

# Iowa Healthcare Workforce Strategic Planning and Stakeholder Engagement Initiative

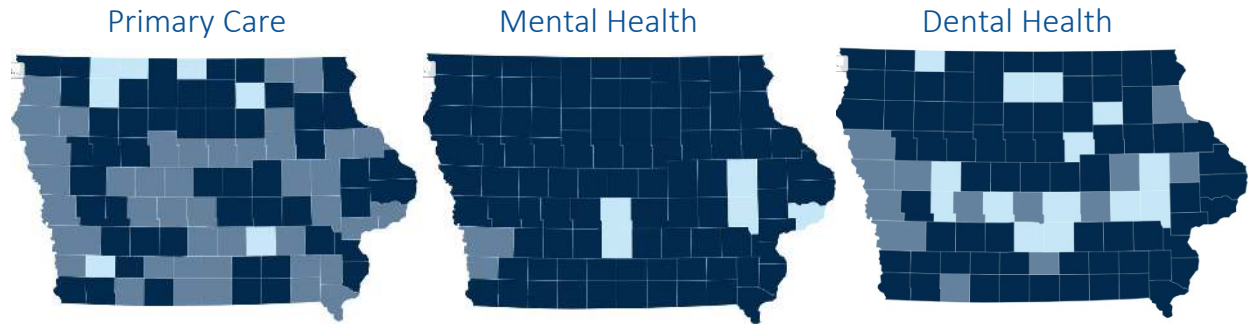
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Modern changes in healthcare delivery from a volume-based system to a value-centered system has increased strain on the rural healthcare providers. Rural communities currently face aging populations, higher comorbidity rates, an ongoing opioid epidemic, and lower incomes. All of these challenges shape the healthcare experience in these communities. The state of Iowa is covered in large part by rural healthcare, boasting 82 critical access hospitals and 170 rural health centers with its 78 rural counties. Iowa currently ranks 43rd in the nation in physicians per capita. In addition, the vast majority of Iowa's counties contain shortage areas for primary care, mental health, and dental health services. Shortage area locations can be seen on the next page. These shortages are particularly severe in rural communities and result in decreased access to medical care. Increasing and assisting rural healthcare providers is paramount to healthcare provision for Iowans across the state.

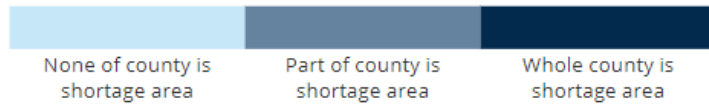
The Iowa Medical Society (IMS), in coordination with the Iowa Department of Public Health (IDPH), Iowa Hospital Association (IHA), the Iowa Pharmacy Association (IPA), and the Iowa Primary Care Association (Iowa PCA), leads the Iowa Healthcare Workforce Strategic Planning and Stakeholder Engagement Initiative. The goal of this project is to use input from local communities and healthcare workforce stakeholders to identify actionable solutions that would advance Iowa's healthcare workforce. Through a variety of stakeholder events and meetings with healthcare providers, this initiative has gathered the insight necessary to assemble a Strategic Action Plan.



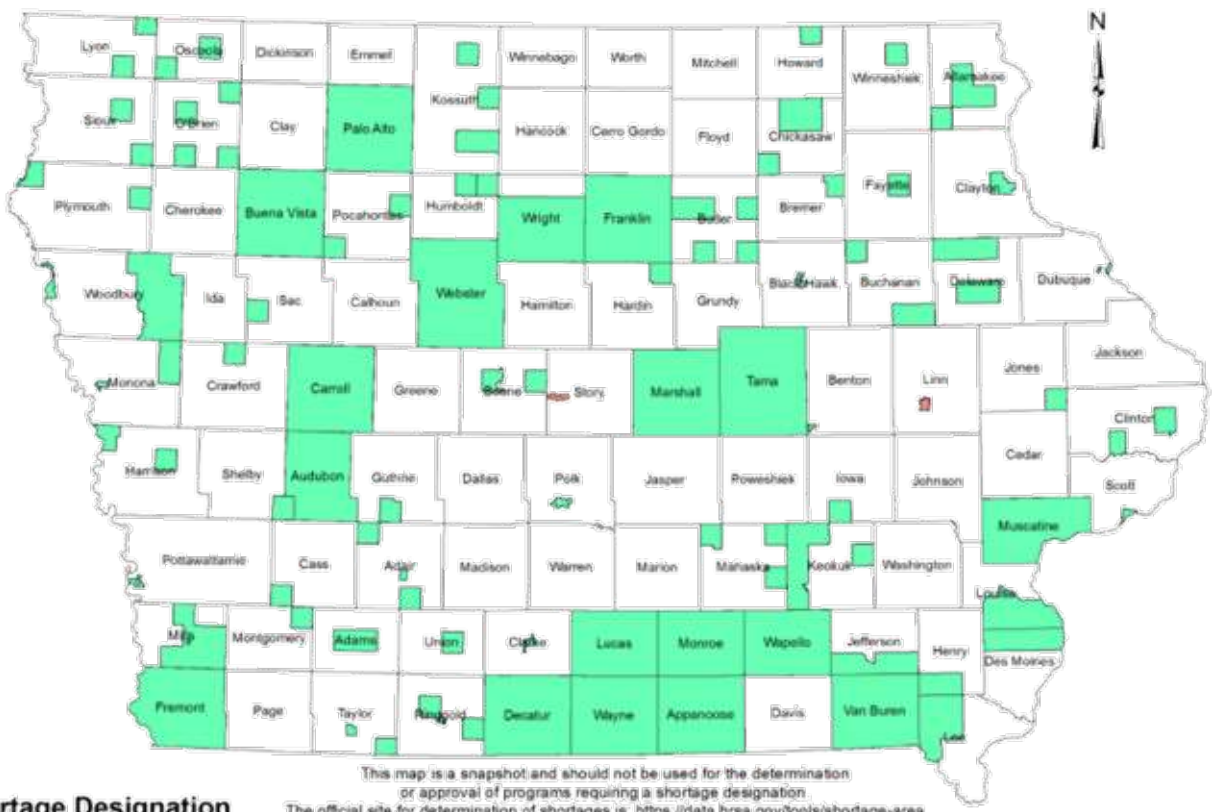
# HRSA Health Professional Shortage Areas by County



Data: [data.hrsa.gov](https://data.hrsa.gov), January 2021  
 Graphic: [RuralHealthInfo.org](https://RuralHealthInfo.org)



# Iowa Department of Public Health Designated Shortage Areas



This map is a snapshot and should not be used for the determination or approval of programs requiring a shortage designation. The official site for determination of shortages is: <https://data.hrsa.gov/tools/shortage-area>.

## Shortage Designation

- Medically Underserved Population
- Medically Underserved Area

Created by: Iowa Department of Public Health, Bureau of Policy and Workforce Services  
 Source: Health Resources and Services Administration Data Warehouse  
 Created: December 31, 2019

Graphic Source: [Rural Health & Primary Care - Primary Care Shortage Designations \(iowa.gov\)](https://RuralHealthInfo.org)

## Community Stakeholder Engagement

Meetings led by each of the partner organizations involved in this initiative began in 2019. The topics and goals of these meetings were based on extensive work underway in workforce silos across the state. Participants wanted the rural healthcare system to be reassessed and clearly defined. Better data and understanding of the problems facing our rural healthcare communities would support statewide discussion. The next step was to redesign the system to better address stakeholder concerns through legislation, changes in payment structures and new recruitment and retention strategies.

The partner organizations involved in the Iowa Healthcare Workforce Initiative next aimed to reach out to rural communities throughout the state for focused local input. They began by hosting regional community stakeholder events in throughout the state. Three of these meetings became virtual due to the emergence of the COVID-19 pandemic. The town-hall style events were open to the public and drew a diverse crowd, including healthcare providers and administrators, public health leaders, local business leaders, spouses of physicians, and healthcare consumers. Participants in each meeting were asked the following series of questions:

- Is healthcare workforce an issue in your community?
- What are the biggest challenges in your experience or your opinion?
- Among those challenges, what are the priorities as you see them?
- What are some improvements could be made to address these priorities?
- Are there things that are currently underway and working well?

Lively discussions demonstrated community commitment to solutions starting at home while acknowledging and championing system-based and policy-level improvements. Brainstorming within these meetings exposed current issues as well as produced novel potential solutions. COVID-19 was a popular topic in the virtual meetings which occurred in the midst of the pandemic. Not only did the pandemic alter the timeline for this initiative, it ended up shaping much of the discussions around the healthcare workforce in 2020. The pandemic put further stress on an already understaffed workforce which is prone to burnout at all levels. However, the pandemic also provided an opportunity to showcase comradery and dedication within rural medical communities, where healthcare teams were forced to find new ways to work together.

## Discipline-Specific Focus Groups

While hosting their public community stakeholder meetings, the Iowa Healthcare Workforce Initiative's partnering organizations hosted six Skill-Set Panels throughout 2020. These panels were targeted towards specific disciplines within the Iowa workforce. In addition to the targeted groups, a few of these meetings included representatives from local businesses committed to community improvement as well as state legislators to discuss the legislative feasibility of proposed solutions within these conversations. Targeted profession groups included physicians, ARNPs and PAs, nurses, CNAs, direct care workers, dentists, pharmacists, and pharmacy technicians. Topics included rural practice, medical education, critical access care, rural long-term care, home health, and recruiting and retaining medical

professionals in Iowa. Each of these focus groups used to add a different perspective to our study of the rural healthcare workforce.

## Iowa Healthcare Workforce Stakeholder Survey

The Iowa Workforce Initiative sent out a survey to a wide variety of rural healthcare stakeholders throughout Iowa. 280 responses were received. About 50% of respondents were healthcare providers. A full list of the diverse stakeholder response perspectives can be found below. We were overjoyed to see the wide-ranging participation and overlapping concerns across professions.

Stakeholder Profession Responses			
Academic Institutions	Business Sector	Chiropractors	Direct Care Workers
Federally Qualified Health Centers	Health Systems	Hospitals	Mental Health
Physicians	Nursing	Oral Health	Pharmacy
Physician Assistants	Public Health	Telehealth Providers	Emergency Medical Services
Rural Healthcare	Physical/Occupational Therapy	Community Health Workers	Long Term Care
Home Health	Insurers/Payer Community	Community-Based Services	Veterans Services
Maternal Health	Healthcare Students	Patients and Families/Advocates	General Community Members
Disability Services and Advocates	Healthcare Administrators	Healthcare Human Resources	Healthcare Leaders

Fifty-two percent of respondents live or work in a rural area, and over 91% saw healthcare workforce as an issue in their lives or in the state as a whole. The breadth of viewpoints within the stakeholder group garnered a wide range of issues. It was evident that the healthcare providers desire better reimbursement at all levels in all locations. Increasing educational access and the retention of Iowan students is a top priority. Greatest areas for improvement include loan repayment plans and increased training opportunities in rural settings. Additional recommendations included an increased role for pharmacists in healthcare delivery, targeted pipelines for minority students, increased interactions with high schools and community colleges, and a better team-based approach to care that included each of

the professions mentioned above. Now that we have rigorously defined the problems surrounding the rural healthcare workforce in Iowa, it is time to define solutions.



## Iowa Healthcare Workforce Task Force

The Iowa Healthcare Workforce Task Force was assembled to foster collaboration between leaders of the previously referenced partner organizations as well as major hospitals, medical educators, rural community experts, business workforce leaders, and more. Leaders of these powerful organizations have met several times for a total of over 16 hours of productive dialogue. The task force split into work groups and completed a SWOT analysis of the rural healthcare workforce using all of the data collected from stakeholders over the past two years, including town hall, focus group, and survey results. After defining their shared goals, the task force has designed the following Strategic Action Plan.

Iowa Healthcare Workforce Task Force Participating Organizations			
Iowa Department of Public Health	Iowa Medical Society	Iowa Hospital Association	Iowa Primary Care Association
Iowa Pharmacy Association	Iowa Rural Health Association	Iowa Caregivers Association	Iowa Health Care Association
UIHC	UnityPoint	MercyOne	The Iowa Clinic
Greater Regional Health	Guthrie County Hospital	Iowa Specialty Hospitals and Clinics	Iowa Public Health Association
University of Iowa	DMACC	Des Moines University	Mason City Clinic
Iowa Behavioral Health Association	Lifelong Smiles Coalition	MedLink Advantage: Heartland Rural Physicians Alliance	Iowa Association of Community College Trustees

United Way/Central Iowa Healthworks	Iowa Department on Aging	Hillcrest Mental Health Center	Iowa Center for Nursing Workforce
Iowa PA Society	Iowa Business Council	ICCC-CHW Alliance	Wellmark
Iowa Total Care	Amerigroup	Iowa EMS Association	

## Iowa Rural Healthcare Workforce Strategic Action Plan

### A Multi-Stakeholder Strategy to Improve Healthcare Workforce

**Intention:** To identify and develop collaborative, innovative opportunities to address cross-cutting healthcare workforce issues affecting all disciplines, all settings, and all populations served with an attention on rural workforce.

**Timeline:** One to three years with immediate opportunities to undertake and longer-term approaches, recognizing the multi-year investment and effort required to truly achieve and sustain workforce.

**Workforce Audience:** All healthcare providers and professionals: medical, nursing, dental, mental health, pharmacy, public health, long term services & supports, direct care, social work, healthcare administration, etc.

**Priorities:** Interprofessional collaboration; resource & strategy alignment; optimized influence & impact

### Goal 1: Recruitment

#### Grassroots and Pipeline Recruitment

Increase opportunities to institute **health care apprenticeships**, making them more feasible for smaller organizations to create apprenticeship programs that work for them and their students and amplifying resources and toolkits currently available to support.

Expand **recruitment efforts among middle school and high school students**, aligning with Area Education Agency efforts and addressing regulatory barriers to shadowing experiences and educator roles

Revive **job-training and work-based learning programs**, taking advantage of existing relationships between local care settings, schools, and community colleges with emphasis on opportunities to facilitate innovative approaches, such remote/telehealth learning and integrative healthcare delivery models.

Facilitate opportunities for **progressive education and practice to allow individuals to grow into advancing healthcare roles** through scholarships and/or subsidized programs that are not restrictive to employment setting.

Create greater opportunities for internship incentivization and compensation, such as paid internships, transportation, childcare support, etc.

Utilize available licensure and certification data to **assess where and how people are being trained and where they practice**, establishing point-in-time and longevity study reports.

Utilize the **Iowa Rural Healthcare Workforce Connection** portal to disseminate and promote rural healthcare workforce opportunities to students, educators, employers, community leaders, and healthcare professionals.

### **Seek and Welcome Diverse Demographics**

**Recruit non-traditional students** into healthcare tracks, taking advantage of the potential and value of multi-generational and diverse ability workforce and creating adaptive, multi-level pathways to enter the field.

Recognize **shifting generational workforce demands and expectations**, aligning with interprofessional learning efforts at medical/health professional colleges and need for appropriate training, messaging, policies from employers for inclusive employee base.

Establish **family-inclusive recruitment strategies and wrap-around supports**, including social services, housing, childcare and family services, intentional welcoming initiatives, and aid in family member travel for international and visa-secured providers.

Seek and aid **recruitment and training of bilingual/multi-lingual healthcare professionals**, including employer-facilitated and paid training (including health literacy competencies for native speakers) and appropriate reimbursement for healthcare interpreters.

Improve waiver program system(s) to **ensure intended populations are served**, particularly as demographics and needs of rural communities evolve.

**Utilize opportunities provided by increased telehealth and teledentistry** to recruit providers to care for lowans without restriction of geographical presence of provider, seeking opportunities to support payment parity and quality provider credentials.

Explore regulatory relief options to more **fully recognize provider credentials** obtained from international institutions and through armed forces service, enabling those healthcare professionals to practice without requiring additional, duplicative training.

Review current licensing regulations to determine where allowances and flexibilities may exist to allow for **pilot testing of new workforce models**, exploring opportunities to increase workforce access and develop roles adaptive for rural settings while ensuring quality of healthcare personnel.

Need to be intentional about **closing diversity gaps**, better exploring where and how those gaps exist and pursuing alignment among those needs in healthcare and policies affecting healthcare and communities served.

## Payment & Loan Reimbursement

Continue to **pursue advanced payment reform** that more appropriately reimburses for quality care provided and high outcomes achieved and is commensurate with expense need to provide and maintain that care in rural settings, thus enabling healthcare organizations to offer more competitive salaries and positions.

Engage and better **integrate with community-based support services** that can support the healthcare community, sharing resources and responsibilities to create better outcomes – both addressing social determinants of health and clinical outcomes.

Convene healthcare industry, including payers, to intentionally and routinely meet together to **create payment and reimbursement solutions together**.

Explore opportunity to **utilize economic investments from outside industries**, such as lottery and gaming industry, to help fund programs and scholarships for high demand occupations, like healthcare, that directly impact economic development, both locally and statewide.

**Enhance existing loan repayment programs**, including pushing for full funding of existing program allowances, seek additional funding based on need established through supply & demand information, and explore opportunities to further expand programs and eligibility to additional provider types and disciplines.

Opportunity for **loan repayment programs**- advertise opportunities, help with application process. Supplemental program above federal program, Use databases in Iowa to use accurate data on supply and demand to provide the loan repayment programs.

Explore opportunities to **improve scholarship program structures** to optimally recruit and aid students to successfully complete training, obtain certification, and practice in Iowa, evaluating existing gaps/barriers experienced in existing programs.

Bolster Iowa's utilization of **Conrad 30 J-1 visa waiver allowances**, by pursuing increased allocations either through direct state allotment increase or redirection of unutilized allotments by other states.

## Market Healthcare Professions & Rural Communities

**Increase marketing of healthcare professions**, taking advantage of the attention being paid to the healthcare industry during the pandemic, focusing messaging on rural opportunities, such as increase opportunities to cross-train and learn and practice diverse skills in rural, and including non-clinical roles critical to healthcare.

Optimize and expand initiatives, such Future Ready Iowa and Last Dollar Scholarships, to **connect individuals to needed education, training, and support to enter the healthcare field**, emphasizing high demand roles, clinical and non-clinical, and more inclusive of programs that still need certification.



Utilize the **Iowa Rural Healthcare Workforce Connection portal** as a marketing tool for rural healthcare workforce opportunities, working to actively engage students, educators, employers, community leaders, and healthcare professionals with the site.

**Partner with economic development** for cross-promotion for healthcare professions with quality of life and Iowa community vitality, amplifying marketing of Iowa as a rated “best place to” live and work.

Create **training packages to help recruiting agencies** better understand, articulate, and market opportunities in rural areas, building off of cross-promotional campaigns and adapting successful practices of other industries, such as armed forces recruitment.

## Goal 2: Education and Training

### Expand Education Opportunities & Access

Increase **availability and access to education and training programs, both clinical and non-clinical**, seeking to increase the number of spaces available; reducing cost barriers through scholarships, reimbursement programs, and exploring healthcare education cost pricing options; and reviewing barrier inhibiting programs and addressing low hanging opportunities.

Seek out opportunities **to increase available and willing faculty for education and training** programs through analysis of current gaps, barriers, regulatory burdens, incentivization, and opportunities to provide adaptive faculty roles/models.

Utilize available opportunities to **host internships and professional volunteers** through partner programs, such as AmeriCorps, to aid professional development and training of early career professionals and potential permanent recruitment to Iowa.

Enhance and expand collaboration between community colleges and universities to strengthen and increase presence of **curriculum to advanced degree programs**.

Examine avenues to improve **portability of licensure, credentials, and training** that streamlines competencies, standards, and scopes of practice, and facilitates mobilization across settings and state lines.

Explore potential and value for **revival of an Area Health Education Center (AHEC)** in Iowa as an opportunity to further support training and development programs, scholarship opportunities, and facilitate successful career placements for health professionals in rural and underserved communities.

### Enhance & Evolve Residency & Training Programs

Pursue **full funding of medical residency and dental school programs**, collaborating with national accreditation to ensure rural locations can fulfill residency and training requirements.

Improve quality and number of **Certified Nurse Assistant (CNA) and direct care worker programs**, evaluating current landscape of programs; successful completion, competencies, and placement rates; and avenues to register and report credentialing.

Evaluate the impact of 2020 on skills & education, lessons learned, successes and opportunities to adapt and **evolve training and certification programs to be more responsive** to changing needs and better prepare students to practice in a changing healthcare landscape.

Leverage high school-based health care programs to **create school-to-work programs**, expanding observational and exploratory programs towards apprenticeship and true job training programs.

Grow **healthcare apprenticeship, internship, preceptorship programs at all levels**, partnering with broader industry and workforce development agencies to increase availability, access, and awareness.

Assure integration of **quality assurance and performance improvement as part of training experiences** to safeguard continuous improvement to meet accreditation and endorsement standards and ensure graduates are able to pass competencies.

**Align community college curriculums** to build upon successful trainings across all programs, better unify competencies, and embrace the role of technology in virtual learning and training.

Increase **inclusivity and diversity among preceptors and mentors** to better reflect the diversity and demographics, current and future, of the healthcare workforce and the populations served.

Establish **peer support and mentorship groups** to provide greater opportunities for peer development, networking, and peer-to-peer wellness and support.

Explore opportunities to increase **availability of residency programs in various disciplines**, taking advantage of federal program allowances and apprenticeship-eligibility guidelines, to improve practice competency, recruitment & retention across disciplines.

Incorporate **mental wellness and professional resiliency** skills and support into residency and training programs to equip with awareness, resources, and empowerment to prevent and mitigate burnout at career start.

### **Ease Regulatory Barriers**

Explore **testing administration regulations** and appropriate amendments, addressing current regulations which slow and burden the process of advancing student from graduation to credential/competency testing and transition to full practice.

Seek to adjust **federal residency cap and associated reimbursement** to support increased residency opportunities that are responsive to opportunities to better utilize network of local health systems to expand residency and training capacities.

Research and look to revise regulations that hamper opportunities for **in-house training and education programs**, mitigating increased expense and burden experience by both facilities and

employees/students in seeking external training where internal training is appropriate and reasonable.

Pursue opportunities to establish **state income tax credits, deductions, and/or abatements** for preceptors, mentors, and trainers and healthcare providers/professionals who serve in rural and/or underserved areas.

Investigate regulatory burdens impacting the **sustainment of programs for residency programs**, across disciplines and training settings, seeking to increase responsive support for residency programs in rural states with significant healthcare shortage areas.

Establish a **cooperative liaison group of healthcare leaders and stakeholders** to meet with federal officials to strengthen the Iowa voice, presence and advocacy efforts.

Progress opportunities to ease Iowa regulatory burdens that limit ability to support **paid intern roles** and better aid intern accessibility without adding to student financial burden or system educational affiliate agreement burden.

Examine regulatory burdens and avenues to **improve portability of licensure, credentials, and training** that streamlines competencies, standards, and scopes of practice, and facilitates mobilization across settings and state lines.

### Goal 3: Retention

#### **Better Payment & Incentive Packages**

Amplify efforts to **increase reimbursement and payment at both system/service line-level and individual compensation**, championing value-based models that are responsive and supportive to rural-based services and providers and rewards delivery of quality outcomes.

**Partner directly with payers** to evaluate current reimbursement models and rates, working together to foster mutual understanding and build opportunities to co-create informed solutions that better balance payment with cost/expense, quality, and needs.

Work to expand the list of **eligible professionals for loan reimbursement programs** and/or develop expanded programs to provide similar incentivization among the broader network of high demand providers and health professionals.

Consider opportunities to **create “career ladder” development programs** that aid interested employees in advancing their healthcare careers from entry-level, in-field growth, and advanced roles within the healthcare organization.

Work with healthcare employers to **create and boost employee investment opportunities**, such as no-cost advanced training, education, or certification access that benefits both employee and employer.

Support and promote potential **tax credits, deductions, and abatements for providers and professionals** practicing in rural and underserved areas with potential for increasing benefit with longer terms of service.

**Leverage telehealth and teledental opportunities** to aid recruitment of healthcare providers desiring more flexible work environments and mitigate barriers to physical recruitment of providers to rural communities.

Experiment with **adaptive and flexible work models**, such as remote work, shorter and/or shared shifts, to be more responsive and accommodating to shifting workforce expectations, family obligations, and burnout mitigation strategies.

Explore strategies to create **living/housing allowances or home improvement grants** that enable healthcare workers to live and invest in the communities in which they practice.

Support and invest in strategies to improve **access and affordability of child care**, exploring potential for employers to provide child care services or additional stipend incentives.

Promote access and enrollment in Iowa Wellness Plan for healthcare professionals who otherwise do not have **access to healthcare coverage**, employer-based or otherwise.

## **Better Practice Environments**

Address **mental health stigma and burnout culture**, fostering access and encouraging utilization of mental wellness supports and working to design environments and practices that empower wellness and self-care.

Reduce care system fragmentation, improving **interoperability and care coordination** across the full continuum of care, inclusive of dental, mental health, and social services.

Allow and support professionals to **practice to the full extent of their education, training, and/or certification/credentials/licensure**, maintaining the flexibilities enacted during pandemic response and demonstrated as effective during pandemic.

Pursue and support ongoing **tort reform efforts** to ensure a practice environment in Iowa that is supportive of high-quality practitioners and protects healthcare access and sustainability.

Recognize innovative new workforce project licensing provisions, uniquely affecting and advancing licensing levels for dental service professionals based on scope of practice.

Ensure and advance **evidence-based and endorsed promising practices in all settings**, fostering high functioning practice environments and cultivating cultures of safety and joy in practice.

Champion **grassroots opportunities** for healthcare professionals, supporting an environment of healthcare workers who are invested in care in Iowa because they are Iowans.

Uphold and reinforce **health policy development that is informed and directed by healthcare leaders and expertise** and aligned of with healthcare needs and goals.

Engage in strategies to retain direct care workforce, including efforts to elevate the **professional status of direct care workers** and amplification of the Iowa Direct Worker Registry.

Establish **professional mentoring networks** to facilitate connection, knowledge exchange, and peer support among early, established, and retiring professionals.

## Goal 4: Sustainability

### Partnership & Collaboration

Establish greater **collaboration among healthcare systems, professional associations, and healthcare non-profits, and support service organizations**, creating unified voices towards common goals, shared advocacy and regulatory burden relief with urgency and emphasis placed on workforce.

Facilitate **cross-sector collaboration**, inclusive of the full spectrum of care delivery, public health, education, economic development, and others to foster shared investment, pursuit, and operations that improve health, wellness, and vitality in Iowa.

Examine opportunities to **increase interoperability** of data platforms, **access and exchange** of health information and data, and **greater alignment** of healthcare coding & billing processes across health professions.

Strengthen **direct working relationships directly with payers**, both commercial and public health insurance options, to reinforce collective development and investment in healthcare payment solutions.

**Invest in and cultivate diverse partnerships**, engaging directly with communities, including patients, families, and caregivers in the process of design and evolution of our healthcare system.

Create and execute a **mutually-invested healthcare workforce strategy** to align and prioritize strategies, drive collaboration, and accelerate progress.

### Community Development & Vitality

Prioritize and invest in needed **community infrastructure**, such as broadband, multi-sector employment, education, childcare, housing, transportation, social and long-term support services, etc., to make Iowa a desirable place to live, work, and thrive.

Take advantage of and seek additional **federal and state appropriations and programs to support funding** and magnify local investments in community infrastructure development, maintenance, and sustainability.

Seek and utilize **state-level infrastructure data** to inform and direct community revitalization and infrastructure investments.

Prioritize **mental health funding** and implementation of **integrated care delivery models**, creating open access points across the community and holistic coordination of care.

Deploy evidence-based models and supportive policy mechanisms to create intentionally **diverse and truly inclusive systems and communities** that not only welcome but fully integrate community members of all backgrounds and identities.

Evaluate the **Iowa Medicaid program** in its full capacity and structure to ensure maximum **support of Iowans in need** and opportunities to invest in services and programs in need of additional support.

Continue to advance healthcare payment structure towards a **value-based care**, emphasizing health outcomes and quality over volume of care delivery and enabling investment in **population and public health**.

**Promote and market Iowa**, adapting recent creative public campaigns, building off successful messaging and maximizing resources.

**Empower local community stakeholders**, encompassing various commerce and industry, to engage and invest in community vitality efforts, inclusive of strategies that foster healthcare workforce advancement.

## Moving Forward with Intention

The work of the rural healthcare workforce initiative does not end with the development of the cross-discipline, multi-stakeholder strategic plan. Rather, the statewide strategy provides a unified launch point for leaders, partners, and stakeholders to move further into action around Iowa's healthcare workforce needs.

### Dissemination

A first step in moving this work forward is to share and promote the statewide strategy, ensuring that collaborators, both known and potential, are aware of this sense-making document and are able to leverage their resources in partnership with others to achieve maximum impact – from local influence to statewide momentum.

Dissemination of the Iowa Rural Healthcare Workforce Strategic Action Plan will occur through multiple avenues, including but not limited to: public posting of the strategy on the Iowa Department of Public Health, linking of the strategy as part of the new Iowa Rural Healthcare Workforce Connection website, and promotional messaging and linking to the strategy to stakeholder networks by key partners involved in creation of the strategy. Convenient public access to the strategy and related progress updates will enable ready access and utilization for any and all interested Iowans throughout the course of the project.

## **Engagement**

Ongoing engagement of stakeholders is central to the continuing work of the rural workforce initiative. It was insight and input from diverse stakeholders that informed the content and strategies of this plan and continued input and feedback that will be central to ongoing work and ultimate success of these efforts.

Multiple opportunities for continued engagement will be provided. Building off successful engagement obtained during strategy development, a public stakeholder input survey will be conducted. This survey will serve as an accessible and manageable means to solicit and capture feedback from stakeholders across the state. This input survey will facilitate opportunities for stakeholders to not only share perspectives to ensure strategic actions stay relevant and meaningful, but will also enable feedback and perceptions on progress of efforts to address workforce issues.

In addition to virtual survey avenues to seek broad stakeholder engagement, targeted work groups of key stakeholders and partners and participants of the Iowa Healthcare Workforce Task Force group will be convened throughout the year to help define and guide activities undertaken in the execution of the strategic plan.

## **Execution**

The value of proactive and consistent engagement extends beyond strategy development and effort transparency. Key partner and stakeholder involvement will facilitate the translation the statewide strategy as a menu of identified opportunities to a road map of chosen action.

The comprehensive inventory of strategies outlined within the plan are cover a scope of potential activity so as to facilitate progressive endeavors with lower hanging tasks that can be undertaken immediately through more complex possibilities that may require multi-year efforts. Through this Iowa Healthcare Workforce Strategic Planning and Stakeholder Engagement Initiative, participating organizations and champions are committed to seeing this work through, recognizing that not do each have a stake in the outcome but that each has a role to play in achieving those outcomes.

To facilitate execution of these healthcare workforce strategies, key partners and participants will collaborate to prioritize tactics identified within the strategy, focusing on opportunities to optimize existing resources and necessary capacity building towards more advanced approaches. These prioritized actions will be compiled into operational plans that will lay out targeted strategies, related activities to fulfillment, measures of success, and primary entities to helm movement forward in those arenas.

Opportunities for routine status updates will monitor activity development with progress tracked through quarterly progress reports. These “stop light”-style reports serve as a tool for both the organizations contributing to the work, but also to public stakeholders who have an interest in the work being carried out in support of this shared initiative.

Through purposeful execution, the important and intentional work of the Iowa Healthcare Workforce Strategic Planning and Stakeholder Engagement Initiative will be a catalyst for change – change that can provide for a Iowa healthcare workforce that is equipped and empowered to serve the needs of today and tomorrow.

