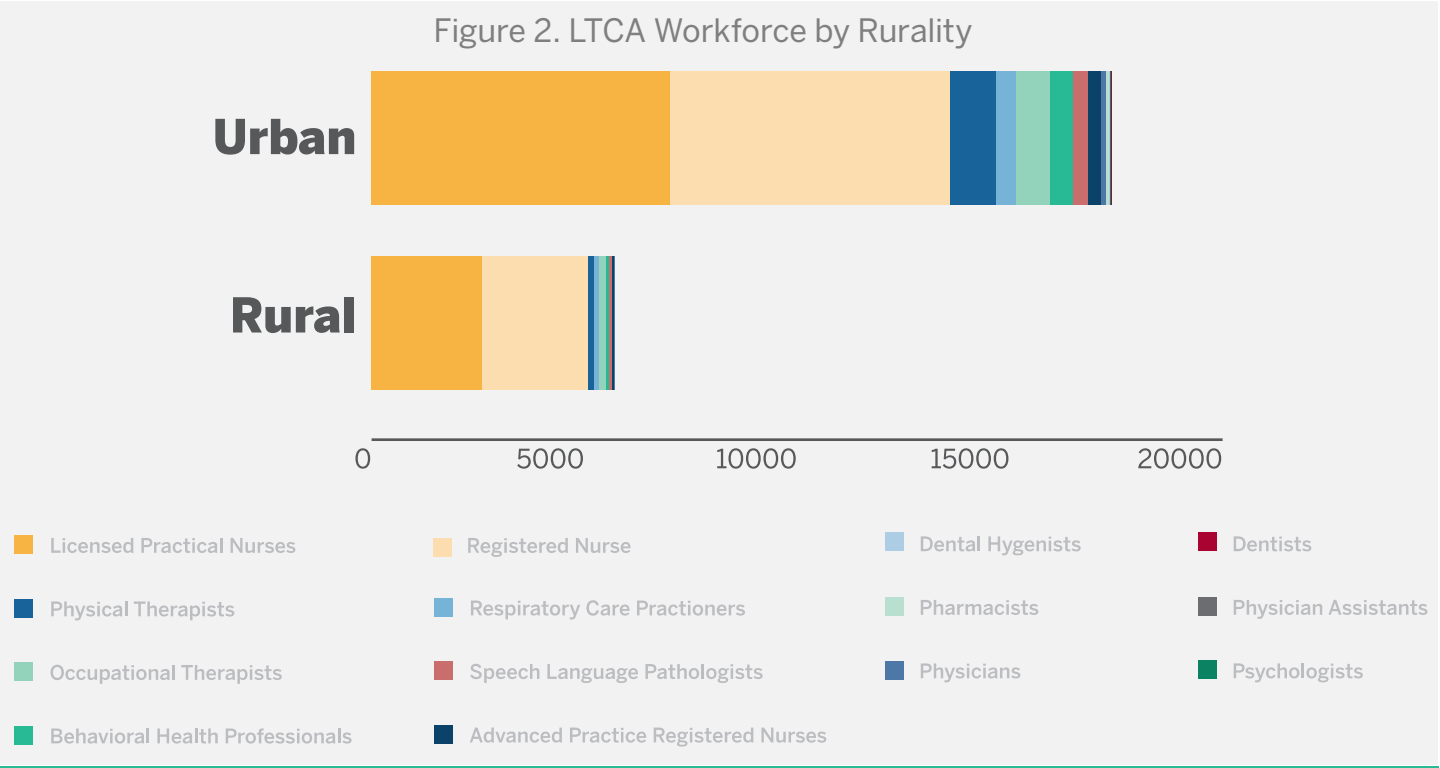
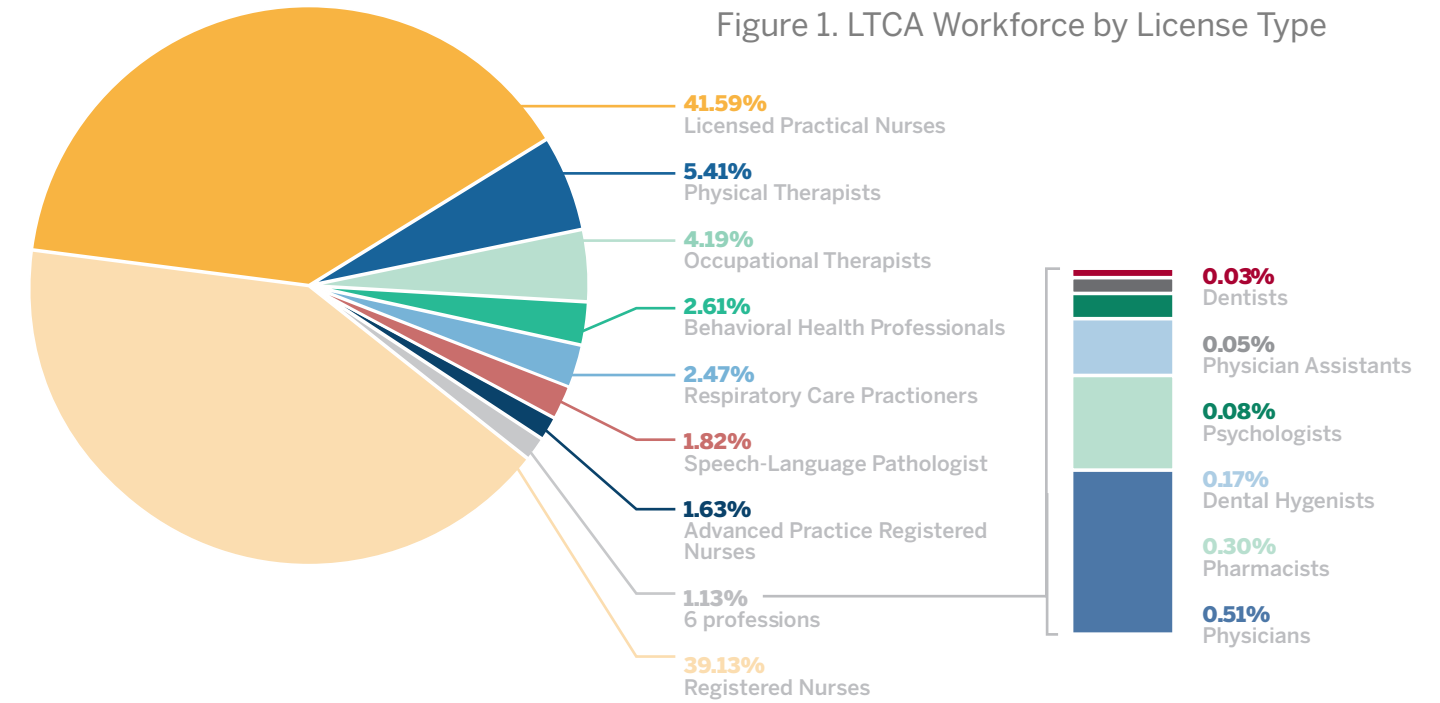
1 <https://longtermcare.acl.gov/the-basics/what-is-long-term-care.html>  
2 Per 42 CFR 483 (Long Term Care Facilities). Available at: <https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol5/xml/CFR-2018-title42-vol5-part483.xml#seqnum483.35>  
3 Per IC 16-28-2 (Available at: <http://iga.in.gov/legislative/laws/2019/ic/titles/016#16-28-2>) and 410 IAC 16.2

FINDINGS

CHARACTERISTICS OF THE LONG-TERM CARE WORKFORCE

OVERALL

Of the 221,215 licensed health professionals who renewed their Indiana license in 2017 and 2018, 23,105 (10.4%) were identified as having a reported specialty, certification or practice setting related to geriatrics and long-term care. As shown below in Figure 1, the largest proportion (41.6%) of the LTC workforce are licensed practical nurses (LPNs), followed by registered nurses (RNs) at 39.1%. Figure 2 shows a geographic disparity in which LTC professionals are over 3 times more likely to practice in an urban setting as compared to those practicing in a rural setting.





## PHYSICIAN SERVICES

“Physician services” include the full spectrum of medical care involving diagnostics and medication management. In the case of LTC facilities, federal code allows physician tasks to be delegated to other practitioners (such as physician assistants, nurse practitioners, or clinical nurse specialists), at the discretion of the State (Appendix A). Three practitioners will be described in the physician services section of this report: Physicians, Advanced Practice Registered Nurses, and Physician Assistants.



INCLUSION  
CRITERIA



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INDICATORS



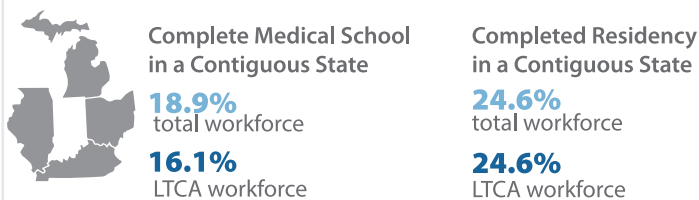
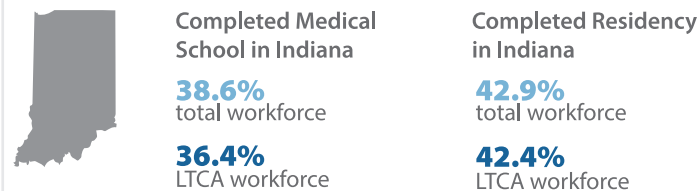
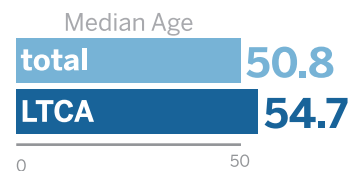
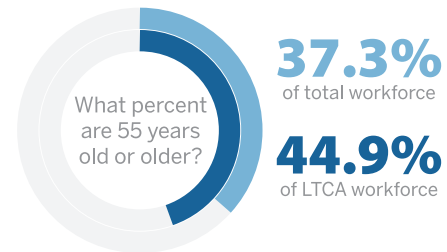
EDUCATION



PRACTICE

## Physicians

27,473 Total Licenses  
11,085 Total Workforce Reported Actively Practicing  
118 LTCA Workforce  
80.9 LTCA Full Time Equivalents

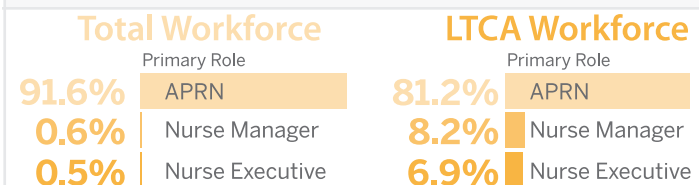
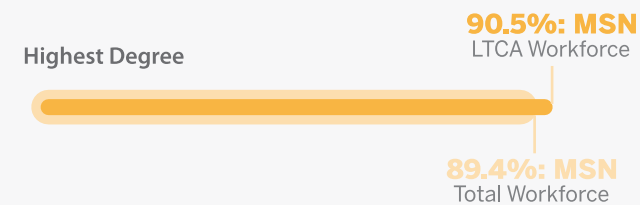
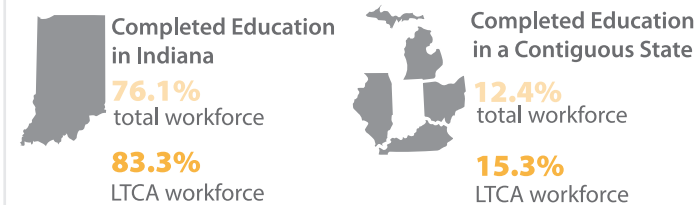
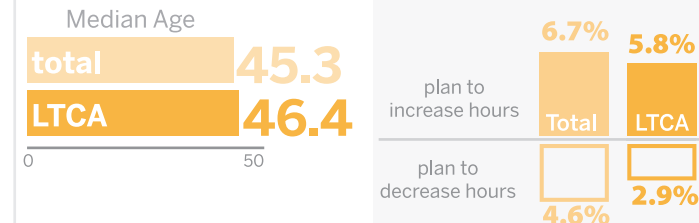
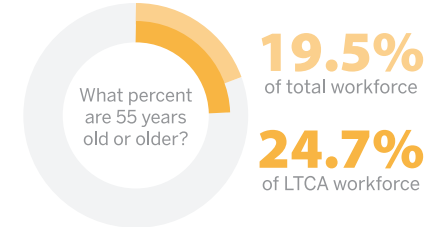


Total Workforce that reports practicing in a rural area 8.8%

LTCA Workforce that reports practicing in a rural area 9.3%

## APRNs

6,101 Total Licenses  
5,238 Total Workforce Reported Actively Practicing  
377 LTCA Workforce  
333.4 LTCA Full Time Equivalents

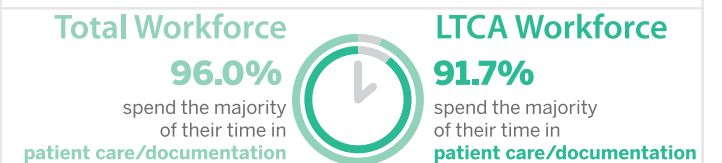
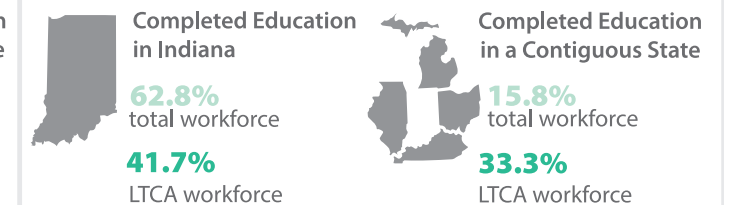
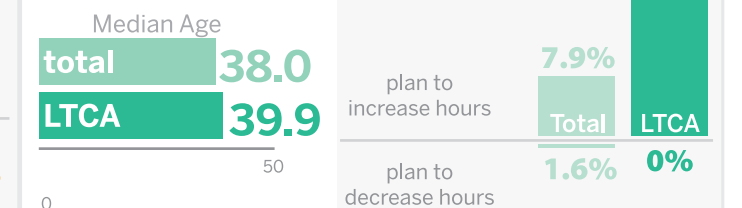
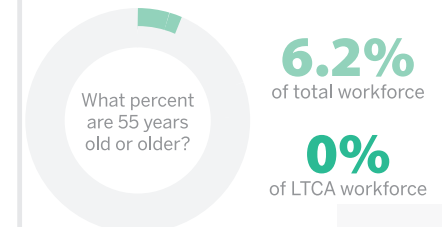


Total Workforce that reports practicing in a rural area 15.6%

LTCA Workforce that reports practicing in a rural area 11.4%

## PAs

1,680 Total Licenses  
1,004 Total Workforce Reported Actively Practicing  
12 LTCA Workforce  
8.5 LTCA Full Time Equivalents



Total Workforce that reports practicing in a rural area 8.3%

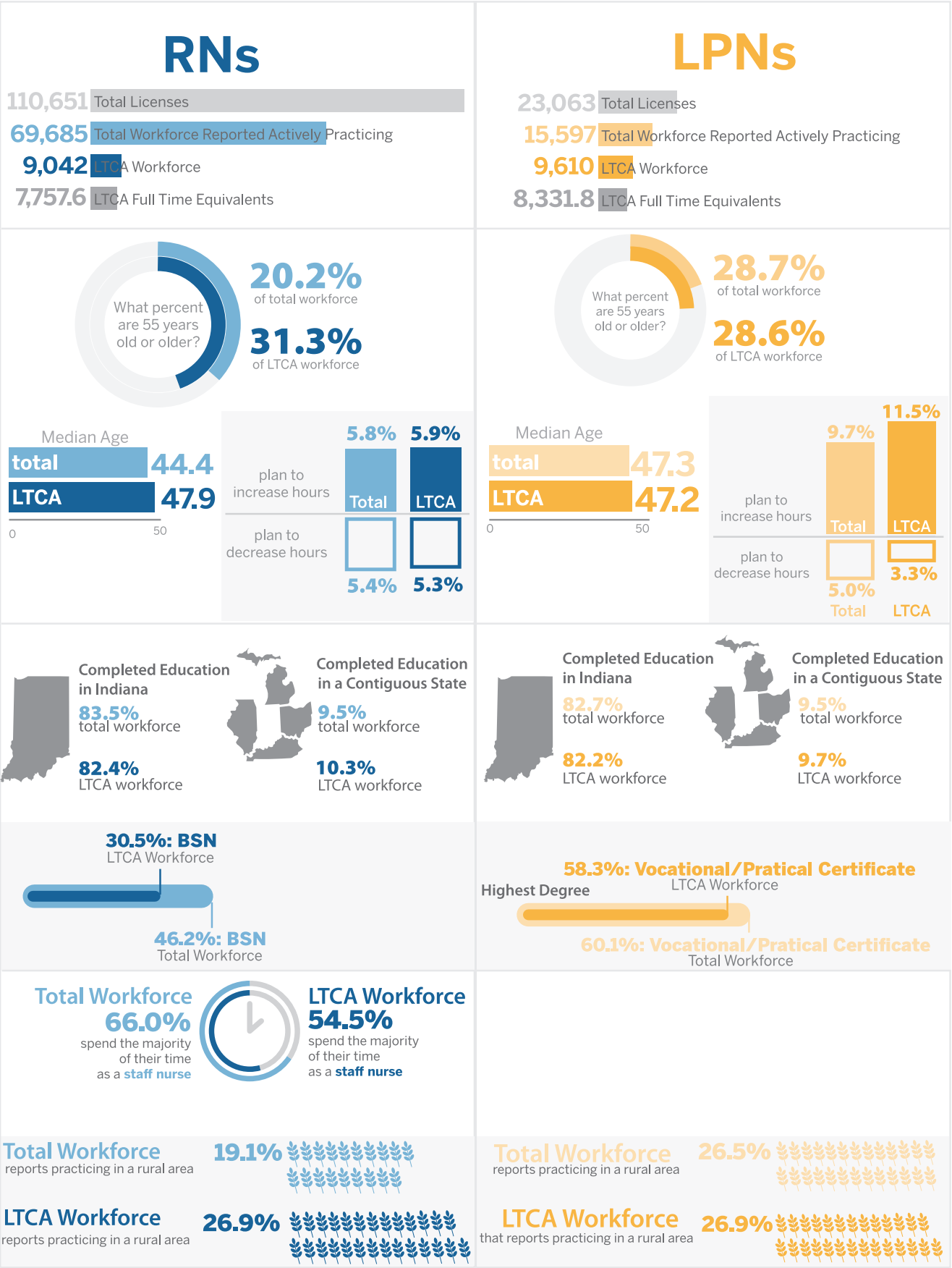
LTCA Workforce that reports practicing in a rural area 16.7%



NURSING SERVICES

Nurses make up the majority of the LTC workforce. Under federal code for LTC facilities, regulation for nursing services requires sufficient nursing care be provided on a 24-hour basis to residents (Appendix A). Nursing care includes assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs. The LTC nursing workforce includes both licensed nurses (Licensed Practical Nurses/LPNs and Registered Nurses/RNs) and other nursing personnel (nurse aides; who are not included in this report).

In Indiana, LPNs and RNs are licensed through the Indiana Professional Licensing Agency. Information regarding their practice characteristics is collected biennially and is included in this report. In contrast, Certified Nurse Aides (CNAs) and Home Health Aides (HHAs), are regulated through the Indiana State Department of Health and information on their practice characteristics is unavailable for reporting as information is not collected from this workforce at time of certification renewal.

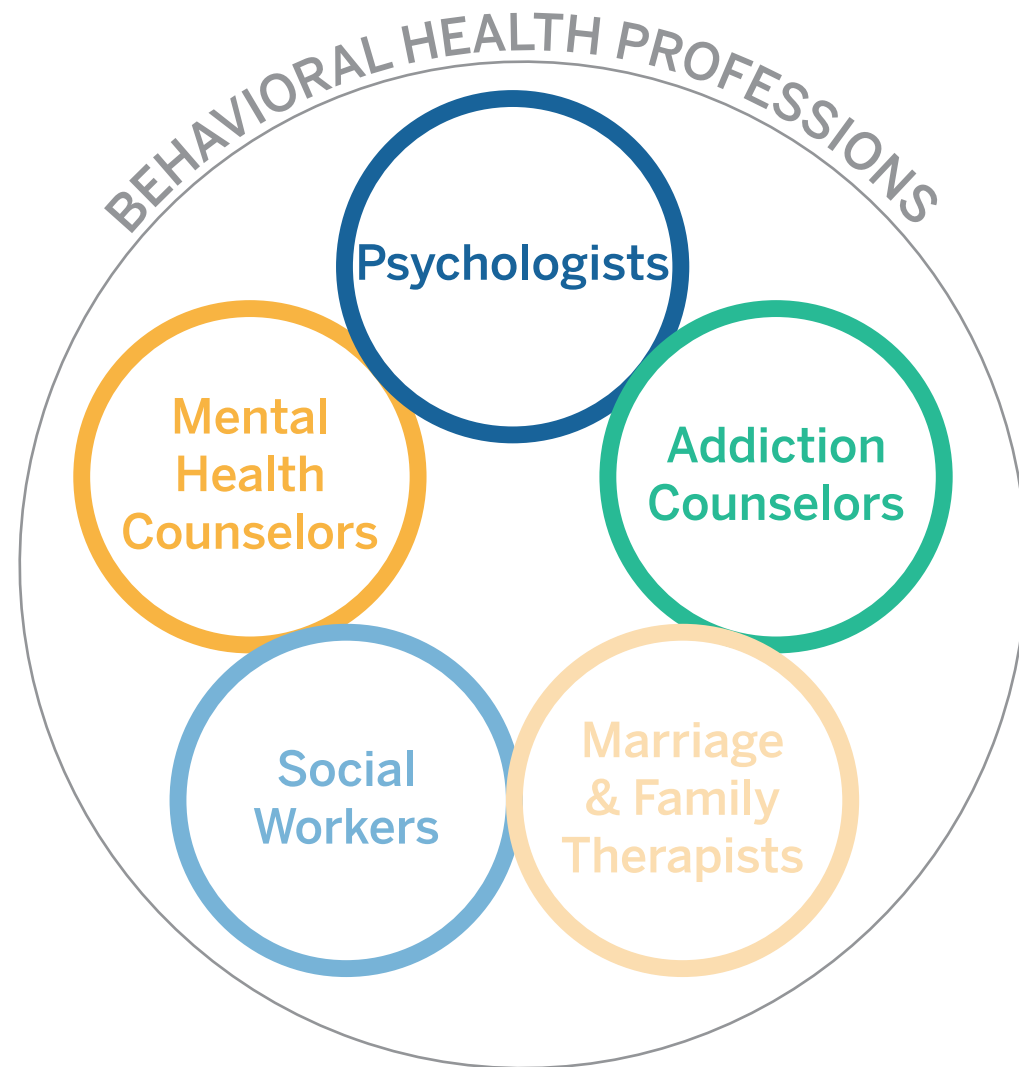






## BEHAVIORAL HEALTH SERVICES

Behavioral health care is essential for ensuring cognitive and emotional well-being for the aging who are more likely to face chronic health challenges. LTC facilities are required to offer “the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”<sup>1</sup> In contrast to other types of services required to be provided, federal code is not explicit on what types of professionals should provide the outlined services. Indiana administrative code, however, does specify services provided by social workers. For the purposes of this report, we’ve included information on all professionals from the Behavioral Health and Human Services Board and psychologists.



1 42 CFR 483.45

INCLUSION  
CRITERIALABOR MARKET  
INDICATORS

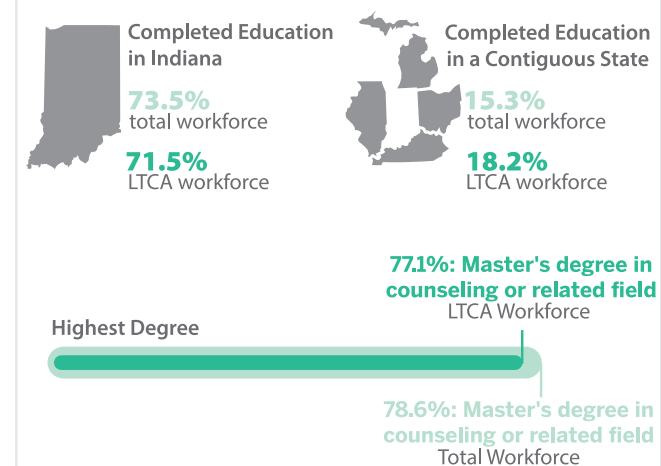
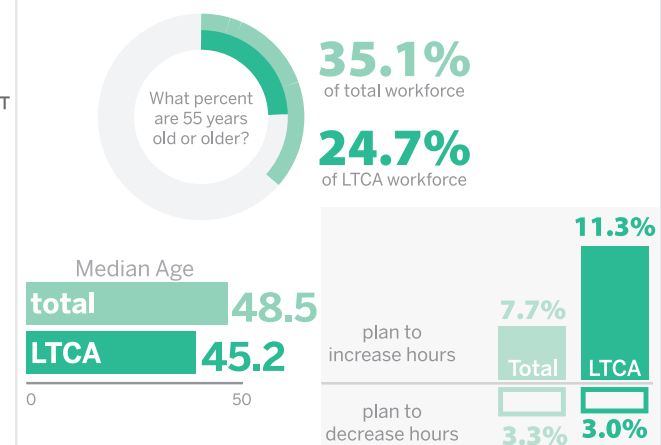
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PRACTICE

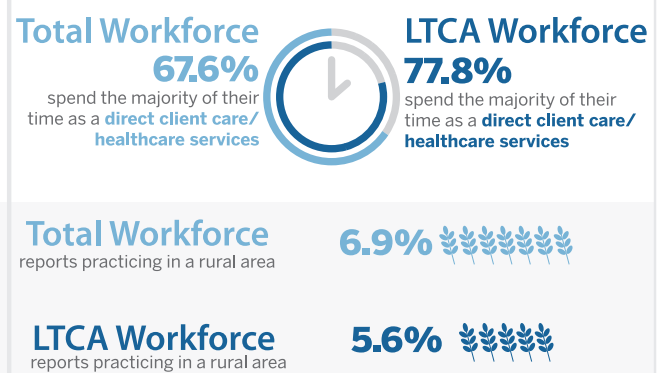
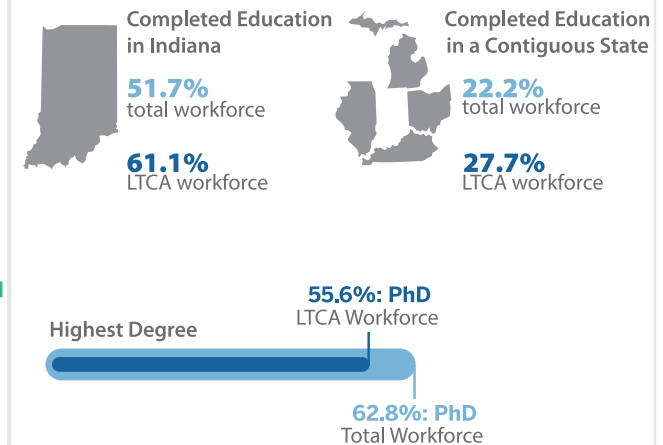
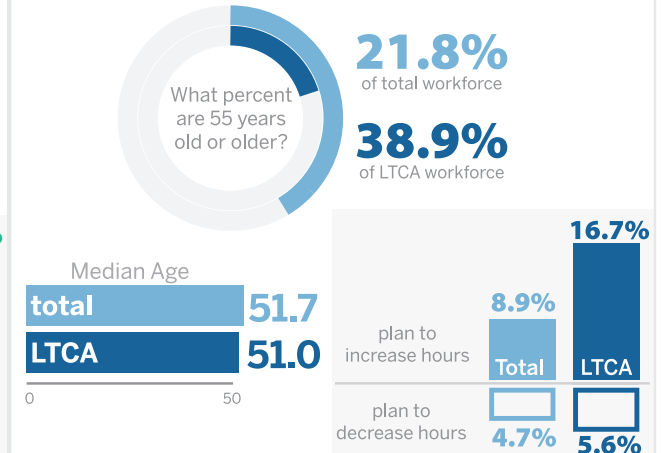
## BHHS Professionals

**13,031** Total Licenses  
**7,878** Total Workforce Reported Actively Practicing  
**603** LTCA Workforce  
**357.9** LTCA Full Time Equivalents



## Psychologists

**1,797** Total Licenses  
**966** Total Workforce Reported Actively Practicing  
**18** LTCA Workforce  
**12.3** LTCA Full Time Equivalents





DENTAL SERVICES

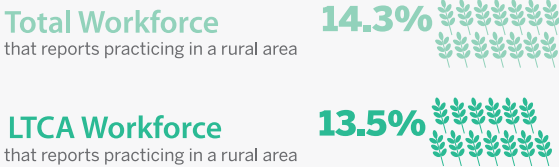
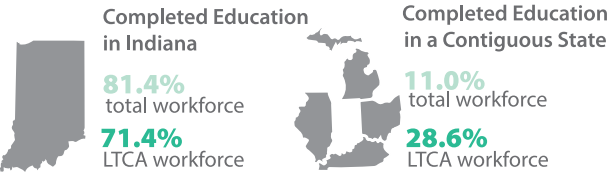
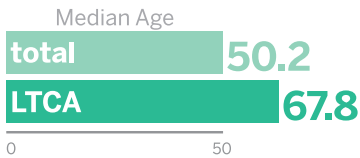
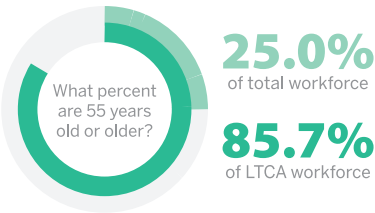
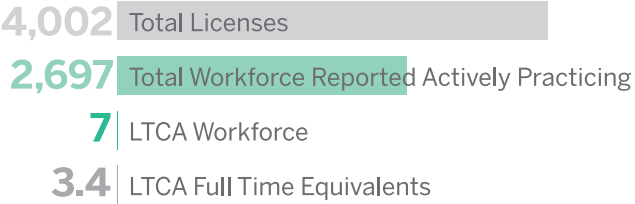
Oral health care services will be critical for preventing, restoring, and maintaining oral health among aging Hoosiers. Securing 24-hour emergency dental care services for LTC facility residents is a federal requirement (Appendix A). Skilled nursing facilities must assist residents in coordinating and navigating dental appointments. Nursing facilities must provide routine and emergency dental services to residents.<sup>1</sup> Information is provided on dentists and dental hygienists.



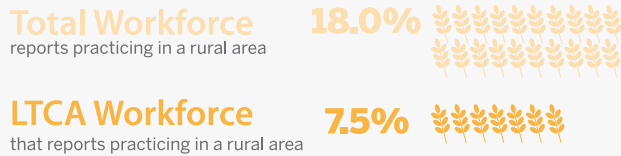
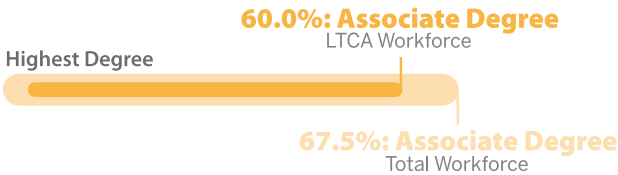
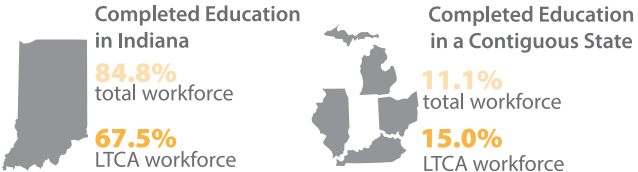
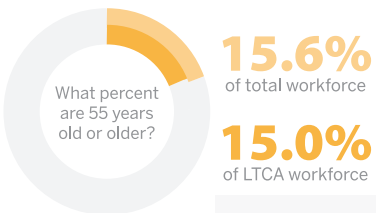
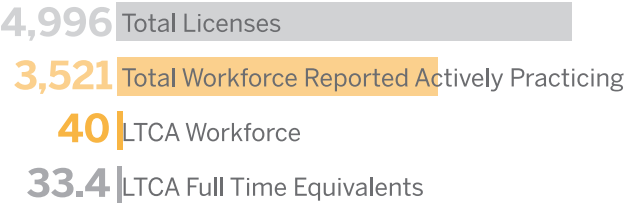
<sup>1</sup> 42 CFR § 483.55



Dentists



Dental Hygienists



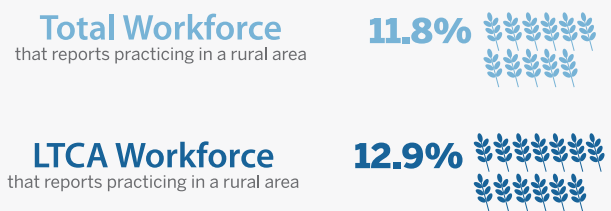
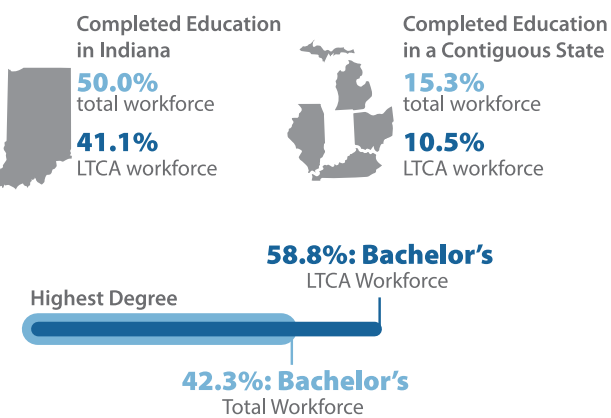
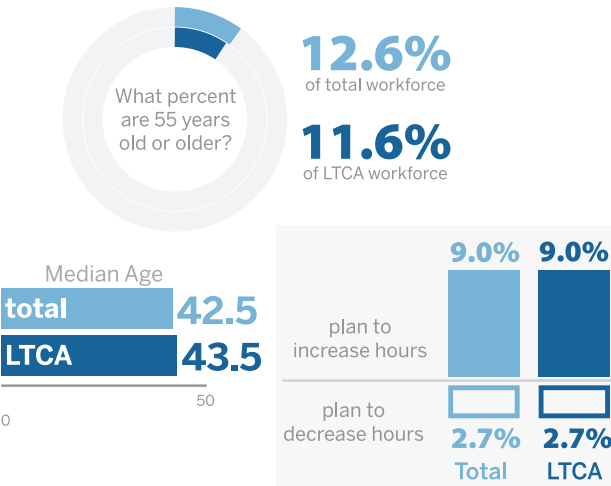
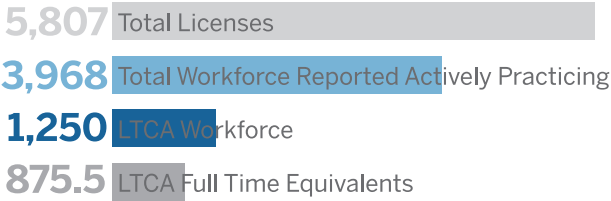


REHABILITATIVE SERVICES

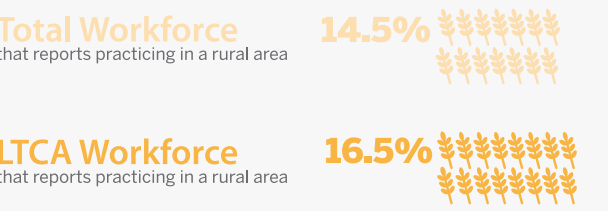
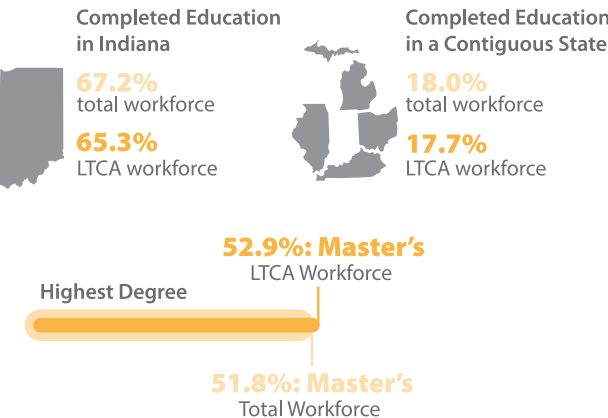
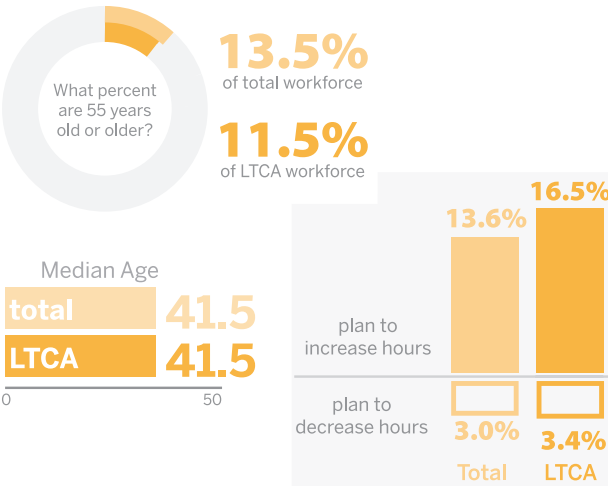
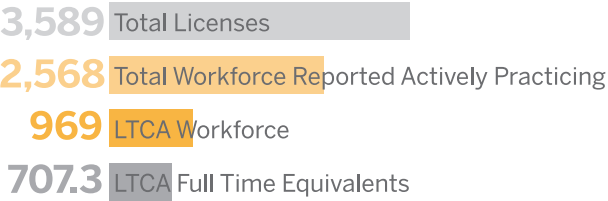
Long-term care facilities must provide specialized rehabilitative services as required in a resident's care plan, under the order of a physician. These services may include physical therapy, occupational therapy, respiratory therapy, speech-language pathology, and rehabilitative services. The workforces included in this brief are: physical therapists, occupational therapists, respiratory care practitioners, and speech-language pathologists.



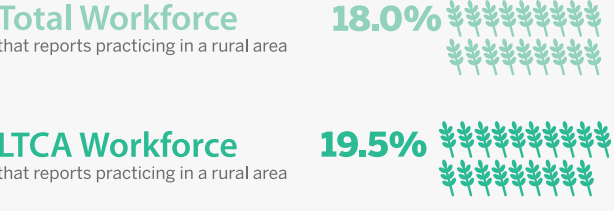
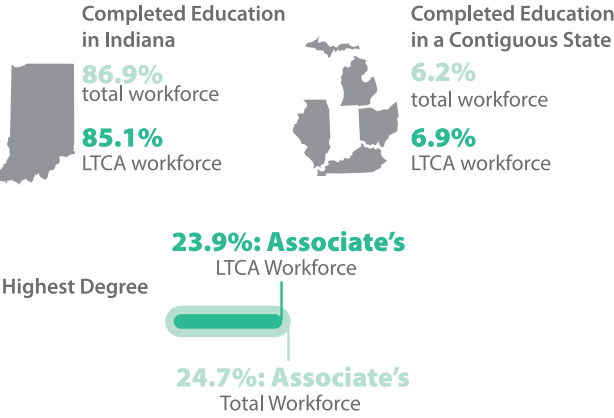
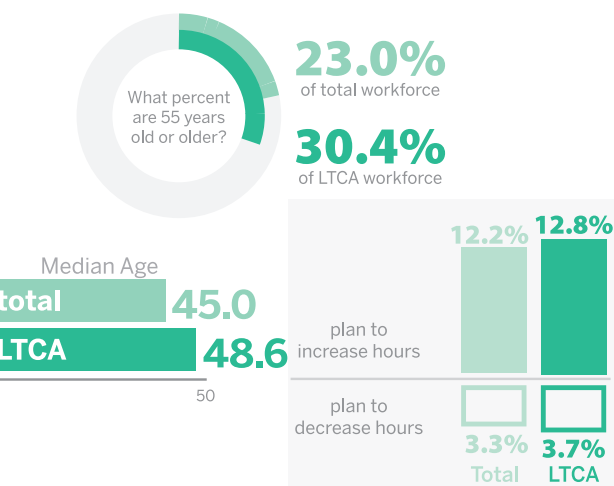
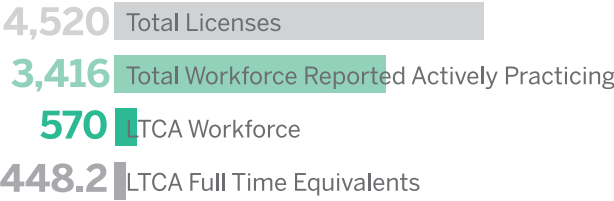
Physical Therapist



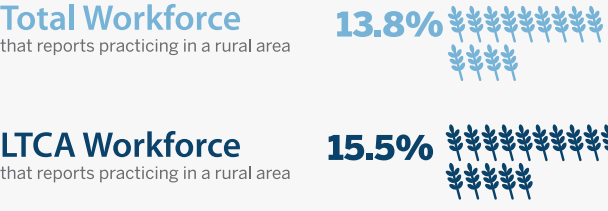
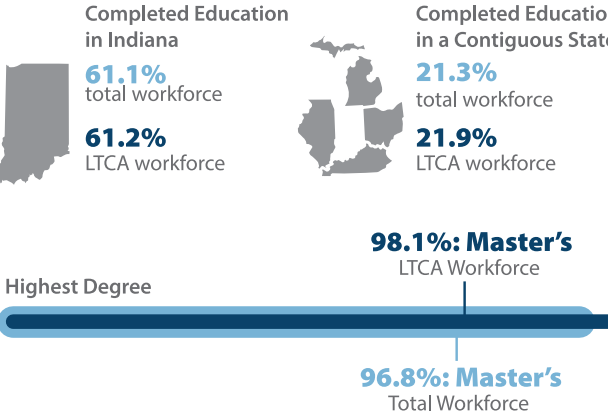
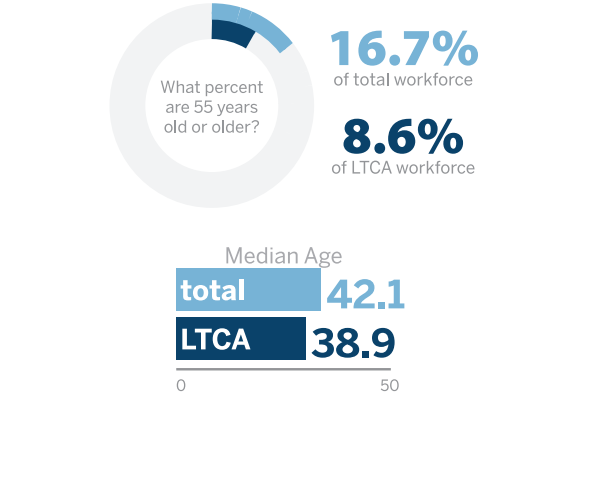
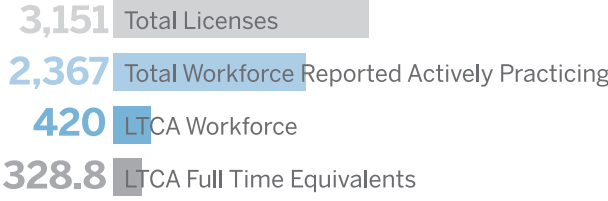
Occupational Therapist



Respiratory Therapist



Speech Language Pathology

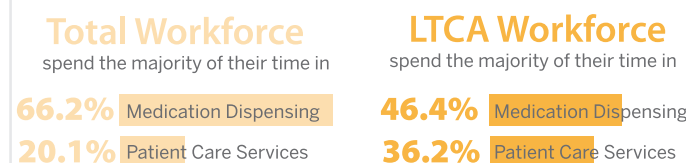
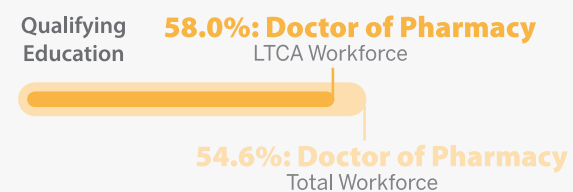
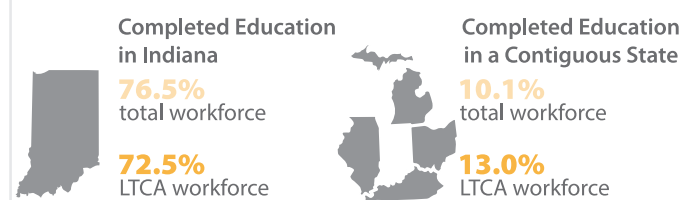
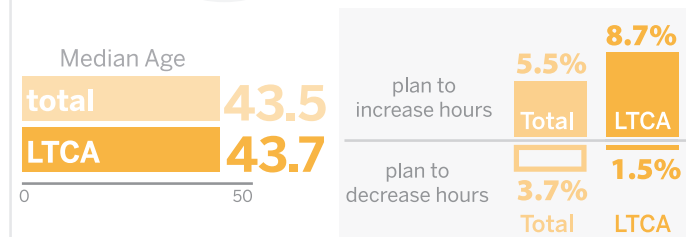
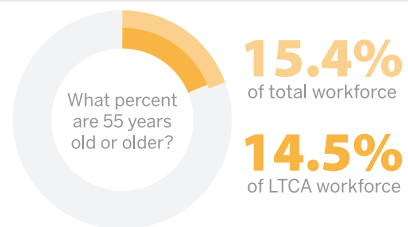






## Pharmacists

**11,354** Total Licenses  
**5,316** Total Workforce Reported Actively Practicing  
**69** LTCA Workforce  
**56.9** LTCA Full Time Equivalents



## PHARMACY SERVICES

Pharmaceutical care is essential for the aging population as they are more likely to need medication management for chronic and acute conditions. LTC facilities must employ or obtain a licensed pharmacist to provide consultation on pharmacy services, establish a system to receive and dispose of controlled drugs in the facility, periodically review and reconcile all controlled drugs within a facility, and review each resident's drug regimen monthly.<sup>1</sup> Information on pharmacists is provided in this section.

<sup>1</sup> 42 CFR § 483.45

## CLOSING SUMMARY

In total, Indiana has 22,685 licensed health professionals who report a specialty or practice setting associated with geriatrics or long-term care (LTCA workforce). The LTCA workforce includes a variety of license types to provide a variety of services. Of the licensed professions included in this report, licensed practical nurses make up the largest segment of the LTC workforce in Indiana, with 9,610 LPNs working in LTCA specialties or settings. An important limitation is the inability to include information on Certified Nurse Aides (CNAs) or Home Health Aides (HHAs) in this report, as they are not administered a survey during certification renewal. Additionally, there are likely many professionals that are contributing to the LTCA workforce that are not captured in this report. Such professionals may include family medicine physicians that manage patients at nursing facilities, or family members that serve as unlicensed caregivers for aging family members living at home.



### PHYSICIAN SERVICES

There are only 507 individuals within the state that are licensed to provide physician services and self-reported doing so (using federal and state code to define this workforce to include physicians and the workforces they may delegate to: nurse practitioners, certified nurse specialists, and physician assistants, per federal code in Appendix A). The majority of the LTCA physician service providers are advanced practice registered nurses (n=377), with only 118 physicians and 12 physician assistants reporting that they serve primarily in the LTCA workforce. With more than 700 long-term care facilities in the state<sup>1</sup> and each one requiring a designated physician medical director,<sup>2</sup> these counts are lower than expected.



### NURSING SERVICES

Nurses make up the largest sector of the LTCA workforce. In 2017, 18,652 nurses (9,042 registered nurses and 9,610 licensed practical nurses) reported a practice specialty or setting in LTCA. While 1 in 5 registered nurses in the total workforce are older than 55 years old, nearly 1 in 3 LTCA RNs fall in that age category. As the LTCA RN workforce ages, it is important to backfill those positions to ensure sufficient nursing workforce. Information is unavailable on certified nurse aides (nursing assistants) or home health aides and as such, these workforces are not included in the report.



### DENTAL SERVICES

The count of oral health professionals that report a primary practice in a LTCA setting or specialty is small (7 dentists, 40 dental hygienists). This could be related to the nature of the inclusion criteria for this report; perhaps more oral health professionals are providing care to LTCA populations, but it is not their primary practice. The practice decisions of oral health professionals may also be influenced by the limited reimbursement for routine oral health services associated with Medicare (a primary insurer of the aging population).<sup>3</sup>

### OTHER SERVICES (PHARMACY, BEHAVIORAL HEALTH, REHABILITATIVE)

The workforces that provide these types of services should be reviewed and monitored to ensure sufficient capacity.



<sup>1</sup> Per <https://www.in.gov/isdh/reports/QAMIS/ltcdir/index.htm> as of October 1, 2019.

<sup>2</sup> 410 IAC 16.2-3.1-13

<sup>3</sup> <https://www.medicare.gov/coverage/dental-services>

POLICY CONNECTIONS

As Indiana anticipates an increase in demand for LTCA services, there have been a number of policy and program initiatives relating to long-term care. Some of the top LTCA workforce initiatives (and their current status) are highlighted in the graphic.



WORKFORCE REGULATION

There have been a number of legislative initiative in recent years that directly impact the LTCA workforce and may increase LTCA populations' ability to access needed services. Numerous bills have been put forth to change workforce regulatory policies, including allowing expanded criminal background checks for home health workers,<sup>1</sup> permitting qualified medication aides to administer insulin in a health facility,<sup>2</sup> and including provisions to allow direct access to preventive oral health services provided by a dental hygienist.<sup>3</sup>



FACILITY REGULATION

The Indiana State Department of Health (ISDH) is responsible for state licensing and federal certification programs for long term care facilities. On July 1, 2019, a Certificate of Need (CON) program was effective for Indiana comprehensive care facilities (nursing homes) per 2018 Senate Enrolled Act 190.<sup>4</sup> This program requires any party interested in a change in comprehensive care beds to submit an application to ISDH for review (this includes any addition, transfer, conversion, or new construction related to comprehensive care beds). As a part of the application, an applicant must provide a plan to meet staffing requirements that are outlined in administrative code.<sup>5</sup> An analysis of the available LTCA workforce in the community is critical to ensuring a workforce will be available to provide the services required under this new facility regulation. In addition to the establishment of a CON program, there was proposed legislation in 2019 to change the staffing requirements that are outlined in statute associated with long-term care facilities.<sup>6</sup> This bill sought to change minimum staffing standards<sup>7</sup> for nursing personnel in nursing facilities. This bill did not pass.



OTHER INITIATIVES

Throughout the country, there has been a movement toward “aging in place,”<sup>8</sup> where seniors remain in the home of their choice and receive services and support there. This uptake of this trend will impact the definition of “LTCA workforce”, as it will likely include more unlicensed caregivers such as family and close friends. It is challenging to quantify the amount of support provided by these individuals and they are sometimes referred to as the “invisible workforce.”<sup>9</sup>

CONCLUSION

As the demand for long-term care and aging services increase and leaders look to policies and initiatives to increase access to LTCA services, it is critical to understand the workforce that is available to provide such services. Federal and state code give us a roadmap for what types of long-term care services should be provided (at least for long-term care facilities), and by what type of personnel. Information provided by licensed professionals was explored to identify and describe the workers that are providing LTCA services in Indiana. The LTCA workforce is broad in license type, but is comprised mostly of nurses (including LPNs and RNs). In-depth analyses were unavailable on CNAs and HHAs, because of a different regulatory structure and a different process to renew credentials. Information is also unavailable on the unlicensed workforce, although it is known that many LTCA services are provided by family members and other caregivers. However, data on many of Indiana’s licensed health occupations is readily available and can be explored in the context of Indiana’s health priorities, which includes exploring the workforce providing LTCA services.

1 <http://iga.in.gov/legislative/2018/bills/senate/301#document-57bff594>

2 <http://iga.in.gov/legislative/2019/bills/house/1652>

3 IC 25-13-3

4 <http://iga.in.gov/legislative/2018/bills/senate/190#digest-heading>

5 IC 16-29-7-12

6 2019 Senate Bill 429. Available at: <http://iga.in.gov/legislative/2019/bills/senate/429#document-3fa6a753>

7 A summary of Indiana’s current staffing requirements can be found in Title 410 of Indiana Administrative Code 16.2-3.1-17.

8 <https://www.nia.nih.gov/health/aging-place-growing-older-home>

9 Chen M, Sebstad J, O’connell L. Counting the invisible workforce: the case of homebased workers. World development. 1999 Mar 1;27(3):603-10.

APPENDIX A: FEDERAL AND STATE REQUIREMENTS FOR LTC WORKFORCE STAFFING

Long-term care facilities are generally regulated by federal or state statute. For example, a skilled nursing facility in Indiana must meet federal requirements for LTC facilities in order to receive Medicaid/Medicare reimbursement<sup>1</sup>, and must meet state-imposed requirements for state facility licensing through the Indiana State Department of Health.<sup>2</sup>

These rules and regulations outline what types of services must be provided, and in many cases, what types of health professionals must be staffed to deliver those services. As such, policies associated with LTC facilities may play a role in driving the demand for the health workforce in LTC settings. Long Term Care facility policies associated with each workforce are described in Table 1. (Note: Diagnostic services was not included in this report, as the majority of the workforce supporting this service is regulated by the Indiana State Department of Health’s Medical Radiology Services program<sup>3</sup> and information on these workforce is unavailable for inclusion in the report.)

APPENDIX B: METHODOLOGY

DATA COLLECTION AND MANAGEMENT

Health professions data used in this report were collected by the Indiana Professional Licensing Agency (IPLA). Demographic, educational and professional characteristics were obtained through survey questions administered during the 2017 and 2018 license renewal periods. Survey and license data were transferred to the Bowen Center for Health Workforce Research and Policy after license renewal periods ended. The data were then processed through cleaning and coding procedures developed by the Bowen Center.

Health professions data are then imported into the Indiana Health Professions Database (IHPD), following which license addresses are prepared and geocoded. The final dataset include three data final components: license data, survey data, and geocoded address data. Rurality of geocoded addresses were based on the 2019 delineation file prepared by the Office of Management and Budget.

SAMPLE SELECTION

Individuals from the reporting samples for each professions’ biennial data report were included in this report if they reported a specialty, certification or practice setting related to geriatrics and long-term care. The list below outlines the selection criteria:

- Health professional renewed Indiana license between 2017 and 2018
- Health professional had an active, valid to practice while under review or probationary license
- Health professional responded to their respective online licensure survey
- Health professional reported actively practicing in their respective field
- Health professional had an Indiana license address that could be geocoded
- Health professional reported a specialty, certification or practice setting related to geriatrics and long-term care

It is important to note that questions asked on the online licensure surveys are customized to the scope of practice of each licensed health profession. Therefore, each survey will not have the same number and type of questions. Table 1 on the following page provides the specialty, certification and practice setting criteria used for each profession included in this report.

ANALYSIS AND LIMITATIONS

This report provides descriptive statistics on the reported specialty and primary practice setting of health professions who practice in long-term care. These statistics are also stratified by the professional’s rurality status as derived from their license address county. Because the online licensure surveys administered to these health professionals were voluntary, many tables will have a statistic for non-respondents to specific questions. However, the rate of non-respondent is generally small.

This report provides a snapshot of the long-term care workforce. Therefore, data should only be used for informing policy discussions and workforce initiatives. For more information on the data management processes implemented by the Bowen Center visit IUPUI ScholarWorks at <https://scholarworks.iupui.edu/handle/1805/5420>.

1 Per 42 CFR 483 (Long Term Care Facilities). Available at: <https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol5/xml/CFR-2018-title42-vol5-part483.xml#seqnum483.35>

2 Per IC 16-28-2 (Available at: <http://iga.in.gov/legislative/laws/2019/ic/titles/016#16-28-2>) and 410 IAC 16.2

3 <https://www.in.gov/isdh/23279.htm>

APPENDIX A TABLE: TYPES OF SERVICES

Type of Regulation	Physician	Nursing	Behavioral Health	Pharmacy	Dental	Rehabilitative
FEDERAL	Each resident must be under medical care of physician (physician, PA, NP, or CNS must provide orders for resident's immediate care and needs) (CFR § 483.30)	The facility must have a full time RNs/ LNs/NAs on a 24 hour basis; RN must be in service for 8hr a day, 7 days a wk. (CFR § 483.35)	Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. (CFR § 483.40)	The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g). (CR § 483.45)	Skilled nursing facilities/ nursing facilities. A facility (1) Must provide or obtain from an outside resource routine and 24-hour emergency dental care., in accordance with § 483.70(g), routine and emergency dental services to meet the needs of each resident (CR § 483.55)	If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disability or services of a lesser intensity (CR § 483.65)
STATE	Physician may delegate tasks to PA, NP, or CNS. (410 IAC 16.2-3.1-22)	LN's hour- to- resident ratio of .5. LN per resident per day, averaged over a 1 week period (410 IAC 16.2-3.1-17)	SWs provides 15 minutes per resident per week; 120 beds or more facility must employ 1 qualified social workers. A facility with 120 beds or less a person provides social services is an individual with one of the following qualifications: Indiana board certification in social work with 1 year in health care, Bachelor degree and/or advanced degree in social work /human services, 1 year of supervised social service experience, highs school diploma -and 48 hour social service course and ordained minister, priest, rabbi, sister of religious institutes that has completed a 48 hour social service course. (410 IAC 16.2-3.1-34)	Permits nurse aides and student nurses to administer under supervision of a qualified licensed nurse; facility can employ a Licensed pharmacist (410 IAC 16.2-3.1-25)	The facility must assist residents in obtaining routine and twenty-four (24) hour emergency dental care. The Facility must provide, or obtain from an outside resource, (410 IAC 16.2-3.1-24; CR § 483.55)	If specialized rehabilitative services are required in the residents' comprehensive care plan; the facility must: (1) provide the required services; or (2) obtain the required services from an outside resource (410 IAC 16.2-3.1-24; CR § 483.55) (b) Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. (410 IAC 16.2-3.1-23)

APPENDIX B TABLE: SPECIALTY AND SETTING CRITERIA USED TO IDENTIFY HEALTH PROFESSIONS PRACTICING IN LONG-TERM CARE

Type of Services	Profession	Specialty*	Primary Practice Setting
Physician Services	Physicians Physicians Assistants Advanced Practice Registered Nurses (APRNs)	Geriatric Medicine Geriatrics/Gerontology (APRNs) Home Health (APRNs) Palliative Care (APRNs)	Home Health Nursing Home or Extended Care Facility (/Assisted Living Facility; APRNs) Hospice Care
Nursing Services	Nursing (RNs, LPNs)	Geriatrics/Gerontology Home Health Palliative Care	Nursing Home/Extended Care Facility/Assisted Living Facility Home Health Hospice Care (RNs)
Behavioral Health Services	Behavioral Health and Human Services Professionals	Gerontological Services	In Home Setting Non-Federal Hospital; Other (e.g. nursing home unit)
Pharmacy Services	Psychologists	Professional Geropsychology	Long-term care facility (e.g. nursing home, assisted living) Hospice
Dental Services	Pharmacy Dentists Dental Hygienists	Geriatrics Residency NOT APPLICABLE	Long-term Acute Care Hospital Nursing Home/Extended Care Facility/Assisted Living Facility Home Health
Rehabilitative Services	Physical Therapy	NOT APPLICABLE	Skilled Nursing Facility/Long-Term Care Patient's Home/Home Care
	Occupational Therapy	Board Certification in Gerontology Geriatrics	Long-Term Care/Skilled Nursing Facility Home Health
	Respiratory Therapy	Geriatrics Home Care	Long-Term Acute Care/Rehabilitation Hospital/Sub-Acute Care Skilled Nursing Facility Durable Medical Equipment/Home Care
	Speech-Language Pathology	NOT APPLICABLE	Residential Health Care Facilities (i.e. skilled nursing facilities, assisted living facilities, etc.)

\*includes employment specialty, supervising physician specialty or board certification

# ACKNOWLEDGEMENTS

The Bowen Center for Health Workforce Research and Policy (Bowen Center) would like to extend its gratitude to the Indiana Professional Licensing Agency for their commitment to ensuring Indiana with robust health workforce data through administration of surveys to licensed health occupations. The Bowen Center would also like to acknowledge the expert data management support we receive from our institutional collaborators at the Department of Biostatistics at the Indiana University School of Medicine.

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## RECOMMENDED CITATION

Indiana's Long Term Care & Aging Workforce. (2019) Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine.

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