

# The Long Game: A 23-Year Journey from Missing Data to Policy Impact

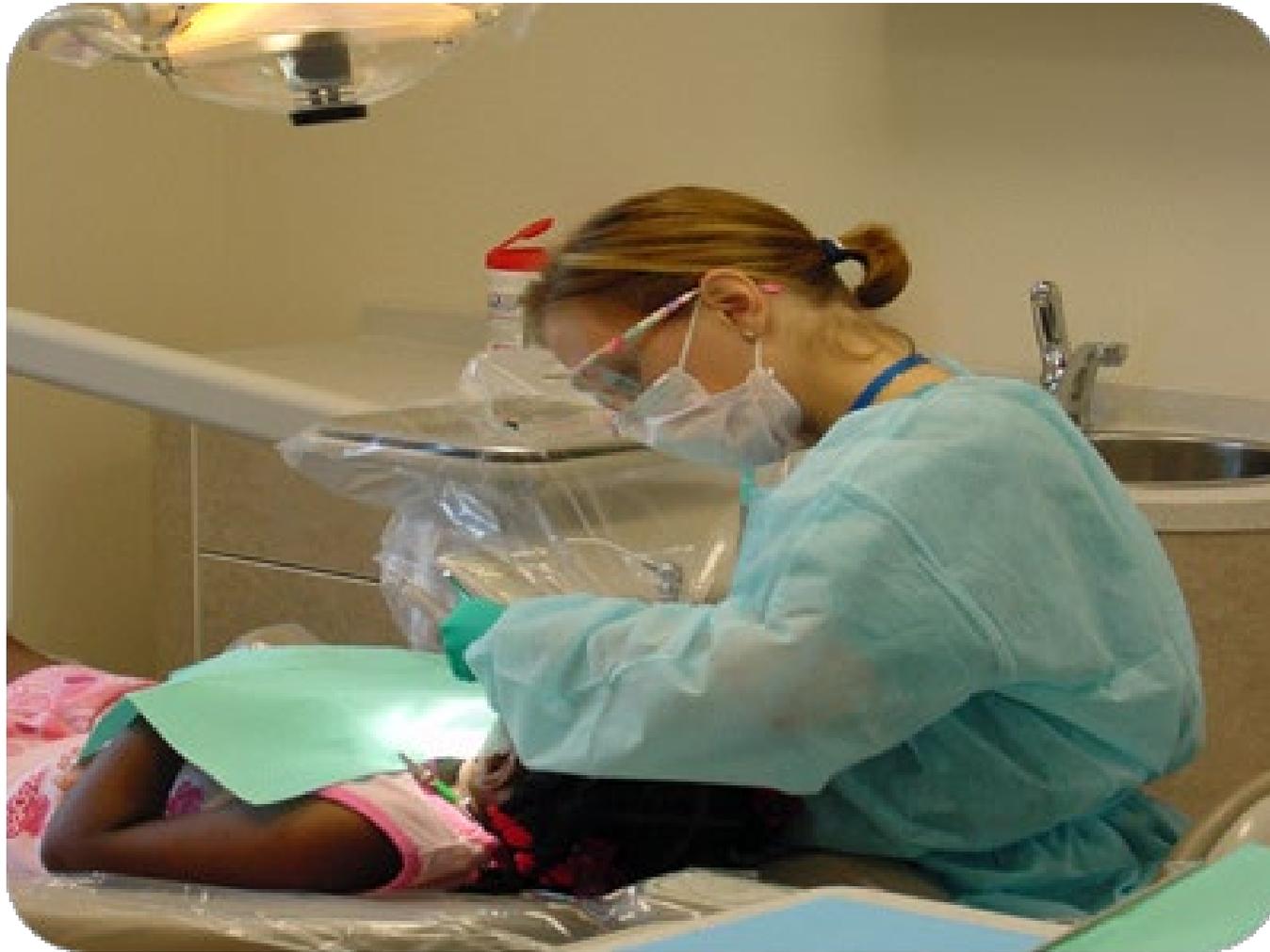
**Hannah Maxey, PhD, MPH, RDH**

President & Founder, Veritas Health Solutions

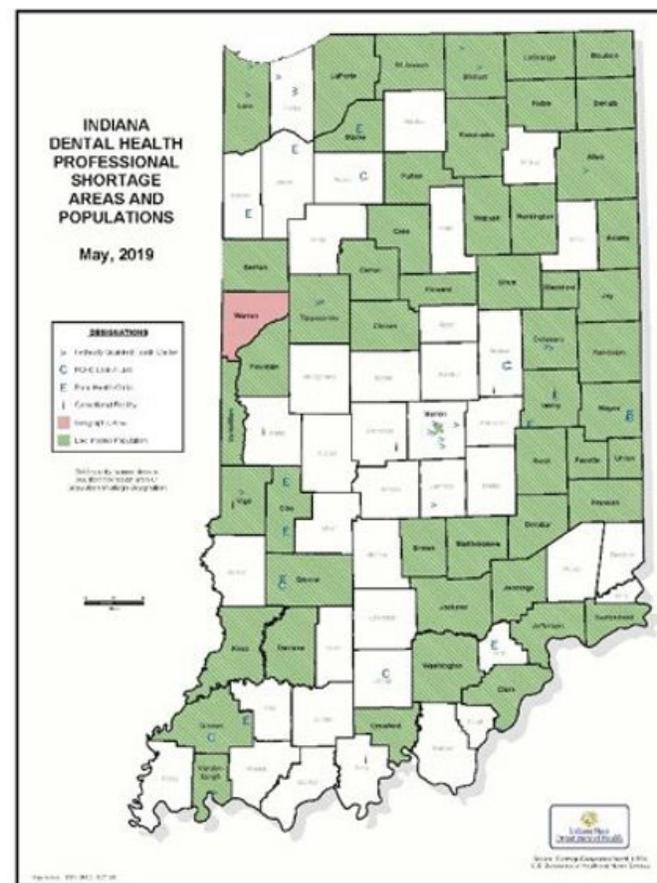
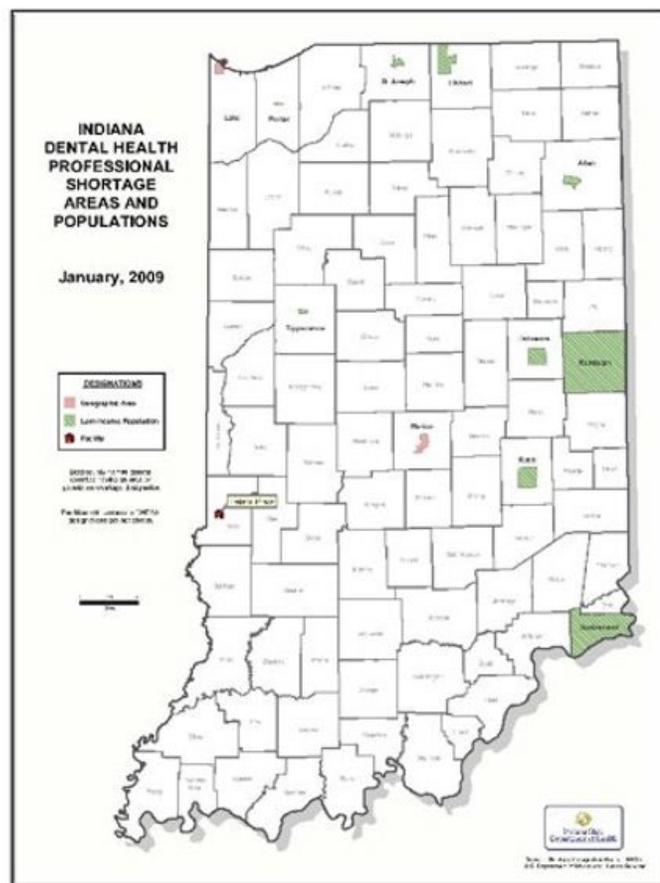
Associate Professor and Director, IU Bowen Center for Health  
Workforce Research and Policy



# Frontline Perspective: Workforce Shortages & Health Disparities



# The Power of Workforce Data



## Legend:

- Regions in white have no known shortages.
- Regions in green or red have designated shortages.



# From Strategy to Sustainable Approach

2011

## Indiana Voluntary Data Collection

Indiana implements voluntary workforce surveys as part of license renewal

2015

## Bowen Center Established

[Bowen Center](#) for Health Workforce Research and Policy @ Indiana University established to support state health workforce

2018

## Indiana Mandatory Data Collection

Indiana [Senate Enrolled Act 223](#) authorizes workforce data collection

2023

## Standardization Tool Developed

[Cross Profession Minimum Data Set](#) created by 7 National Regulatory Associations to provide framework for data standardization

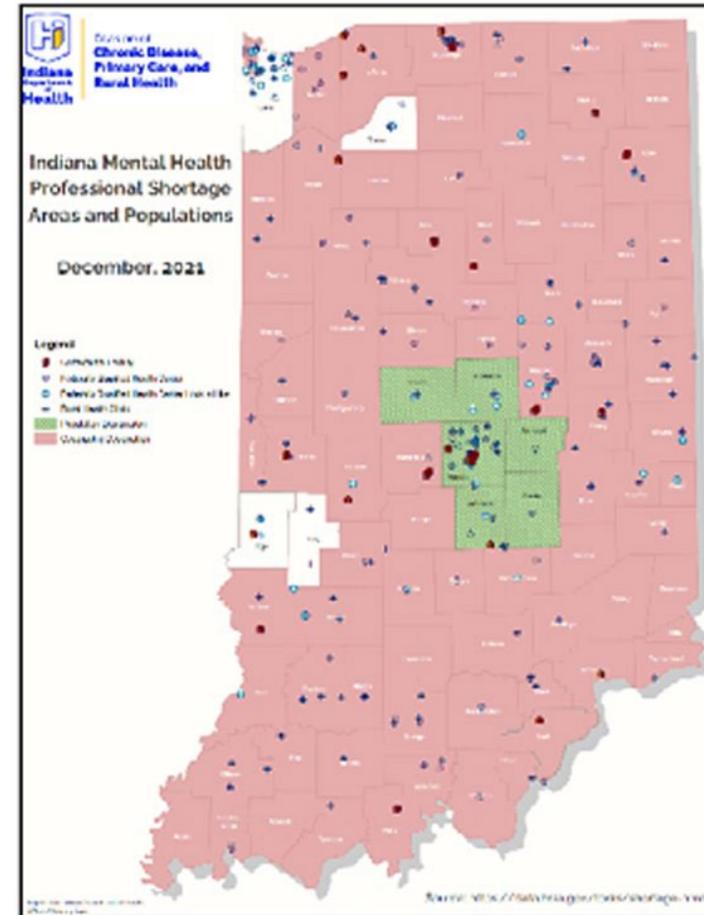
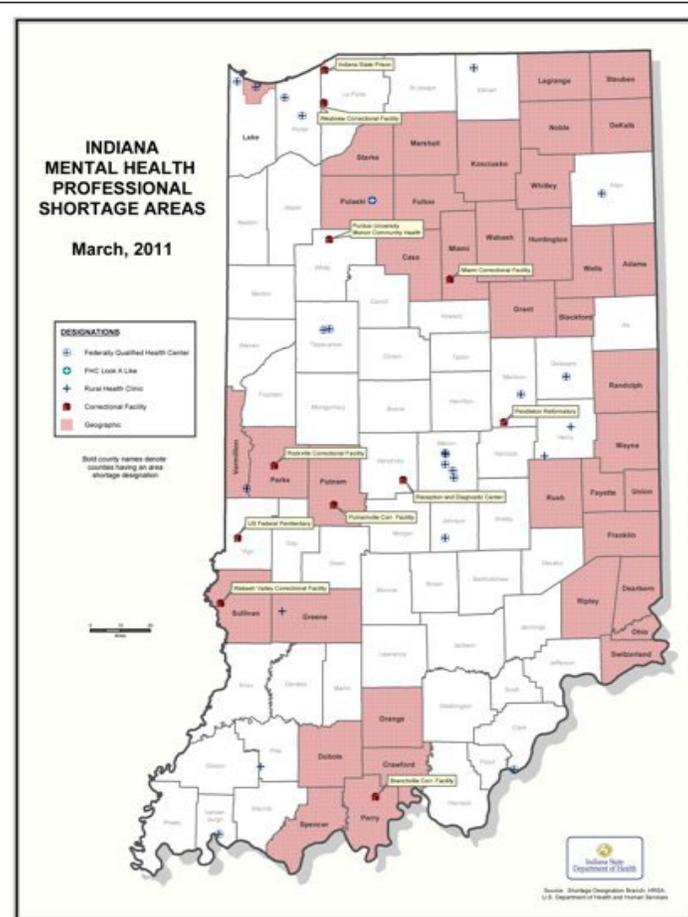
2024-  
Present

## Standardized Tool Implemented

Indiana, Utah, and several other states implement CPMDS



# The Power of Workforce Data Policy



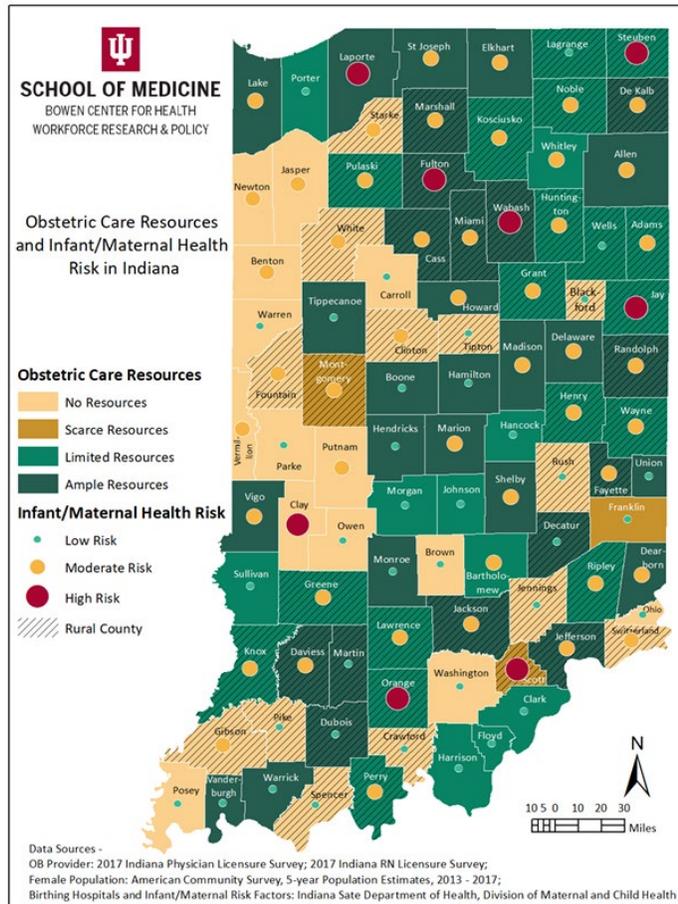
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# Workforce Data Insights

## Maternity Care Workforce



Source:  
<https://scholarworks.indianapolis.iu.edu/server/api/core/bitstreams/efe1c4af-4675-4ad8-a999-f8028ba3e009/content>

## LTSS Workforce

**INDIANA'S DIRECT CARE Workforce**

License Type Name

- (All)
- Certified Nurse Aide
- Home Health Aide
- Qualified Medication Aide

Primary Setting

Nursing Home (LTC Facility)

Populations Served

Any Populations

Services Provided

Any Service

Home

Demographics

Education

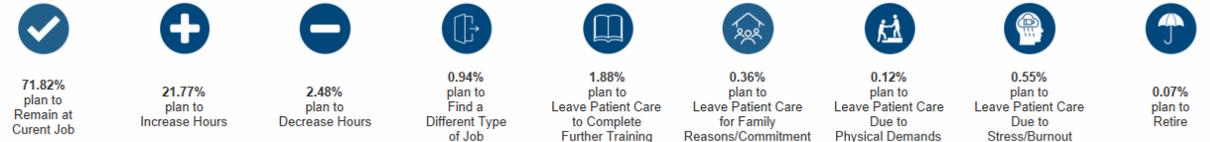
Services

### Employment Characteristics

This dashboard examines the employment plans and employment characteristics of Indiana DCWs. Use the filters on the left to explore more.

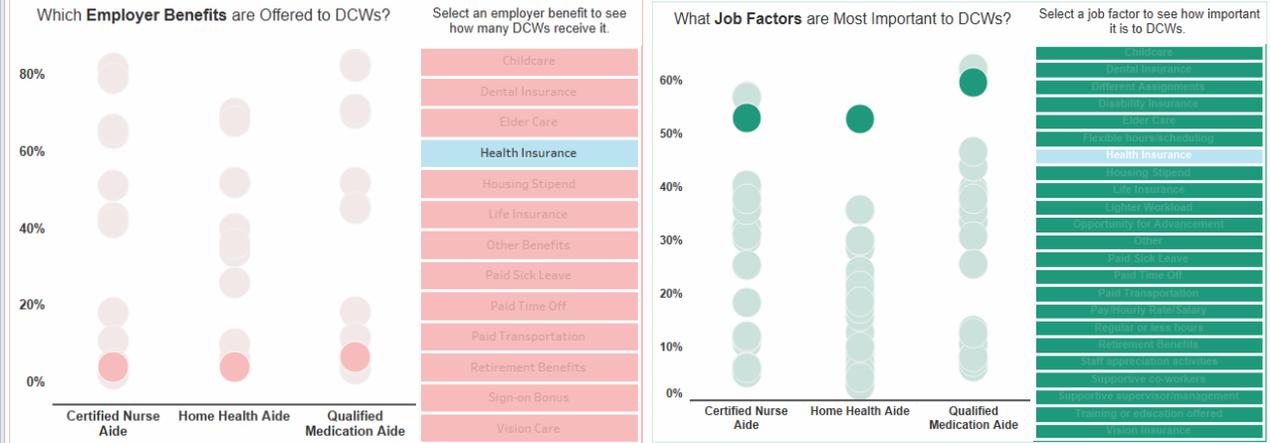
Total Direct Care Workers Represented in this Dashboard: **6,693**

What are the **Employment Plans** of DCWs over the next 2 Years?  
*Hover over an icon to learn more*



### Benefits and Job Factors

Below is an exploration of the jobs factors Indiana DCWs find important when considering a new job, as well as the employment benefits DCWs receive from their current employer. Click on the benefits job factors listed on the right to examine the where they fall.



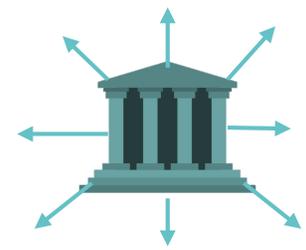
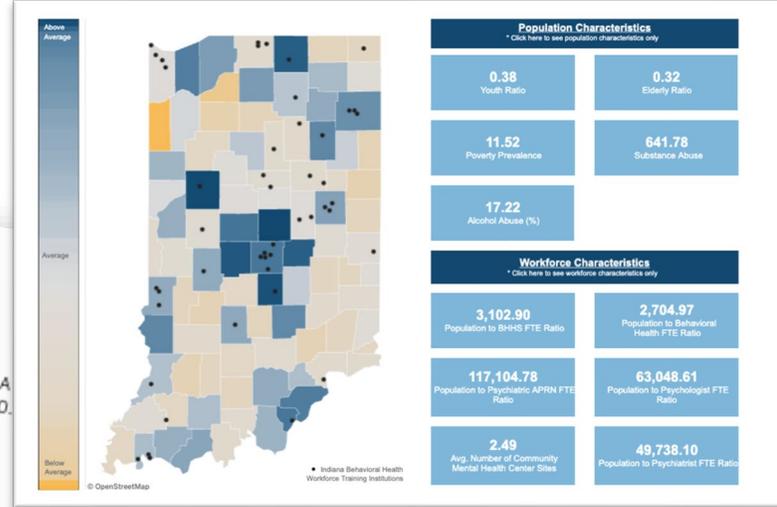
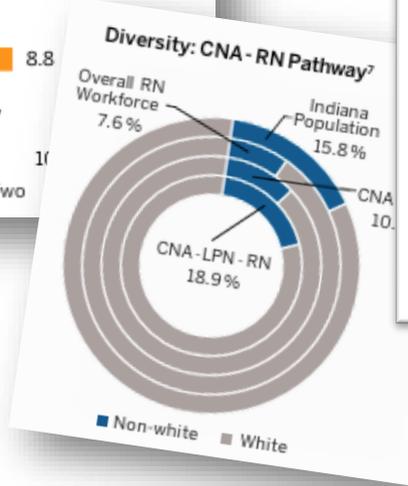
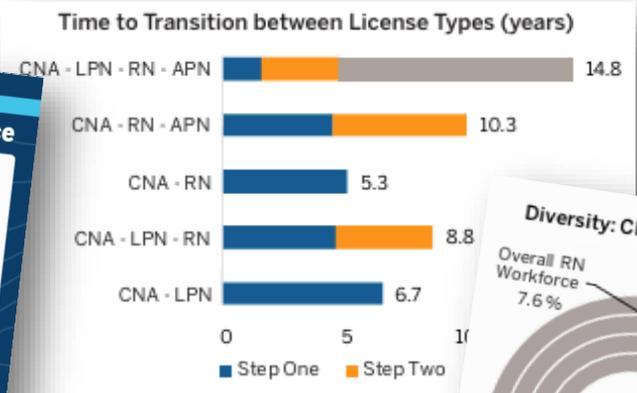
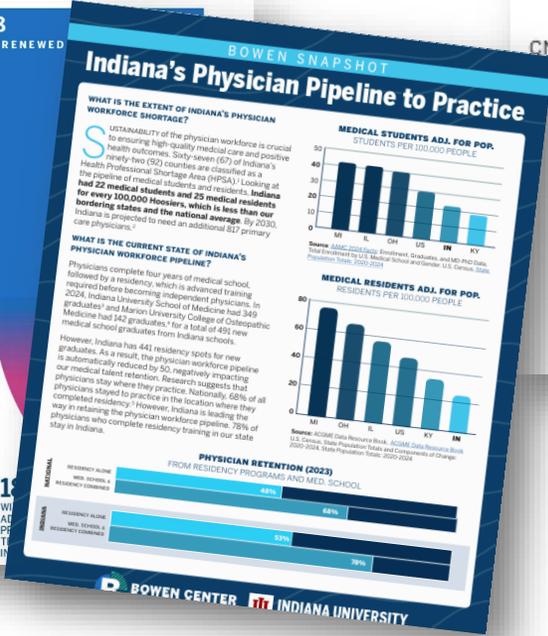
Source: <https://bowenportal.org/workforce-dashboards/indiana-direct-care-workers/>



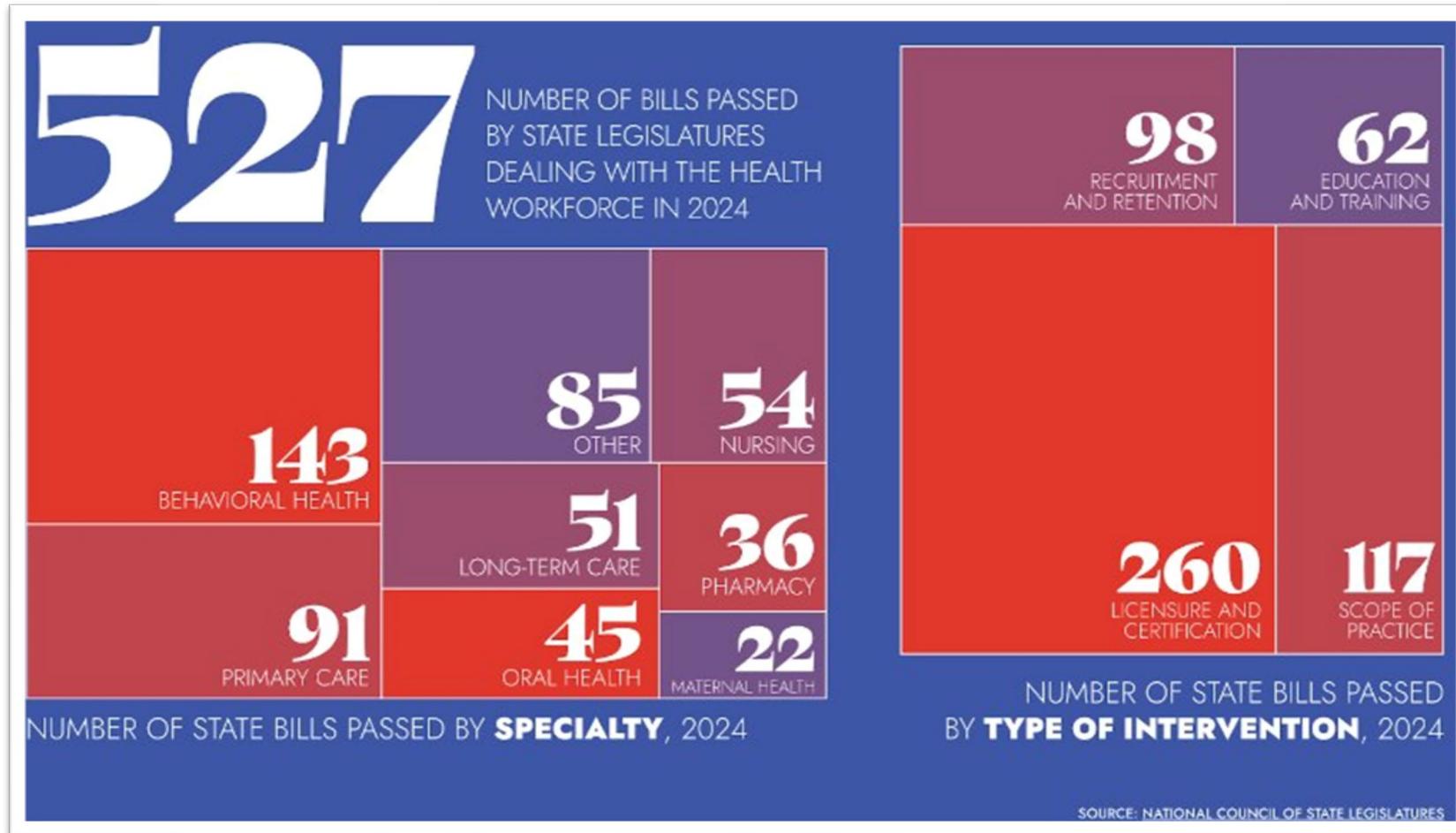
# From Data to ACTION

DATA

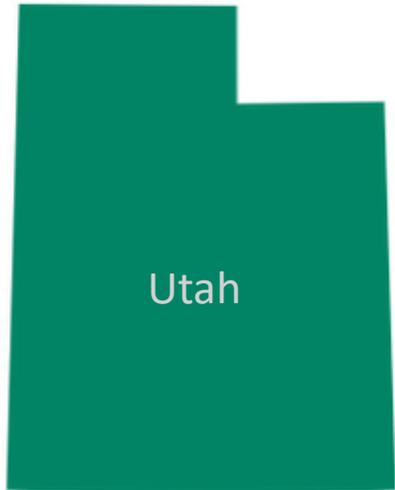
ACTION



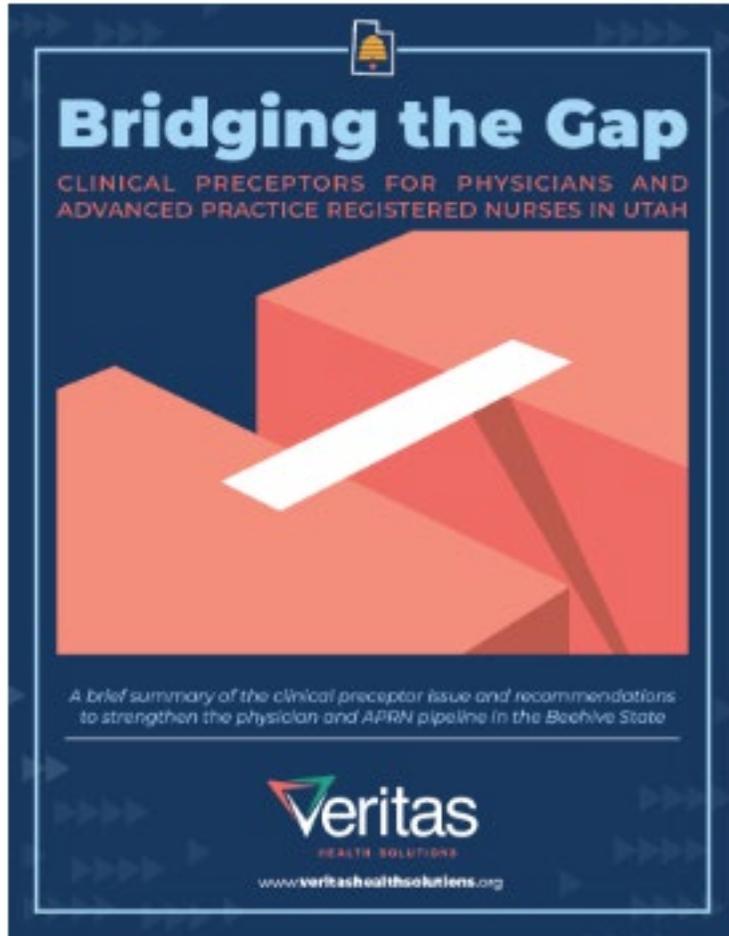
# State Legislative Activity on Healthcare Workforce: The Need for Data-Driven Policy Across the Nation



# Other States Moving the Needle



# Data in Action in Utah



**Bridging the Gap**  
CLINICAL PRECEPTORS FOR PHYSICIANS AND  
ADVANCED PRACTICE REGISTERED NURSES IN UTAH

A brief summary of the clinical preceptor issue and recommendations to strengthen the physician and APRN pipeline in the Beehive State

**Veritas**  
HEALTH SOLUTIONS  
www.veritashealthsolutions.org



UTAH HEALTH WORKFORCE ADVISORY COUNCIL  
**RECOMMENDATION**  
UTAH CLINICAL PRECEPTOR STIPEND PROGRAM

**EXECUTIVE SUMMARY**  
*Under its authority provided through Utah Code 26B-1-425, the Utah Health Workforce Advisory Council (HWAC) recommends the establishment of a Utah Clinical Preceptor Stipend Program (the Program) to provide financial recognition and support for Utah's clinical preceptors who train healthcare students in priority disciplines.*

**FUND ADMINISTRATION**  
The Program should be established within the Utah Department of Health and Human Services (UDHHS). The HWAC recommends initial legislative appropriation investment of \$225,000 annually (\$450,000 total for State Fiscal Years 2027-2028) for initial program setup, with an associated biennial program fee supported by a license renewal fee surcharge of 10% for qualifying professions (which will provide approximately \$225,000 of total program funding annually beginning in State Fiscal Year 2029). The fund should also be structured to accept contributions from private foundations, health systems, donations, and other sources. UDHHS will administer the Program and distribute awards directly to individual preceptors. Allowable administrative costs should align with similar programs.

**GUIDANCE**

**ELIGIBILITY**  
Eligible preceptors include physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs) who provide uncompensated, qualifying preceptorship experiences. The Program should be designed to allow all licensees in these categories to participate. Rural preceptors and preceptorships associated with public schools will be prioritized for funding. UDHHS will be provided the flexibility to further prioritize specific needs on implementation.

**A qualifying preceptorship experience must be:**

- Conducted with a student enrolled in a Utah-based medical school, APRN program, or PA program.
- A minimum of 160 hours in duration, including direct instruction, training, and supervision. (Preceptors may combine hours across multiple students to meet the 160-hour threshold.)

**AWARD DETAILS**  
The base award amount will be \$1,000, with a tiered structure by profession, with physicians receiving the maximum award. The maximum number of awards per preceptor will be determined by UDHHS.

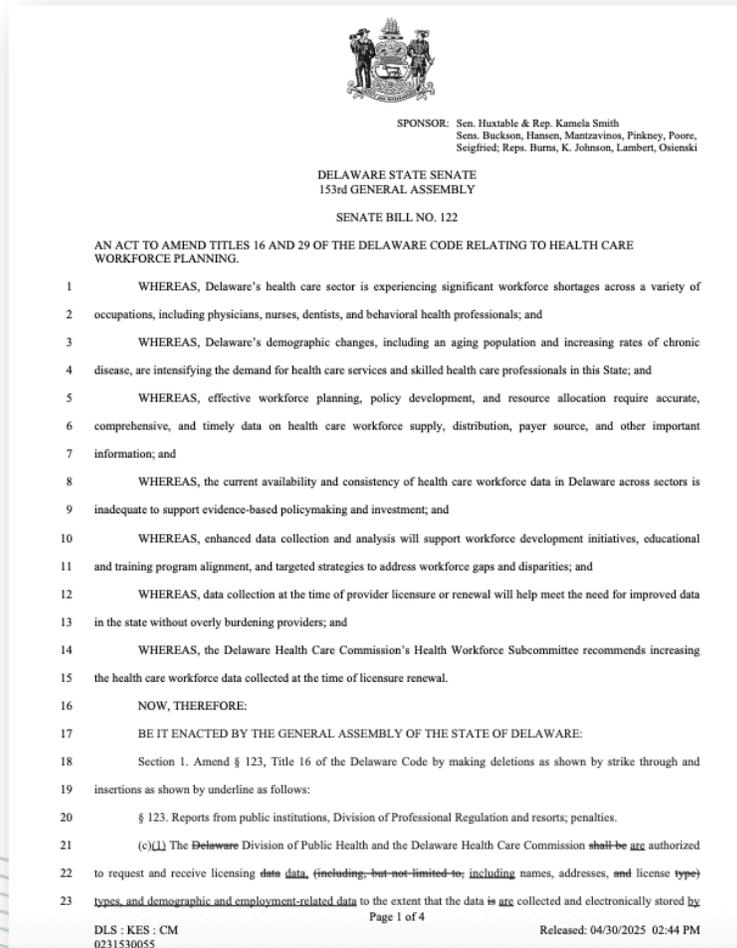
To qualify for the award, eligible preceptors must submit an application to UDHHS detailing the preceptorship experience. UDHHS will establish a process to verify the preceptorship experience. Awards will be issued based on available funds and priority determined by UDHHS. Any unallocated funds awards will remain in the fund for future distribution.

Utah Health Workforce Advisory Council **Veritas** HEALTH SOLUTIONS www.veritashealthsolutions.org 1



# Celebrate Delaware's Progress, Vision for Delaware's Future

➤ Senate Bill 122 was signed into law 9/3/25!



# 2025 and Beyond: From Data to **ACTION** in Delaware

1

## **Collect the Data that Delaware Needs**

Determine the data elements of highest importance to answer state questions

Craft the data in the least burdensome manner for licensees

Ensure data quality and completeness across all health professions

Build trust and transparency with professionals on how their data will be used

2

## **Use the Data to Make Informed Decisions**

Analyze, report, and share the data with decisionmakers

Identify gaps and opportunities in training, retention, and distribution

Support cross-government collaboration so education, licensing, and workforce agencies are acting from the same playbook

3

## **Evaluate Decisions and Adapt**

Benchmark progress against regional and national trends

Use data to evaluate the impact and effectiveness of policies and programs

Refine policy to meet Delaware's needs



# Helpful Veritas Resources

- [Key Health Workforce Stakeholders](#)
- [Other State Sources of Health Workforce Data](#)
- [National Sources of State Health Workforce Data](#)
- [State Strategies for Health Workforce Assessments](#)
- [State Health Workforce Policy Coordination Strategies](#)

