

SOLVING THE HEALTH CARE
WORKER CRISIS
***AN IDAHO BUSINESS FOR EDUCATION
REPORT***



August 2022

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IDAHO BUSINESS
for **EDUCATION**

Dear Reader,

There is a saying that one of the most important things in life is good health, defined as the physical and mental agency to flourish personally, professionally and as an engaged citizen in our democracy. And one thing that is essential to our personal and collective health is having well-educated, skilled, and dedicated health care professionals to serve our communities.

Unfortunately, we have a health care worker crisis in Idaho. We simply do not have enough health care workers to take care of us and the situation could get worse if we do not act.

This is a report on a health care summit Idaho Business for Education sponsored in June to address the workers' crisis. In the report we explore why we have a crisis, how it affects our health care professionals and their patients, and it recommends specific ways our leaders can help solve it.

But it is one thing to hold a summit and issue a report. It is another thing to act!

We have seen too many examples of people coming together with the best of intentions, and nothing happens. We cannot let that happen this time because the health of our people is too important to kick the proverbial can down the road.

To that end, IBE believes the next step is convening a group of health care leaders, educators, and policymakers to implement the best solutions to address the crisis.

I want to thank our summit's co-sponsors: WWAMI, Idaho's medical school which is in partnership with the University of Washington School of Medicine and Project Echo which empowers health care professionals to treat complex diseases with specialist-level expertise no matter where they practice. WWAMI and Project Echo are based at the University of Idaho.

I also want to thank the people who attended our summit and the speakers who shared their innovative ideas on how to solve the crisis. Finally, I want to thank you for taking the time to read this report. I hope it sparks a desire to get involved and become part of the solution.

Sincerely,

CEO
Idaho Business
for Education



INTRODUCTION: SETTING THE SCENE

On June 28, 2022, Idaho Business for Education (IBE) held a summit to explore why Idaho has a health care worker crisis and develop recommendations to address it.

The half-day meeting, officially called the IBE Health Care Summit: Solving the Worker Crisis, was held on the campus of Boise State University. It was attended by more than 90 people in person and another 80 online.

The audience was comprised of nearly every significant health care leader in our state and health care educator-leaders from our state's colleges and universities. Also in attendance were several representatives of the health care insurance industry. Governor Brad Little was our opening speaker.



IDAHO GOVERNOR BRAD LITTLE OPENS THE IBE SUMMIT

In other words, many of the people who can help ease and alleviate the labor shortage in health care were in the room that day. That is good news because it increases the chances of Idaho solving the workforce crisis in health care. As it was pointed out by many participants, the people in the room already have collaborative and trusting relationships, which make success possible.

The agenda was divided into three panel discussions:

- 1** The first panel discussed why Idaho has a worker shortage and the extent of the problem.
- 2** The second explored how the shortage impacts health care professionals and their patients.
- 3** The third generated ideas on solving the shortage in the short and long term.

State Senator Fred Martin, R-Boise, chair of the Senate Health and Welfare Committee, was invited by IBE to appear on a panel to explore solutions. In preparation for appearing on that panel, Senator Martin reached out to Brian Whitlock, President of the Idaho Hospital Association, to ask what he thought could be done to address the problem. Senator Martin shared Whitlock's response with the summit attendees:



“We have had historic tax cuts. Historic investments in broadband. Historic increases in K-12 education. Historic investments in roads and bridges. Historic investments in water infrastructure. With a growing and aging population, we need to make historic investments in health care infrastructure. Our infrastructure isn’t producing the workforce needed - from doctors down to the environmental services - to meet the health care needs. Without a robust health care system, no need to build those roads. Not investing in health care will kill our economy faster than anything else. Let’s have an historic investment in health care infrastructure.” - Brian Whitlock, president of the Idaho Hospital Association.

Whitlock’s opinion was echoed by panelists in many ways during the half-day summit. Furthermore, everyone agreed that Idaho must act urgently to address the workers’ crisis.



We must also be aware that Idaho is not an island - other states are also facing a health care worker crisis. And we will be competing with them for health care talent over the coming years. For example, in August, Connecticut announced a \$35 million initiative to address its health care worker shortage. It will create more than 1,000 additional seats in nursing and behavioral health programs, provide tuition aid for students and support recruitment of more faculty to train them. The Connecticut program is being funded with the federal American Rescue Plan Act and is part of the approved state budget.

This white paper is a synopsis and a synthesis of the discussions at the IBE summit. It is intended to frame up the challenge and potential solutions so that state executives, policymakers, health care providers and the citizens of Idaho can continue the conversation, find common ground, and develop meaningful and effective ways to address the crisis. If they act, Idahoans can enjoy high quality, accessible, affordable health care for years to come. The kind of health care that leads to a better quality of life for all the people of our Great State of Idaho.

I

WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?

In June, just before the summit’s convening, Idaho had 9,000 health care jobs it could not fill. Number one on that list was a shortage of registered nurses - some 1,600 openings.

One of Idaho’s largest health care systems had 2,000 openings. One of the state’s largest stand-alone hospitals had 700 openings - 400 of them were for nurses. Idaho hospitals are relying on “travelling” nurses who contract with the hospital to fill staffing gaps. This can cost hospitals millions of dollars a year to hire these come-and-go nurses.



To make matters worse, Idaho could lose one-third of its nursing workforce over the next few years. Of the 18,650 registered nurses in Idaho, 3,400 are over the age of 55 and 1,700 are over the age of 65.

At the same time, Idaho ranks at or near the bottom of states when it comes to practicing physicians per capita of population. The physician shortage isn't just in rural areas. It is also in Idaho's largest communities. And it is not just in specialties, but also in primary health and mental health. One participant put it this way: The problem is in all 44 Idaho counties.

Another major problem driving the shortage of physicians is the lack of residencies. In 2022, Idaho graduated 200 medical students, but only had 70 residencies for them. The other 130 graduates had to find residencies out of state. Research shows that most doctors hang up a shingle to practice within 100 miles of where they do their residency. The lack of residencies makes Idaho an exporter of medical talent to other states.

**9,000 healthcare
jobs need filled**

**2,000 job openings in
one healthcare system**

**Over 5,000 nurses
nearing retirement**

THE BAD NEWS



The unwelcome news is the crisis could get worse before it gets better. A study released by the Mayo Clinic in December said 1 in 5 doctors and 2 in 5 nurses plan to leave the profession within the next two years. Another third of doctors and nurses plan to scale back their work hours.

A U.S. Bureau of Labor Statistics report said that in November 2021 the percentage of health care workers leaving the profession nationally was the highest since the Bureau started tracking that statistic 22 years ago.

Many health care workers are retiring or leaving because they are burned out. They took the brunt of the COVID pandemic over the past two years. They saw many deaths that could have been prevented, even after vaccines became available. They experienced long and unpredictable work hours. Especially discouraging was how many in the public and even among their patients criticized them for masking mandates and other steps to stop the spread of the disease and save lives.

As one participant said, health care workers went from "Heroes to villains almost overnight."

Yet most health care workers remain dedicated to their jobs and patients. Anecdotally, there are doctors and nurses in Idaho who are at retirement age but have postponed retirement because they know there is no one qualified to fill their shoes.

As the population of Idaho and the nation ages, the demand for health care will increase just as the supply of health care workers decreases. This will make the delivery of health care exceedingly difficult in the years ahead.

THE PIPELINE IS RUNNING DRY



The pipeline for health care workers is also a major cause of the worker shortage.

Idaho ranked 4th lowest among the 50 states when it comes to the per capita number of medical students enrolled in school.

Dr. Linda Valenzeula, dean of the College of Nursing at Northwest Nazarene University, told the summit that before the pandemic she used to get 45 applicants for every seat in her college. Now she gets 10-12 applicants for every seat.

The College of Western Idaho has reported a significant decline in the number of RN and LPN student enrollments. Registered Nurse applications have gone from 180 to 120 and LPN applications have gone from 70 to 18.

Another problem in health care education is that faculty salaries are too low to attract instructors. It is hard to educate students when there are not enough trained professors to teach them.

MENTAL HEALTH CARE IS ANOTHER CHALLENGE

One school counselor for every 400 students

Access to mental health services is also an issue in Idaho.

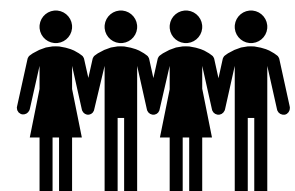
In October 2021, Mental Health America issued a report that said Idaho youth face the largest mental health issues in the country, but access to mental health services also ranks last in the country.

Idaho averages one school counselor for every 400 students. This gap between counselors and students can hardly address the issue of young people getting the help they need. No wonder

Idaho has one of the highest teen suicide rates in the country.

IDAHO'S POPULATION GROWTH ADDS TO THE CHALLENGE

When one looks at the demographics of Idaho the imbalance between the supply of health care workers and the demand from people in need of care is glaring.



Idaho is the second fastest growing state in the country thanks to immigration. Unfortunately, many of the people moving to Idaho are 55 years or older and many of them are bringing older family members with them.

This growing group of new Idahoans will only exacerbate the supply-demand challenges that we face in Idaho. So will the aging Baby Boom generation which will no doubt need greater health care services.

Several health care executives at the summit raised the grim warning that in the next few years many Idahoans, the most vulnerable and the newest residents, will find it difficult to get the health care that they need. And even those who do get care will find that it is much more expensive.

But these executives also said, optimistically, that they believe these challenges can be overcome if Idaho leaders act now to change the trajectory that we are on.

II

HOW THE CRISIS IMPACTS HEALTH CARE PROFESSIONALS AND THEIR PATIENTS



A talented, qualified, engaged, and diverse workforce is at the heart of Idaho's health care system. Idaho is blessed with many excellent health care providers and talented professionals who are deeply committed to serving people, families, and communities. IBE is incredibly grateful for their significant contributions, sacrifices, and service. But the health care worker shortage has put incredible strain on these skilled professionals.

This workforce crisis has impacted our collective understanding of the role which a traditional medical service delivery model plays in providing access to timely, affordable, and high-quality health care for all Idahoans. The traditional medical service model in Idaho is comprised of hospitals, clinics, primary care practices, and specialty practices, among other programs.

Every day, leaders within these organizations are addressing the impacts of the health care worker shortage on financial costs, infrastructure investments, challenges in recruiting and retention, programs and services, strategic priorities, operational processes and procedures, and leadership development and training.

One of the shared challenges these organizations face is critical staffing shortfalls. For organizations that simply do not have staff they need, they are faced with tough decisions about

how to mitigate those shortages while maintaining much needed programs and services. As one health care system leader put it, “most businesses can modify their hours, or the items it offers on a menu, but we must be open 24 hours a day, 7 days a week without sacrificing the high standard of care we provide.”

Another health care system leader described the unintended consequences of these tough decisions. They sometimes result in a reduction, or elimination, of much needed programs or services. At other times, the unintended consequences might result in health care professionals working longer hours, or performing additional duties in demanding environments, resulting in increased stress, burnout, behavioral health challenges, and other work-related traumas.

These adverse impacts are having a ripple effect into the health care professional preparation and certification programs of Idaho’s colleges and universities. Many academic leaders across the State are reporting difficulty in recruiting the number of students and highly qualified faculty needed to produce the number of doctors, nurses, and health care professionals Idaho needs now and in the future.

As a result, health care system leaders and leaders of our academic institutions are implementing innovative approaches to soften the pressures brought on by the health care worker shortage. A College of Nursing dean described an innovative approach for selecting nursing school candidates by using a “whole person” evaluation of an applicant’s file. A CEO of a major health care system in Idaho shared his innovative approach to addressing the impacts of the health care worker shortage by focusing on organizational culture. He explained his unique approach to

prioritizing culture within this context, “There will be a point when money will no longer matter and all the incentives in the world won’t be enough to attract or retain the talent you need. That’s why we must continually focus on relationships, and people, and quality. People matter. Quality is non-negotiable. Health care is a team sport, and we must take care of our team and our patients.”

Many of our health care system leaders communicated innovative practices, such as the use of telehealth for providing access to health care to patients residing in remote locations or to the most vulnerable population groups, such as the elderly, those with mental health needs, and or a patient with any number of chronic conditions.

According to Dave Jeppesen, director of the Idaho Department of Health and Welfare, most individuals, if given the choice, would prefer having access to health





care at home. But he said access to qualified health care professionals and programs that allow people to stay at home may be harder for Idaho's health care organizations to provide because of the health care worker shortage. The alternative status is for patients to go to institutional care which is also understaffed. As Idaho's population ages, providing Idahoans access to qualified health care professionals that allow them to stay at home will become even more important in the future.

Our health care system leaders are reporting remarkable success in the delivery of quality state-of-the-art health care and specialty services to rural and underserved areas by using telehealth technologies, but much more work is needed for it to help overcome the health care worker shortage in Idaho.

III

THE GOOD NEWS: WE CAN SOLVE THE WORKERS' CRISIS

Despite the challenges facing health care providers, participants in the IBE Health Care Summit left optimistically because they heard concrete solutions for easing and eventually ending the crisis in the short and long term.

These solutions fell under three broad categories:

- 1 First, solutions that would require policy and regulatory changes and investments by policy makers at the federal and state levels.**
- 2 Second, solutions that health care leaders and health care payers can address in their area of influence without having to go for relief to the public sector.**
- 3 Third, solutions that require neither policy changes nor huge investments either by the public or private sectors.**

In this white paper, we will divide the potential solutions into these three categories, but first there were a few broad themes that came up repeatedly.

THE BROADER PICTURE

There was general agreement at the summit that we need a "paradigm shift" in the way we view health care. That shift entails seeing health care as an essential component to creating a prosperous economy and a high quality of life in Idaho.

Idaho Hospital Association President Brian Whitlock said it best when he said that without a healthy populace it doesn't matter how good the roads are or how much broadband we have in Idaho. Idahoans who are health challenged cannot use those roads or broadband when they are suffering from life-threatening disease.



In other words, we must start seeing the connection between a healthy and well-educated populace and a high quality of life and prosperity for the people of Idaho.

Everyone also agreed that “innovation” and “collaboration” are essential during these tough times of recruiting and retaining health care talent. They also agreed that public-private partnerships are essential to solving the problem.

The government can’t solve these problems by itself, and neither can the private sector. It takes both working together to solve the workers’ crisis.

Because talent is in short supply, there was general agreement that technology can play a part in strengthening the provider and patient connection, especially in a rural and sparsely populated state like Idaho. Technology can shrink the size of our state and connect people effectively and efficiently at a reasonable cost. Technology can also enable greater effectiveness and training for the next generation of health professionals.

The government can’t solve these problems by itself, and neither can the private sector. It takes both working together to solve the workers’ crisis.

With that overview, we will take a deeper dive into those *three categories* that encompass the tactics that can be used to build the talent pipeline that the health care sector needs to thrive in the years ahead.

1 POLICY CHANGES AND INVESTMENTS THAT CAN HELP SOLVE THE CRISIS

In general, policymakers must support Idaho’s higher education institutions which bear the responsibility of educating and skilling up our health care workers. As one participant said, the state must make a “monumental infrastructure investment” in higher education.

This state support can be reflected in many ways:

Providing higher salaries for health faculty at our colleges and universities.

Investing in technology such as simulators that allow students to practice and hone their skills which in turn will make their clinical experiences more effective.

The Governor, Legislature and state Licensing Boards should review all certification and licensing requirements to see which ones are outdated and/or create obstacles to health care workers

In short, regulations should protect patients, but not stand in the way of access to high-quality health care.

entering the profession. However, one cautionary note: an elimination of certificate and licensure requirements cannot lead to reducing the competency or standards for workers entering the health care professions.

In short, regulations should protect patients, but not stand in the way of access to high-quality health care.

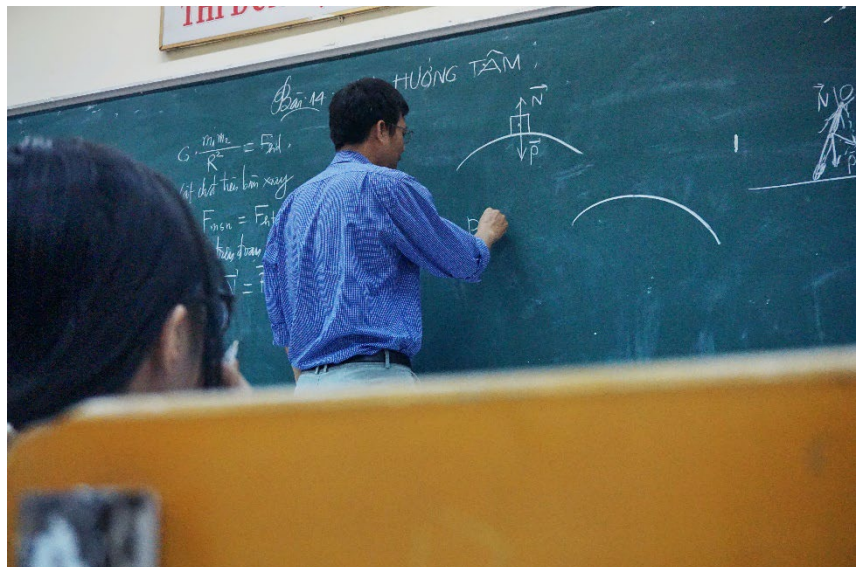
The state can give health care providers greater flexibility in how its 30 J-1 Visas are distributed, including giving providers the ability to use more for specialty physicians and more than two visas per facility per year. This could allow the state to get more international physicians to apply for one of these important visas, which are currently going untapped.

The state and federal government could give “critical access hospitals” greater flexibility (as they did during the pandemic) regarding how many “beds” they can provide patients. This would allow these health centers to keep patients who need higher levels of care beyond the 96-hour limit. It would also allow higher-level of care hospitals to provide “reverse” referrals to the smaller and more rural “critical access hospitals” when their own capacity is strained to the breaking point, as it has been during the pandemic.

Likewise, the Governor and Legislature should review the state’s liability laws to ensure they are not discouraging doctors and other health professionals from staying or coming to Idaho, while at the same time maintaining high standards of quality care.

The Governor and Legislature must continue investing in both K-12 and Higher Education because the public schools and public colleges and universities are where most health care workers get educated. Furthermore, education is important to those health care professionals who are considering a move to Idaho. If our schools are subpar, many health professionals will pass on Idaho and move to other states where the educational systems are stronger.

High on the list of recommendations is obtaining more residency slots for Idaho’s graduating medical students. In 2022, Idaho graduated 200 medical students, but our state had only 70 in-state residencies. The





other graduates had to leave the state for residencies which means it's more likely they will never practice in Idaho. This results in Idaho having fewer doctors per capita than any state in the union. It also means we risk exporting our medical talent to other states.

The highest priority to solve this problem is to have the Legislature increase funding to provide more residency opportunities in our state. Secondly, Idaho leaders should continue urging Congress to take action to remove the cap on Medicare funding for new residency positions in the United States. Once Idaho expands its residency offerings, the state should then expand the number of medical school seats in WWAMI and at the University of Utah to increase the number of graduating students.

Another idea to help solve the physician and nursing shortage is to have the state pick up 100 percent of their education with the understanding that the doctors and nurses would agree to work in Idaho for five years. Funding medical education to attract doctors and tying it to a five-year commitment works for both the Indian Health Care System and the U.S. Military.

State, Federal, and Local leaders also need to create a "welcoming and inclusive" culture in Idaho so that people of different ethnic, racial, gender identification and social backgrounds want to live and work in Idaho. One hospital CEO said that Idaho "must be a place for everybody," adding that we must "celebrate and embrace differences."

Although Idaho's higher education institutions are doing a better job of collaboration than ever, we must end the provincial idea that certain programs can only be done at one university or college. Students can't necessarily travel to one geographical location to receive the educational

The mindset must be that we take education to students, not require them to come to one location to get the education they need.

skills they need. The mindset must be that we take education to students, not require them to come to one location to get the education they need.

Colleges and universities must expedite the granting of degrees for health care professionals, while not reducing the standards of education. They should look at granting degrees in two years that now take four years and degrees in 12 months that now take two years. Colleges and universities should also look at creating "stackable" credentials. There must be a faster way to educate and grant degrees than the current system provides.

Increase state support for medical education, while also providing scholarships to other key professions like RNs, LPNs, and CNAs. The Legislature could create a loan forgiveness program for each of these professionals who agree to work in Idaho and/or underserved communities for four to five years.

The state, working with private sector partners, should invest in scholarships specifically for nurses to go on and become Nurse Practitioners. As one participant said, this is the “low hanging fruit.”

Nurse Practitioners can manage wellness visits and medical follow-ups and even post-surgical visits, taking the load off physicians.

2 SOLUTIONS HEALTH CARE CAN SEIZE TO ADDRESS THE WORKFORCE CRISIS

Health care providers should step up the use of **telehealth** to expand their reach into rural Idaho and connect with patients who live miles away from a primary health clinic or hospital. Insurance companies should officially recognize telehealth as a tool in the sector’s toolbox to deliver care in an efficient and effective manner and provide reasonable reimbursement for telehealth.

Government also needs to make telehealth eligible for Medicare and Medicaid reimbursement at a reasonable and sustainable rate.

Likewise, health care providers could use **virtual health centers** and **mobile health clinics** to reach patients who live in sparsely populated and hard-to-get places in Idaho. These tactics can extend medical care to patients, save them the time and expense of driving to receive the care they need and keep them out of emergency rooms or experiencing expensive hospital stays.

Again, as we implement these innovations, health care providers must not let the quality of care diminish or the use of technology will be counterproductive, and its adequacy will be questioned.



Health education leaders should reach out to professionals who are nearing retirement to see if they would do a “second act” by becoming teachers in our colleges and universities. It would be a way to earn retirement income and give back to the profession by teaching the next generation of health professionals.

Behavioral health specialists should be imbedded in primary health clinics. Many patients are reluctant to visit therapists at their offices but feel comfortable entering a primary health clinic in their community. This would help erase the “stigma” of seeking mental health services.

Health care centers should form **collaborative relationships and service programs** with providers in their region. This could help ensure all people in their region have access to quality, and affordable health care. Some Idaho hospitals have already formed these collaborative relationships and they are working.



Health care educators must lower the “barriers of entry” into health care. One panelist noted that up to 90,000 applicants a year are turned away from nursing programs in the United States. Instead of just accepting the A students into nursing programs, for example, they should look at also accepting the B+ students. They should also look at non-academic traits such as a candidate’s ability to persist and overcome challenges and be resilient in the face of setbacks. These personal skills proved extremely beneficial during the pandemic.

Educators should also look for opportunities to “grow their own” teachers whenever possible. Also, diversity is important when admitting health care students. Health educators should recruit students who look like the patients they will eventually serve.

Health insurance companies must reevaluate the amount they reimburse providers so that they can cover the increased costs of care. They should specifically look at the reimbursement payments they make to primary health providers who can keep patients out of expensive emergency rooms and hospital stays. Primary care providers cannot compete with hospital systems on salaries, so higher reimbursement would help them recruit and retain workers. This would benefit the entire sector.

Several panelists recommended that the health care sector support “leadership” training programs for mid-career and new health care leaders. One hospital CEO even remarked that health care leaders are not equipped right now to transform health care the way it needs to be changed.

A **Health Care Leadership Academy** could be a joint project of the public and private sectors since both have a stake in strong sector leadership. But it must be driven by the health care sector, not the public sector.

3 SOLUTIONS THAT DON’T RELY ON GOVERNMENT PROGRAMS, SECTOR CHANGES OR SIGNIFICANT INVESTMENTS OR EXPENSE IN TRANSFORMING HEALTH CARE

“For us culture is everything. Health care is a team sport.” - Chris Roth, CEO of St. Luke’s Health System

Fundamentally, it is easier to retain talent than create or recruit it. Key to retaining workers is the creation of a supportive, inclusive, and positive work culture. As the old saying goes, “culture eats strategy for breakfast.”

Chris Roth, CEO of St. Luke’s Health System said it best: “For us culture is everything. Health care is a team sport.”

Most of the ways to create a positive culture require little or no money. Mainly it requires a laser-like focus on responding to the “whole employee” and their specific needs. It means ensuring that employees feel respected and appreciated. It requires that every



leader and manager buy into creating and maintaining such a culture in their workplace.

Health care providers should strongly consider creating “childcare centers” on their campuses so that nurses and other employees have high-quality and affordable care for their children. This would help nurses who work 12-hour shifts have a better work/life balance. Some health providers are already offering this benefit to their employees. Others should consider it and even look for local community partners that could also participate in these programs and help offset costs. The State could also assist this effort by allowing health care providers to tap into the federal funds available to support Idaho’s childcare sector. (Unfortunately, the 2022 Legislature could have provided more of this federal funding than it did. Future legislatures should not make the same mistake.)

Leaders must ensure that workers have a healthy life-work balance. This can be addressed by providing workers with a predictable and reasonable work schedule, wherever possible giving them the opportunity to work remotely, and giving them the ongoing training to feel successful and continuing to grow in their profession.

Leaders must also help employees find “joy” in their work. It helps if employees remember why they entered the health care profession - they wanted to help people. Leaders can also emphasize that everyday health care professionals are improving and saving lives.

As Dan Klocko of Kootenai Health said, “The work health care workers do is sacred. People come to us at the most vulnerable time of life.”

“The work health care workers do is sacred. People come to us at the most vulnerable time of life.” - Dan Klocko, V.P. of Human Resources at Kootenai Health

IV

FINAL THOUGHTS

IBE strongly believes that the splendid work of the health summit should not be lost. To that end, IBE strongly recommends that Governor Brad Little appoint a special task force comprised of health care leaders, educational executives, representatives reflecting the views of nurses and doctors, insurance carriers, members of the State Board of Education and legislators to develop a plan to implement the recommendations coming from the summit and other ideas that can lead to the easing and eventual eradication of Idaho’s health care worker shortage.

This task force could be co-chaired by the President of the State Board of Education and by a current health care executive. This would truly make this a private-public collaborative effort.

IBE also joins the participants of the summit in believing that this crisis can be addressed if we have the will to do so. It will take innovation and collaboration. It will take investments in health care infrastructure. It will also take transformative leadership at all levels of our state's political, health care, and educational sectors.

Ultimately, recruiting and retaining workers means having all of us remember why this work is so important - so that the people of Idaho can live healthy, happy, and fulfilling lives.

IBE is a non-partisan, non-profit organization of more than 250 businesses and business leaders across Idaho. Its mission is to help create the workforce Idaho's employers need and set students up for success in school, work, and life. This report was written by IBE President and CEO Rod Gramer and IBE Vice President Robert Sanchez. For more information please contact Rod Gramer (rgramer@idahobe.org) or Communications Director Leslie Barbour (lbarbour@idahobe.org)

