

## OVERVIEW

- 1** Support legislation that addresses appropriate nurse staffing in all health care settings
- 2** Support legislation that addresses violence against healthcare workers
- 3** Support legislation incentivizing Iowa nurses in all capacities
- 4** Support availability of nurse residency for every new graduate RN starting their career in Iowa
- 5** Support legislation focusing on recruitment and retention efforts for qualified nursing faculty
- 6** Support legislation to improve access and advocacy for LGBTQ+ community
- 7** Ensure access to a full array of mental health supports and services
- 8** Support and fund access to Nurse-Midwifery care as a partial solution to the maternity care crisis in Iowa
- 9** Support, protect, and fund having a school nurse in every building, every day, all day
- 10** Support legislation to mandate routine screening and interventions for ACEs
- 11** Support increased funding for public health, both state and federal funding
- 12** Support mandates for immunizations against vaccine-preventable diseases
- 13** Support legislation that ensures surgical smoke is evacuated from every operating room in Iowa

# 1

### **SUPPORT LEGISLATION THAT ADDRESSES APPROPRIATE NURSE STAFFING IN ALL HEALTH CARE SETTINGS**

*Author: Christina Peterson, BSN, RN*

#### **Action Items:**

- Support legislation that requires healthcare organizations to commit to appropriate and safe staffing in all healthcare settings
- Support legislation and initiatives to recruit and retain nurses in the state of Iowa

#### **Talking Points**

1. Evidence shows that appropriated nursing staffing contributes to improved patient outcomes and greater satisfaction for patients and staff.
2. The 2020 Iowa Nursing Demand Survey Report from the Iowa Board of Nursing reports greater than 1,500 open nursing positions and that number is expected to increase.
3. Higher nurse to patient ratios is a contributing factor to nursing burnout.
4. Projections predict that by 2030 there will be a vacancy of 510,000 RNs in United States and the number of RN jobs is expected to grow 200,000 per year through 2026.
5. Higher Nurse to patient ratio is also correlated to increase risk of error, including medication events, overlooked symptoms and decreased patient outcomes.

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### **SUPPORT LEGISLATION THAT ADDRESSES VIOLENCE AGAINST HEALTHCARE WORKERS**

*Author: Carol Chesterman, RN, MSN*

#### **Action Items:**

- Support legislation that requires healthcare organizations to implement violence prevention programs that implement standards of conduct and policies to promote safe and healthful work environments.
- Support whistleblower protection for healthcare workers who report episodes of violence.
- Authorize OSHA to hold healthcare organizations accountable when reportable incidents are not communicated.
- Support measures that ensure that healthcare settings have safe staffing levels.
- Support legislation that addresses healthcare workforce shortages.

#### **Talking Points**

Once hailed as heroes, nurses and other healthcare professionals have always been at risk for violence from patients and family members. But with the COVID-19 pandemic, occurrences of violence have escalated.

- According to a study from the Occupational Safety and Health Administration (OSHA), healthcare workers account for approximately 50% of all victims of workplace violence. <https://www.osha.gov/sites/default/files/publications/osha3148.pdf>
- 1 in 4 nurses is assaulted with only 20-60% of the incidents reported. <https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/>
- Violence against health care workers has risen amid increased COVID-19 hospitalizations and widespread misinformation about vaccines and treatments. <https://www.advisory.com/daily-briefing/2021/10/01/patient-animosity>; <https://www.wbur.org/news/2021/10/01/nurses-assaulted-by-patients-massachusetts>
- Critical staffing levels, strict family visitation policies and large numbers of COVID-19 patients has created an environment which puts staff at risk for assault. <https://www.gpb.org/news/2021/09/22/kicked-in-the-ribs-harassed-at-vaccine-sites-health-care-workers-are-tired-of-new>
- Long wait times, ineffective communication between healthcare workers (HCWs) and patients, lack of trust in HCWs or in the healthcare system, dissatisfaction with treatment or care provided, degree of staff professionalism, and unrealistic expectations of patients and families over treatment success are thought to be contributing factors to violence toward healthcare workers. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531183/>

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- Violence is often under reported by nurses who see violence as part of the job. In one study only 30% of nurses and 26% of physicians reported violent incidents because they have become so common. <https://www.ajmc.com/view/violence-against-healthcare-workers-a-rising-epidemic>; <http://capitol-beat.org/2021/09/violence-against-healthcare-workers-rising-state-lawmakers-told/>
- Many workers feel that there will be negative consequences if they speak out about violent incidents. <https://www.ajmc.com/view/violence-against-healthcare-workers-a-rising-epidemic>
- The consequences of violence against healthcare workers can result in life-threatening injuries, even death, post-traumatic stress disorder, depression, job dissatisfaction, impaired work functioning, more leave days, and reduced retention in the job. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531183/>
- Workplace violence is associated directly with decreased patient safety, and more adverse events. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531183/>
- Ensuring that healthcare settings have safe staffing levels can help reduce acts of violence. <https://www.ajmc.com/view/violence-against-healthcare-workers-a-rising-epidemic>



### **SUPPORT LEGISLATION INCENTIVIZING IOWA NURSES IN ALL CAPACITIES**

*Author: Kate Pace, RN, BSN*

#### **Action Items:**

- Support legislation that encourages pay incentives for nurses
- Support legislation to approve tax cuts or tax-free nursing wages
- Support legislation to expand student loan forgiveness and tuition reimbursement for nurses
- Support legislation to advocate tiered salary for years of experience and level of education for nurses
- Support legislation to provide access to child care and reimbursement

#### **Talking Points**

**Essential but undervalued. Nurses across Iowa are experiencing burnout, compassion fatigue, and exhaustion at an alarming pace leaving them feeling overburdened, undervalued, and underpaid.**

**Iowa ranks 48th in the nation for nursing pay<sup>5</sup>. This low rate of pay and increased work demand is driving nurses to work in other states, join the travel nurse surge, or leave the profession all together. The pandemic has exacerbated this issue by increasing the volume and acuity of patients needing care while the nursing shortage escalates to crisis levels.**

**INA asks the 2022 Legislature to recognize and address the need for incentivizing Iowa nurses, so they feel compelled to remain in our great state and continue providing Iowans and our communities with quality healthcare.**

Support incentivizing Iowa nurses in all capacities by:

**a. Encouraging pay incentives** (i.e., sign-on bonuses, years-of-service bonuses, OT rates/ incentives to cover largest shift deficits).

**b. Approve tax cuts or tax-free nursing wages.**

- ~23% of bi-weekly paycheck goes to taxes in Iowa (Federal and State)<sup>4</sup>
- That equals \$486 every 2 weeks or \$972 every month out of take home pay<sup>4</sup>

**c. Expand student loan forgiveness and tuition reimbursement.**

- Expand student loan forgiveness programs in Iowa to cover more debt and assist those with less than perfect credit.
- Currently there are 2 listed loan repayment programs for nurses<sup>3</sup> (one of these 2 are for nurse educators only).
- Average cost of a BSN in Iowa is ~\$32k (average calculated from the cost of 10 nursing

programs in Iowa).

**d. Advocate tiered salary for years of experience and level of education.**

- IOM recommended increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
- As of 2019, 59% of nurses have their BSN (or higher)<sup>3</sup>.

**e. Provide access to child care and reimbursement.**

- The average nurse in Des Moines takes home ~\$1,386 every 2 weeks or ~\$34,650 annually<sup>3</sup>.
- Average cost of child care in Iowa is \$10,131 annually<sup>2</sup>.
- 23% of Iowans live in areas lacking adequate childcare services<sup>6</sup>.

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### **SUPPORT AVAILABILITY OF NURSE RESIDENCY FOR EVERY NEW GRADUATE RN STARTING THEIR CAREER IN IOWA**

*Author: Nicole Weathers MSN, RN, NPD-BC and Jessica Grote DNP, RN, NPD-BC*

#### **Action Items:**

- Ensure healthcare organizations hiring new graduate RNs provide transition to practice support during the initial 12 months of hire regardless of the practice setting.
- Increase access to funding for healthcare organizations to implement and maintain transition to practice programs.

#### **Talking Points**

- **Experienced nurses are leaving nursing at alarming rates. While new graduate nurses are entering practice, we cannot replace them fast enough, leaving both a shortage and a skill gap.**
  - 34,275 registered nurses were employed in Iowa in 2018, and 39,460 are projected to be employed by 2028, seeing 1.5% annual growth and 2,485 annual job openings<sup>7</sup>.
  - In 2019 and 2020, 1,803 and 1,851 students respectively passed the NCLEX-RN exam<sup>11,12</sup>.
  - As of 2019, 42% of registered nurses in Iowa are older than 50, with 22% of Iowa registered nurses currently eligible for retirement<sup>5</sup>.
  - There continues to be documentation that new graduates lack readiness for their professional roles<sup>15</sup>.
- **New graduate RNs need support during their transition from their formal academic program to the practice setting.**
  - New graduates face many challenges when transitioning to the workforce, especially in acute care environments, because of greater patient acuities, rapid patient turnover, technology advancements, and demanding workloads<sup>15</sup>.
  - Time to learn and apply content from their formal academic setting to practice, obtain appropriate feedback, and share experiences is essential to the success of new graduate nurses<sup>16</sup>.
  - Research shows new graduates struggle in the following areas: communication, teamwork, evidence-based practice, informatics, safety, leadership, conflict resolution, organization and prioritization, patient-centered care, critical thinking, and clinical reasoning, and stress management<sup>15,16</sup>.
- **New graduates experience reality shock within the first year of practice making them vulnerable to turnover.**
  - Kramer defined reality shock as stress generated by a discrepancy between expectations and reality as new graduate nurses transitioned from academia to their first professional-practice experience in hospitals<sup>8</sup>.
  - Previous research established that 18% to 30% of new graduates will leave their current position for a different practice environment or the profession altogether in the first year. Up to 37%–57% will leave in their second year of practice. High turnover rates can have a lasting negative impact on staff morale, work productivity, and even patient outcomes<sup>3,14</sup>.

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- **The cost of replacing new graduates adds a burden to the healthcare system.**
  - Studies estimate replacement costs for a full-time RN between \$36,567 and \$98,979<sup>15</sup>.
  - Nurse residency programs decrease turnover of new graduate nurses<sup>18</sup>.
  - Cost, budget, and wage competition are reported as the most significant workforce challenges, specifically in rural areas<sup>6</sup>.
- **Established nurse residency programs have been proven to positively impact the individual nurse, the care they provide, and the organization.**
  - Studies have found structured, evidence-based transition programs benefit the new graduate with improved competence and confidence, reduced stress, and increased job satisfaction<sup>16</sup>.
  - Benefits of a nurse residency include increased stability in staffing levels, enhanced morale, improved patient safety, and reduced costs stemming from decreased expenses associated with recruitment and orientation of replacement staff<sup>4</sup>.
  - Healthcare organizations benefit through retention, organizational commitment, leadership development, and a positive return on investment<sup>11,4</sup>.
  - Trepanier et al. estimated the total cost-benefit of a nurse residency program between \$8.7 and \$41.7 million in a 15-hospital system after combining the impact of turnover and contract labor usage<sup>17</sup>.
- **Many organizations in Iowa do not have the human or financial resources and infrastructure to implement a transition to practice program.**
  - Only an estimated 36-49% of hospitals offer nurse residency programs nationwide despite the growing evidence demonstrating the benefits<sup>2,9,13</sup>.
  - Cost is the most significant barrier for adopting nurse residency programs in Iowa<sup>10</sup>.
  - 67.1% of Iowa hospitals responded they do not provide a nurse residency program for new graduate RNs, with 84.3% of respondents with 100+ employees not providing a nurse residency program<sup>6</sup>.
- **Innovative solutions exist to alleviate the barriers to providing transition to practice support.**
  - The Iowa Action Coalition created an affordable, online nurse residency program accessible to new graduate nurses regardless of the practice setting leading to comparable outcomes to more traditional programs<sup>22</sup>.
  - 23.5% of rural Iowa hospitals have a residency program managed by a third party<sup>6</sup>.
  - Government and philanthropic funding options are needed to support nurse residency programs<sup>4</sup>.
  - Registered apprenticeships (RA) are one way to obtain additional funding for residencies through state and federal grant opportunities along with potential tax credits. RAs are an industry-driven, high-quality career pathway employers use to develop and prepare the future workforce. They have shown to be especially successful in areas having difficulty recruiting and retaining a skilled workforce<sup>21</sup>.
  - RA programs encompass on-the-job learning, related training instruction, competency validation, and wage progression. They can be sponsored by various entities such as individual businesses, consortiums, associations, colleges and universities, and community-based organizations<sup>19</sup>.
  - The recognition of RN resident as an apprenticeship occupation and increased funding for apprenticeships in health care<sup>20</sup> creates a natural progression for nurse residency programs to become RN resident apprenticeship programs<sup>21</sup>.



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### **SUPPORT LEGISLATION FOCUSING ON RECRUITMENT AND RETENTION EFFORTS FOR QUALIFIED NURSING FACULTY**

*Authors: Dawn Bowker, PhD, RN, ARNP-BC, SANE & Mary Kovarna, EdD, RN*

#### **Action Items:**

- Support recruitment and provide incentives to increase the number of qualified nursing faculty.
- Support already practicing nurse faculty through loan repayment programs for master and doctoral prepared nurse educators.
- Provide financial support for nurses to pursue advanced education (including doctoral studies) through tuition reimbursement programs.
- Provide financial and academic support for formal training in the science of teaching for practicing and new nurse faculty.

#### **Talking Points**

Iowa is facing a precarious nursing faculty shortage with the projections for increasing faculty vacancy rates. Nursing faculty retirement is expected to increase substantially as the workforce ages.

#### **Faculty Shortage:**

- 2020 Faculty Vacancy Survey revealed that there were approximately 1,492 vacant faculty positions in the US in 2020 (AACN, 2021).
- One third of the current nursing faculty workforce in baccalaureate and graduate programs are expected to retire by 2025 (Fang, D. & Kerten, K. 2017).
- The average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 62.6, 56.9, and 50.9 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 57.1, 56.0, and 49.6 years, respectively (AACN, 2019-2020 Salaries of Instructional and Administrative Nursing Faculty).
- Faculty shortage is one of the main issues confronting nursing education today (World Health Organization, 2020).
- The lack of faculty is main obstacle to expanding capacity by nursing programs (National League for Nurses, 2020).
- 22% of the remaining nurse workforce may leave their positions within the upcoming year (Berlin, et. al., 2021).
- Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this crisis (AACN, 2020).
- A majority of universities listed a lack of qualified faculty as a key reason for the inability to accept all qualified nursing applicants (AACN, 2020).

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- The presence of full-time faculty influences the quality of nursing education (NACNEP, 2020).
- The lack of sufficient numbers of full-time faculty, nursing schools have been forced to make adjustments to teach students. Increased use of part-time faculty has added to the increased workload for full-time faculty (NACNEP, 2020).
- The reasons nursing programs become “at risk” for failing or that failed to achieve state level approval: high faculty turnover; inability to recruit qualified faculty; faculty with little training in basic pedagogies; heavy faculty workloads; and limited professional development (NACNEP, 2020).

### Impact on Nursing Workforce:

- In 2018, over 80,000 eligible nursing applicants were denied admission in undergraduate and graduate nursing programs, and in 2016 over 69,000 qualified applicants were denied admission into associate degree nursing programs, most often due to a shortage of faculty (NACNEP, 2020).
- Registered Nurses (RNs) are one of the fastest growing groups of health professionals, with projected growth of 7 percent from 2019 to 2029 according to the Bureau of Labor Statistics. To keep up with this growth, more nursing faculty will be needed to educate new nurses. However, the United States is facing a persistent nursing faculty shortage (AACN, 2021).
- The Iowa Board of Nursing and Iowa Center for Nursing Workforce Nursing Demand Survey found that nearly 58% of hospitals report finding qualified nursing candidates as their top workforce challenge (Iowa Center for Nursing Workforce, 2021).

### Faculty Salary:

- Nurses pursuing a doctoral degree found that the most important factors affecting their decision to choose a faculty role after graduation were poor financial compensation in academic nursing, family financial responsibility, and negative perceptions of an academic nursing career (NACNEP, 2020).
- The average salary of a nurse practitioner, across settings and specialties, is \$110,000. By contrast, AACN reported in March 2020 that the average salary for a master’s-prepared Assistant Professor in schools of nursing was \$79,444 (American Association of Nurse Practitioners, 2020).
- Higher compensation in clinical settings impacts current faculty positions and competes with recruiting potential nurse educators.

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### **SUPPORT LEGISLATION TO IMPROVE ACCESS AND ADVOCACY FOR LGBTQ+ COMMUNITY**

*Author: Kate Pace, RN, BSN*

#### **Action Items:**

- Support legislation to increase access to LGBTQ-centered care and clinics
- Support legislation to improve and increase education of LGBTQ health disparities to all health care workers in Iowa
- Support legislation that bans conversion therapy for minors

#### **Talking Points**

Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBT individuals and have long-lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals<sup>1</sup>. INA asks the 2022 Legislature to recognize and address the need for increased funding for healthcare access and coverage for LGBTQ+ individuals by:

#### **1. Increase Access to LGBTQ-centered care and clinics**

- As of now, Iowa only has two specific LGBTQ clinics - one in Iowa City and one in Des Moines
- LGBTQ people are unable to find services in their area, encounter discrimination or refusals of service in healthcare settings, or delay or forego care because of concerns of mistreatment ([hrw.org](http://hrw.org))
- In a nationally representative survey conducted by the Center for American Progress in 2017, 8% of LGB respondents and 29% of transgender respondents reported that a healthcare provider had refused to see them because of their sexual orientation or gender identity in the past year ([hrw.org](http://hrw.org))
- Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights ([www.healthypeople.gov](http://www.healthypeople.gov))
- Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBTQ individuals and have long-lasting effects on the individual and the community ([www.healthypeople.gov](http://www.healthypeople.gov))
- According to the CDC, gay men are at highest risk and have increased incidences of gonorrhea, chlamydia, herpes, human papilloma virus (HPV), and HIV.
- Lesbians and bisexual women are less likely to get preventive cancer screenings, such as Pap smears and mammograms, and have higher incidences of HIV, hepatitis C, self-reported gonorrhea, and are more likely to be overweight or obese.
- In addition, LGBT populations have high rates of use of tobacco, alcohol, and other drugs.

### 2. Improve/Increase education of LGBTQ health disparities to health care workers

- About 3/5% (9 million) of the U.S. adult population are identified as lesbian, gay, or bisexual and 0.3% or 700,000 as transgender (NIH)
- Evidence suggests that health care providers continue to receive little or no training to prepare them to manage this vulnerable population (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6370394/> )
- Institute annual trainings on LGBTQ health and disparities, as well as terms used to identify sexual orientation or gender, amongst health care institutions

### 3. Ban conversion therapy for minors

- 20 states currently ban conversion therapy for minors, including D.C. and Puerto Rico
- Iowa has failed to enact this legislation
- HSB 698 introduced by republican and SF 2257 introduced on democratic side last session failed to make it out of committee, but shows some bipartisan support
- According to the Journal of Child and Adolescent Psychiatric Nursing, LGBTQ youth who have had conversion therapy are 8.4x more likely to report attempted suicide, 5.9x more likely to report high levels of depression, 3.4x more likely to use illicit drugs, 3.4x more likely to be at high risk of HIV and STDs
- According to the UCLA Williams Institute, 698,000 LGBTQ adults in the US had received conversion therapy, including 350,000 as adolescents
- 20,000 LGBTQ youth 13-17 will receive conversion therapy from a licensed healthcare provider before they reach age 18
- 57,000 youth 13-17 across all states will receive conversion therapy from religious or spiritual advisors before they reach the age of 18

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### **ENSURE ACCESS TO A FULL ARRAY OF MENTAL HEALTH SUPPORTS AND SERVICES**

*Authors: Rebecca DeVine, RB, Psych/Mental Health ARNP; Esther Huston, RN, BSN; Susan Whitty, RN, Psych/Mental Health ARNP*

#### **Action Items:**

- Support legislation that recognizes that we are still experiencing a mental health crisis that has been doubled by the COVID-19 pandemic.
- Support recommendations from the Children's Behavioral Health System State Board (Children's Board) to expand mental health screening and supports for Iowa's children and youth and ensure a full continuum of care.
- Support the recommendations of the July 2020 implementation of the Federal Communications Commission (FCC) designating 988 as the new three-digit number to access support for mental health a substance related emergencies and replacing the National Suicide Prevention Lifeline.
- Support funding that ensures that Mental Health Regions remain viable and are able to implement required Core Services.
- Increase coordinated use of inpatient mental health treatment beds across the state by supporting implementation of the inpatient Bed Tracking Committee.
- Address the mental health workforce crisis that is more significant for direct care workers and prescribers by increasing loan reimbursement incentives for psych/mental health nurse practitioners.

#### **Talking Points**

- 1. The mental health crisis is real. Those who previously were able to cope with life demands have been challenged by the unprecedented and ongoing stressors created by the COVID-19 pandemic.**
  - Prior to the pandemic 18.5% of adults in Iowa had a mental health diagnosis, National Survey on Drug Use and Health, 2019. Mental Health America estimates a 2021 prevalence of 19.89% of adults in Iowa experiencing any mental illness. Over 45% did not receive treatment and 20% of those who received treatment reported deficiencies, Healthy Iowans 2017-2021. Nationally, 1 in 5 children ages 13-18 have or will have a serious mental illness.
  - 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
  - The average delay between the onset of symptoms and intervention is 8-10 years.
  - Approximately 50% of students age 14 and older with a mental illness dropout of high school. <https://mhanational.org/issues/2022/mental-health-america-access-care-data#children-private-insurance> <https://educateiowa.gov/pk-12/learner-supports/mental-health>
  - The COVID-19 pandemic has doubled the prevalence of anxiety and depression. Suicide rates have doubled due to the impact of the COVID-19 pandemic. As the number of cases of COVID-19 increases, so does anxiety.
  - A CDC study concluded that the mental health effects of COVID-19 are as essential to address



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as are the physical health effects. Overall, nearly 41% of respondents reported experiencing at least one adverse mental or behavioral health condition. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

- The CDC also reported that nearly 31% of respondents reported symptoms of an anxiety or depressive disorder, 26% reported a trauma- or stressor-related disorder associated with the pandemic, and 13% said they had started or increased substance use “to cope with stress or emotions related to COVID-19.” Nearly 11% of respondents said they had seriously considered suicide in the preceding 30 days, more than twice the rate reported in 2018 survey. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf> <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf> <https://jamanetwork.com/channels/health-forum/fullarticle/277005>

### **2. Children are our future. Iowa needs to act now to “do better” responding to children’s mental health needs. Data clearly shows we should be worried about our children.**

- Major Depressive Disorder (MDD) diagnosis in children increased from 9 to 14% in the past 5 years. Over 50% of these children do not receive treatment. Untreated mental health diagnoses impact children by decreasing their productivity and academic success. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>
- Suicide among youth is dramatically increasing. Between 2007 to 2017, the teen suicide rate spiked by nearly 56% — that rate climbed from 6.8 deaths per 100,000 people to 10.6, according to the CDC. The rate continued to climb in 2018, up another 1.4%. But...even more alarming, is the 300% increase in the suicide rate of 10 to 14-year-olds.
- 10,000 Iowa children with private insurance do not have mental health coverage INA believes, if this were any other specialty there would be outrage.
- With the rate of suicide increasing in our state, we need to grow services and ensure care is available, we will need to ensure that mental health providers are reimbursed at the same rates as medical health care providers.
- The Governor’s Children’s Behavioral Health Board has been working diligently to review the system of care and have made recommendations and identified priorities. <https://dhs.iowa.gov/about/mhds-advisory-groups/childrens-system-state-board>
- The percentage of Iowan adults who report living through four or more adverse childhood experiences (ACEs) is 17%. [https://www.iowaaces360.org/uploads/1/0/9/2/10925571/aces\\_execsummary2020.pdf](https://www.iowaaces360.org/uploads/1/0/9/2/10925571/aces_execsummary2020.pdf)
- Addressing and identifying ACEs directly can decrease mental health issues and increase health outcomes leading to greater productivity and reduction of risky behaviors. [https://www.iowaaces360.org/uploads/1/0/9/2/10925571/aces\\_execsummary2020.pdf](https://www.iowaaces360.org/uploads/1/0/9/2/10925571/aces_execsummary2020.pdf)

### **3. Iowa needs to implement the 9-8-8 crisis and suicide emergency number by the July 2022 FCC deadline date.**

- FAQ Sheet for Understanding 988 [https://mhanational.org/sites/default/files/988%20FAQ%20with%20Vibrant%20\(logos%20included\).pdf](https://mhanational.org/sites/default/files/988%20FAQ%20with%20Vibrant%20(logos%20included).pdf)
- The suicide rate in Iowa is 15.47 per 100,000 people while the national rate is 14.21.
- In Iowa, someone dies from suicide every 18 hours. <https://aws-fetch.s3.amazonaws.com/state-fact-sheets/2020/2020-state-fact-sheets-iowa.pdf>

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### **4. Mental Health Regions' provision of core services are the backbone of the Iowa mental health system and provide much needed Core Services for both children and adults. Stable, clear, and reliable long-term funding is needed.**

- Sf 504 and HF 2456 set expectations for Mental Health Regions, defined Core Services and modified the funding process for Iowa's mental health regions but Iowa needs a funding mechanism that does not shift the burden from Medicaid to the taxpayer when DHS allows service reimbursement rates below the actual cost of the service thus shifting the cost to local taxpayers and mental health regions.
- By facilitating the development of sustainable reimbursement rates, Medicaid can save money and offer better services
- It is imperative that the state provide additional resources to implement the additional services that have been required by the legislature. Regions are willing partners funding these services but with increasing expectations needs to come increased funding. INA supports the Regions' solution that would set a statewide levy cap and then have the state buy down the levy on an equitable basis.

### **5. Iowa needs enhancements in the mental health bed tracking system to efficiently utilize treatment beds to save lives.**

- No one wants to be in the hospital. Being admitted is an intensive intervention at the top of the acuity scale. But, like with any other illnesses, hospitalization is unavoidable at times. Iowa with a population of over 3 million people has 616 community and 96 State mental health beds which is far below the recommended 50 per 100,000 population [https://mindspringhealth.org/documents/news/December\\_2021\\_MindSpring\\_Newsletter\\_2A62A32B86207.pdf](https://mindspringhealth.org/documents/news/December_2021_MindSpring_Newsletter_2A62A32B86207.pdf)
- The Iowa Bed Tracking Study Committee has reviewed efforts to improve the diversity of treatment beds and coordination of admissions. Their report can be located at: [https://dhs.iowa.gov/sites/default/files/InpatientBedTracking\\_DraftFinalReport\\_October22\\_2021.pdf?112920210200](https://dhs.iowa.gov/sites/default/files/InpatientBedTracking_DraftFinalReport_October22_2021.pdf?112920210200)
- The Five Points Technology Group currently uses CareMatch technology to monitor bed availability but the Inpatient Bed Tracking System needs enhancements.
- Hospitals are rarely adequately staffed to treat patients with high acuity needs. The Bed Tracking Study Committee determined that Iowa needs improved inpatient psychiatric care capacity to treat patients with highly complex comorbidities including individuals displaying interfering behavior, such as aggression.

### **6. We are experiencing a critical mental health workforce shortage at all education levels and expertise but particularly direct care and medication prescribers. Advanced practice nurses are key players to address the prescribing shortages**

- Mental health workforce shortages need to be addressed with the significance it deserves to ensure that supports and treatment options are available and easily accessible.
- Support psychiatrist and nurse practitioner programs in Iowa to encourage them to graduate more practitioners, and establish incentive programs to attract practitioners to remain in Iowa.
- To address the shortage of direct care professions, we recommend that the state adopt a system to set reimbursement rates to reflect the actual cost of providing services
- According to the Iowa Board of Nursing Workforce Center, Iowa currently has 260 Psychiatric Mental Health Nurse Practitioners who assess, diagnose, and treat mental health conditions. The number of practitioners is severely deficient. Nurse Practitioners have a long history of serving rural communities and stay where they're trained, meaning they are likely to remain in Iowa after completing their education. Affordability remains a barrier for many looking to

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further their education, by funding grants and loan repayment programs we can open access not just to education, but also to much needed health care. [https://nursing.iowa.gov/sites/default/files/documents/2019/11/2019\\_arnp\\_workforce\\_infograph.pdf](https://nursing.iowa.gov/sites/default/files/documents/2019/11/2019_arnp_workforce_infograph.pdf) [https://nursing.iowa.gov/sites/default/files/documents/2019/07/2019\\_07\\_22\\_trends\\_in\\_nursing\\_report\\_2018\\_final.pdf](https://nursing.iowa.gov/sites/default/files/documents/2019/07/2019_07_22_trends_in_nursing_report_2018_final.pdf)



### **SUPPORT AND FUND ACCESS TO NURSE-MIDWIFERY CARE AS A PARTIAL SOLUTION TO THE MATERNITY CARE CRISIS IN IOWA**

*Author: Lynne Himmelreich, CNM*

#### **Talking Points**

- 1. There is a nation-wide maternal health crisis**, which includes racial and ethnic disparities. We are the only industrialized country with rising numbers of maternal deaths. In addition, black and brown birthing people die 3-4 times more often than white birthing people. In Iowa, it is 6 times the number of whites.
- 2. There are data showing midwives can help to substantially reduce maternal and neonatal mortality and stillbirths.** However, to realize this potential, midwives need to have skills and competencies in line with recommendations from the International Confederation of Midwives, to be part of a team of sufficient size and skill, and to work in an enabling environment. Lancet Glob Health 2020. Published Online December 1, 2020. [https://doi.org/10.1016/S2214-109X\(20\)30397](https://doi.org/10.1016/S2214-109X(20)30397)
- 3. The Iowa Department of Public Health (IDPH) received a HRSA grant last year to work on a plan to improve the maternal healthcare in Iowa. It is being managed through the University of Iowa Department of OB/GYN.**
- 4. Support a multidisciplinary Maternal Mortality Review Committee**
- 5. Support the development of a school for nurse-midwifery at UI in the College of Medicine**
- 6. Support becoming an AIM state.** AIM is a national data-driven maternal safety and quality improvement initiative based on interdisciplinary consensus-based practices to improving maternal safety and outcomes. The program provides implementation and data support for the adoption of evidence-based patient safety bundles. AIM works through state teams and health systems to align national, state, and hospital level engagement efforts to improve overall maternal health outcomes.
- 7. Support and fund a year of Medicaid eligibility postpartum.** Most mothers lose their Medicaid around 6 weeks and maternal mortality statistics show a significant number of the maternal deaths are during that period.
- 8. Support mental and behavioral health access and funding for pregnant and postpartum people.**
- 9. Support full medical staff hospital privileges for nurse-midwives that include voting rights.**
- 10. Support the exemption of free-standing birth centers from the CON process.**
- 11. Support licensure of Certified Professional Midwives who have the skills and competencies in line with the International Confederation of Midwives educational guidelines.**



### **SUPPORT, PROTECT, AND FUND HAVING A SCHOOL NURSE IN EVERY BUILDING, EVERY DAY, ALL DAY**

***Authors: Dr. Sharon Guthrie, PhD, ARNP, CPNP, NCSN, RN-BC and Teri Schloss, MSN, RN, NCSN***

#### **Talking Points**

Youth are the future of Iowa and their health needs can be addressed with one school nurse in every building, every day, all day. One school nurse in every building, every day, all day allows youth access to healthcare 180 days of the year.

- Physical, social, and emotional needs of Iowa youth are different than previous generations. <https://doi.org/10.1016/j.adolescence.2010.05.019>
- Physical, social, and emotional needs must be met for youth to reach their fullest potential. <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-team>
- School nurses are trained to evaluate youth for somatic complaints/symptoms. The somatic complaints/symptoms are often secondary to the underlying primary mental, physical, and psychosocial health need. <https://doi.org/10.1111/josh.12150>
- Youth physical health complaints or behavioral challenges are often related to exposure to Adverse Childhood Experiences, (ACEs), traumatic experiences, including and not limited to, abuse and neglect. Exposure to ACEs is associated with school failure as well as leading causes of morbidity and mortality in adulthood. <https://schoolnursenet.nasn.org/blogs/kathy-reiner/2019/01/13/building-health-communities-child-protection-partn>
- Youth are the future of Iowa and their health needs can be addressed with one school nurse in every building, every day, all day.
- One school nurse in every building, every day, all day allows youth access to healthcare 180 days of the year.
- School nurses are knowledgeable, skilled, and qualified to provide comprehensive evidence-based health care (including health promotion and disease prevention) to youth. <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-chronic-health>
- School nurses should not be viewed as only for emergencies and chronic health concerns. <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-chronic-health>
- School nurses are the “connectors” between youth/families, health care, and academics.
- Youth have the value of health reinforced by a school nurse.
- Research shows attendance is better when a school nurse is present to evaluate health related complaints. When youth stay in school, parents remain productive at work. <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-absenteeism>
- Healthy youth make better learners.
- Per Iowa Department of Education School Nurse Consultant, there are 702 school nurses in Iowa and there are approximately 1,415 public school buildings in Iowa (personal communication February 21, 2020).



## **SUPPORT LEGISLATION TO MANDATE ROUTINE SCREENING AND INTERVENTIONS FOR ACES**

*Author: Esther Huston RN, BSN, SANE*

### **Action Items:**

- Support routine screening of all children at annual exam visits for adverse childhood experiences and document as a vital sign within the health record.
- Support education of health care providers in OB/GYN and pediatric setting to screen their patients for adverse childhood experiences and offer appropriate interventions according to recommendations set forth by the Children's Behavioral Health System State Board (Children's Board) and American Academy of Pediatrics.
- Support additional education for healthcare staff and educators about the health and educationally implications of adverse childhood experiences on a child's health development and learning capacity.

### **Talking Points**

Early identification and interventions of ACEs is essential to prevent disease in adulthood, increase the capacity of children ability learn in school, and form resilience to heal from ACES experienced. The INA calls of the legislature to recognize the impact of ACEs on lowans, taking important note of the mental toll of the pandemic. The ACEs experienced today by lowans could have lasting repercussions on their health for the rest of their lives as well as their productivity in their communities.

#### **1. Support routine screening of all children at annual exam visits for adverse childhood experiences and document as a vital sign within the health record.**

- Most patients studied found it acceptable for their health care provider to screen for ACEs and felt it enhanced their relationship with their healthcare provider (Rariden et al., 2021)
- Most patients find education about ACEs empowering. Lack of assessment about ACEs can lead to harm (Bethell et al., 2017).
- 64% of adults in Iowa state experiencing one or more ACEs (Iowa ACEs 360, 2020).
- The percentage of Iowan adults who report living through four or more ACEs is 17%. (Iowa ACEs 360, 2020).
- A current practice change to screening children/youth's ACEs scores would enable providers to initiate and start interventions for children/youth that could otherwise lead to developmental delays (McKelvey et al., 2017).
- Expanding ACEs screening into pediatric settings could support direct intervention by linking families to assistance, home-visiting services, and therapies that support child development (McKelvey et al., 2017).

### **2. Support education of health care providers in OB/GYN and pediatric setting to screen their patients for adverse childhood experiences and offer appropriate interventions according to recommendations set forth by the Children’s Behavioral Health System State Board (Children’s Board) and American Academy of Pediatrics.**

- Screening women prenatally in the clinic setting is an effective way to assess ACEs score (Rariden et al., 2021).
- High ACEs scores found in pregnant mothers have been shown to correlate with adverse pregnancy outcomes which is important to note as a startling public health concern (Nyugen et al., 2019).
- During prenatal care, women who were screened for ACEs came to realize that the health care setting was a safe place to discuss how life difficulties impact their health and the health of their child (Rariden et al., 2021).
- Most patients and providers studied found it worthwhile to screen for ACEs (Flanagan et al., 2018).
- It is essential that OB/GYN providers and staff understand the effect trauma has on their clients to avoid re-traumatizing and optimizing health outcomes (American College of Obstetricians and Gynecologists’ Committee on Health Care for Underserved Women, 2021).

### **3. Support additional education of healthcare staff and educators about the health and educationally implications of adverse childhood experiences on a child’s health development and learning capacity.**

- Research shows a need for more in-depth education about trauma-informed care for health care providers that has been shown to increase knowledge and confidence level about how ACEs affect health over the lifespan (Rariden et al., 2021).
- After ACEs training, providers found that screening for ACEs was not significantly disruptive to office flow and did not take too many resources (Rariden et al., 2021).
- Children/youth with more ACEs can have problems paying attention in class, anxiety, depression, and oppositional defiant disorders (Jacob et al., 2019).
- Cortisol, which is released as a response to stress, can adversely affect the brain’s development and structure, leading to learning delays and behavior issues (Jacob et al., 2019).

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## **SUPPORT INCREASED FUNDING FOR PUBLIC HEALTH, BOTH STATE AND FEDERAL FUNDING**

*Author: Pam Deichmann, MPH, BSN, RN*

### **Action Items:**

- Increase appropriations to the Essential Public Health Services line item in the Health and Human Services budget 2022
- Support actions that serve to promote health, reduce health inequities, and protect groups that have been socially and/or economically marginalized.
- Assure that any major changes to the governmental public health system are done with the input of public health professionals and with a vision that promotes a culture of health in Iowa

### **Talking Points**

- 1. By working together, nurses can make a great impact on public health as a whole.** The Iowa Nurses Association (INA) builds on individual nurse contributions to public health, by supporting policy, advocacy, and education at the highest levels. These areas of interest include, but are not limited to
  - **Disease prevention** efforts in local communities across Iowa
  - Conduct community outreach **efforts for underserved populations** providing a wide variety of prevention and health services for all ages
  - Conduct infectious disease surveillance **and follow up efforts during infectious disease outbreaks**
  - Provide local **community vaccination efforts**
- 2. Support actions that promote health, reduce health inequities, and protect groups that have been socially and/or economically marginalized.**
  - Our greatest health challenges and solutions are highly complex and extend beyond the doctor's office. Iowa nurses supports accreditation of its public health systems and support for implementing Essential Public Health Services in all counties across Iowa
  - Nurses know that improving the health of Iowans goes beyond the health care setting and requires collaboration between housing, education, transportation, water & air quality, criminal justice, and employment.
- 3. Assure that any major changes to the governmental public health system are done with the input of public health professionals and with a vision that promotes a culture of health in Iowa**
  - IPHA encourages a thorough and transparent review of Iowa's governmental public health system to compare the status quo to Public Health 3.0 concepts.
  - A Public health 3.0 approach engages multiple sectors & community partners to generate collective impact in order to improve social determinants of health
  - More information on Public Health Nursing Practice Priorities can be found

More information on Public Health Nursing Practice Priorities can be found

<https://www.nursingworld.org/practice-policy/workforce/public-health-nursing/>



### **SUPPORT MANDATES FOR IMMUNIZATIONS AGAINST VACCINE-PREVENTABLE DISEASES**

*Author: Dawn Bowker, PhD, RN, ARNP-BC, SANE*

#### **Action Items:**

- Supportive legislation that provides effective protection of the public health mandates that all individuals receive immunizations against vaccine-preventable diseases.
- Do not endorse legislation that support any exemptions from immunization other than for medical contraindications.
- Support legislation that recommends all registered nurses, health care workers and the public be vaccinated against COVID-19.
- Endorse dissemination of on vaccine preventable illnesses is rounded in science and supported by the CDC.

#### **Talking Points**

- **Effective protection of the public health mandates that all individuals receive immunizations against vaccine-preventable diseases according to the best and most current evidence** outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).
- **The American Nurses Association does not support any exemptions from immunization other than for medical contraindications.** All requests for medical exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request. Recertification of the medical exemption is an annual obligation. Individuals exempted from vaccination may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission. Employers should offer reasonable accommodations in such circumstances. ANA does not endorse philosophical or religious exemptions.
- **The American Nurses Association strongly recommends that all registered nurses, health care workers and the public be vaccinated against COVID-19.** There is significant clinical evidence on the safety and effectiveness of the three approved COVID-19 vaccines (Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen) being administered under the Food and Drug Administration's (FDA) Emergency Use Authorization process.
- **Providing misinformation to the public regarding masking, vaccines, medications and/or COVID-19 threatens public health**
- **Misinformation not grounded in science and not supported by the CDC and FDA, can lead to illness, possibly death, and may prolong the pandemic.**
- **Vaccinations must be available and accessible to all to ensure public health and safety.** As novel diseases emerge, such as COVID-19, ANA supports ongoing research and development of safe, easily accessed vaccinations for these public health threats.

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### **SUPPORT LEGISLATION THAT ENSURES SURGICAL SMOKE IS EVACUATED FROM EVERY OPERATING ROOM IN IOWA.**

*Author: Jennifer Pennock, Associate Director, Government Affairs, AORN*

#### **Action Items:**

- Support legislation and regulations that ensure harmful surgical smoke is evacuated from operating rooms in Iowa.
- Support facility policies for the evacuation of surgical smoke from the operating room.
- Support education and awareness about the dangers and hazards of surgical smoke.

#### **Talking Points**

- Like cigarette smoke, surgical smoke can be seen and smelled. It is the result of human tissue contact with mechanical tools and/or heat-producing devices, such as lasers and electro-surgery pencils commonly used for dissection and hemostasis. In other words, it is the smoke from burning flesh.
- Many surgical procedures generate surgical smoke, including common surgeries such as mastectomies, knee replacements and C-section births.
- The average daily impact of surgical smoke to the surgical team is the equivalent of inhaling the smoke of 27-30 unfiltered cigarettes.<sup>1</sup>
- Surgical smoke is full of carcinogenic and mutagenic cells, can include 150 hazardous chemicals, 16 of which are on the EPA Priority Pollutant List, and likely exposes O.R. staff to biological (human) contaminant, including aerosolized blood.<sup>2</sup>
- According to the Environmental Protection Agency, exposure to fine particulate matter in surgical smoke is associated with cardiovascular and respiratory health problems. In addition to causing respiratory illness, asthma, and allergy-like symptoms, surgical smoke may contain viruses, such as HPV.
- Surgical smoke can cause cancer cells to metastasize in the incision site of patients having cancer removal surgery.
- Babies born by Cesarean section delivery may breathe in their mother's surgical smoke at birth.
- Surgical masks do not provide respiratory protection to health care workers and do not protect the wearer from inhaling the tiny micro-particles in surgical smoke.
- Surgical smoke can be safely and effectively evacuated by using a smoke evacuator device designed to capture the smoke at the source. Such a device may be attached to the electrosurgical pencil being used by the surgeon.
- The cost difference between electrosurgical pencils with evacuators versus those without can be as little as a few dollars per pencil.

- Surgical smoke evacuation does not involve construction costs or changes to a facility's HVAC system or general room ventilation. General room ventilation at recommended air exchange levels is not enough to capture the contaminants in smoke plume or to protect health care workers from harmful exposure. Surgical smoke must be captured at its source in order to protect health care workers and patients from its harms.
- Most hospitals and surgical facilities in Iowa have surgical smoke evacuation equipment. However, Iowa perioperative nurses report that surgical smoke is only evacuated during 24% of smoke-generating procedures.

### References

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<sup>2</sup>Pierce JS, Lacey SE, Lippert JF, Lopez R, Franke JE. Laser-generated air contaminants from medical laser applications: a state-of-the-science review of exposure characterization, health effects, and control. *J Occup Environ Hyg*. 2011;8(7):447-466