



Department of  
Aging

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Bob Taft, Governor

Date: March 7, 2001

To: *Governor's Summit* Planning Committee and Sponsors

From: Joan W. Lawrence, Director  
Ohio Department of Aging

Subject: Report to Governor Taft on the "*Governor's Summit: Health Care Workforce Shortage*"

I am delighted to announce to you the availability of the summary report from the November 9, 2000, "*Governor's Summit: Health Care Workforce Shortage*." It will be available on the Ohio Department of Aging's website at: [www.state.oh.us/age/pressroom.html](http://www.state.oh.us/age/pressroom.html) on March 9, 2001. Even though you will be able to access this report from the Ohio Department of Aging's (ODA) website, I would like to provide you with a few important details regarding the "*Governor's Summit*" that I think you will find interesting.

Two hundred and fifty private sector business leaders and public policy makers from across the state participated and enthusiastically contributed to the ideas generated during that day. The legislative reception held on the night before the *Governor's Summit*, attracted approximately 325 people, and provided the policy makers and legislators with a forum for beginning discussions around the healthcare workforce shortage issues. Each event was well-attended and fostered discussion among different perspectives on the issues because of public and private involvement. ODA regards both of these events as a successful beginning toward addressing the issue of the health care workforce shortage.

Governor Taft's participation during the "*Governor's Summit*", in the ceremony presenting awards to the 12 "Exceptional Home Care Worker" honorees was among the most memorable of moments during the day. The honorees were truly elated by Governor Taft's personal presentation of the awards to them. All of the honorees mentioned that they were very appreciative of Governor Taft taking the time for the group and individual pictures with them. It indeed, made the day even more special for the honorees and the awards ceremony was extremely well received by the *Governor's Summit* participants.

The *Governor's Summit* yielded numerous positive outcomes. Participants clearly stated an overwhelming desire to continue the work begun at the *Governor's Summit* by

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utilizing the private/ public ownership concept on this issue. Participants expressed an interest in regional conferences to be held in communities across Ohio as the vehicle to continue the work. Participants identified themselves or the organizations they represented as willing to coordinate regional conferences, be involved in committee work, or to participate in the regional conferences.

The goals of the *Governor's Summit* were to:

- increase public awareness of the health care workforce shortage
- develop, identify, and share best practices
- develop an ongoing structure for collaborative efforts to resolve or reduce the effects of the health care workforce shortage

I am confident that the *Governor's Summit* increased public awareness about the shortage of health care workers and that best practices were beginning to be identified and shared through out the afternoon sessions of the *Governor's Summit*. The "top 12" refers to a listing of the ideas that participants developed and prioritized to work on first during the *Governor's Summit*. The "top 12" is the compilation of the top 3 ideas from each of the areas of recruitment, retention, education/training and alternative service delivery issues. These are identified in the summary report.

The one goal that the Summit did not clearly identify was an ongoing structure for collaborative efforts to resolve the health care workforce shortage. However, there was clearly overwhelming support for an ongoing presence to work on the issues. In Appendix C, you will see a proposal for an ongoing structure that ODA internal staff developed and a summary of comments from the *Governor's Summit* Planning Committee members in response to ODA's proposal. In response to these comments, I asked my staff to develop a budget for the proposal. There are a number of places where the ongoing structure for the collaborative effort could be housed, but ODA is definitely interested in the issue - it is the number one goal identified in ODA's 4 year state plan, and I have staff who are committed to finding a resolution to this dire problem that directly and dramatically affects the aging population of Ohio.

ODA definitely will make use of the information Marilyn Moats Kennedy provided as the keynote speaker for the *Governor's Summit*. Ms. Kennedy's keynote address was "*Managing Change: Understanding the Demographics in the Evolving Workforce*." Kennedy described five generations of Americans and explained what they value and why. One example that she used was "baby boomers," the people born between the years of 1946 and 1959. "Baby boomers" value money and have a strong work ethic. In contrast, the "nester" generation, the people born between the years of 1979 and 1984, are driven to seek job satisfaction.

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"One size doesn't fit all" is Ms. Kennedy's message for recruiting different generations of workers. The key according to Kennedy is to understand the differences and using the information to recruit and retain workers of all ages. Please see the enclosed hand out from Ms. Kennedy's address in the *Governor's Summit* notebook that was given to each participant.

Many of the activities that Ms. Kennedy described in her keynote address will be shared with participants during the upcoming regional conferences. I envision that the regional conferences would be one way to highlight the issues of the health care workforce shortage, develop best practices, coordinate with local educational institutions and local workforce policy boards and to share information like that presented by Ms. Kennedy.

Another highlight of the "*Governor's Summit*" were the 8 speakers on the "Ohio Panel" who spoke so eloquently about the affects of the workforce shortage from their own particular viewpoints.

- **Dr. Keith Ewald**, of Ohio Department of Job and Family Services, addressed the Ohio statistics and how employers will be relying on workers over the age of 65 and under 25 years of age to fulfill their staffing needs.
- **Clark R. Law**, of Association of Ohio Philanthropic Homes for the Aged, spoke about how many more registered nurses are retiring each year than there are nurses graduating, and the "transient" workforce this creates as care facilities must "steal" workers from each other.
- **Holly A. Novak**, of Interim Health Care Support Services, talked about worker isolation, extensive traveling and the inflexible scheduling that make home care the "step-child" of the health care industry.
- **Maureen M. Corcoran**, of Ohio Provider Recourses Association, stressed the need for affirmative policy on Medicaid and TANF waivers, the Olmstead decision, and ADA developments.
- **Alan Bleyer**, of the Akron General Medical Center, emphasized that employees are the most important resource to a care facility, more so than even technology.
- **Hubert Wirtz**, of the Ohio Council for Behavioral Healthcare Providers, addressed the administrative concerns of an organization can absorb up to 40 percent of its resources.

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- **Gingy Harshey-Mead, MSN, RN, CNAA**, of the Ohio Nurses Association, added that the average age of nurses in Ohio is 47, and is significantly higher than the national and international averages.
- **Wanda Beavers**, of the Ohio Statewide Independent Living Council, reported that today's children want to give to others, and that job fairs for sixth and seventh graders may be a good recruitment tool.

The *Governor's Summit* was a great beginning, but we need to move forward with the ideas generated during the *Governor's Summit*. Governor Taft is supportive of the need to move forward on these ideas and I look forward to an opportunity to work with all of you on this most important issue. If you have any questions or comments regarding the Report to Governor Taft, please direct your questions or comments to Cathy Stocksdale at 614/466-9848 or [cstocksdale@age.state.oh.us](mailto:cstocksdale@age.state.oh.us).

**Report to Governor Taft**  
**on the**  
***Governor' Summit: Health Care Workforce Shortage***

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## ***Introduction***

On July 27, 2000, Joan W. Lawrence, Director of the Ohio Department of Aging (ODA), hosted a meeting of state agencies to discuss the labor shortage the aging network and other state agencies are experiencing. Agency representatives at that meeting became a part of the larger Planning Committee and agreed to a number of important issues. They agreed that the labor shortage is a grave issue in the health care industry and needs to be addressed. At the first meeting in August 2000, a decision was made and the *Governor's Summit: Health Care Workforce Shortage* was planned for November 9, 2000, with a legislative reception on November 8.

The title "Health Care Workforce Shortage" was chosen to clarify the scope of the labor shortage and be inclusive of all levels of professionals and paraprofessionals within the health care industry. The Planning Committee recognized the need to involve representatives from the public and private sectors, and from all areas of the healthcare industry. In addition to participating, 21 agencies and organizations also pledged a total of \$20,860 to support the event.

The goals of the *Governor's Summit* were to:

- **increase public awareness of the health care workforce shortage**
- **develop, identify, and share best practices**
- **develop an ongoing structure for collaborative efforts to resolve or reduce the effects of the health care workforce shortage**

Faced with only three short months to organize the *Governor's Summit*, the members of the Planning Committee completed their monumental tasks under unmerciful deadlines. The event would not have been possible without everyone's contribution of time, energy and effort. Each of them should be congratulated for making this successful event happen.

## ***Findings***

*Governor's Summit: Health Care Workforce Shortage* generated ideas and strategies for recruitment, retention, and education and training of workers, as well as innovative and alternative approaches to service delivery. Participants worked with facilitators in each area to identify the three top ideas or strategies that will be submitted to Governor Taft, along with all of the ideas generated during the workshop sessions and recommendations for next steps. These recommendations, listed below, will set the tone for future discussion.

### *Recruitment*

- Develop a statewide mobility model that provides access to education while preserving the unique standards of individual schools.
- Establish a collaborative to plan and monitor the effectiveness of the health care workforce.
- Increase funding for training and recruitment.

### *Retention*

- Empower employees in the workplace and involve them in decisions.
- Increase attention to staffing levels, safety and ergonomics.
- Reform regulatory legislation.

### Education and Training

- Develop statewide pre-employment training (PET) programs.
- Incorporate attendant care needs into the Vo-tech health care continuum.
- Community Colleges develop statewide advanced credit for students who complete health tech-prep programs in high school. Give employers financial incentive to offer tuition reimbursement.

### Alternative Service Delivery Issues

- Develop and expand "ticket to work" Medicaid coverage plan.
- Explore adult day care as an option during the assessment process and explain the benefits of adult day services to clients.
- Obtain grants from the state to pay for new technology.

### **Evaluations of the Governor's Summit**

*Governor's Summit* participants completed evaluations to rate individual portions of the event and share comments. Three general programmatic themes emerged:

1. Convene regional conferences across the state to continue the work that began at the *Governor's Summit: Health Care Workforce Shortage* and increase public awareness of the issue of the workforce shortage in the health care industry. Involve legislators, consumers, younger and older workers, and regional/local media in the regional conferences.
2. Develop a statewide, web-accessible clearinghouse for best practices in recruitment, retention, education/training, and alternative service delivery issues.
3. Create a private and public sector collaborative that will continue to work on the health care workforce shortage. See Appendix C for a description of a proposal for an ongoing structure for the Health Care Workforce Shortage issues.

### **Summary**

The *Governor's Summit: Health care Workforce Shortage* was the first step to develop strategies to combat the effects of the health care workforce shortage. The next logical step is to hold the regional conferences called for in the summit evaluations. Additionally, we are exploring ways to proceed with the information gathered during the event, and recommend that a statewide steering committee or taskforce of representatives from both the private and public sectors be formed.

## ***Appendices***

***Appendix A: History of the Governor's Summit***

## ***The History of the Governor's Summit: Health Care Workforce Shortage November 9, 2000***

### ***Introduction***

On July 27, 2000, with the approval of Governor Bob Taft, Joan W. Lawrence, Director of the Ohio Department of Aging (ODA), hosted a meeting of state agencies to discuss the issue of labor shortage that the aging network and that other state agencies were currently experiencing. In addition to ODA, the other state agencies represented at this meeting were: Board of Nursing, Board of Regents, House of Representatives - Representative George Terwilleger's office, Ohio Departments of Alcohol and Drug Addiction Services, Health, Insurance, Job and Family Services, Mental Health, Mental Retardation/ Developmental Disabilities, Rehabilitation Services Commission, and the Governor's Office. The Developmental Disabilities Council was also present. The Ohio Department of Education was unable to attend this meeting, but indicated interest in attending future meetings on the issue of workforce shortage.

During the July 27<sup>th</sup> meeting, a number of important items were agreed to by the representatives. First, it was agreed by all of the agencies represented that the labor shortage is an issue and at grave proportions. The issue of the labor shortage was defined as including both healthcare professionals and para-professionals. To further clarify the scope of the labor shortage, the topic was renamed to Health Care Workforce Shortage. The term health care workforce shortage was to be inclusive of all levels of professionals and para-professionals within the healthcare industry.

The state agencies also agreed that system change was needed to solve the health care workforce shortage, and requested that input and assistance on the health care workforce shortage issue be sought from both the public and private sectors. The representatives agreed to be a planning committee for a "*Governor's Summit: Health Care Workforce Shortage*". The goals of the *Governor's Summit* were: to increase public awareness of the pervasiveness of the health care workforce shortage; to develop, identify, and share best practices; and to develop an ongoing structure for collaborative efforts to resolving or reducing the effects of the health care workforce shortage.

As the lead agency, ODA invited additional representatives from the private sector including the hospital industry, nursing home industry, assisted living facilities, advocacy groups and the workforce policy board as well as the home care industry to the second meeting of the Planning Committee for the *Governor's Summit* on August 22, 2000. At the August 22<sup>nd</sup> meeting of the Planning Committee, it was decided to host a one-day event for the *Governor's Summit: Health Care Workforce Shortage* by invitation only to 300 decision and policy makers from across the state.

Director Lawrence suggested two additional items to the committee: a legislative reception and honoring home care para-professionals from the aging network during the *Governor's Summit*. The need to inform legislators regarding the effects of the health care workforce shortage and to have the opportunity to discuss the implications of the shortage on Ohioans of all ages. The recognition of the home care para-professionals during the *Governor's Summit* was especially important since Governor Taft had proclaimed November 2000 as "Home Care Month" in Ohio, and was viewed as an excellent first step toward recognizing the value of all workers in the health care industry.

The Planning Committee divided into subcommittees on *Governor's Summit* structure, communications, Ohio panel, and legislative reception committee. The subcommittee on Governor's Summit structure further divided into the four workshop areas of recruitment, retention, education/training, and alternative service delivery issues. Each subcommittee had specific tasks to accomplish in an extremely short time in order for the *Governor's Summit* to be held on November 9<sup>th</sup>.

The overall format for the *Governor's Summit* was structured to have information presented on a national level to begin the day, followed by a panel of speakers from Ohio to speak about the impact on the health care industry locally. Lunch with round table discussions on the four topics of recruitment, retention, education/training and alternative service delivery issues would follow the morning session. Concurrent workshops on the four topics of recruitment, retention, education/training and alternative service delivery issues that would be facilitated were planned for the afternoon. These afternoon workshops with facilitators were structured to generate potential solutions followed by a final session on next steps. In the final session next steps, Director Lawrence would moderate the presentation of the top three ideas generated by the workshops on recruitment, retention, education/training, and alternative service delivery issues.

The top three ideas from each workshop and all of the ideas generated during the workshop sessions along with recommendations from the *Governor's Summit* for next steps are to be submitted to Governor Taft in a written report by January 1, 2001. ODA would take the lead on drafting the report and submitting it to the Planning Committee for approval. Once the Planning Committee members approve of the written report, the official report will be submitted to the Governor's office for review. During the September 28<sup>th</sup> and October 17<sup>th</sup> Planning Committee meeting representatives of the 38 public and private agencies/organizations heard updates from each of the subcommittees and workgroups. This was each representatives time to discuss and/or critique the group's work and issue their approval of the subcommittee's or workgroup's direction. All agencies/organizations indicated approval of the direction in each of the areas presented.

In approximately three short months, from July 27<sup>th</sup> to November 8<sup>th</sup> beginning with the legislative reception and continuing to the next day, November 9<sup>th</sup>, the members of the Planning Committee for the *Governor's Summit* completed their tasks and should be congratulated for their continued energy and interest regardless of the unmerciful deadlines imposed upon them by the timing of this event. The summit would not have been possible without everyone's contribution of time, energy, and effort. A total of \$27,914 was raised through 21 public and private agencies/organizations to support the costs of the *Governor's Summit*.

***Appendix B: Ideas Generated from all of the Workshops***

## ***Ideas Generated from all of the Workshops***

All of the ideas gathered during each of the afternoon workshops at the "*Governor's Summit: Health Care Workforce Shortage*," are in Appendix B. The ideas have been categorized into groups by type of idea. The common five types are:

- Agency hiring practices/work environments
- Health care agency operations
- Public policy
- Education and training
- Employee wages and incentives

On the left side of each chart is a column that identifies where each idea was originally generated, in either the recruitment, retention, education and training, or alternative service delivery issues workshops.

<b>Hiring Practices/Workplace Environment</b>	
<b>Workshop</b>	<b>Ideas</b>
Recruit	Improving the workplace environment and attitude toward employees (including appropriate wage) would go much farther to recruit than any sign on bonuses or recruitment officers.
Recruit	Include in your "minority workers" to be recruited, people w/disabilities. (They have 70-76% unemployment rate and many are willing & able to work.
Recruit	Web based "bulletin boards" or related recruitment tools.
Recruit	Amend/revise immigration laws to allow for easy recruitment overseas. Encourage recruitment in minority communities - use members from the community to recruit. Locate organizations/businesses near to the people. Provide transportation.
Recruit	Offer senior nursing students loans for tuition and books that is forgiven with 1 year of employment.
Recruit	Transfer tuition reimbursement programs to new hires and offer loan pay backs. (installments paid at same rate as reimbursements).
Recruit	Incentive/bonus structure for existing workers recruiting new employees should be tiered relative to how long the new worker remains with the organization.
Recruit	Immigration policy should be changed - open doors to entry level workers.
Recruit	For younger workers - market the job as short term - 1 to 2 years. "Help you make your career choice".
Recruit	You can use all the recruitment strategies you want but the potential employee talks with unhappy employer then you can count on that potential employee going elsewhere. Recruitment depends on how valued a worker will feel once they are hired. Busters & Netsters don't care about \$ but about job satisfaction and personal feeling of worth.
Recruit	Enhance the position of geriatric nurse practitioners within the aging network. It reduces physician costs and provides a career ladder for nurses.
Recruit	Satisfied employees are your best sales people to attract new employees to a workplace i.e., money invested in retention.
Recruit	Do thorough exit conferences to learn why staff leave.

<b>Health Care Agency Operations</b>	
<b>Workshop</b>	<b>Ideas</b>
Alternative	Patient care monitoring - vital signs, etc.
Alternative	Alternative ways to help service delivery to be more efficient: 1-2 providers per apt. building, utilizing technology to provide services in the home to check on patients, ordering services/meds.
Ed & Train	Many (most ?!) health care jobs pay so little there is little incentive to pursue formal training for those jobs. Rely on on-the-job training or employer paid training.
Ed & Train	Design education programs training with the "universal worker" concept in mind.
Ed & Train	Recognize and reward nurses who are certified as generalists & specialists.
Recruit	Profit sharing/employee ownership - share the wealth & responsibility.
Recruit	Reward employees for bringing in new clients (cases) as well as bringing in new recruits.
Recruit	Stress ability to shape your own schedule (part time non standard hours).
Recruit	Be flexible!! Offer better benefits in lieu of better pay and offer better pay in lieu of better benefits.
Recruit	Nurse managers must view their staff (RN's, LPN's, NA's, etc.) as the ones they are caring for. Let the staff be the caregivers to the patients/clients.
Recruit	Review all the state health care licensure laws and determine if there are possible changes to provide flexibility and greater effectiveness.
Recruit	Use reverse job fairs to recruit - (this is where employees go to the applicants or recruits instead of them coming to you). Provide on-the-job or in-house child care or provide reimbursement for child care. Revise/change outdated qualification requirements and policies.
Recruit	Health Care Human Resources Departments must consider maintaining non-traditional hours of operation (i.e., 3-7 pm or Sat 9-12) to accommodate applicants.
Recruit	Offer employees paid/subsidized child care and transportation to assignments/work.
Recruit	Give finders fees for existing employees for any nurse who is recruited. Can pay as lump sum or P.T.O. (employee selects option).
Recruit	Do not require certification or licensure (only training or experience) for tasks that don't really require it.
Recruit	Remove the unnecessary restrictiveness of the state's criminal background law (some excluding crimes are not really relevant).
Recruit	Offer benefits to in-home health aide workers. Perhaps agencies may join together to offer benefit packages.
Recruit	If the agencies have larger numbers of STNA's - nurses, can we partner in a different way with the agencies??

<b>Health Care Agency Operations (continued)</b>	
<b>Workshop</b>	<b>Ideas</b>
Recruit	RNs must be treated and respected as professional. Do not diminish their impact on patient care by down substitution
Recruit	Increase availability of funding /loans for nursing education
Retention	Staffing appropriate to allow ease in delivering patient care.
Retention	Self scheduling. Team of caregivers divide care assignments between themselves.
Retention	Taylor benefits to meet employee needs. Have a menu from which they may select a set number. Provide for safety/security for persons who work 3-11/11-7 shifts. To & from car.
Retention	Lifts (to prevent back injury) is a great way to decrease turnover.
Retention	Employee recognition employees.
Retention	Have a buddy/mentor process, matching new hires with longer term employees.
Retention	Bring respect and laughter into workplace.
Retention	The front line employee needs to be involved in organizational decision making process.
Retention	Ceiling lifts - empowering.
Retention	Floor lifts.
Retention	Fast electric beds that raise to at least 30".
Retention	Create flexibility in the workplace (workday schedule, dress, etc.).

<b>Public Policy</b>	
<b>Workshop</b>	<b>Ideas</b>
Alternative	Individual provider will have to purchase own benefits (which is one overhead) provide all their own paperwork and do all the things required of an agency. They should be compensated.
Alternative	Adjust reimbursement for an individual service provider to reflect the lower administrative overhead (as compared to an agency).
Alternative	Offering grants/funding to up technology capabilities to service providers.
Alternative	Funding support for technology if the technology replaces other reimbursed costs.
Alternative	Look at SB 160 - it may be too stringent.
Alternative	Reimbursement issues must be addressed. Federal funding has decreased while labor costs increase. We must seek changes in legislation that increases reimbursement to hospitals and health care agencies.
Alternative	Initiate self-directed care to all age groups (elderly) and tie to worker delivery care having adequate training - pay neighbor to get training.
Alternative	75% of people w/disabilities are unemployed - Many want to work. They could be trained to become home-health aides.
Alternative	Change how we monitor and sanction provider.
Alternative	Expanded scope of practice among all disciplines.
Alternative	Companion program like Elder Care program.
Alternative	Adopt ticket to work Medicaid coverage.
Alternative	Lower immigration barriers for nurses & in-home companions.
Alternative	Organize and use nurses with disabilities - there are many who cannot be employed in the usual way.
Alternative	In the 1980's - hospitals experienced a technology boom. Since mid 1990's - not only are we no longer seeing improved state of the art equipment the "old" equipment we have is debilitated. The choice seems to be money for staff or equipment - not both. Is there funding so this choice does not have to be made? Companions should engage in "Gateway" contracts with facilities so that healthcare workers always have access to "state of the art" tools.
Alternative	We are already 16 years behind Orwell's 1984 prediction.
Alternative	We need to investigate creation of communities of people who can provide services to one another.
Ed & Train	Flexibility regarding partnerships. Do away with turf issues. Out-of-the-box thinking regarding training/education and care delivery.
Ed & Train	Consortium type ladder within the hospital to allow staff from nurse aide up to move up in the org. Include tuition reimbursement incentive.

<b>Public Policy (continued)</b>	
<b>Workshop</b>	<b>Ideas</b>
Ed & Train	Financed assistance for employers to offer tuition reimbursement for nurse aides to go on to LPN and RN school.
Ed & Train	Change entry requirements and policies. Revise conditions of participation for LPNs, Home Health Aides, etc. Provide scholarships/grants or subsidies to folks who would like to get into nursing or allied health. Have them sign agreements to remain on their jobs for at least 5 yrs after graduation. Provide tax breaks.
Ed & Train	Let's have a five-day Governor-led forum on Ohio workforce with objective of a solution panel to implement response. Mon - opening & overall focus on workforce situation Tues, Weds, Thurs - Health, Construction, Hospitality, Agriculture, Information, Technology, Arts Fri - Wrap-up and reporting out. Panel follow up with benchmarks. I'll help! Pat Huston - 644-7388.
Ed & Train	Look at legislation that hinders older workers that receive Social Security or Social Security Disability who receive Medicaid assistance the loss of this assistance. Many of these people wish to work but the loss of these benefits to those who need especially medication assistance is a real problem. Min. wage part-time job will eliminate a Medicaid card. To my knowledge this is a law that Ohio has as a state and other states do not. This may be one answer to find older workers who are still interested in working but can't financially do so.
Ed & Train	Provide safe work environments.
Ed & Train	Research based solutions rather than quick fix.
Ed & Train	Consistent pre-screening (interests and aptitude) for nurse aides and home health aides.
Ed & Train	Educators screen potential students for background check (compliance w/SB 160).
Ed & Train	Workforce development partner w/employers to assist employees w/daycare and medical, transportation.
Ed & Train	Replicate the Pre Employment Training health care track across the state.
Ed & Train	Specialize and expand Pre Employment Training programs.
Ed & Train	Provide ongoing support (educational opportunities) for aides.
Ed & Train	Let the Ohio Dept. of Education and ODOD partner with an informational campaign and action plan on workforce needs.

<b>Public Policy (continued)</b>	
<b>Workshop</b>	<b>Ideas</b>
Ed & Train	Direct care workers need to have common sense and be able to learn on the job - don't need college or advanced training. What they do need is a desire to do work that is more "worthwhile" than Taco Bell. How can our education system help to shape these values?
Recruit	Pay ( JFS grants etc.) Home Health Aide worker for training and travel with incentive for length of stay? Skill living target our middle 40-50+ age worker -- stress positives of job.
Recruit	Put a health care industry representative on the State Workforce Policy Board.
Recruit	Tax incentive for people who work in the health field.
Recruit	Lower the barriers to immigration of foreign nurses and in-home companions.
Recruit	Utilize LPN's more in the health care field.
Recruit	Establish a funded ongoing collaborative (health care workers - consumers, legislator, educators, employees, business, etc.) to plan for, monitor, evaluate effectiveness of health care workforce.
Recruit	Establish and maintain a database on supply & demand of health care workforce manpower in order to project future needs.
Retention	Create legislation that forces HMO's to up reimbursement for health care
Retention	Implement Dementia Care Mapping as a statewide evaluation tool in nursing facilities.
Retention	Transportation. Why not allow Ohioans to donate their cars to health care workers? A tax credit for donating their care to health care workers?
Retention	Free computer for children of parents who are health care workers.
Retention	State pay for relocation expenses for workers that move to Ohio from out of state.

<b>Education and Training</b>	
<b>Workshop</b>	<b>Ideas</b>
Alternative	Would it be helpful if Adult Day Care providers could assist caseworkers in the assessment process to better demonstrate the benefits of Adult Day Services.
Alternative	Why don't we utilize Adult Day Care to deal with refused referrals until home care can be started?
Alternative	Base the work on functional need as well as matching the need to the skill level of care. Nurses don't need to empty bed pans.
Alternative	Staff training/education thru online classes or online training.
Alternative	Allow for "job carving" ie., meal time at LTC facilities - rather than using STNA's, RN, LPN, etc. Allow for a x period training to train people to feed. You may be able to draw from a different pool of workers interested in working shortened hours.
Alternative	Technology has not always been an asset - our computer charting is not only not an asset but a bigger hindrance to delivery of nursing care - takes longer, harder to do, and not as complete - also physicians hate it because printed product is not reader friendly. Why is this so?
Alternative	Wireless communication or some other new type between Rx and nursing staff (rather than traditional call light system) should allow staff to be out on floor rather than at desk to monitor calls.
Alternative	Many clients receive multiple service hrs. to bridge gap of primary caregiver unavailability (out of home working) because they are at too great a risk to be left alone. Monitoring them visually through wireless technology with linkage to event-based caregiver interventions would enhance use of an inadequate workforce.
Alternative	Post job application on-line.
Alternative	Grants from the State of Ohio to support/pay for technological advances to decrease the demand for human resources.
Ed & Train	Collaboration between employers & educators to infuse technology into the health care arena. Create the new state of the art environment and training.
Ed & Train	Are these programs presented to the High School to encourage possible 1/2 day programs senior year of high school.
Ed & Train	Initial training meets some of the preliminary degree requirements for obtaining a degree.
Ed & Train	Can we bring educational opportunities to the community rather than expecting people to come to the educational institutional. CHAPS program model - Community college takes training to community center. Participants earn college level credit & others in the community see them do this successfully - often they go onto become LPNs/RNs.
Ed & Train	Work with schools to encourage careers in health care.
Ed & Train	Develop a program (certificate) for unlicensed assistive personnel who provide health services in school settings using model used in Licking County. Collaborate w/ODH school nurse consultant to pilot program and then disseminate statewide.
Ed & Train	Develop content and path for nurses who are in hospitals to transition to Public Health roles including essential Public Health skills/services and best practices and standards.

<b>Education and Training (continued)</b>	
<b>Workshop</b>	<b>Ideas</b>
Ed & Train	Universities need to recruit and retain adjunct faculty from the field. There are resources in the field that are untapped.
Ed & Train	Clarify differentiated practice of nurses (based on education/certification levels) in Public Health and in school settings.
Ed & Train	Find ways to work through turf issues.
Ed & Train	Personnel in health care field serve on advisory committees and mentor/shadow young people. Add more practical nursing courses at high school levels.
Ed & Train	Providers to serve on tech-prep advisory board and other health profession programs.
Ed & Train	Let's have a statewide conference with "best practices" of health training programs showcased.
Recruit	In recruitment stress the support the worker will (and do so) receive in training and follow up - especially the HHA in in-home setting.
Recruit	Basic nursing education should include preparing/testing so all nursing students can be immediately hired as STNA's while they are in school.
Recruit	Increase funding to nurse education assistance program (currently funded through \$5 assessment of nurse licensure fee) allow for loan forgiveness option if nurses stay in Ohio.
Recruit	Work with University & Colleges to develop new curriculum that will fit the needs of the industry.
Recruit	Identify & develop "career paths" & "training/education staff development" that will continue to enhance the employees viability as an employee.
Recruit	Acuity of patients is much higher now - individuals are leaving the hospitals earlier. The patients deserve and require appropriate caregivers based on their needs not on reimbursement issues.
Recruit	National campaign with school guidance counselors (middle & high school) to guide students to a health care field. Start young!!
Recruit	Hold LPN training articulation from LPN to RN and/or BSN programs on site w/evening & weekend classes partnering w/a local college.

<b>Education and Training (continued)</b>	
<b>Workshop</b>	<b>Ideas</b>
Recruit	Work w/children services independent living programs.
Recruit	Begin "recruitment" early, by orienting elementary and middle school children on healthcare career options and the process of aging/needs of older people.
Recruit	Develop a strategic plan that would identify the Home Healthcare, Nursing Home & Hospital environment of the future (technologically state of the art).
Recruit	We need HMO reform & pt's Bill of Rights to attract nurses back to the bedside. Many left because of unsafe working & pt. conditions.
Recruit	Schooling on-site. Provides some help to the hospital (internship time) and closer connection to the training hospital.
Recruit	Are we able to return to more of the diploma programs for training for x-ray technologists/nurses etc. - provides training
Recruit	Develop a statewide seamless educational mobility model that provides access to educational opportunities while preserving educational standards and uniqueness of individual schools.
Recruit	Develop educational tools/booklets for grade school - we must start early.
Recruit	Health care workers need to feel good about their jobs to attract new people to the positions. Regulations and funding issues have caused many clinicians to talk negatively about health care positions.
Retention	Investment in the employee by educational opportunities tailored to the individual. Workplace safety instituted so that the employee is working in a safe environment.
Retention	Provide for education of all levels of employees, not only inservice, in-house education but provide for grants/scholarships for employees to continue their education out in the community.
Retention	More in house inservices (education).
Retention	I never considered safety, particularly needle sticks as a potential retention problem.
Retention	Cross-training. Empower staff to put on ideas into action. Safe work environment: needle safety - lift devices.
Retention	Foster relation between patient/resident and staff.
Retention	Develop career paths for staff.
Retention	Making employees a "specialist" in their areas is a good idea.
Retention	Staff development and training - build new skills.
Retention	Be sure that managers treat staff fairly and respectfully.

<b>Technology</b>	
<b>Workshop</b>	<b>Ideas</b>
Alternative	Robotic nurse to monitor BP-etc. (there is an example on the web being investigated/developed.
Alternative	Is there money available to help acute care facilities upgrade to technology that improves and makes easier delivery of quality patient care?
Alternative	Where are the infrastructure dollars to pay for the technology?
Alternative	Re: technology - why are manual crank beds still the norm in LTC while electric beds are the norm and obvious preference for patients and caregivers in hospitals and home care?
Recruit	Marketing campaign on TV & the web to show advantages of working in health care - target younger and second career persons - different generations.
<b>Employee Wage and Incentives</b>	
<b>Workshop</b>	<b>Ideas</b>
Recruit	Define & restructure salary & benefits, compensation programs based on information derived from surveying current labor market.
Recruit	Recruitment incentive could be to offer new employees memberships to Health/Fitness (\$500) Centers as well as offer flexibility during their hours to work out. This is away to decrease stress, which decreases sicktime, etc.
Recruit	Reward employees for investment in personnel - not unlike capital investment has been/is rewarded - tax breaks, etc.
Recruit	One size does not fit all - Recruiting - Retention - Benefit designs.
Recruit	State grants to employers to recruit health care workers & future health care workers.
Retention	More hourly wage concerns.

***Appendix C: Proposal for an Ongoing Structure for the  
Health Care Workforce Shortage Issues***

## ***Proposal for an Ongoing Structure for the Health Care Workforce Shortage Issues***

The evaluations from the "*Governor's Summit: Health Care Workforce Shortage*" that was held on November 9, 2000, highlighted the need to continue the work that began at the *Governor's Summit*. While the evaluations highlighted the need to continue this important work, they did not clearly identify an ongoing structure for continuing this work. ODA staff met internally to generate ideas on potential ongoing structures. The ideas generated were reviewed by members of the original Planning Committee and Summit sponsors for the *Governor's Summit* and their comments helped shape the proposal offered below.

ODA is proposing an ongoing structure that would consist of a joint leadership, i.e. co-chairs, between a public sector individual and a private sector individual to continue the partnership that began with the *Governor's Summit*.

This proposal includes that :

1. The public sector co-chair be an individual closely associated with the Governor's Office, possibly even one of the Governor's staff, or a cabinet member.
2. The private sector co-chair be an individual from one of the following industries: Nursing Home industry, Hospital industry, or Disability community.
3. The Co-chairs would be responsible to convene interested parties in a task force to have an ongoing presence in working to creatively resolve the issue of the healthcare workforce shortages. The taskforce composition could be similar to House Bill 756 as passed by the House in 2000.
4. The use of the Governor's Discretionary Funds set aside under Workforce Investment Act (WIA) to fund this joint venture. Estimated costs would be between \$250,000 and \$300,000 for 1 public sector leader, 1 private sector leader, 1 staff, office expenses, and supplies. ODA is interested in this project, but can only assume responsibility for the project if it is funded. It could also be housed in the Governor's Office.

The goals of the task force would be to coordinate the regional conferences, to coordinate efforts to eliminate barriers to recruitment and retention of the health care workforce, to eliminate barriers to competitive salaries and benefits for the healthcare workforce, and to provide a means for appropriate training in order that the skills of the health care workforce are portable. Policy issues that the taskforce might address would include single-task workers and independent service providers for waiver programs.

Another proposal had been previously submitted to the Governor's Office by the Board of Nursing. The Board of Nursing is seeking authorization to put in place a similar structure with their focus being nurses who work with other health care professionals and paraprofessionals. ODA has worked with the Board of Nursing during the past year regarding the nursing shortages and the Board of Nursing agreed, at ODA's urging, to include all types of nursing care. The term "nursing care" includes all types of nurses, as well as the large group of

personnel who provide "nursing care" services - home health aides, nurse aides, and personal care aides. This last group of personnel provide the majority of the services provided to clients in the home and community based care industry as well as to residents in nursing facilities. The Board of Nursing would be looking to coordinate their efforts with the proposed collaborative on health care workforce shortage issues.

**Proposed Budget for On-going Structure for Health Care Workforce Shortage**  
(Estimated costs for first year)

1 Staff to coordinate proposed on-going structures	\$ 75,000 + benefits
PR Campaign/publicity for regional conferences	\$125,000
Office space, equipment, furniture, telephones & supplies	<u>\$ 50,000</u>
<b>Total</b>	\$250,000 + benefits

## Responses/Ideas to Draft of Ongoing Structure Proposal

February 2001

- **Kay Raffo**, ODMH - Have Governor appoint a time-limited commission as the centralized coordinating group for the Health Care Workforce Shortage issues activities. This is something that should appeal to various entities who could make this happen. Suggest Ohio takes a unified approach so that the Governor and Legislature can then look at one set of recommendations and strategies.
- **Harry Saxe**, ODJFS - Good idea to continue to examine healthcare staffing issues. There are a lot of existing resources available in the various agencies, as well as other interested parties, to support this effort and the issues outlined. If there are funds available, they might be better used to recruit more people into the healthcare field. A nicely funded PR campaign for TV and print as well as advertising in other media, might prove more beneficial.
- **Gary Cook**, Ohio Aging Network, AAA 10B - Good idea but there maybe an institutional bias since private sector co-chair must be form the nursing home, hospital, or disability industries. Expand criteria to allow for a co-chair from home health industry.
- **Kathleen Anderson**, Ohio Council of Home Care - OCHC supports BON proposal over ODA's proposal at this time. Before OCHC can support the ODA proposal there must be internal discussion time allowed for me to get approval from my Board. I hope ODA understands the dilemma that associations face when needing to get input from its Board members.
- **Peter Van Runkle**, Ohio Health Care Association -
  1. Chairmanship. This group should be co-chaired by a member of the Ohio House and the Ohio Senate. The work of the group will go nowhere without buy-in by the General Assembly.
  2. Scope of work. This group should confine its efforts to the long-term care workforce. The workforce issues in long-term care are difficult enough, without trying to branch out and be all things to all people.
  3. Funding. \$250-300,000 is grossly excessive, in my view. This should be a collaborative effort in which all parties are motivated to solve the problem and, therefore, and willing to bring their own resources to the table. I do not believe this requires its own bureaucracy, but some existing state officials and employees will need to devote some of their time, which should not be a problem if the issue is a priority. Certainly, I am willing to commit some of OHCA's resources.
  4. Board of Nursing. I feel that the Board of Nursing should be part of the overall process. If they want to have their own activity, they should concentrate on getting more students into nursing school. I have not been close to the process, but my sense is the Board has mainly talked about increasing their own funding and staffing.
- **Hugh Wirtz**, Ohio Council for Behavioral Healthcare Providers - Overall proposal OK. We would be supportive, particularly if we can collectively work toward some ideas, policies, etc., that could be implemented to address this very important problem.
- **Rick Colby**, Colby & Company - Ohio Association of Adult Day Services did think the fiscal note to create this commission (\$250,000 - \$300,000) seemed a bit costly. They envisioned a smaller advisory type committee.

## Responses/Ideas to Draft of Ongoing Structure Proposal

### Page 2

- **Janice Lanier**, Board of Nursing - The members of the Board believe that finding an effective means to address the workforce shortage issue is a very important initiative. The Board looks forward to being an active participant in any structure developed top deal with this matter. Further, the Board supports the premise that there should be a private/public "ownership" of any initiative devised, regardless of whether takes the form of the ODA proposal or the Board's initiative. The Board would support any comprehensive statewide initiative if there is significant nursing input and representation on any task force that is established, and if the initiative is ongoing, adequately funded, and charges with looking at the many parameters of the shortage including recruitment at all levels of health care; retention; educational preparation; and appropriate role identification. Certainly, any initiatives undertaken by the Board of Nursing, apart from the task force you described, should work collaboratively with the Governor's program.
- **Jean Scholz**, Ohio Hospital Association - Here is feedback on the proposal from the hospital industry perspective. Ohio hospitals are large employers in our state, and in some counties, the biggest employer. Currently, Ohio hospitals are experiencing a variety of workforce shortages, notably shortages of nurses, radiology personnel, pharmacists and also unlicensed personnel including nursing assistants and housekeeping staff. Without adequate health care personnel, the public's health is in jeopardy. Because this is a matter of public health affecting the health of Ohioans from birth to older adult, the Ohio Department of Health should be the lead state agency on healthcare workforce issues. We also believe that there should be a review of current licensing laws to determine if there are unnecessary barriers to providing health care; and that a program for funding demonstration projects should be developed. The projects would demonstrate maximizing the use of technology to increase the efficiency of health care personnel, evaluate possible changes to decrease the human resource demand in providing health care, and recruiting people into health careers. Hopefully, the size of the group overseeing the healthcare workforce efforts would be small enough, yet representative enough, to be effective.
- **Kathy Tefft-Keller**, Ohio AARP - Not convinced that regional conferences are necessary due to fact that buy-in is not a problem, so doesn't see using the time and resources there. Suggests an ongoing collaborative effort that focuses on task-oriented items more than process. Like the web-based clearing house identified in the evaluation section. Offers that it may make sense to create a team, the function of which is to 1) expand the best practices identified on the website and 2) leverage resources and programs targeted at training and workforce issues from throughout state government and the private sector in an effort to create a focus on the development of a health care workforce. For example, connecting Title V programs to this issue and identifying the specific training needed and program requirements to be met so that workers from these programs can be placed as health care workers. In addition, I would think that formal conversations could be held with ODE regarding vocational school curriculum and placement services.

As you can tell, I think the time has come to stop talking about this and start trying some things. I understand the desire to "create an awareness of the problem", but I'm not sure I think that's important, except among very specific constituencies - and where it is necessary, I think you'll have to be much more direct and specific than regional meeting and private/public taskforces. In our organization, we often use a "so what" test to evaluate potential strategies. Yes, we did it, but to what end - so what? When you're thinking of strategies to tackle an issue as large as this, I think that's important.

***Appendix D: Comments to Questions on Governor's Summit Evaluations***

## ***Comments to Questions on Governor's Summit Evaluation***

### ***1. Additional comments regarding speakers, sessions, facility, etc.:***

- *Why wasn't someone from a local hospital speaking on nursing/healthcare shortages/retention.*
- *What does OSHA standards have to do with retention?*
- *Excellent panel!!*
- *Microphone in main lecture room had a constant hum that was disruptive.*
- *Awfully fancy notebooks and pens at taxpayer expense?!*
- *Afternoon sessions should not have been presentations, but forums for open discussions on each topic area.*
- *I am really upset due to the fact LPNAO was not represented on the panel when I was told Dorothy Fiorino was going to represent all of nursing. No one on the panel represented Licensed Practical nurses, the bedside nurse!! I don't believe ONA can represent LPNAO so well. Carol Hunter, LPN, President of LPNAO*
- *I was very disappointed to see that the LPN was not represented on the panel. In Ohio, the LPN is the bedside nurse. The planners of this event just "don't get it" - not surprising. I find it very disturbing that the 12 honorees given special attention from the Governor - not one was a licensed nurse - not one RN - not one LPN - not one was employed in acute care! What's that all about? Am I the only one who finds that disturbing. On Marilyn Moats Kennedy - very knowledgeable about her topic. For the most part I enjoyed her talk. But she's not as funny as she thinks she is. I felt left out. As an LPN in Ohio, we were just an after thought. It's a bit disheartening. I felt the nursing assistants were valued but not the LPN. If the State of Ohio values its 42,720 - it didn't show it today - an after thought is not being valued.*
- *Keynote speaker - excellent!*
- *Very well planned Summit - have a follow-up - most of the conference focus on nursing homes - why were the hospitals left out?*
- *It was clear from the opening panel that the workforce crisis reaches broadly. Yet the breakout sessions seemed overly focused on nursing - almost completely neglecting the direct support workers (those who don't need advanced education). It was a good idea to have this conference - and there will be growing pains.*
- *I thought we would have more speakers on recruitment of the youth and how we get the new students (graduates) to join our organizations.*
- *Nice job!*
- *Needed to include more LPN information Include LPNs more to improve quality of care of clients - all nurse organizations need to partner more with ONA, LPNAO, OBN-OOOPE and others. Very good program.*
- *Breakout rooms were excellent. Main meeting room was OK but next time have tables for the audience as per the breakout rooms.*
- *The "voting" process was done in too hurried a fashion - It was the "meat" of the day and needed more time. First - group all ideas into general themes then vote and prioritize.*
- *Not all LPNs want to become RNs - But I do not know of any long waiting time for LPN in my area for the LPN to get into a AD program. Fair pay for the employee who stay for long time on job.*

## **1. Additional comments regarding speakers, sessions, facility, etc.: continued**

- *Ms. Kennedy is great! Printed info very good - emphasis in certain arenas - true - it is needed - there are plans in place at some places - I would have liked to hear about them - ex: PASSPORT Demo Plan*
- *Parking information would have been appreciated. Heard from everyone but direct care providers - how can these issues be explored without hearing the issues directly from them?*
- *Representation of Adult Day Care should have been on the panel - Breakout on Alternative Service Delivery Issues - Suggestions were one-sided to aid facilities home care is a whole different can of worms - Breakout on Retention - many good ideas were given*
- *Keynote - excellent! Time crunch made final steps seem rushed but suggestions were worthwhile.*
- *Some repetition on Ohio Panel and in break-outs, but overall was very good*
- *Many interesting ideas floating around - Would be helpful to receive copies of notes from all break-out sessions - Rooms were cold; directions, parking to convention center were lacking. I had trouble finding convention center from the highway and parking structure.*
- *Needed more time for discussion in each session*
- *Bigger dots - Some facilitation/discussion of all "dotted" items*
- *W. Beavers did a good job of trashing nursing (incorporated her thoughts versus science) - no wonder enrollment is down in nursing! Science does not support what she said. Although things may look technical but one needs the science to perform and assess its effects on the individual - after all brain surgery is also a technical skill. Please note the research that has been done by Linda Aiken & Dorothy Brooten prior to speaking on this subject again.*
- *Please convey our needs and potential solutions to the Governor.*
- *Kennedy was very good - Awards were a great start to the day - great gesture to recognize customer service and deserving people - Memorable speakers Wanda Beavers - Holly Novak - Roger Fouts*
- *Move on to regional levels - feel this is a must!*
- *The speaker who spoke on Kent State programs spent most of her time selling her program. Some relevant ideas regarding flexibility and partnerships.*
- *As usual that state in completely off base. First, this was invitation only which means that like people invite people like themselves. Second, health care workers often are minority therefore minority representatives was absent at this session. Third, Staffing agencies are primarily responsible for filling staffing needs and what you do not have are staffing agencies represented here. Overall program rating - concept good implementation and performance poor. Michael Gregg-Columbus Urban League.*
- *Objective and "where we go from here" need to be clearer*
- *There should have been better arrangements for people who use wheelchairs*
- *There should have been tables set up for lunch*

**1. Additional comments regarding speakers, sessions, facility, etc.: continued**

- *Time keeper needs to **ASSERTIVELY** keep time (Ohio Panel) - Susan Stockier was very good! Morning speakers (especially KEYNOTE) was great. Afternoon didn't need more presentation, but the ability to discuss the situation in a facilitated manner - Sharon Stanley, ODH*

**2. Suggestions for speakers, topics, sponsors, etc., for the regional conferences:**

- *Have a plan of action at the end of each and have a arenas of tracking effectiveness of these conferences. Less talk - more action*
- *Much more interactive , please. Your audience is knowledgeable - - use them!! Sharon Stanley, ODH*
- *Involve allied health professionals and education programs Ohio OT, PT, AT Boards, OSU - Rehab. Schools, Speech Therapy, 8+ Ohio technical schools offering assoc. level training in OT and PT (COTA+CPTA) The majority of these grads find jobs in home care and LTC facilities. Topics - job future, demands, recruitment and retention.*
- *I think it is remarkable that the issues are so common between the Depts. Of DIS, Aging and MRDD - we must continue to address this issue yet maintain the importance of each agency.*
- *Bring a large group of not only administrators/managers but consumers /participants of service as well as direct line staff. Maybe review what other states /arenas have done to address this issue so we do not have to "re-invent the wheel" and can build on the work that has already been done that coincides with the issues relevant to Ohio.*
- *Awards Program - do annually! Would like more opportunity for discussion and idea sharing and fine tuning what should be submitted to Governor/Committee.*
- *Poor, poor planning performance. Michael Gregg - Columbus Urban League*
- *I feel that Adult Day care holds a lot of answers to the Home Care Worker Shortage. Part of the difficulty is lack of education about Adult Day and we need a avenue to educate & this would be wonderful given the opportunity.*
- *Spurned Caregivers & Caregivers that stay despite all - so that bad can be diminished and good things can be enhanced.*
- *Many of the ideas we have "been there done that" - need to think more out of the box*
- *Most of us are already fairly aware of the problems/issues - I would have preferred more time be spent on finding solutions. Next step should be seeking creative solutions and strategic planning/partnering between providers /State and consumers.*
- *Use LPNs so we can be recognized more to let public know that we are out here to help them with their health problems in different health areas.*
- *Suggest doing this on a regional basis in the state but tie to implementation strategies.*
- *Involve the local workforce policy board members in planning and presentations.*
- *1. Ways to retain nurses in nursing 2. Ways to recruit young people in nursing. Carol Hunter, LPN, President, LPNAO*
- *Continue to solve the problem.*

***Appendix E: Membership of the Planning Committee for the  
Governor's Summit and Sponsors***

## ***Governor's Summit: Health Care Workforce Shortage Planning Committee Members***

- *Joan W. Lawrence, Director -Ohio Department of Aging (ODA) - Governor's Summit Lead*
- *ODA - Cathy Stocksdale - Summit Coordinator, Cindy Clark - Contract Lead, Lisa Polley - Communication Lead, Judy Hardy - Facilitation Lead, Marc Molea - Education/Training Lead, Tom Pierre - Alternative Service Delivery Issues Lead, Carla Dowling-Fitzpatrick, Benjamin Ibe, Beverley Laubert, Gayle Lee, Roland Hornbostel & Rob Wright*
- *Alzheimer's Association - Sharon Eckert & Valerie Ridgeway*
- *AOPHA - Clark Law*
- *ARC of Ohio - Gary Tonks*
- *Area Agency on Aging PSA 10B - Gary Cook*
- *Board of Regents - Michael Taggart*
- *COAD - Tim Nause*
- *Colby and Company - Rick Colby*
- *County Home Association - Joe Jolliff*
- *Developmental Disabilities Council - David Zwyer*
- *Families for Improved Care - Donald Greenburg & Mary Charlene Johns*
- *Governor's Council on People with Disabilities - Karla Lortz*
- *Governor's Office - Greg Moody, Mike Carroll & Corri Page*
- *Governor's Workforce Policy Board/ODJFS - Sue McKittrick*
- *Green Thumb - Kent Kahn*
- *LPN Association of Ohio - Carol Hunter*
- *MOBILE - Patti McKosky*
- *Ohio Association of Regional LTC Ombudsman - Lisa Heermans*
- *Ohio Association of ADAMHS Boards - Jim Havel*
- *Ohio Association of Area Agencies on Aging - Jane Taylor*
- *Ohio Assisted Living Association - Jean Thompson*
- *Ohio Board of Nursing - Dorothy Fiorino, Tammy Baker, Judith Brachman, & Carol Roe*
- *Ohio Council of Behavioral Healthcare Providers - Hubert Wirtz*
- *Ohio Department of Alcohol and Drug Addiction Services - Shari Aldridge*
- *Ohio Department of Education - Joyce Boudreau & Jo Kister*
- *Ohio Department of Health - Jim Pearsol*
- *Ohio Department of Insurance - Kay Thompson*
- *Ohio Department of Job and Family Services - Julie Evers, Joel Rabb, Lorin Ranbom, Mary Sartain, Harry Saxe, & John Weber*
- *Ohio Department of Mental Health - Kay Raffo - Recruitment Lead*
- *Ohio Department of Mental Retardation/Developmental Disabilities - Donna Laird*
- *Ohio Council for Home Care - Kathleen Anderson*
- *Ohio Hospital Association - Jean Scholz - Ohio Panel Lead*
- *Ohio House of Representatives - Mike Miller representing Rep. George Terwilleger's office*
- *Ohio Nurses Association - Gingy Harshey-Meade - Retention Lead*
- *Ohio Provider Resource Association - Chris Whistler*
- *Ohio Rehabilitation Services Commission - Bill Casto*
- *Public Employee Risk Reduction Program - Ohio Department of Commerce, Division of Labor and Worker Safety - Glenn McGinley*
- *Statewide Independent Living Council - Woody Osburn*
- *SWAP - Paul Magnus*

**Governor's Summit: Health Care Workforce Shortage  
Sponsors**

*Thank you to all of the organizations and agencies who helped to make the Governor's Summit possible through their generous sponsorships.*

• <i>AARP Ohio</i>	<i>\$1000</i>
• <i>Almost Family</i>	<i>\$ 250</i>
• <i>Alzheimer's Association</i>	<i>\$ 250</i>
• <i>Association of Ohio Philanthropic Homes, Housing &amp; Services for the Aging</i>	<i>\$1000</i>
• <i>Corey &amp; Associates</i>	<i>\$ 250</i>
• <i>Developmental Disabilities Council</i>	<i>\$3000</i>
• <i>Elder Rights Unit, Ohio Department of Aging</i>	<i>\$2135</i>
• <i>Eliza Jennings Group</i>	<i>\$ 500</i>
• <i>Governor's Workforce Policy Board/Ohio Department of Job &amp; Family Services</i>	<i>\$7079</i>
• <i>Ohio Academy of Nursing Homes</i>	<i>\$2000</i>
• <i>Ohio Assisted Living Association</i>	<i>\$ 150</i>
• <i>Ohio Association of Adult Day Services</i>	<i>\$ 250</i>
• <i>Ohio Association of Area Agencies on Aging</i>	<i>\$ 500</i>
• <i>Ohio Association of Senior Centers</i>	<i>\$ 150</i>
• <i>Ohio Board of Nursing</i>	<i>\$1000</i>
• <i>Ohio Council for Home Care</i>	<i>\$ 800</i>
• <i>Ohio Health Care Association</i>	<i>\$1000</i>
• <i>Ohio Hospital Association</i>	<i>\$3600</i>
• <i>Ohio Nurses Association</i>	<i>\$1000</i>
• <i>Ohio Provider Resource Association</i>	<i>\$1000</i>
• <i>Statewide Independent Living Association</i>	<i>\$1000</i>
	<hr/>
<b>GRAND TOTAL</b>	<b><i>\$27,914</i></b>

***Governor's Summit: Health Care Workforce Shortage  
Facilitators, Moderators, Scribes & Trouble Shooters***

- *Panel of Ohio Speakers - Joan W. Lawrence, Moderator*
- *Recruitment - Kay Raffo, Moderator  
Trudy Decker, Facilitator  
John Cunningham, Facilitator  
Judy Patterson, Scribe  
Angie Simms, Scribe  
Tiffany Ray, Trouble Shooter*
- *Retention - Gingy Harshey-Meade, Moderator  
Robin Rice, Facilitator  
Doug Young, Facilitator  
Sharon Evanich, Scribe  
Julie Evers, Scribe  
Gayle Lee, Trouble Shooter*
- *Education/Training - Marc Molea, Moderator  
Beverley Laubert, Facilitator  
Teresa Holdren, Facilitator  
Jean Herbeck, Scribe  
Rhonda Olsheski, Scribe  
Brenda Lovenshimer, Trouble Shooter*
- *Alternative Service  
Delivery Issues - Tom Pierre, Moderator  
Roger Fouts, Facilitator  
Judy Hardy, Facilitator  
Gina Mee, Facilitator  
Traci Brown, Scribe  
Cindy Clark, Scribe  
Jim Rosmarin, Trouble Shooter*
- *General Summit  
Trouble Shooters - Jackie Wise & Mary Grundy*

***Appendix F: List of Persons to be Involved in the Regional Conferences***

The following is a list of Persons/Organizations who volunteered to be involved in the regional conferences on the Health Care Workforce Shortage as a follow-up to the *Governor's Summit* held on November 9, 2000, in Columbus, Ohio. The list is divided into three sections according to the selections on the questionnaire. If the person or organization signed up for more than one level of participation, they are listed only once.

**Section A: Contact Person/Coordinating Level**

**Richard Hoffman**

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## List of Persons/Organizations for Regional Conferences

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### Section A. Contact Person/Coordinating Level *continued*

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## List of Persons/Organizations for Regional Conferences

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## List of Persons/Organizations for Regional Conferences

Page 4

### Section B. Committee /Workgroup Level *continued*

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## List of Persons/Organizations for Regional Conferences

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### Section C. Participant Level *continued*

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***Appendix G: Listing of Governor's Summit Expenses***

***Listing of Governor's Summit Expenses***  
*(Rounded to the nearest dollar)*

<i>Printing: Save the Date cards, legislative reception invitations, Gvoernor's Summit booklets/registration forms:</i>	<i>\$ 166</i>
<i>Printing of Governor's Summit Notebooks:</i>	<i>\$ 1071</i>
<i>Binders and pens:</i>	<i>\$ 2135</i>
<i>Mailings: Save the Date cards, legislative reception invitations, Governor's Summit booklets/registration forms</i>	<i>\$ 650</i>
<i>Legislative Reception space and lectern:</i>	<i>\$ 465</i>
<i>Legislative food and beverages:</i>	<i>\$4785</i>
<i>Governor's Summit space and easels:</i>	<i>\$ 230</i>
<i>Governor's Summit presentation services:</i>	<i>\$9120</i>
<i>Governor's Summit Key Note Speaker:</i>	<i>\$3600</i>
<i>Governor's Summit Flowers for Exceptional Health Care Workers:</i>	<i>\$ 77</i>
<i>ODA Miscellaneous items:</i>	<i>\$ 763</i>
<i>Governor's Summit picture of Governor:</i>	<i>\$ 25</i>
<i>Grand Total of Expenses:</i>	<i>\$27,914</i>