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Health Care & Benefits

Staffing is one of health care's biggest challenges

In this week's Thought Leadership Roundtable, experts from CareSource, Indiana University School of Public Health-Bloomington, and Indiana Wesleyan University weigh in on the shortage of nurses and the epidemic of obesity in Indiana.

Q: What are the biggest factors behind the nursing shortage and how is it impacting health care today?

Rebecca Hoffpauir: Many factors impact the nursing shortage. A significant one is the retirement of nurses of the Baby Boomer generation, which is creating a gap of experienced nurses. Other factors are associated with education: a shortage of nursing

educators, limited clinical training site availability, and budget constraints of schools. All of these decrease the number of new nurses that can enter the profession. Factors associated with the practice of nursing further exacerbate the shortage. High stress, long hours, and emotionally taxing work contribute to burnout. Inadequate nurse-to-patient ratios lead to nurses often feeling overwhelmed.

These factors and more have a direct impact on patient care and safety and contribute to compromised care due to longer wait times, reduced attention to patient needs, and increased risk of errors. Underserved areas may have it worse, as the service limitations that come with the nursing shortage can be even more pronounced in those areas. Overtime pay and temporary staffing are short-term fixes and can increase the overall cost of health care.

Steve Smitherman: An aging population with chronic conditions makes the shortage worse by increasing the demand for health care services. So do an aging workforce and insufficient nursing resources and faculty. Additionally, demands during the COVID-19 pandemic have contributed to unprecedented burnout and job dissatisfaction in health care, which has contributed to attrition and resultant nursing shortages. This scarcity has a direct impact on patient care, leading to less capacity for services, longer wait times and the potential for increased errors because of overburdened staff.

"We now have surgical and pharmaceutical treatments [for obesity] that are nothing short of a sea change."

DAVID B. ALLISON

Successful care of patients today requires advanced training, specialization, and technical expertise to meet the educational and work demands placed on nurses. Nurses are expected to not only understand clinical care, but also to be proficient in handling complex medical equipment and be well-versed in the latest health care technologies—all toward the goal of enhancing patient outcomes and ensuring that nurses can adapt to the evolving health care landscape.

Q: How are educational and work demands on nurses evolving and what does that mean for the broader health care system?

Rebecca Hoffpauir: Educational and work demands are driven by changes in health care practice, education, technology, and patient

demographics. Nurses are pursuing advanced degrees for specializations, including nurse practitioners, nurse anesthetists and educators. They must adapt to changing technology such as telemedicine, which demands digital literacy. A shift toward collaborative approaches requires nurses to work with interprofessional teams of physicians, pharmacists, therapists, and others. An emphasis on patient-centered care requires nurses to develop strong communication and empathy skills in engaging with patients. Cultural-competence development is critical to serving the unique needs of ethnic, cultural,

and demographic groups. Today, nurses are vital in population health—promoting health, preventing disease, and managing chronic conditions.

For the broader health care system, the evolving role of nurses contributes

to better patient outcomes by providing efficient specialized care, promoting preventive measures, and enhancing patient engagement. Cultural care addresses disparities and improves access to care for underserved populations.

Q: What are some solutions to the nursing shortage and overall labor challenges in health care?

Steve Smitherman: Potential solutions to the nursing shortage include investing in nursing education and training programs, building a pipeline of students interested in nursing at a young age by offering mentoring and scholarship opportunities to students in high school and college, offering competitive salaries and benefits, implementing nurse residency programs, and creating supportive work environments that prioritize professional development and work-life balance.

CareSource Foundation recently awarded an \$82,000 grant to the Metropolitan Indianapolis-Central



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“Successful care of patients today requires advanced training, specialization, and technical expertise to meet the educational and work demands placed on nurses.”

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Indiana Area Health Education Center, an organization dedicated to helping recruit, train and place health care professionals in rural and medically underserved communities. The area health education center, which is hosted by The University of Indianapolis through a strategic partnership, uses the funding to provide medical training scholarships for students and community residents interested in a career as a community health worker, certified nursing aide, medical interpreter or qualified medication aide.

Leveraging technology for tasks that don't require direct patient care also can help alleviate some of the workload. There are many efforts to introduce Artificial Intelligence into health care. While this must be done very thoughtfully, AI might help offset the workload faced by nurses today.

Rebecca Hoffpauir: Addressing the nursing shortage is complex and requires collaborative approaches involving health care organizations, educational institutions, and policymakers at local, regional, and national levels. Strategies include expanding nursing school enrollment and supporting online education opportunities through funding meant to address the bottleneck in nursing education. Scholarship initiatives for students and career development for nurses are pathways to attract and retain nurses. Flexible work schedules, workload management, and enforcement of nurse-to-patient ratios are all tools to prevent burnout and are important in the effort to retain nurses.

Using telehealth to expand nursing services in underserved areas and increasing the scope of practice for advanced practice nurses would address the challenge of gaps in service. Cross-training and skill diversification among health care workers to increase flexibility is crucial. Also vital is collaboration among interprofessional teams to optimize resource allocation. Encouraging diversity by recruiting internationally and by offering programs that attract underrepresented populations is vital in expanding the nursing workforce.

Q: One strain on the health care system, especially in Indiana, is the obesity epidemic. How are we doing in addressing obesity and nutrition in clinical settings?

David B. Allison: We now have surgical and pharmaceutical treatments that are nothing short of a sea change. We can look patients in the eye for the first time and say with integrity, “We have treatments

that are safe and effective, that on average will deliver weight losses that approach what many patients see as commensurate with their goals and dreams, and that have been shown to prolong life.” The next step is to begin overcoming cost and availability barriers, as well as the stigma that surrounds these treatments.

Steve Smitherman: Obesity is a very serious health issue that can be an underlying cause of chronic disease in adults and children. The causes of obesity are varied and include diet, environment, and social issues. Our diets are often comprised of food with little nutritional value and an excess of calories, fat, and simple carbohydrates. The environment in which we live often promotes these unhealthy eating choices. Social issues may include lack of access to nutritious food or transportation challenges that make it difficult to access healthy food.

CareSource has partnered with the Ball State University Foundation for a program titled “Healthy Lives for Indiana Youth: A Peer-Led Health Promotion Program to Reduce Obesity and Promote Overall Health among Adolescents.” The study aims to develop a peer-led, tailored health promotion intervention for adolescents residing in low-income communities in Muncie, Indiana. The goal is to train youth community health workers to implement the intervention, assess the effectiveness of the intervention, and develop a sustainability plan for continuing the intervention at other schools in central Indiana.

CareSource also offers programs, such as “Healthy Body, Healthy Me,” which enable adult and pediatric participants to provide coaching and nutritional support to those interested in achieving and maintaining a healthy weight. In addition, we offer our FoodConnect program, which provides free transportation to grocery stores, food banks and food clinics to support efforts to obtain nutritious food.

Q: What role are state government and public health officials playing in fighting the public's obesity issues? What more should be done?

Steve Smitherman: State government and public health officials play a vital role in combating obesity through policy making, regulation, and public health campaigns. This includes initiatives to improve access to healthy foods, promote physical activity, and raise awareness about the importance of a balanced diet and regular exercise. Collaborations with

schools, communities and health care providers are also essential.

David B. Allison: Unlike in the clinical realm, little if any meaningful progress has been made in developing and implementing effective policies that can be used in community and school settings. We need to stop trying the same-old, same-old interventions that had good intuitive appeal but have been shown to be fairly inert. We need to try bold, out-of-the-box ideas and rigorously test them for effects. Finally, we need to honestly communicate what the evidence shows about the efficacy of “traditional” approaches commonly seen in community and school settings.

Q: Obesity and other health issues are often caused by inequities in transportation, food security, etc. What partnerships or programs are you aware of that are fighting these inequities to improve the overall health of our state?

David B. Allison: Over the years, the Moving to Opportunity and Abecedarian projects have offered very exciting, serendipitous results suggesting that general (not nutritional per se) education, safe housing, parent training, and related provisions of supportive and safe life circumstances can stem the tide of obesity and diabetes. We now need to confirm these suggestions in prospective studies. This will be expensive but should be a top priority if we intend to improve the well-being of our children.

Steve Smitherman: Successful programs and partnerships addressing inequities often involve collaboration between health care organizations, community groups, and government agencies. This can include initiatives focused on improving transportation options, increasing education and access to affordable, nutritious food, and creating safe spaces for physical activity. These efforts aim to address the underlying social determinants of health. CareSource's FoodConnect benefit is one example of how we are

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Shantei Gregg
Nursing Graduate

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providing transportation specifically to assist our members with obtaining healthy food, provide education about SNAP benefits, and connecting to community resources.

Q: Data is becoming an even more important tool in health care. What is your favorite example of data being used to improve public health?

Steve Smitherman: CareSource leverages predictive analytics to serve our members, revolutionizing the way we address the needs of our population. Using algorithms and other advanced technology, we can not only describe the current health status and behavior of our members, but we can also anticipate further trends, including clinical outcomes, health care service needs and health-related activities. These analytics provide the opportunity for us to be proactive in our benefit design, including the development of innovative enhanced benefits, community partnerships and member outreach to ensure we are meeting the needs of our members now and well into the future to

achieve optimal health outcomes and quality of life.

David B. Allison: James Lind’s discovery of the ability of citrus (vitamin C) to prevent scurvy in what was arguably the first controlled clinical trial in history.

Rebecca Hoffpauir: One good example of data being used to improve public health in Indiana is the Indiana State Department of Health’s use of data to leverage programs in addressing the opioid epidemic. In place is a Prescription Drug Monitoring Program that collects and analyzes data on the prescribing

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REBECCA HOFFPAUIR

of controlled substances. This program addresses potential cases of overprescribing for patients seeking multiple prescriptions. Another system in place is overdose

surveillance, which tracks and analyzes data on opioid overdoses in real-time. This data is used to ensure that naloxone (an opioid overdose reversal medication) is readily available in areas with high overdose rates.

By collecting, analyzing, and using data effectively, Indiana’s public health authorities have been able to make informed decisions, allocate resources,

and develop evidence-based strategies to combat the opioid epidemic. This demonstrates the power of data-driven public health initiatives in addressing pressing health issues.

Q: How can we all make a positive public health impact within the state of Indiana and beyond?

Rebecca Hoffpauir: Making a positive public health impact requires collective efforts in promoting health and well-being at individual, community, and societal levels. Individuals can help by encouraging family and friends to make healthy food choices, engage in physical activity, and avoid behaviors such as smoking and excessive alcohol consumption. Participating in activities such as health fairs and health clinics are strategies in which involvement can make a difference. Supporting health policy initiatives and advocating for improved access to health services—especially for underserved populations—is vital. Other strategies include working with local law enforcement to enhance safety and reduce violence in one’s community as well as being a conscientious steward of the environment to support efforts in pollution reduction and protection of natural resources. Supporting local school educational programs

that focus on health and wellness allows for a voice of health advocacy and health equity in the community. Leading by example can inspire others.

Steve Smitherman: Hoosiers represent a diverse population of individuals from varied racial, ethnic, social, geographic, religious, and economic backgrounds. It is essential that we embrace the diversity of our state and ensure every individual has access to safe, high quality, affordable and equitable health care. This means capturing and analyzing demographic data, understanding where the gaps and opportunities lie and using that information to drive the development of legislation, policies, programs and initiatives that serve the needs of all residents. I believe prioritizing health equity is the absolute best means of making a positive public health impact here in Indiana.

David B. Allison: Education, education, education. There is no better general boost to a population’s health and equity than quality, comprehensive education for all—particularly for groups who have been commonly marginalized or underserved.●

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David B. Allison, Ph.D., is Dean, Distinguished Professor, and Provost Professor at the Indiana University School of Public Health-Bloomington. Continuously funded by the National Institutes of Health for more than 25 years, he has authored more than 600 scientific publications. Dr. Allison is a staunch advocate for rigor in research methods and the uncompromisingly truthful communication of research findings.

Rebecca Hoffpauir, Ph.D. RN, serves as Dean of Nursing in the School of Integrated Health at Indiana Wesleyan University. Dr. Hoffpauir’s nursing experience includes administration in the health care setting, higher education, and a nursing-practice focus in maternal child nursing. For the last 17 years, she has been engaged in nursing education and active ongoing research in academic integrity and transcultural teaching/learning.

Steve Smitherman, President of the Indiana market for CareSource, oversees all CareSource plans in Indiana and led the development and implementation of CareSource Marketplace, Medicare Advantage, Healthy Indiana Plan 2.0 (HIP) and Hoosier Healthwise products in the state. Smitherman has over 20 years of Medicaid and commercial health plan leadership experience and is a lifelong Hoosier.

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