Good morning Madam Chair and members of the Senate Human Services Committee.

My name is Brad Gibbens. I am the Associate Director for Community Development and Policy at the University of North Dakota Center for Rural Health of the School of Medicine and Health Sciences. The Center for Rural Health serves as the State Office of Rural Health for North Dakota. We have been in existence since 1980. Thank you for allowing me to testify before you concerning the serious issue of health care workforce, particularly nursing supply and demand. My remarks are directed toward nursing need assessments and inclusive strategies to contemplate as we develop a comprehensive state policy in the area of health care workforce.

North Dakota can be proud of the accomplishments in understanding nursing supply and demand in our state. The Center for Rural Health has worked with the North Dakota Board of Nursing on a Nursing Needs Study since 2001. As you recall, this originated in the North Dakota Legislature. The Board of Nursing, in 2006, approved extending the Nursing Needs Study for an additional five years. In addition, the work of the North Dakota Board of Nursing, as represented by the Nursing Needs Study, is being recognized at the national level. The National Council of State Boards of Nursing has recently selected the North Dakota Nursing Needs Study to be a model process at the national level. In addition, the U.S. Department of Health and Human Services has recently contacted our office when they became aware that the Center for Rural Health had facility level nursing data (e.g., hospital, nursing home, clinics, home health, and public health). This is specific data that is hard to identify. Thus, North Dakota can be proud of what has been initiated, appreciate that others outside of our state are aware of our ability, and
support the continuation of exploring, assessing, and understanding the environment shaping nursing demand and supply.

The Nursing Needs Study is part of a broader effort found at the Center. We have developed a Health Workforce Tracking Program covering nursing, dentists, and physicians. The Tracking Program collects and analyzes data on both the demand side (employer) and the supply side to facilitate decision making for employers, academic disciplines, private associations, public entities, policymakers, and other stakeholders. While some states have established workforce centers, North Dakota does not have such a center. We believe our efforts at the Center for Rural Health in developing the Health Workforce Tracking Program is an important step in that direction. It is an action that North Dakota should build upon.

Understanding the health workforce environment is but a part of the larger picture. While we do need to continue to assess and research issues, we also recognize that assessment is not an end in itself as it is a process or a tool to help people make decisions. For example, our Nursing Needs Study has been used by employers for salary information, by private foundations to better understand nursing issues, by rural health organizations for planning, and by others. We support efforts that blend research and data with concrete strategies and solutions. Research nurtures our understanding and our ability to construct solutions. Strategies and solutions, in turn, need to be tested and evaluated, which is a function of research.

Blending information and data with the identification of concrete ideas for workforce solutions was part of a recent discussion held in Bismarck. In December 2006, the Center for
Rural Health hosted (with financial support from the Dakota Medical Foundation) a North Dakota Health Care Workforce Summit. Attended by approximately 200 people, including about 50 state legislators, this one-day event focused on North Dakota’s workforce needs along with ideas for addressing those needs. The work of the North Dakota Nursing Needs Study and other regional and national resources was used to set the stage for focused, small group discussions. In a Policy Brief developed following the summit and issued to North Dakota policy makers earlier in January 2007, a number of strategies were discussed, including the following which are directly relevant to nursing workforce:

- Developing state and community supported loan repayment efforts for nursing which would require a service obligation to underserved rural and urban areas. It is important that there be a financial match involving community resources because it solidifies the responsibility of both the local area and the state. The Center has significant experience in working with federal loan repayment programs and co-administering (with the North Dakota Department of Health) the North Dakota loan repayment programs for physicians, nurse practitioners, and physician assistants.

- Initiating state and community supported career transition programs that should involve non-traditional students (e.g., farm and ranch families), students from other health provider groups (e.g., emergency medical technicians and first responders), tuition and housing offsets, more local-based training methods and opportunities, and other appropriate steps.

- Creating incentives that encourage partnerships among health organizations, local school systems (K-12), and job development organizations (e.g., local economic development
and/or job development commissions and authorities) to create growth strategies for health care workforce such as nursing.

- Developing demonstration grants to match rural school systems with urban school systems to forge rural-urban educationally focused coalitions to develop regional approaches that address health workforce.

SB 2379 represents the continuation of thought and development in addressing an important and complicated area in state health policy. It has a specific focus. We believe that North Dakota can also benefit from further discussions focusing on some of the comprehensive strategies identified above. We also believe that due to the Center for Rural Health’s history, experience, and accomplishment in health care workforce issues -- as represented by the Health Workforce Tracking Program, the Nursing Needs Study, and the Health Care Workforce Summit and Policy Brief -- the assessment activity should be directly associated with the Center. With that in mind, we would suggest that the committee consider a slight change and on page 1, line 22 substitute “The UND Center for Rural Health shall conduct an assessment...” in place of the language that says “The consortium.” The Center is part of the consortium and this substitute language makes the responsibility clearer.

Thank you for your time and I would be happy to answer your questions.

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