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The Direct-Care Paraprofessional Workforce Providing Long-Term Care Services in the United States: Wyoming Case Study

by

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WWAMI CENTER FOR HEALTH WORKFORCE STUDIES

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Wyoming Case Study

Peter J. House, M.H.A.

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This study was conducted by the WWAMI Center for Health Workforce Studies as a subcontract to the Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York. The overall project was funded by the National Center for Health Workforce Analysis of the Bureau of Health Professions, Health Resources and Services Administration.

Abstract

As a part of a larger national study, the author visited Wyoming to develop this case study of workforce issues related to long-term care paraprofessionals. Of particular interest was the extent to which policy makers and decision makers at the state, local, and institutional levels have adequate data on the critical staffing issues related to certified nurse aides, home health aides, and other paraprofessional long-term care workers. Information was collected via a review of written materials, interviews with key players in the state policy arena, and a field visit to a rural long-term care facility. Wyoming has a well-developed system of hospitals and nursing homes. Wyoming faces severe health workforce shortages, and long-term care paraprofessionals are no exception. All key informants expressed great interest in this topic and were eager to obtain more information. Factors contributing to shortages of Wyoming paraprofessionals include low wages, lack of access to training, difficulty of recruitment and retention in Wyoming's remote and isolated communities, and lack of career pathways.

1. Introduction

This case study of Wyoming is a part of a larger national study that is exploring the extent to which policy makers and decision makers at the state, local and institutional levels have adequate data on the critical staffing issues experienced by long-term care paraprofessionals (certified nurse aides, home health aides, and other paraprofessional long-term care workers) (State University of New York Center for Health Workforce Studies, 2002[*]). The larger study consisted of a comprehensive review of key federal data sets, a review of certified nurse aide registries in 45 states, and fieldwork in four states (California, Illinois, New York, and Wyoming). In addition, this case study of Wyoming (as well as the national study) is examining the issues related to the supply, distribution, training, and quality of long-term care paraprofessionals in America. The larger study confirmed current widespread shortages of paraprofessionals and concluded that even more severe shortages are likely in the future (State University of New York Center for Health Workforce Studies, 2002). This case study focuses on the current supply of paraprofessionals in long-term care facilities in Wyoming and the factors underlying those shortages.

2. Methodology

The author contacted key individuals involved with long-term care in Wyoming and arranged a visit to that state in late May 2001. Where available and as appropriate, the author reviewed written materials from Wyoming concerning long-term care paraprofessionals. In addition, he met with state-based professionals (in both government and private agencies) in Cheyenne (the state capital), in Laramie at the University of Wyoming, and in a small rural community.

Appendix 1 includes a listing of the persons interviewed. Appendix 2 provides a listing of the questions asked. (These questions were shared with the interviewees prior to the meetings.) Appendix 3 includes a listing of documents that were reviewed.

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[*] Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York (2002): *The Direct Care Paraprofessional Workforce Providing Long-Term Care Services in the United States: Data Sources and Data Issues.* Albany, NY: Author.

When in the rural community, the author talked briefly with a few certified nurse assistants (CNAs) and got detailed descriptions of these individuals. He reviewed the roster of that community's CNAs (43) with the supervisory staff to obtain information on their age, locations of training, and career paths.

3. Findings

3.A. The State of Wyoming

With 494,000 people living on 98,000 square miles, Wyoming is America's smallest state in terms of population and one of its largest (ninth) geographically. Most of the population is concentrated in the southeastern part of the state. The state capital is in Cheyenne, which is a short two-hour drive from Denver. The rest of the state is sparsely populated, with numerous scattered towns in the 2,000 to 5,000 population range. Historically, Wyoming was at the heart of the great American westward migration. The Oregon, Mormon, California, and Pony Express Trails all ran through Wyoming, as did the first transcontinental railroad.

The terrain is varied and, more often than not, spectacular. The landscape includes deserts, mountains, and prairies, and the land changes from one form to the next with amazing rapidity. Yellowstone National Park dominates the northwest corner of the state. Most of the state, including its largest towns, is at altitudes above 5,000 feet. While the scenery is grand, distances (which are long) and bad weather (which is frequent in the winter) can make transportation difficult and isolate communities.

While the politics of Wyoming tend toward the conservative (Vice President Cheney is a Wyomingite and the state's two U.S. senators are, by their own descriptions, two of America's most conservative), there is a certain frontier attitude that results in Wyomingites looking out for each other. As a result, the state has a well-developed system of hospitals and nursing homes with a tradition of providing care for everyone regardless of ability to pay. Wyoming was the first state to grant women suffrage. The state has a "nonprofessional" legislature that has a short session each year.

Wyoming's economy is based on extraction of minerals, tourism, and agriculture, with the first being about equal to the size of the other two combined. At the time this report was written, most observers said Wyoming had a booming economy. According to one, "There is not an unemployment crisis in Wyoming, there is an employment crisis." While wages are not high, jobs abound. For employers who need relatively unskilled and untrained workers (such as nursing home aides), it is very difficult to find enough workers. Labor unions are virtually nonexistent in Wyoming, which means that wages and salaries are set by the market and not via large-scale negotiations (either privately or at the state legislative level).

Wyoming, like many rural states, suffers from "brain drain." A substantial number of the best students leave the state once they are college-educated. To make matters worse, high school graduation rates are down, resulting in declining education levels of the entry-level workforce.

3.B. Wyoming's Health Care System

Wyoming has 26 hospitals, 41 nursing homes (including long-term care units at hospitals), and 43 agencies providing home health care. Thirteen of the nursing homes are co-located at hospitals, while the other 28 are freestanding for-profit nursing homes. Ten of the hospitals are owned by districts and have some support via limited taxing powers. Another seven are owned by counties. The Wyoming health care workforce is predominantly white.

While the hospitals and nursing homes are, for the most part, independent of each other, there is a certain spirit of cooperation where all the institutions work together to form an informal statewide system of health care. For example, the hospitals, nursing homes, nursing association, medical association, and the university have joined together to form (and fund) the not-for-profit Wyoming Health Resources Network that works for the betterment of health care for all Wyomingites. There are no towns in Wyoming with more than one hospital, and therefore the state avoids issues associated with the costly duplication of services. Apropos this study, and as further evidence of the spirit of cooperation, the health care providers and associations in Wyoming are very eager to share health workforce data with the state and each other.

The Wyoming health workforce is characterized by staffing shortages, as shown in Table 1.

Table 1: Workforce Supply for Registered Nurses, Physicians, and Licensed Practical Nurses in Wyoming and the U.S.

	Number per 100,000 U.S.	Number per 100,000 Wyoming	Wyoming Rank Compared to Other States
Registered nurses	798 (1996)	773 (1996)	33 of 50
Physicians	198 (1998)	150 (1998)	48 of 50
Licensed practical nurses	249 (1998)	183 (1998)	39 of 50

Data Source: Bureau of Health Professions, National Center for Health Workforce Information and Analysis (2000). *HRSA State Health Workforce Profile—Wyoming.* Rockville, MD: U.S. Department of Health and Human Services.

3.C. Issues Related to Long-Term Care Paraprofessionals in Wyoming

3.C.1. Definitions: The Wyoming long-term care paraprofessional workforce has three components:

- Certified Nursing Assistants (CNAs) – These workers are licensed by the state. They are required to have at least 75 hours of training in a setting approved by the Wyoming Board of Nursing.
- Home Health Assistants (HHAs) – These workers must be CNAs with an additional 16 hours of training pertinent to giving care in the home setting.
- Informal or Underground Workers – These workers provide long-term care services outside the control of licensed agencies. They include family members as well as others who sell their services to persons living at home.

In this report, the term ***CNA*** is used as a proxy for the Wyoming long-term care paraprofessional workforce. HHAs will show up in the discussions of home health, and are in fact CNAs with some additional training. Little information was available on the informal workers, so they are not discussed in this report.

3.C.2. Interest in Health Workforce Issues: Key informants, to a person, expressed great interest in health workforce issues. According to one agency

head, when it comes to workforce data in long-term care, "I don't know much but I care a lot." Staffing is the number one issue for Wyoming nursing homes at this time.

Health care leaders in Wyoming are interested in data about CNAs for several reasons:

- Information on numbers in the workforce can inform planning for meeting current and future workforce needs. This planning would include training and education, as well as recruitment and retention strategies.
- Workforce statistics might yield insights as to why there are shortages.
- Information on the distribution of CNAs in the state could help to identify best practices.
- Wyoming data in national databases should be accurate.
- Information on numbers of CNAs, turnover, and wages is useful in working with the legislature on statewide strategies for reducing shortages. Accurate information on workforce supply can also influence funding via federal programs.

3.C.3. Shortages: All informants recognized that there is a shortage of CNAs in Wyoming. The data below demonstrate that there are more than enough CNAs in Wyoming with valid licenses. However, many of them are either not actively participating in the workforce or are currently working in a different field.

To put a quantitative turn on the generally recognized shortages,[*] in Wyoming, there are:

- 12,000 CNAs on the Board of Nursing registry.
- 3,657 CNAs with current certification.
- 1,491 CNAs working in nursing homes, home health agencies, and hospitals.

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[*] See additional information below in section 3.C.8.

- 1,387 positions (full-time equivalent [FTE]) for CNAs in the nursing homes, home health agencies, and hospitals.
- 155 vacant CNA positions in the nursing homes, home health agencies, and hospitals.

Clearly, the shortages faced by these agencies are a manifestation of something other than an inadequate supply of CNAs. The next sections of this report discuss some possible reasons for the shortages.

3.C.4. Wage Rates: All observers believe that pay rates for CNAs are very low relative to their importance to long-term care. A recent survey by the Quality Health Care Foundation of Wyoming found that the statewide median pay rate for CNAs is $8.32 per hour. The lowest paid CNAs anywhere in Wyoming made $7.00 per hour, while the highest paid CNAs earned $12.86 per hour. Even with Wyoming's relatively low cost of living, these are not sufficient living wages for a single-income family.

There is a difference of opinion as to the importance of wage rates to the supply problem. Some observers believe that a dollar or so more per hour would increase the availability of CNAs. Others believe that even with a two to three dollar per hour raise (25%+), the shortages would not disappear. They argue that the key issue involves the work itself. Some people find this work interesting and rewarding (albeit physically and mentally stressful), while others perceive the work distasteful and would never work as CNAs regardless of the wage. Furthermore, according to key informants in Wyoming, "a potential employee with any skills who is looking to maximize his or her income would not take a job as a CNA." Yet, the shortages notwithstanding, hundreds of skilled and caring people do this type of work in Wyoming.

In Wyoming, CNA wages are restricted by state rules that limit the amount that a nursing home can pay a CNA (under cost-based reimbursement). Nursing homes that increase CNA pay rates need to wait up to a year for the higher rates to be reflected in their reimbursement.

3.C.5. Training and Continuing Education: Training for CNA certification can be obtained in the state's community colleges, at some high schools and at most nursing homes. A training course costs about $350 and includes at least 75 hours of classroom and practical instruction. HHA certification requires an additional 16 hours of training. At the end of the course, the trainee must pass

both a written test (unless that applicant is illiterate, in which case the test must be administered orally) and a skills test. Finally, applicants go through a background check that covers disciplinary actions by licensing boards, drug and/or alcohol abuse, and criminal convictions. Last year in Wyoming, fully 60 percent of the applicants for CNA certification had criminal records.* Typically in Wyoming, the applicant pays $155 in certification fees (CNA application—$60; background check—$60; and National Nurse Aide Assessment examination—$35).

The School of Nursing at the University of Wyoming (and some other higher education institutions in Wyoming) now requires that all applicants for the Bachelor of Science in Nursing (BSN) program have completed CNA training and passed the test and background check. This ensures (1) that incoming students will have the basic skills of patient care, and (2) that applicants will have a clear understanding of what nurses actually do (i.e. they have frequent physical contact with patients that includes assistance with daily living). This requirement has the beneficial side effect of putting a cadre of workers into the CNA field even if for only a brief time and/or for part-time work.

Some high schools in Wyoming have Career and Technical Education departments that examine workforce issues and develop programs to encourage students to enter areas with workforce shortages. These programs offer CNA training in some towns. For young students, there can be problems with gaining practical experience during training, as the local nursing homes are often reluctant to bring uncertified students into contact with their residents.

A training issue that is particularly irksome to the key informants is that if a nursing home has a certain level of deficiencies in a state survey, a statutory consequence may be that it will be penalized by losing the certification of its training program. The CNA shortage can result in understaffing and overwork for the CNAs that are employed, which can lead to more deficiencies on surveys by the state. Losing the training program exacerbates the CNA shortage problem, leading to a spiral of decline in the quality and financial health of the nursing home.

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* On further review, many of those criminal records are deemed minor and unrelated to the applicant's ability to work as a CNA. The state then grants certification to these individuals despite their criminal records.

3.C.6. Recruiting and Retention: There is broad agreement among key informants that the agencies having the least problems with CNA shortages are those that do the best with human resources management. Such agencies value the CNAs and communicate their appreciation to the staff. These agencies involve the CNAs in decisions where their input can be useful. They have flexible staffing patterns in recognition of the wide variety of personal circumstances of the CNAs. For example, the rural nursing home visited for this study had shifts of 8, 10 and 12 hours, with a wide variety of start and end times.

Local training programs are clearly a major source of CNAs. In the rural nursing home that the author visited, 36 of the 43 CNAs were trained at that facility. On the downside, the nursing home reported that in a typical training class of 15, only three or four typically get hired, some fail the test, others do not like the work, and some turn out to be incompetent. In some rural settings, being a CNA might be "the only game in town" for a poorly educated, unskilled person seeking steady, full-time work. Individuals participating in "welfare to work" programs may be eligible to have their CNA training and certification fees waived.

One informant pointed out that CNAs are a mobile group. As she explained:

- They move out — they leave the field and get new kinds of work.
- They move up — they get more training and get higher level jobs in the health field.
- They move on — they go to another facility, probably looking for a setting where they will be treated better.

Annual regulatory surveys (site visits for inspection of the facilities and the care given) of the nursing homes are becoming a retention issue with CNAs. All nursing home personnel are finding these surveys to be increasingly draconian and stressful. Many CNAs see the surveys as a violation of a resident's "home" (the resident's room in the nursing home). The surveyors, a group of people with clipboards, observe very personal care, and this is often distressing to the residents, and some CNAs find the process intolerable and decide to leave the field.

3.C.7. Career Paths for Long-Term Care Paraprofessionals: For many CNAs, the job and work experience hold little promise for career advancement. They need very little training to be certified and they face substantial limitations when on the job, which can make these jobs seem like "dead ends." That having been said, there is evidence that some CNAs use this work as a stepping stone to other opportunities in the work place, both in health care and other fields. A review of the roster of CNAs in the rural community visited showed that of 43 CNAs currently employed, six have plans and aspirations for advanced training and work in the health care field. Three or four others work on a part-time basis while they pursue other opportunities. One came to the hospital as part of a government-sponsored back-to-work program.

3.C.8. Quality of Workforce: Due to the diligence of the Board of Nursing, most observers believe that the quality of the CNA workforce is high in Wyoming. There are many CNAs who see this work as a calling, and they are doing a great job. On the downside, the programs concerning quality of the CNA workforce at the Board of Nursing (training oversight, discipline and background checks, licensure and certification, and data management) cost substantially more to administer than the funding allows. For this reason, the Board of Nursing cannot afford to do all the things that they could do to assure a quality workforce.

3.C.9. Data Issues: The main sources of workforce information in Wyoming on CNAs are:

- Wyoming Board of Nursing.
- Mailed and telephone surveys done by the Quality Health Care Foundation of Wyoming and the Wyoming Health Care Association.
- Wyoming Department of Employment (the publication is Wyoming Labor Force Trends; see also http://lmi.state.wy.us).
- Wyoming Health Resources Network.
- Center for Rural Health Research and Education at the University of Wyoming.

Board of Nursing: Most agencies in Wyoming look to the Board of Nursing as the best source of workforce information on CNAs. The Board of

Nursing maintains the registries of CNAs in Wyoming. Each biennium, CNAs must pay $50 to renew their certification. At the time of renewal, CNAs submit information concerning change of address, place of employment, continuing education credits, full-time/part-time status, and disciplinary actions. (See Appendix 4 for a copy of the "Application for Biennial Registration.") The staff audits 10 percent of the renewal applications to ensure accuracy.

Recent numbers of current licenses for CNAs are as follows:

July 1996	2,692
May 1997	3,941
April 1998	4,587
May 1999	4,072
May 2000	4,729
May 2001	3,657

At this writing, there are approximately 12,000 names on the full registry.

In early 2001, surveys on long-term care paraprofessionals in Wyoming were conducted by (1) the staff of the Board of Nursing and (2) the trade associations representing the state's nursing homes and home health agencies (Quality Health Foundation of Wyoming and Wyoming Health Care Association).

The Board of Nursing conducted a survey in the summer of 2002 of all the institutions that employ CNAs and HHAs. This brief survey asked each institution about the number of positions, number of persons hired, number of vacancies, and so forth. (See Appendix 5 for copies of the survey instruments.) The return rate was very high, probably because the shortages in all classifications of nursing personnel are acute. The Board of Nursing believes that the quality of its data is good, although it points out that all such data sources are dependent on the accuracy of the numbers submitted and the care with which they are entered into the database.

This survey for the period July 1, 1999, to June 30, 2000, is shown in Table 2.

Table 2: Results of Wyoming Long-Term Care Facility Survey — CNA Staffing 7/1999-6/2000

	Nursing Homes	Home Health	Hospitals
Number of CNA positions (FTEs)	678	250	459
Number of CNAs employed	833	259	399
Number of CNAs hired	805	215	199
Currently vacant CNA positions	79	24	52
Survey return rate	28/40 (70%)	48/56 (86%)	18/26 (69%)

The data collected by the Board of Nursing are accessible, as the Board of Nursing is willing to share aggregated data with anyone who queries. If one knows the Social Security number of a CNA, the Board will provide that person's certification standing. For a small fee, the Board of Nursing will provide mailing labels of all CNAs by location.

Quality Health Care Foundation of Wyoming and the Wyoming Health Care Association: These two agencies represent various portions of the state's long-term care facilities. Both agencies conduct surveys from time to time, as mentioned elsewhere in this report. (See, for example, the discussions of wages in Section 3.C.4. above.)

University of Wyoming and the Wyoming Health Resources Network: The University of Wyoming's Center for Rural Health Research and Education, working in conjunction with the Wyoming Health Resources Network, recently created a statewide health workforce registry. The registry will (1) contain data on licensed health care and allied health practitioners and facilities, (2) be Internet accessible, and (3) support searches and analyses by policy planners, recruiters, researchers, and the public.

Local Knowledge: According to one informant, some local administrators will often have detailed knowledge of the local CNA workforce, including names and addresses of potential workers. They will know where (and why) CNAs are currently working in town, and they will understand the competitive circumstances of local pay rates for other low-paying jobs.

3.C.10. Comparison of Wyoming Data with Data from National Sources: Some observers feel that national workforce databases do not accurately represent the workforce in Wyoming. Key informants cited recent workforce

studies with inaccurate statistics on pharmacists, physician assistants, and certified nurse midwives.

4. Author's Recommendations

- ***Continue with current data collection activities.*** Wyoming's small size and renowned cooperation allow it to collect high-quality, accessible data on a regular basis. The new registry being developed by the University and the Wyoming Health Resources Network will be an important contribution to the CNA workforce knowledge base.

- ***Do not take away training programs as a penalty for deficiencies that are unrelated to training.*** A prime source of CNAs in this time of shortages is the nursing home-based training programs. It is counter-productive to decertify those programs for deficiencies unrelated to the quality of the training.

- ***Share information about successful staff retention efforts.*** Some nursing homes and home health agencies do a very good job retaining CNAs, and the entire state could benefit from knowledge of effective retention strategies.

- ***Develop ways to help potential applicants afford or pay fees required for certification.*** The fees required of the applicants are relatively high for a low-income person interested in becoming a CNA. The state as a whole would benefit from removing this barrier to entry into the workforce.

- ***The state survey process should be "toned down."*** State nursing home surveys are becoming a serious CNA retention issue. CNAs as a group see the survey process not as an opportunity to improve resident care, but rather as a harsh summative process. The surveyors need to understand that "when you study a thing, you change it." A CNA's skills will often suffer while surveyors are looking over their shoulders.

Appendix 1:

Individuals Interviewed

Sharla Allen, Executive Director, Wyoming Health Resources Network, Inc.

Kim Brillhart, Resident Care Director, Platte County Memorial Hospital, Nursing Home and Home Health, Wheatland

Marcia Dale, Dean, School of Nursing, University of Wyoming

Toni Decklever, President, Wyoming Nurses Association

Bill Gould, Human Resources Director, Platte County Memorial Hospital, Nursing Home and Home Health, Wheatland

Steve Hannah, Administrator, Platte County Memorial Hospital, Nursing Home and Home Health, Wheatland

Kathi Harshbarger, Home Care Director, Platte County Memorial Hospital, Nursing Home and Home Health, Wheatland

Kelly Hubbell, Project Coordinator, Wyoming Area Health Education Center

Tom Jones, Executive Director, Wyoming Health Care Association

Bob Kidd, Executive Director, Wyoming Hospital Association

Cheryl Koski, Executive Director, State Board of Nursing

Deborah Lockman, Patient Care Administrator, Platte County Memorial Hospital, Nursing Home and Home Health, Wheatland

Jeanie Niemoller, Administrator, Extended Care Facility, Ivinson Memorial Hospital, Laramie

Mary K. Schaper, Nurse Practices Consultant, State Board of Nursing

Janet Shoop, Human Resources Director, Platte County Memorial Hospital, Nursing Home and Home Health, Wheatland

Doug Thiede, Director, Wyoming Office of Rural Health

Appendix 2:

Interview Questions

1. What are the sources of data about long-term care paraprofessionals in Wyoming?

    - List of agencies with responsibility for official registries
        To what extent are these registries used?

    - Types of workers could include:
        Certified nurse aides
        Home health aides
        Other paraprofessional long-term care workers
            Personal and home care aides, orderlies, attendants, etc.
        Informal/underground workers

    - On the data sources:
        Definitions (key point of information)
        Documentation of the files
        Availability
        Access procedures
        Etc.

    - Basic historical counts (if available) by type of worker

    - Where would you go if you needed data in a hurry?

2. What is the quality/adequacy of these data sources for use in workforce planning and policy making?

3. What is the "quality" of the workforce.
    Quality as associated with skills, knowledge, dedication, caring, etc.
    How do you measure these characteristics?
    What is the number of hours of training required by category?
    Is training coordinated into a career path allowing workers to advance?

4. Is there interest in establishing a new system for collecting basic data on direct-care paraprofessionals in Wyoming?

5. Are there any "best practices" in Wyoming that we should know about?

Appendix 3:

Documents Reviewed

October 2000 survey by the Board of Nursing relating to Certified Nursing Assistants

Specific costs of CNA program for the State of Wyoming

Initial training program application requirements

CNA endorsement application package

Wyoming Nurse Practice Act

Wyoming Administrative Rules and Regulations (Chapter 7 relates to CNAs)

Nurse Aide Candidate Handbook (from the National Nurse Aide Assessment Program)

Member Wage Survey (updated April 2001) from the Quality Health Care Foundation of Wyoming

Update of the Master Plan for Nursing Education in Wyoming, 2001 (updated from *Strategies for Implementing a Master Plan for Nursing Education in the State of Wyoming* by Marie E. Miller, 1991)

Wyoming Labor Force Trends

Telephone Survey of Directors of Nursing, January – April 2001, by Quality Health Care Foundation

Appendix 4

Certified Nursing Assistant Biennial Registration form

CERTIFIED NURSING ASSISTANT
APPLICATION FOR BIENNIAL REGISTRATION
EXPIRATION DATE: DECEMBER 31, 20_____

NAME: _____
(Last) (First) (Middle) (Maiden)

MAILING ADDRESS: _____

_____
(City) (County) (State) (Zip Code)

WY CERTIFICATION NO.: _____ HOME TELEPHONE NO.: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

ADDITIONAL EDUCATION BEYOND BASIC PROGRAM - YEAR COMPLETED:

1 ❑ Associate Degree Year_____
2 ❑ Baccalaureate Degree_____
3 ❑ Master Degree Year_____
4 ❑ Doctorate Year_____

EMPLOYER _____

Address _____

Business Phone No. _____

3 ❑ Full-time (40 or more hours per week)
4 ❑ Part-time (_____ hours per week)

I meet continued competency requirement by: (MUST CHECK 2)

10 ❑ Minimum 500 hours working as CNA in the last 2 years.
11 ❑ 24 in-service education hours in the last 2 years.
13 ❑ Completion of basic nurse aid program in the last 2 years.
14 ❑ Passed State Board NACEP within the last 2 years.

If YES to any of the following questions, give dates, detailed information, including court orders, treatment records, probation records, etc., for each occurrence. Attach documents and your statement to this form. Do Not include minor traffic violations.

❑ YES ❑ NO Has any disciplinary action been taken or is pending against you by a licensing authority?
❑ YES ❑ NO Are you now or have you been treated for drug/alcohol/substance abuse in the last ten years?
❑ YES ❑ NO Have you been convicted of an offense in a court of law?

I certify that I have records to document the statements checked on this renewal application and that, if audited, I will submit the documentation to the Wyoming State Board of Nursing.

I represent all information entered on this renewal application to be true and correct. I understand any misrepresentation or concealment of information requested may be reason for denial or revocation of license (W.S. 33-21-146(a)(iii)(A)).

Please read above and sign X_____ _____
Applicant's Signature Date

Appendix 5:

Board of Nursing, CNA Survey Instruments

Wyoming State
Board of Nursing
Nursing Home Survey

The Board of Nursing, in conjunction with the Department of Health, is attempting to obtain increased funding for the CNA program from the federal government. In order to accomplish this, we need some important information on CNA employment in your facility.

Please complete the survey below as soon as possible and return it no later than Wednesday, October 25, 2000 to:

Wyoming State Board of Nursing
2020 Carey Avenue, Suite 110
Cheyenne, WY 82002
FAX: 307-777-3519

Facility Name:	Phone	Fax
Address:		

1. Total number of CNAs hired July 1, 1999 to June 30, 2000:				
2. Total number of CNAs employed July 1, 1999 through June 30, 2000:				
3. Total number of budgeted positions for CNAs:				
4. Total number of vacant CNA positions:				
5. Annual turnover rate of CNAs:				
6. Do any CNAs employed work in both acute care and long term care?	Yes		No	
a. If yes, how many?				
b. If yes, are they employed by you or the hospital?	Us		Hosp	

Additional Comments:

Thank you for your time given to complete this survey!

Wyoming State
Board of Nursing
Hospital Survey

The Board of Nursing, in conjunction with the Department of Health, is attempting to obtain increased funding for the CNA program from the federal government. In order to accomplish this, we need some important information on CNA employment in your facility.

Please complete the survey below as soon as possible and return it no later than Wednesday, October 25, 2000 to:

Wyoming State Board of Nursing
2020 Carey Avenue, Suite 110
Cheyenne, WY 82002
FAX: 307-777-3519

Facility Name:	Phone	Fax
Address:		

1. Total number of CNAs hired July 1, 1999 to June 30, 2000:				
2. Total number of CNAs employed July 1, 1999 through June 30, 2000:				
3. Total number of budgeted positions for CNAs:				
4. Total number of vacant CNA positions:				
5. Annual turnover rate of CNAs:				
6. Do any CNAs employed work in both acute care and long term care?	Yes		No	
a. If yes, how many?				
b. If yes, are they employed by you or long term care?	Us		LTC	
7. Do you have swing beds?	Yes		No	
a. If yes, do CNAs in your facility care for patients in the swing beds?	Yes		No	
1) If yes, how many CNAs each shift care for swing bed patients?				

Additional Comments:

Thank you for your time given to complete this survey!

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Additional Comments:

Thank you for your time given to complete this survey!

Previous WWAMI Center for Health Workforce Studies and Rural Health Research Center Working Papers

The WWAMI Rural Health Research Center was established in 1988. The WWAMI Center for Health Workforce Studies was established in 1998.

1. Hart, L. Gary; Rosenblatt, Roger A.; and Amundson, Bruce A. Is There a Role for the Small Rural Hospital? January 1989.
2. Hart, L. Gary; Rosenblatt, Roger A.; and Amundson, Bruce A. Rural Hospital Utilization: Who Stays and Who Goes? March 1989.
3. Amundson, Bruce A. and Hughes, Robert D. Are Dollars Really the Issue for the Survival of Rural Health Services? June 1989.
4. Nesbitt, Thomas S.; Rosenblatt, Roger A.; Connell, Frederick A.; and Hart, L. Gary. Access to Obstetrical Care in Rural Areas: Effect on Birth Outcomes. July 1989.
5. Schleuning, Dianne; Rice, George; and Rosenblatt, Roger A. Addressing Barriers to Rural Perinatal Care: A Case Study of the Access to Maternity Care Committee in Washington State. October 1989.
6. Rosenblatt, Roger A.; Whelan, Amanda; and Hart, L. Gary. Rural Obstetrical Access in Washington State: Have We Attained Equilibrium? January 1990.
7. Rosenblatt, Roger A; Weitkamp, Gretchen; Lloyd, Michael; Schafer, Bruce; Winterscheid, Loren C.; Vaughn, J. Daniel; and Hart, L. Gary. Are Rural Family Physicians Less Likely to Stop Practicing Obstetrics Than Their Urban Counterparts: The Impact of Malpractice Claims. April 1990.
8. Rosenblatt, Roger A.; Whelan, Amanda; Hart, L. Gary, Long, Constance; Baldwin, Laura-Mae; and Bovbjerg, Randall R. Tort Reform and the Obstetric Access Crisis: The Case of the WAMI States. June 1990.
9. Hart, L. Gary; Pirani, Michael; and Rosenblatt, Roger A. Causes and Consequences of Rural Small Hospital Closures from the Perspectives of Mayors. September 1990.
10. Welch, H. Gilbert; Larson, Eric H.; Hart, L. Gary; and Rosenblatt, Roger A. Readmission Following Surgery in Washington State Rural Hospitals. January 1991.
11. Amundson, Bruce A.; Hagopian, Amy; and Robertson, Deborah G. Implementing a Community-Based Approach to Strengthening Rural Health Services: The Community Health Services Development Model. February 1991.
12. Hoare, Geoffrey; Katz, Aaron; Porter, Alice; Dannenbaum, Alex; and Baldwin, Harry. Rural Health Care Linkages in the Northwest. April 1991.
13. Whitcomb, Michael E.; Cullen, Thomas J.; Hart, L. Gary; Lishner, Denise M.; and Rosenblatt, Roger A. Impact of Federal Funding for Primary Care Medical Education on Medical Student Specialty Choices and Practice Locations (1976-1985). April 1991.
14. Larson, Eric H.; Hart, L. Gary; and Rosenblatt, Roger A. Is Rural Residence Associated with Poor Birth Outcome? June 1991.
15. Williamson, Harold A.; Rosenblatt, Roger A.; Hart, L. Gary. Physician Staffing of Small Rural Hospital Emergency Departments: Rapid Change and Escalating Cost. September 1991.
16. Hart, L. Gary; Pirani, Michael J.; Rosenblatt, Roger A. Rural Hospital Closure and Local Physician Supply: A National Study. December 1991.
17. Larson, Eric H.; Hart, L. Gary; Hummel, Jeffrey. Rural Physician Assistants: Results from a Survey of Graduates of MEDEX Northwest. May 1992.
18. Hart, L. Gary; Robertson, Deborah G.; Lishner, Denise M; Rosenblatt, Roger A. Part 1: CEO Turnover in Rural WAMI Hospitals. Part 2: Rural Versus Urban CEOs: A Brief Report on Education and Career Location Patterns. August 1992.
19. Williamson, Harold; Hart, L. Gary; Pirani, Michael J.; Rosenblatt, Roger A. Rural Hospital Surgical Volume: Cutting Edge Service or Operating on the Margin? January 1993.
20. Rosenblatt, Roger A.; Saunders, Greg; Tressler, Carolyn; Larson, Eric H.; Nesbitt, Thomas S.; Hart, L. Gary. Do Rural Hospitals Have Less Obstetric Technology than their Urban Counterparts? A Statewide Study. March 1993.
21. Williamson, Harold A.; Hart, L. Gary; Pirani, Michael J.; Rosenblatt, Roger A. Market Shares for Rural Inpatient Surgical Services: Where Does the Buck Stop? April 1993.
22. Geyman, John P.; Hart, L. Gary. Primary Care at a Crossroads: Progress, Problems and Policy Options. May 1993.
23. Nesbitt, Thomas S.; Larson, Eric H.; Rosenblatt, Roger A.; Hart, L. Gary. Local Access to Obstetric Care in Rural Areas: Effect on Prenatal Care, Birth Outcomes, and Costs. August 1993.
24. Grossman, David; Hart, L. Gary; Rivara, Frederick P.; Rosenblatt, Roger A.; Maier, Ronald V. From Roadside to Bedside: The Regionalization of Motor Vehicle Trauma Care in a Remote Rural County. October 1993.
25. Baldwin, Laura-Mae; Hart, L. Gary; West, Peter A.; Norris, Tom E.; Gore, Edmond. Two Decades of Experience in the University of Washington Family Medicine Residency Network: Practice Differences Between Graduates in Rural and Urban Locations. November 1993.
26. Statewide Office of Rural Health and Washington Rural Health Association. Implementing Health Care Reform: Setting a Course for Rural Washington. Summary of a Workshop, November 9-10, 1993, Seattle, Washington. January 1994.

27. Williamson, Harold A.; West, Peter A.; Hagopian, Amy. Scope of Rural Medical Services: A Workbook for Hospital Trustees. March 1994.

28. Cullen, Thomas J.; Hart, L. Gary; Whitcomb, Michael E.; Lishner, Denise M.; Rosenblatt, Roger A. The National Health Service Corps: Rural Physician Service and Retention. September 1994.

29. Neighbor, William E.; Baldwin, Laura-Mae; West, Peter A.; Bezy, Judith M.; Hart, L. Gary. Experience of Rural Hospitals with the National Practitioner Data Bank. October 1994.

30. Rosenblatt, Roger A.; Mattis, Rick; Hart, L. Gary. Access to Legal Abortions in Rural America: A Study of Rural Physicians in Idaho. November 1994.

31. West, Peter A.; Norris, Thomas E.; Gore, Edmond J.; Baldwin, Laura-Mae; Hart, L. Gary. The Geographic and Temporal Patterns of Residency-Trained Family Physicians: University of Washington Family Practice Residency Network. February 1995.

32. Hart, L. Gary; Dobie, Sharon A.; Baldwin, Laura-Mae; Pirani, Michael J.; Fordyce, Meredith; Rosenblatt, Roger A. Rural and Urban Differences in Physician Resource Use for Low-Risk Obstetrics. March 1995.

33. Rosenblatt, Roger A.; Saunders, Greg; Shreffler, Jean; Pirani, Michael J.; Larson, Eric H.; Hart, L. Gary. Beyond Retention: National Health Service Corps Participation and Subsequent Practice Locations of a Cohort of Rural Family Physicians. April 1995.

34. Dobie, Sharon; Hart, L. Gary; Fordyce, Meredith; Andrilla, Holly; Rosenblatt, Roger A. Content of Obstetric Care for Rural, Medicaid, and Minority Women. June 1995.

35. Melzer, Sanford M.; Grossman, David C.; Hart, L. Gary; Rosenblatt, Roger A. Hospital Services for Rural Children in Washington State: Where Do They Go for Care and Who Takes Care of Them? October 1995.

36. Larson, Eric H.; Hart, L. Gary; Rosenblatt, Roger A. Is Rural Residence a Risk Factor for Poor Birth Outcome? A National Study. December 1995.

37. Norris, Thomas E.; Reese, Jennifer W.; Rosenblatt, Roger A. Are Rural Family Physicians Comfortable Performing Cesarean Sections? March 1996.

38. Lishner, Denise M.; Richardson, Mary; Levine, Phyllis, Patrick Donald. Access to Primary Health Care Among Persons with Disabilities in Rural Areas: A Summary of the Literature. April 1996.

39. Dunbar, Peter J.; Mayer, Jonathan D.; Fordyce, Meredith A.; Lishner, Denise M.; Hagopian, Amy; Spanton, Ken; Hart, L. Gary. A Profile of Anesthesia Provision in Rural Washington and Montana. May 1996.

40. Perrin, Edward B.; Hart, L. Gary;, Goldberg, Bruce; Grossman, David; Skillman, Susan M.; Paul, Britt. Patient Outcomes and Medical Effectiveness Research in Rural Areas for Racial/Ethnic Populations: Issues and Recommendations. July 1996.

41. Perrin, Edward B.; Hart, L. Gary; Skillman, Susan M.; Paul, Britt; Hanken, Mary Alice; Hummel, Jeffrey. Health Information Systems and Their Role in Rural Health Services: Issues and Policy Recommendations. August 1996.

42. Saver, Barry; Casey, Susan; House, Peter; Lishner, Denise; Hart, Gary. Antitrust and Action Immunity in Rural Washington State. Part I: User's Guide to Antitrust and Rural Health Care Environments. Part II: Antitrust Issues in Rural Washington State. January 1997.

43. Dyck, Sarah; Hagopian, Amy; House, Peter J.; Hart, L. Gary. Northwest Rural Hospital Governing Boards. November 1997.

44. Doescher, Mark P.; Ellsbury, Kathleen E.; Hart, L. Gary. The Distribution of Rural Female Generalist Physicians in the United States. February 1998.

45. Wright, George E.; Andrilla, C. Holly A. How Many Physicians Can a Rural Community Support? A Practice Income Potential Model for Washington State. April 2001.

46. Saver, Barry G.; Bowman, Robert; Crittenden, Robert A.; Maudlin, Robert K.; Hart, L. Gary. Barriers to Residency Training of Physicians in Rural Areas. April 1998.

47. Larson, Eric H.; Hart, L. Gary; Goodwin, Mary-Katherine; Geller, Jack; Andrilla, Catherine. Dimensions of Retention: A National Study of the Locational Histories of Physician Assistants. April 1998.

48. Baldwin, Laura-Mae; Rosenblatt, Roger A.; Schneeweiss, Ronald; Lishner, Denise M.; Hart, L. Gary. Rural and Urban Physicians: Does the Content of their Practices Differ? May 1998.

49. Geyman, John P.; Hart, L. Gary; Norris, Thomas E.; Coombs, John B.; Lishner, Denise M. Physician Education and Rural Location: A Critical Review. February 1999.

50. Hart, L. Gary; Morrill, Richard; Cromartie, John. A Guide to the Use of Rural and Urban Commuting Areas (RUCAs) in Health Care Analyses. (forthcoming)

51. Hart, L. Gary; Rosenblatt, Roger A.; Lishner, Denise M.; Friedman, Harvey; Baldwin, Laura-Mae. Where Do Elderly Rural Residents Obtain their Physician Care? A Study of Medicare Patients in Washington State. (forthcoming)

52. Ellsbury, Kathleen E.; Doescher, Mark P.; Hart, L. Gary. The Production of Rural Female Generalists by U.S. Medical Schools. January 1999.

53. Lishner, Denise M.; Rosenblatt, Roger A.; Baldwin, Laura-Mae; Hart, L. Gary. Emergency Department Use by the Rural Elderly. November 1998.

54. Baldwin, Laura-Mae; Grossman, David C.; Casey, Susan; Hollow, Walter; Sugarman, Jonathan R.; Freeman, William L.; Hart, L. Gary. Perinatal and Infant Health Among Rural and Urban American Indians/Alaska Natives. June 1999.

55. Larson, Eric H.; Hart, L. Gary; Muus, Kyle; Geller, Jack. Content of Physician Assistant Practice: Results from a National Survey. May 1999.

56. Richardson, Mary; Casey, Susan; Rosenblatt, Roger A. Local Health Districts and the Public Health Workforce: A Case Study of Wyoming and Idaho. November 1999.

57. Larson, Eric H.; Hart, L. Gary; Ballweg, Ruth. National Estimates of Physician Assistant Productivity. January 2000.

58. Hart, L. Gary; Norris, Thomas E.; Lishner, Denise M. Attitudes of Family Physicians in Washington State Toward Physician-Assisted Suicide. February 2002.

59. Rosenblatt, Roger A.; Baldwin, Laura-Mae; Chan, Leighton; Fordyce, Meredith A.; Hirsch, Irl B.; Palmer, Jerry P.; Wright, George E.; Hart, L. Gary. The Quality of Care Received by Diabetic Patients in Washington State: A Rural-Urban Comparison. March 2000.

60. Wright, George E.; Paschane, David M.; Baldwin, Laura-Mae; Domoto, Peter; Cantrell, Diana; Hart, L. Gary. Distribution of the Dental Workforce in Washington State: Patterns and Consequences. March 2001.

61. Rosenblatt, Roger A.; Casey, Susan; Richardson, Mary. Rural-Urban Differences in the Public Health Workforce: Findings from Local Health Departments in Three Rural Western States. January 2001.

62. Ellsbury, Kathleen E.; Baldwin, Laura-Mae; Johnson, Karin; Runyan, Sue; Hart, L. Gary. Gender-Related Factors in the Recruitment of Generalist Physicians to the Rural Northwest. February 2001.

63. Norris, Thomas E.; Hart, L. Gary; Larson, Eric H.; Tarczy-Hornoch, Peter; Masuda, David; Fuller, Sherrilynne; House, Peter J.; Dyck, Sarah M. Low-Bandwidth, Low-Cost Telemedicine Consultations Between Rural Family Physicians and Academic Medical Center Specialists: A Multifaceted Satisfaction Study. February 2001.

64. Larson, Eric H.; Palazzo, Lorella; Berkowitz, Bobbie; Pirani, Michael J.; Hart, L. Gary. The Contribution of Nurse Practitioners and Physician Assistants to Generalist Care in Underserved Areas of Washington State. June 2001.

65. Rosenblatt, Roger A.; Rosenblatt, Fernne Schnitzer. The Role and Function of Small Isolated Public Health Departments: A Case Study in Three Western States. June 2001.

66. Thompson, Matthew J.; Skillman, Susan M.; Johnson, Karin; Schneeweiss, Ronald; Ellsbury, Kathleen; Hart, L. Gary. Assessing Physicians' Continuing Medical Education Needs in the U.S.-Associated Pacific Jurisdictions. September 2001.

67. Hart, L. Gary. The Evaluation Questionnaires of Office for the Advancement of Telehealth Grantees. September 2001.

68. Skillman, Susan M.; Hutson, Troy; Andrilla, C. Holly A.; Berkowitz, Bobbie; Hart, L. Gary. How Are Washington State Hospitals Affected by the Nursing Shortage? Results of a 2001 Survey. May 2002.

69. Rosenblatt, Roger A.; Schneeweiss, Ronald; Hart, L. Gary; Casey, Susan; Andrilla, C. Holly A.; Chen, Frederick M. Family Medicine Residency Training in Rural Areas: How Much Is Taking Place, and Is It Enough to Prepare a Future Generation of Rural Family Physicians? March 2002.

70. Palazzo, Lorella; Hart, L. Gary; Skillman, Susan M. The Impact of the Changing Scope of Practice of NPs, CNMs, and PAs on the Supply of Practitioners and Access to Care: Oregon Case Study. March 2002.