

Health Care Workforce Subcommittee of the Delaware Health Care Commission

The vision of the Healthcare Workforce Subcommittee is to work with the Delaware Health Care Commission to improve and insure access to quality healthcare to all Delawareans regardless of where they live and work in the state of Delaware. This will be done by determining the current and projected healthcare workforce needs in Delaware through the work of the Delaware Health Force. Additionally, the subcommittee will develop recommendations about policies and programs that can enhance the education and training of a robust healthcare workforce, as well as increase recruitment and strengthen retention of a strong health care workforce.,

Categories of recommendations from the Health Workforce Subcommittee:

- 1) Data/Surveys/ Licensure – We need to refine the data further to provide more information on the current workforce and their state wide distribution as compared to statewide population distribution and information of disease incidence to inform current and future workforce needs.
- 2) Clinical Training / Preceptors/ Enhancing healthcare workforce pipelines- We need to work out financing and partnerships of hospitals and educational institutions, high schools, and middle schools to create health care career pipelines and enhanced clinical training opportunities. We also need mechanisms to grow the next generation of health care workforce educators and fill the ever-expanding demand created by retirement of Health care workforce educators.
- 3) Health care professional shortages – We need to solve shortages of physicians, dentists and dental hygienists, nurses, specialists, behavioral health specialists, etc. How do we grow our own in the state, and recruit and retain the workforce needed in Delaware.
- 4) Long term care- We need to grow all levels of health care professionals to serve in much needed areas. We need to create career ladders for individuals so they can enter at all different levels and achieve credit for their work in the field and continue to advance in their positions in healthcare.

5) Delivering care to Rural and Underserved populations – We need to enhance geographic distribution across the state, and expand telehealth options, etc. We need to establish more clinics in underserved areas that can then be used to recruit health care professionals to establish practices in these areas.

1. Data/Surveys/ Licensure - need to refine the data further to provide more information on the current workforce and their state-wide distribution as well as information to enable forecasting of the future workforce needs.

Data and surveys:

Enhancing data analysis and predictive analysis of future workforce, matched to needs and demands as determined through population, and chronic disease heat maps. The data refinement would be achieved by the addition of surveys as a part of licensure requirement.

We need to streamline the licensure and credentialing process to aid in the recruitment of healthcare professionals to the state.

In order to analyze the data and determine the status and the inventory of healthcare professionals in the state matched to health workforce demands, we need to develop and require individuals to complete surveys as a part of the licensing requirement. We need to know specifically where they are practicing in the state, days and hours of operation, and health insurance mix.

We should also look into the detailed steps of licensure and credentialing and try to streamline this process. This is a particular concern for the licensure of dentist in the state.

Data Analytics: (Tim and Nichole input needed)

It is necessary that we constantly monitor and update the core data repository on licensed or certified health care providers (HCPs) in Delaware under agreements or arrangements with the Division of Professional Regulation - Delpros, Division of Health Care Quality (CNA data), Behavioral Analyst Certificate Board (Behavioral Health Technicians and Analysts), Centers for Medicare and Medicaid Services

(CMS provider data), and the Community Health Workers Association of Delaware (for CHW data). Collaborate, as needed, with the Delaware Health Information Network, Delaware Population Consortium, and others to produce retro- and prospective, trended reports.

We should regularly review population trends and resulting healthcare needs. Collaboratively review the workforce needs of employers of all sizes to meet patient needs. Align this work with others across Delaware (Delaware Workforce Development Board, healthcare industry and professional groups, etc.)

Data refinement and analysis

- Refine data by additional survey questions as used by other states to confirm work in the state, etc.
- Surveys to determine current vacancies and needs
- Surveys to determine capacity to educate and train health workforce

Provide data analysis on demand to policymakers and other interested parties who share our mission and vision.

- Maintain Salesforce-based infrastructure to accept Delpros data and integrate it with previously listed data sources, and share deidentified data through dehealthforce.org or by request if existing published report formats do not provide the requested information.
- Employ and contract with qualified data analysts and analytic firms as necessary
- Create benchmarking for the many types of healthcare providers and specialists based on population health needs and previously defined best practices and/or regulatory requirements

Proposal from DHSS (Nichole Moxley) ([Nichole could you create a summary section here and then we can put these specific details in the appendix section.](#))

DHSS Legislative Priority Proposal

Licensed Health Care Professional Data

Background: Currently, there isn't a mechanism in place that supports cross-agency collaboration to address healthcare workforce shortages or appropriate data collection and analysis to understand, inform, and further health workforce related policies, health professional shortage area designations, programs, and initiatives to improve access and enhance quality within Delaware's health care system. The development of robust data and analytic capacity is essential to expanding the scope and accuracy of information available about the healthcare workforce, practice characteristics, provider availability and engagement. Collecting key pieces of data about health professionals and their practice characteristics at the time of initial licensure or licensure renewal can provide the data needed to inform policy discussion and priorities.

DPH proposes that licensed health care clinicians be required to provide responses to a core set of questions at the time of licensure and re-licensure. This will help better understand the supply and distribution of health care clinicians in the state and to improve access to care in Delaware. Additionally, this information will be utilized to support the designation of primary care, dental and mental health 'Health Care Professional Shortage Areas (HPSA)' in Delaware. Entities located within a HPSA qualify for participation in various recruitment programs, including the State Loan Repayment Program, the National Health Service Corps, and the Conrad State 30/J-1 Visa Waiver Program.

The core set of questions should be developed in collaboration with the Delaware Health Care Commission and DPH staff. Below is a list of the types of questions we are interested in (not an exhaustive list):

- Practice location
Require health care providers to indicate if they have a PRACTICE or Practice Address in Delaware:
 - If they do have a PRACTICE ADDRESS IN DELAWARE require them to click: "I currently have a Practice Address in Delaware, where I provide direct patient care" and require them to list that PRACTICE ADDRESS.
 - If they do not have a PRACTICE ADDRESS in Delaware require them to check: "I currently do not have a Practice Address in Delaware where I provide direct patient care".
 - This is critical to HPSA development.
- Contact information
Require health care providers to provide a CONTACT ADDRESS and e-mail address.
- Specialty/fields of practice
Require the health care professional provide information on their discipline and specialty, i.e., Primary Care, Dental Health, Mental Health, Family Medicine, Pediatrician, Dentist, Psychiatrist, Cardiologist, etc.

- Practice settings
Require the health care professional to include the details of their practice setting, i.e., concierge, inpatient facility, outpatient facility, clinic, military location, federally qualified health center, etc.
- Require the health care professional to include weekly hours worked providing direct care services.
- Require the health care professional to include whether they accept Medicaid and sliding fee scale patients.
- Require the health care professional to include whether they use telemedicine for prescribers.
- Allow DPH to provide program critical information to health care providers (in addition to surveys) via mail to CONTACT ADDRESS and/or e-mail.
- Allow DPH to use PRACTICE ADDRESS for shortage designation purposes and to upload provider information including the PRACTICE ADDRESS to the federal system for Shortage Area Designations.

Access to Care and Equity

Implementation Mechanism: Title 16, Chapter 1, Subchapter II, Section 123. Will require a legislative code change.

Priority: High

Fiscal Impact: Needs to be assessed, will require system changes to the DPR automated system.

Diversity, Equity, and Inclusion: HPSA and MCTA designations are critical to removing access to care gaps for underserved, marginalized populations in Delaware.

Support: State Dental Director; unconfirmed: Federally Qualified Health Centers, Delaware Healthcare Association, Medical Society of Delaware, Delaware Health Care Commission, and Delaware Academy of Medicine

Opposition: possibly the Division of Professional Regulation* and the Delaware State Dental Society

Timeline: 1-2 years. Initiative will create the building blocks and/or foundation for further changes in years to come. More robust health workforce data is needed to gain insight and understanding of the existing health care workforce and for future health workforce planning.

KPI(s): - Accurate supply and distribution of physicians by geography and specialty.
- Accurate HPSA and MCTA designations.
- Recruitment and retention of providers.

How are other states and national organizations addressing this issue: Indiana and Vermont legislatively mandated health care providers answer surveillance questions at the time of relicensure that provides key information that is used as the basis for policy analysis, shortage designations, and recruitment and retention activities.

Does this proposal build on a previous accomplishment of the Administration? No. This recommendation was suggested for the FY23 Legislative Agenda.

DAG Review: Request needs DAG review.

Federal Implications: This information will be helpful to meeting the grant requirements associated with the Primary Care Services Resources Coordination and Development grant. This grant requires the designation of primary care, dental and mental health 'Health Care Professional Shortage Areas (HPSA)'.

2. Clinical Training / Preceptors/ Enhancing healthcare workforce pipelines- need to work out financing and partnerships of hospitals and educational institutions, high schools, and middle schools to create health care career pipeline. Also need mechanisms to grow the next generation of health care workforce educators and fill the ever expanding demand

Expand clinical training for medical students and residents in the state to aid in recruitment and retention of physicians to the state as a short-term goal, as a potential medical school is being conceptualized and planned.

Encourage more healthcare professionals to practice in Delaware through the use of more and broader reaching loan repayment programs, and scholarships, and including dental as part of the targeted programs.

Create partnerships across clinical and educational institutions both inside and outside of the state to enhance the ongoing training and support of our healthcare professionals and to grow more pipeline programs for healthcare providers, and career-ladders in healthcare.

General Strategies to build a more robust Healthcare Workforce

We need to link together educational institutions with potential healthcare employers to create training pathways for students, and efficient and effective pipelines of healthcare workers. Maintain a student loan fund, its background IT

support architecture, and qualified staffing to oversee loan and grant programs to offset financial barriers to individuals receiving training for the first time or for retraining to advance in their careers.

Do a briefing for Senate and House Bioscience Committees yearly so that we can Communicate reports and findings with policy-makers and advocates for investments in the Delaware healthcare workforce to close current and anticipated gaps.

Develop a website for Healthcare Workforce that links to many of the other sites that provide useful information for students, employees, and employers in the healthcare industry.

Attracting students to Delaware for education, training and practice

Facilitate the connection between employers and educational institutions to facilitate training of the healthcare workforce, also create opportunities for retraining and additional training for current healthcare employees .

Engage the next generation of healthcare providers by engaging our youth in a range of programs designed to pique their interest and build efficient pathways to careers in healthcare through work with the clinical systems and the educational institutions.

In order to attract more health care professional students to come to Delaware to practice we should provide more loans and scholarships and require service in Delaware as part of the requirement to obtain the funding.

We need more students to do their clinical rotations in Delaware Hospitals. The challenge is having enough clinical spots and preceptors in our Delaware clinical sites. Perhaps we could open up more spots if preceptors were paid additional dollars by the hospitals or the state to oversee the students.

It seems that it should also be an expectation that the hospitals in our state will facilitate the training the clinical training of our students who are receiving their basic science education in our in-state colleges. (This could possibly be tied to the caps on their hospital budgets if they are providing training their cap or their ceiling is higher .Or we should see money, set aside in their budget to pay individuals to serve as preceptors for the students).

Education and Training

- Facilitate the connection between employers and educational institutions to facilitate training of the healthcare workforce, also create opportunities for retraining and additional training for current healthcare employees .
- Engage the next generation of healthcare providers by engaging our youth in a range of programs designed to pique their interest and build efficient pathways to careers in healthcare through work with the clinical systems and the educational institutions.
- Communicate with stakeholders the latest trends, successes, and “more work needed” across various healthcare workforce topics through regular summits and forums that are jointly created.

Education and Training

- Build new and leverage existing relationships with healthcare employers and employer associations to glean current and future workforce demand information.
- Employ and contract with qualified public health professionals as appropriate to map out need and demand based on health status and disease incidence with healthcare provider data to determine demand and access.
- Link together educational institutions with potential healthcare employers to create training pathways for students, and efficient and effective pipelines of healthcare workers. Maintain a student loan fund, its background IT support architecture, and qualified staffing to oversee loan and grant programs to offset financial barriers to individuals receiving training for the first time or for retraining to advance in their careers.
- Create scholarship programs to make training programs possible for a broader range of students, and link these scholarships to commitments to serve in Delaware’s healthcare systems as payback.

- Continue and expand the Delaware Mini Medical School program to enhance youth engagement and education
- Develop a website for Healthcare Workforce that links to many of the other sites that provide useful information for students, employees, and employers in the healthcare industry
- Develop and deliver a digital monthly newsletter and periodic articles or op-eds in local and regional publications that is sent out to those who register on the website and is also posted on the website.
- Do a briefing for Senate and House Bioscience Committees yearly so that we can Communicate reports and findings with policy-makers and advocates for investments in the Delaware healthcare workforce to close current and anticipated gaps.

3. Health care professional shortages – need to solve shortages of physicians, dentist and dental hygienists, nurses, specialists, behavioral health specialists, etc.. How do we grow our own in the state, and recruit and retain the workforce needed in our state

Support the utilization of technology to increase efficiency and effectiveness of health care providers, ease their workload which allows them to focus on patients.

Expanding healthcare services to urban and underserved areas through development of more clinics and expanding telehealth services.

Attract more healthcare providers to Delaware through financial support of developing practices, and clinics.

For new healthcare professionals and residents to the state of Delaware, support their housing needs, education, and social needs, for young families to grow our network.

Attracting people with a license to come and practice in Delaware

We also want to attract healthcare providers with their license to come and practice in Delaware, and so perhaps we should consider funding clinics and money to equip their clinics so that we can encourage them to practice here.

Some of the first clinics that are funded should be in southern Delaware where the need, and the demand exceeds what we are currently able to provide.

We have talked about affordable housing being an issue in our state and one solution that might help with this would be to offer supplements to those who come to Delaware and are first time homebuyers in our state.

What are the incentives that we can offer to licensed and practicing healthcare professionals to move to our state better conditions to work better teams to work with more advertising about why Delaware is a great place to live work and play.

Data for Nursing Workforce: ([Chris add comments here](#))

Christopher E. Otto, MSN, RN, CCRN (he/him)
Executive Director, Delaware Nursing Association

Establish a dedicated state nursing workforce organization titled, Delaware Nurses Workforce Institute (DNWI), that has full membership in the National Forum of State Nursing Workforce Centers. We also need to establish and strengthen partnerships between DHCC, Delaware Health Force, DHSS, LOL, LOS, DHA, DHCFA, DAHCC, Universities and Colleges, Employers, and Specialty Nursing Associations, etc.

Physician Shortages: (DIMER Discussions and Medical School Discussions)

In regards to physician shortages, and the dimer program I think we need to increase loan repayment programs. Also consider scholar shipping money to medical students tag to the promise that they will do some time serving in Delaware, practicing and licensing in Delaware.

Also, more dollars need to be set aside and dedicated within Delaware for dimer so that all students who have lived in Delaware parents in Delaware paid taxes in Delaware and are applying to medical school that they can have mentoring guidance advisors, especially if they do not get accepted immediately when graduating from college, they may need help with MCATs. They may need help with shadowing. They may need help with clinical experiences, and they may even want to get specialized masters programs, and they need help with mock interviews all of that to make them more successful in their applications to medical school.

In regards to healthcare professionals, across-the-board, we absolutely need to create pipelines and tracks that would help students navigate their way through their training to a degree and a license that will allow them to practice in Delaware. We should perhaps be considering whether we can accelerate and speed up the programs.

How do we speed the pipeline for the education of physicians in our state. We might consider the development of a six year medical school, where students do two years of undergrad at University of Delaware or Delaware State University, then they move on to four years of medical school that is offered in our state in partnership with another medical school, such as PCOM, or others, with their clinical rotations being within Delaware. This option might be more attractive to Delawareans who would like to stay closer to home for their education and training.

We should also consider developing programs for retraining of individuals who are already working professionals and create an opportunity for them to get additional degrees and certification to offer healthcare services.

Dental Shortages: [\(Nick we need your input here\)](#)

Recommendations taken from the Dental Care Access Task Force include:

- Implement a State Loan Repayment Program with eligibility open to both public and private practice dental providers.
- Advancements in Educational Opportunities: Continued education is critical to providing exceptional care, especially for diverse populations. The task force emphasized the importance of the entire dental team receiving training to care for underserved populations. Additionally, with the lack of a Delaware dental school, the task force discussed further investments in current dental hygienist programs, residency programs, and entities like DIDER to recruit and retain providers.
- Increase the Scope of Practice for Dental Hygienists

- Flexible Licensure Pathways: Policy Proposals to Increase Licensure Flexibility for Recruitment and Retention

4. Long term care- need to grow all levels of health care professionals to serve in much needed areas, create career ladders for individuals so they can enter at all different levels and achieve credit for their work in the field. (Cheryl can you provide a summary here and then we can include details in the appendix)

I could write a thesis about what could bring positive change in the long-term care workforce. I did gather a few suggestions for the policy initiatives centered around improving and enhancing quality of care for residents, through the workforce. There are many other ideas, including apprenticeships for nurses, LPN's and Certified Nursing Assistants utilizing the resources of the Department of Labor and Workforce Investment Board (which does not have a long-term care representative).

Cheryl Heiks

Executive Director

Delaware Health Care Facilities Association

Dedicated to serving solely Delaware's long-term care community with advocacy, support, and education since 1963

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Enhance Quality of Care:

Enhanced Infection Control Preventionist: Effective infection prevention and control practices in nursing homes provide a safer, healthier environment for residents and improve quality of life. We will help establish an updated guideline for staffing infection preventionists in each nursing home based on proven, successful strategies. This includes proper funding and workforce availability to effectively implement meaningful, sustained changes. o Funded by: Medicaid payment policy.

Temporary Staffing: [Bill Detail - Delaware General Assembly](#) HB204 with HA1 Delaware staffing agency bill. Latest info. Passed both Houses but was not sent to the Governor for signature. The dramatic growth in the use of temporary agency staff in long term care relates to lack of consistent care, and difficulties in tracking appropriate educational and training for those healthcare providers because this workforce is fluid and transitory.

o Funded by: State Legislative action

24-Hour Registered Nurse (RN): Research shows a positive association between RN hours and overall quality. We support a new federal requirement that each nursing home have a RN on-staff 24 hours a day and will provide recommendations on how to effectively implement this requirement. o Funded by: Medicaid payment policy and Medicare rates.

Minimum Personal Protective Equipment (PPE): Current regulations for nursing homes do not require a minimum PPE supply. We support efforts to require a minimum 30-day supply of PPE in nursing homes, which will be supported by ongoing federal/state stockpiles with PPE that is acceptable for health care use. o Funded by: Federal and state governments.

Recruit and Retain a Long-Term Care Workforce Strategy: We support implementing a multi-phase tiered approach to supply, attract and retain the long-term care workforce leveraging federal, state, and academic entities. This includes loan forgiveness for new graduates who work in LTC, tax credits for licensed LTC professionals, programs for affordable housing and childcare assistance, and increased subsidies to professionals' schools whose graduates work in nursing homes for at least five years. o Funded by: Federal and state governments.

Inclusion in state and federal disaster and pandemic planning and funding grants: Prior to the pandemic Delaware's Emergency Operations did not include long-term care facilities in their pandemic planning or disaster planning as recommended federally. To avoid issues that have occurred in other states during weather emergencies and evacuations, and for pre-planning for pandemics, the long-term care community should be at the table as a full partner along with hospitals, and emergency responders. o Funded by: Federal and state governments.

Inclusion of long-term care health care professionals in all state sponsored health care loan repayment or grant programs: With the acknowledged growth in Delaware's aging population, an intense investment in educational resources to rebuild, strengthen and grow a workforce to care for older Delawareans is long overdue. Several professional organizations have led the development the states investments in healthcare workforce, and though they represent valuable sectors of the workforce – the majority of the direct care given to seniors is provided by nurses, LPNs, and Certified Nursing Assistants, among others. To have a chance to catch up with the need, those professions should be prioritized. o Funded by: Federal and state governments

Inclusion of a Long-Term Care Representative on the Health Care Commission: As a crucial part of a successful healthcare provider continuum, the Delaware Health Care Commission should have a representative of the Long-Term Care industry as part of the commission. o Change in State Legislation required

State Embracing Immigrants to address Caregiver Shortage: While there are federal considerations to consider, our state could set up an immigration welcome center to embrace health care professionals who are interested in training and/or working in the United States. A commentary from the Brookings Institution provides statistics and a roadmap. [Immigration to address the caregiving shortfall \(brookings.edu\)](https://www.brookings.edu/articles/immigration-to-address-the-caregiving-shortfall/)

A successful example was Minnesota Legislation passed in 2023

<https://www.revisor.mn.gov/laws/2023/0/Session+Law/Chapter/61/collaborating> which provided funding to the Department of Human Services (DHS) to establish a grant program for New Americans in Long Term Care. This funding included \$28M specifically for workforce development and \$7M for the

office of refugee resettlement for a total \$35M total. These grant funds are intended to assist New Americans and their children to obtain or maintain employment in the long-term care workforce and/or provide services and support to facilitate or maintain work eligibility or citizenship. Funds can be used for a variety of legal advice, social service support and targeted recruitment, training, education to obtain skills needed to work in long-term care, including—course fees, childcare, transportation, tuition, financial coaching, mental health, uniform, or repaying student loan debt. Care Providers of Minnesota submitted a proposal for these grant funds to recruit, retain and progress New Americans in the long-term care profession. We are partnering with a well-established community-based organization [International Institute of Minnesota](#) to increase our internal capacity and connection to the New American community. We will begin our grant work, in earnest, after the Labor Day holiday. If successful we plan to recruit and retain 175 New Americans and/or their children into our profession and progress them in their careers with micro-credential attainment over the next two years. Our strategy is a mix of person-centered interventions, including occupational English, to help both the employee and the employer succeed.

- o Funded by: Federal and state governments

National Guard Training: Together with the Hospital Association and DHSS, during the pandemic the concept of utilizing National Guard personnel as Certified Nurses Aides was developed, utilizing a program DHCFA shared from our affiliate in Minnesota. The training of National Guard personnel should continue as Certified Nursing Assistants, not just for their own job skill development, but to better prepare the state in case of other emergencies.

- o Funded by: Federal and state governments and State legislative initiative

Crisis in Senior Affordable Housing: Many individuals who receive services in long-term care or hospitals, do not have a safe place to return to when they are stable due to a lack of affordable, and safe housing. Investments in senior housing and stabilization housing for those who need it should focus on those who otherwise are occupying beds in long-term care or hospitals, when they could enjoy a less restrictive environment if one was available. The inability to safely discharge individuals, means staff are tasked with caring for someone who could be living in the community and their time could be spent caring for others.

- o Funded by: Federal and state governments

Medication Aides in Skilled Nursing Facilities: Nearly half of the states in the country recognize the value of experienced LPN's or Certified Nurses Aides to help nurses administer some medications in Skilled Nursing Facilities. There is a training and credentialing program, and limitations on what medications can be administered, but it frees up time from a RN from pushing a med cart, instead of delivering or leading care in long-term care.

- o Change in State Legislation and Regulation required

Behavioral Health and Seniors: staffing levels and training standards has been a recent area of focus in Assisted Living. What has not been addressed is the lack of funding for Assisted Living settings, which are almost all private pay. Assisted Living settings do not usually have physician medical directors, social workers, and psychiatric in-house services. With the rise of severe behavioral health issues in our population, some with dementia or other issues what is missing is a long-term care psychiatric facility. Frequently, because of their own staffing issues, short term psychiatric facilities, and skilled nursing facilities are unable or unwilling to accept additional residents who exhibit risky behaviors (sexual in nature, or violence). The tendency of some residents to exhibit these behaviors influences other residents, and staff and long-term care facilities have limited ability to administer pharmacological or restraint interventions, that are possible in hospital settings. Another option needs to be developed so these individuals can get the

appropriate care they need, and residents and staff are not exposed to dangerous situations. DHCI is well resourced, but not the appropriate setting for all these individuals. Does Delaware have a large enough population of individuals in need to build an in-state facility or should out-of-state options for established providers become a reasonable option. The lack of psychiatric services in Delaware, is well known and documented, with the growth of seniors retiring to southern Delaware additional services are needed. o Funded by: Federal and state governments and legislative priorities.

When it comes to real, long-lasting transformation that will truly protect long-term care residents this list could go on and on. It will require a considerable investment in the LTC profession, from both the industry and others. Long-term care providers stand ready to make meaningful change that can help our residents, our staff and our state. But it won't be possible without a commitment from policymakers to provide the necessary and consistent financial support for our residents. For too long, nursing homes have faced chronic Medicaid underfunding and unfunded government mandates, leaving many unable to afford enhancements in their care delivery, workforce.

Ideas from other states:

[Alabama to open healthcare high school in 2026 \(beckershospitalreview.com\)](#)

[New higher education program addresses Oklahoma nursing shortage](#) An example of a novel way to expand the nursing workforce is being put in place in Oklahoma. At the same time, we would need to strengthen the pipeline of Certified Nursing Assistants to move to LPN status, allowing for future growth to RN's. Funded by: Federal and state governments and legislative priorities.

5. Delivering care to Rural and Underserved populations – need to work on geographic distribution, and telehealth options, etc. Can we establish more clinics in underserved areas that we can then recruit health care professionals to establish practices there.

(Maggie, can you provide a summary here and we can put specifics in an appendix)

Policy recommendations by Maggie Norris Bent , Strategic Community Health Leader, Westside Community Health Center

- **address barriers to care that negatively impact care coordination – eliminating external drivers of clinician and nurse burnout**
 - Reducing unnecessary pre-authorization requirements by insurance companies (i.e. [SB 10](#))
 - Medication affordability programs like preserving the 340B program (i.e. [House Bill 383, section 1](#))
 - Medicaid-look alike coverage for undocumented children and prenatal patients expanding access to care and eliminating barriers within the system (i.e. [HB 317](#))

- Sustained insurance/Medicaid reimbursement for support staff roles like community health workers, care coordination, etc. (*similar to what has been completed with community-based doulas*)
- **Long-term public/private investments in the training infrastructure at FQHCs**
 - Multi-year state grants to build and sustain proper infrastructure within clinical settings (FQHCs, private practitioners, etc.) to host learners and clinical rotations. Funding would be used to offset administrative costs in partner coordination, support preceptors, cover the cost of digital didactic modules, invest in future growth of the training programs, etc.
 - Consider a model like DIMER/DIDER where academic institutions reserve spots at FQHCs to guarantee clinical rotations/trainings in exchange for funding the training program infrastructure costs
 - Preceptor investment either directly to the preceptor via tax incentives or pass through institutions (like FQHCs) to offset the revenue loss to allow more administrative time and additional monetary incentive for the precepting time paid through the employer
 - Establish medical apprenticeship programs that are allowable through the federal Department of Labor. Along the same lines, establish ongoing, continued investment in the training infrastructure for community health workers, which is an established apprenticeship program since 2022. (*current apprenticeship training program run by DPH and Sussex County Health Coalition*)
 - Strengthen alignment of Delaware Vo-Tech schools with healthcare programs and clinicians easing partnerships for co-op opportunities.
- **Incentivizing clinicians to practice in underserved communities**
 - Subsidize housing costs in key areas of the state where housing is unaffordable – i.e. eastern Sussex County
 - Consider a tax-incentive for health professionals to buy a home in Delaware – like the Obama era first home-buyer tax incentive
 - Expand the eligibility of Delaware Prosperity Partnerships to include incentivizing new healthcare facilities to open up in underserved communities – perhaps consider a greater percentage of investment than the standard for larger corporations who choose to establish/open in Delaware.

- Capital grant investment in opening new or renovating existing primary care, behavioral health, dental, and OB-GYN practices in key high-need areas – especially if practitioners can provide evidence that they are serving an underserved community. Perhaps consider this being restricted to FQHCs or private practitioners who lack capital to open new offices or renovate older practices to make them more efficient. Possible requirements of the grantees could include a certain number of hours to train providers, nurses, and/or medical/dental assistants. It could be a certain number of hours for two or three years.
- **Expand loan repayment eligibility to include frontline positions**
 - Consider expanding eligibility of the State Loan Repayment Program for nurses and dental hygienists
 - Consider a scholarship or tuition assistance program for Medical Assistants, Dental Assistants, CNAs, and LPNs. Typically, the upfront cost of tuition is a barrier to entry.
- **Establish unique learning experiences in partnership with the State to make FQHCs attractive and includes funding, stipends, technical assistance, etc. (MOUD roll out)**

Create a Health Care Workforce Initiative Fund

We need the state to invest funds (\$3-5M) in the creation of a Health Care Workforce Initiative Fund to grow and strengthen our health care workforce. We have large gaps in funding for health care education at all levels of health care professionals. We need to financially support the development of strong pipelines for development of the healthcare workforce we need in Delaware. The committee overseeing the funds would review collaborative proposals that foster different aspects of the education, training, recruitment, and retention of our health care workforce. These proposals would require showing joint investments by the partners submitting the proposals, and would require a plan to show sustainability for the initiatives. These funds

could be used to initiate pipeline programs across middle schools and high schools and their partnerships with universities and hospitals. The funds could help support the development of preceptors, and payment of preceptors across our clinical sites and thereby enhance clinical training for our Delaware students. Funds could be used for the development of clinics throughout the state for medical and dental that help enhance our ability to recruit specialists from outside the state to come to Delaware to set up their practices. Funds could be used to enhance loan repayment programs. Also, funds could be set aside for student loans for service to rural and underserved populations.

Create a Health Care Education Round Table

HEALTH CARE EDUCATION ROUNDTABLE

- Bayhealth
- Beebe
- CCHS
- Tidal
- St. Francis
- Nemours
- UD
- DSU
- DTCC
- DHSa



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Health Care (Biomedical) High School Concept

Timothy Gibbs, MPH, Delaware Health Force

BACKGROUND: *With an aging provider population, we are losing more providers at all levels than we are creating. This occurs at the same time when we need to improve our health outcomes throughout the state and when our aging population downstate is growing dramatically as retirees from other states move here to experience lower cost and enjoyable retirements. Existing shortages in nursing homes and scarcity of home health aides are impacting families across the generations.*

Barriers exist up and down the pathway to educating our future healthcare provider workforce. Creating a Health Care (Biomedical) High School would address one barrier, encouraging and empowering our youth, starting in 9th grade with a dedicated educational setting, to either graduate ready to work or advance with further education.

VALUE STATEMENT: *This concept impacts five areas: Healthcare, education, workforce, economic development, and public health.*

First, healthcare is an economic engine, and it could be an economic engine in the first state. However, at this time, it is one of our state's most significant expenses, partially due to the historically under-resourced attention given to the part of the population with special needs, chronic disease, and behavioral health challenges, including addiction. It is counterintuitive to reign back our healthcare system at a time when we need to focus on its improvement. Health is wealth, and one place it starts is by addressing health care and healthcare access as a social determinant of health.

Second, the Delaware public school system lags behind many other states, ranking 45th in the nation. One way we can address this is to promote and support programs of excellence throughout the educational experience. While health care high schools will not address early childhood educational shortfalls, they will address where our students end up when they graduate high school and help to create a vibrant workforce

Third, healthcare, as expressed by improved health outcomes, helps Delawareans and Delaware businesses up and down the state. Healthier Delawareans should be more productive during their "working years" and have a lower incidence of chronic disease in their retirement years.

Will this idea create jobs? Yes, both in the educational and healthcare sectors. Will it make Delaware a better place to live, work, and raise a family? Yes. Any state that emphasizes healthcare and prevention will be a better state.

NEXT STEPS: *The Delaware Department of Education has already laid the foundation for this concept by applying to Bloomberg Philanthropies for funding, and they were awarded the funding. We need to build upon that work rather than view it as a completed initiative. Support from the DHCC and an engaged dialogue across multiple state departments (Health and Social Services, Finance, Education, and Labor) are the next steps. We are already working on a budget draft.*

ENGAGEMENT: *Want to be involved on the ground floor with this? Contact Tim Gibbs via email, tgibbs@delamed.org.*