



November 5, 2008

Carrie J. Hightman
Chairwoman
Illinois Board of Higher Education
431 East Adams, 2nd Floor
Springfield, Illinois 62701-1404

Dear Chairwoman Hightman:

On behalf of over 200 hospitals in Illinois, the Illinois Hospital Association (IHA), and as members of the IHA Work Force Task force, we would like to thank you for the opportunity to participate in the Illinois Board of Higher Education (IBHE) “*Public Agenda*” initiative (“*Public Agenda*.”) IBHE’s effort to develop a blueprint for the state to better align educational resources with the economic and workforce needs across Illinois helps to address a major issue confronting our hospitals – a growing shortage of qualified health care workers. Our members support IBHE’s overall objectives and are sincerely appreciative of the consensus-based approach encouraging the involvement of interested stakeholders and the public.

Illinois hospitals are local employers that provide essential health services to their communities. As an industry, IHA members rely and depend on a highly educated and skilled workforce, employing many professionals with advanced postsecondary degrees. Currently, Illinois hospitals directly employ 237,782 people, with each job supporting an additional 2.18 jobs in other businesses and industries. In all, hospital employment supports 8.74 percent of all non-farm jobs in Illinois. However, like hospitals across the nation, Illinois hospitals’ ability to render their services are threatened as they continue to face both an immediate need for qualified staff and a long-term shortage of health care workers in many health care job categories. An aging population, inadequate educational capacity, financial constraints, gender trends and other stresses have contributed to both an increased need for health care services and a severe personnel deficit for hospitals.

Throughout IBHE’s “*Public Agenda*” regional forums, hospital representatives spoke of specific shortage concerns, involving a wide range of skilled professionals, e.g. physicians, nursing, allied health therapies (occupational, physical, and speech therapists), pharmacists, imaging technologists, laboratory technicians, etc. In light of these broader concerns, IHA recommends that the “*Public Agenda*” written report and recommendations expand the current emphasis from nursing to encompass the numerous health care occupations needed to deliver patient care services in Illinois communities.

Expanding the health care workforce is a complex challenge requiring initiatives and solutions that address numerous points on the supply continuum, including career awareness, student preparation, educational capacity, licensure, recruitment and retention. IHA’s strategy for addressing health care worker shortages has centered on developing collaborative public and

private partnerships across the state that strengthen connections between health care educators and providers in conjunction with key transition points along the workforce development continuum. Therefore, IBHE's regional forums conducted in June afforded IHA members an additional and important opportunity to connect with area industry leaders, academic interests and state policymakers to discuss specific workforce development concerns unique to each region.

IHA has reviewed IBHE's preliminary "Public Agenda" report. While the plan's vision offers considerable merit, as major employers and service providers for all Illinois communities we respectfully submit the following comments for consideration.

IHA Issue:

Limited coordination of workforce needs among academia, economic development agencies, and employers leads to fewer health care workers.

Throughout the regional forums, hospital representatives and other employers spoke to a lack of coordination among area educational institutions, economic development agencies, and employers to align area educational resources with employer opportunities. Not coordinating workforce needs with educational curricula within a community has often led to either an undersupply of qualified candidates for local employers or an overproduction of graduates in areas the economy cannot support. In addition, today's students by and large have limited skills in math, science, and critical thinking, and are not prepared for health care studies leading to entry level professional positions. Hospitals' inability to recruit and employ area residents due to insufficient student preparation or qualifications may negatively impact the local economy.

In the absence of qualified candidates, Illinois hospitals have had to expend more resources – both time and money – offering remediation support and/or recruiting from outside their respective communities, often importing workers from other states. While every Illinois hospital is impacted by shortage concerns, the problem is most acute in our downstate and rural communities.

IHA Recommendations:

- § **Increase the availability of qualified health care workers in Illinois by providing guidance and incentives to encourage ongoing coordination and alignment of state, regional and local academia with economic development and area employers, especially in our small and rural communities; and**
- § **Identify and implement collaborative strategies that engage students in health care studies and the retention of Illinois' graduates for employment in needed areas and occupations across the state.**

IHA Issue:

Minority populations in Illinois are not achieving similar levels of educational attainment as other demographics, reducing the number of current and future health care professionals.

As evidenced by IBHE's *Summary Observations and Findings Regarding Public Needs* report, Illinois' population growth through 2025 is projected to be slower than most other states, with minorities accounting for the vast majority of Illinois' future growth. Yet, slightly more than half of African-American students, and sixty percent of Hispanic students, completed high

school in 2005-2006; only one-third of these minority high school graduates went on to collegiate studies.

This is of great concern to hospitals who must hire qualified and skilled individuals with advanced degrees as the majority of Illinois' licensed health care occupations require an education at or beyond a baccalaureate degree. If large segments of Illinois' working-age population do not complete high school or postsecondary studies, hospitals are likely to face even larger shortages of qualified health care professionals. As such, hospitals may need to import qualified workers from out-of-state or compete with other industries for a limited pool of educated "homegrown" candidates. Not having an adequate number of qualified health care workers with advanced degrees potentially limits a hospital's ability to provide quality health care services to its community.

IHA Recommendations:

- § **Encourage educational programming and completion incentives for eliminating achievement gaps, including easier access to GED completion; and**
- § **Facilitate support for the ongoing collection and monitoring of relevant data to measure the impact of implemented strategies on graduation rates and the correlation for increasing supply of hew in Illinois.**

IHA Issue:

High school students are graduating with limited vocational/career exposure and minimal career readiness skills, limiting the number of students who perceive health care as a viable and appealing career option and contributes to an older workforce entering hc careers.

Not only is there limited curricula with vocational exposure and career programming in junior and high school, most of what is available competes unfavorably with other college-bound programming. Advanced placement classes and high achieving students are unlikely to experience formal offerings exposing them to health care occupations. Consequently, the majority of high school students often graduate and pursue college studies without any practical knowledge of available careers in health care. In addition, high school graduates in Illinois are largely unprepared for direct entrance into the workforce or postsecondary education. As a result, many students are returning to school as older, non-traditional students to either complete or change their initial course of postsecondary studies.

Providing students with early exposure to a wide variety of health care careers allows students to learn – before pursuing costly postsecondary studies – of the availability of careers and their level of interest in providing health care services. Integrating practical exposure to the variety of health care careers as a requisite of a science or math curricula for a majority of students offers a useful and relevant life experience lesson. This should help increase the supply of qualified health care professionals, improve educational system efficiencies, and reduce student costs.

IHA Recommendation:

Work with area hospitals to increase vocational/career programming at all education levels so as to maximize educational efficiencies, reduce student expenses and increase the production of quality postsecondary credentials in health care.

Issue: A lack of affordable higher education reduces the number of students pursuing studies in health care and restricts their ability to obtain advanced degrees.

Illinois colleges and universities are faced with increasing costs and decreasing state support. As a result, student tuition and fees have been raised to pay for student financial aid, and the remaining burden has been placed on students. Students from middle and low-income families either don't qualify for financial aid or don't have sufficient resources to pursue a postsecondary degree. In addition, an increasing number of students are "place-bound" or otherwise unable to devote 100% of their time and effort to education.

The increasing cost of education – especially for students in health care fields that require as much as 11 years of postsecondary education – reduces the number and type of students studying health care, the amount of time they can afford to study and/or work, and the health care field students may ultimately choose. Degrees in health care take longer to obtain and despite the number of positions open to qualified candidates; the cost of obtaining an advanced degree in health care makes it an unattainable goal for many.

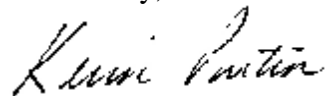
Furthermore, many courses of health care study rely on students progressing from community colleges to baccalaureate programs and postgraduate study. However, the program requirements for one are often at odds with the requisites of another resulting in significant transition barriers, compounding students' time and financial burdens. The challenge for transferring credits from one institution to another fuels increasing concern that many qualified students do not finish a degree or unduly prolong their time and expense to graduation.

IHA Recommendation:

Especially for students in health care fields, decrease students' financial burden by exploring public-private funding mechanisms, providing more options to "place-bound" students who require work/life balance, and implement strategies that support a more seamless transition and improved transfer rates from community colleges to four-year institutions.

Illinois hospitals, as key local employers and providers of essential patient care services, have a vested interest in the health of our state's current and future workforce. IHA appreciates the opportunity to express our concerns and recommendations regarding IBHE's "Public Agenda". Thank you for your time and attention in reviewing our comments. Please do not hesitate to contact me directly at 815/756-1521, ext 153323 or kpoorten@ihastaff.org should you have any questions or concerns.

Yours truly,



Kevin Poorten, President & CEO
KishHealth System, DeKalb
Chair, IHA Workforce Task Force

IHA Workforce Task Force Members

David Braasch, President
Alton Memorial Hospital, Alton

Katherine Bunting, CEO
Fairfield Memorial Hospital, Fairfield

Sue Campbell, CEO
Community Memorial Hospital, Staunton

Clifford Corbett, President & CE
Morris Hospital, Morris

Patrick Durkin, VP, Professional Services
Westlake Hospital, Melrose Park

Jim Hayes, President & CEO
Greenville Regional Hospital, Greenville

Steve Holman, VP, Support Services
BroMenn Regional Medical Center, Normal

Patricia Luker, CEO/Administrator
Dr. John Warner Hospital, Clinton

Keith Page, President & CEO
Anderson Hospital, Maryville

Robert Senneff, President & CEO
Graham Hospital, Canton

Leonard Carter, VP Human Resources
FHN Memorial Hospital, Freeport

Linda Deering, EVP, CNO
Sherman Hospital, Elgin

Wanda Foster, VP, CNO
McDonough District Hospital, Macomb

Michael Hicks, VP, Ambulatory Services
Ingalls Memorial Hospital, Harvey

Kal Keitel, Manager, Personnel Services
St. Anthony's Memorial Hospital, Effingham

Marjorie Maurer, VP Operations, CNE
Advocate Good Samaritan, Downers Grove

Letty Sargant, Director, Professional Services
Northwestern Memorial Hospital, Chicago

Darryl Vandervort, President & CEO
Katherine Shaw Bethea Hospital, Dixon