

THE TIME  
IS NOW

STOP  
HIV  
IOWA



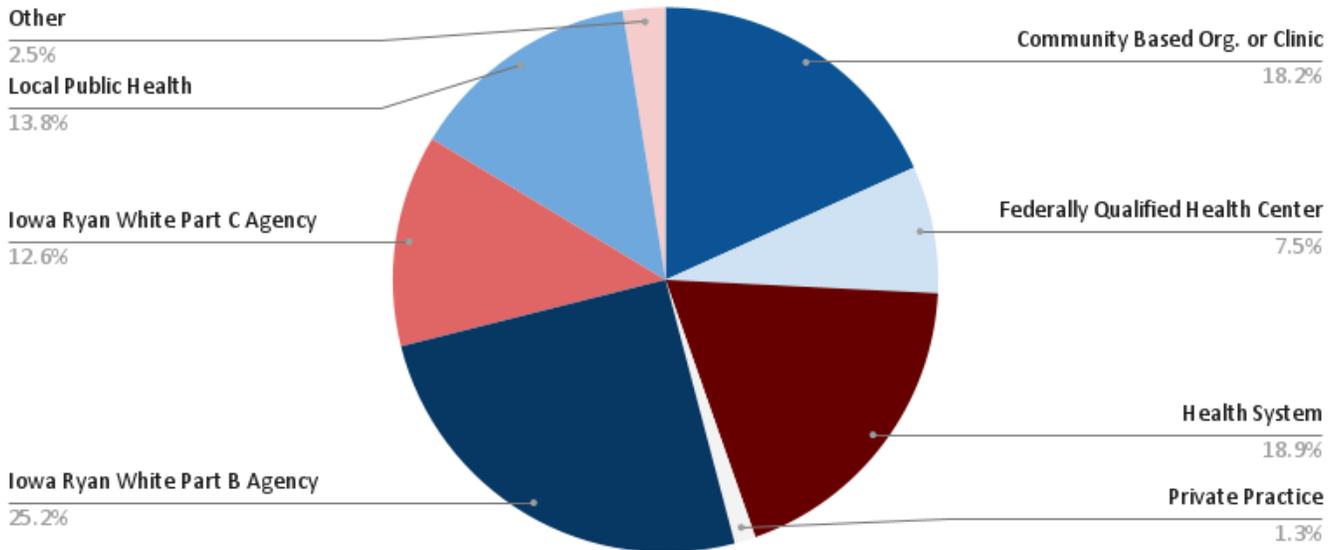
# STOP HIV IOWA: HIV WORKFORCE SURVEY SUMMARY

Executive summary of a survey distributed to infectious disease providers specializing in HIV, all staff from Ryan White Part B & C agencies, all working in HIV testing and prevention from front line workers to administrators in the state of Iowa.

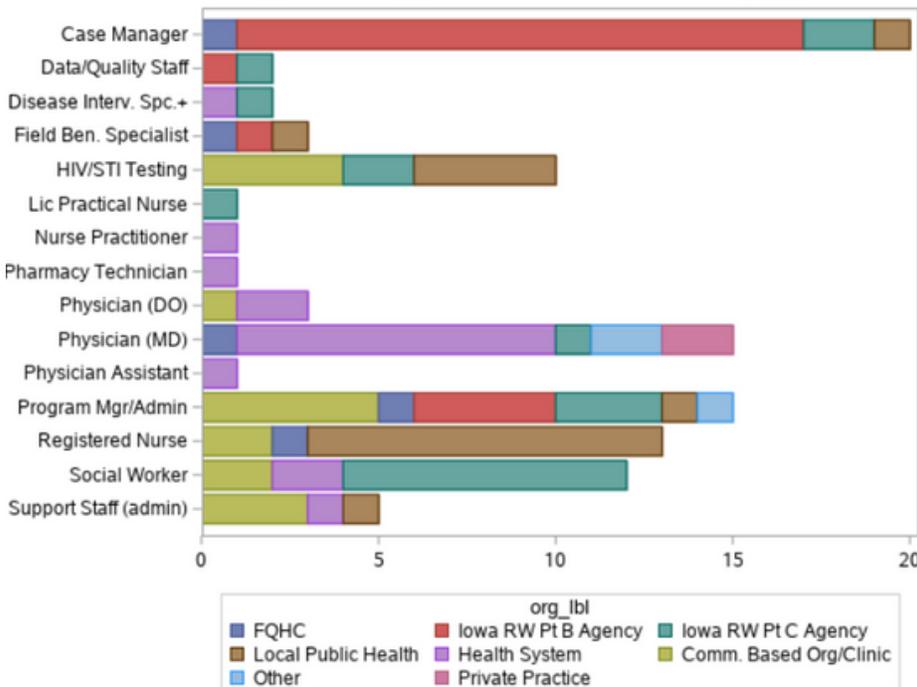
# IOWA HIV WORKFORCE

## Who took this survey? Where do they work?

In total, 141 people started the survey we designed for members of the HIV Workforce in Iowa, and our analysis included 114 complete responses. Ryan White Part B Agencies (25.2%) were the largest portion of respondents, followed by Health Systems (18.9%), Community Based Organizations or Clinics (18.2%), and Local Public Health (13.8%).



Organization Types of the Iowa HIV Workforce, by position



The positions held by survey respondents covered a wide spectrum of roles within the HIV care continuum. The largest group of respondents were case managers, followed by physicians, program managers/administrative staff, registered nurses, and social workers.

To the left, respondents are organized by their position title and the type of organization at which they are employed. Notably, case managers are overwhelmingly employed by Ryan White Part B and C Agencies, as are social workers and data/quality staff.

# FINDINGS

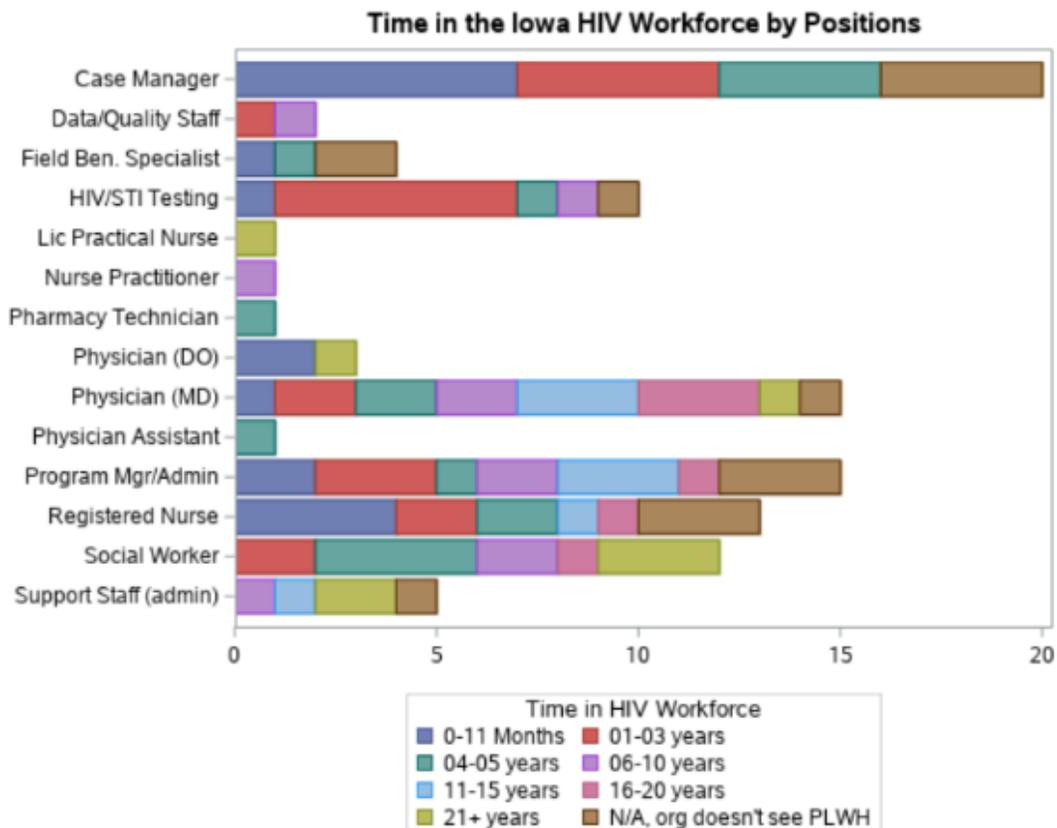
## Common themes among the HIV workforce found during the focus groups and HIV workforce survey collection:

- Training needs to be accessible to all staff working within the HIV field regardless of their position or organization type, and virtual/recorded training must be available for new staff
- Increasing the diversity of the HIV workforce could increase retention and engagement of those living with HIV and recruitment within the field can be challenging
- Retention of staff is a concern and impacts the care of PLWH, especially among case managers
- Additional positions are needed to support PLWH and decrease caseloads & burnout

## Time in the Iowa HIV Workforce

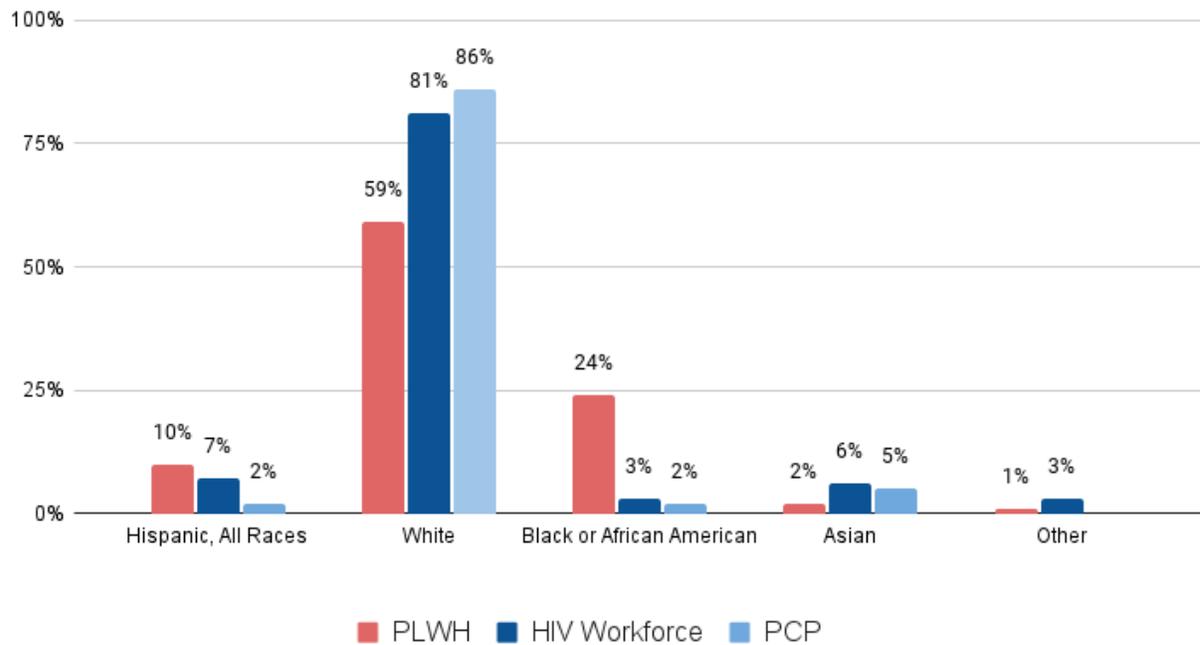
To the right, respondents are organized by their position title and the duration of time in the Iowa HIV Workforce. Case managers are overwhelmingly the earliest in their career serving people living with HIV (PLWH). Doctors, nurses, and program manager or administrators are some of the most veteran members of the Iowa HIV Workforce.

It tracks that case managers are mostly early in their career as these positions are often entry-level in organizations who serve PLWH.



# FINDINGS

Comparison of Racial Demographics for PLWH, HIV Workforce & PCP in Iowa



## Lack of Diversity in the HIV Workforce

The HIV workforce lacks diversity in race, gender and sexual orientation. When comparing the race of the HIV workforce, PCP providers and PLWH, the workforce does not statistically represent those we serve. The lack of diversity spans throughout all positions, with the most diverse in race being among the case managers and physicians.

Looking like, or being of a similar age, is not the only thing that impacts perception of bias. Having diversity in gender identity and sexual orientation can also impact the comfort of PLWH's interactions with staff. Eighty percent of the HIV workforce respondents identify as female versus 76% of PLWH in Iowa being male. Over 70% of the HIV workforce reported their sexual orientation as heterosexual, when 71% of male respondents from the 2019 IDPH Consumer Needs Assessments reported only having sex with other men.

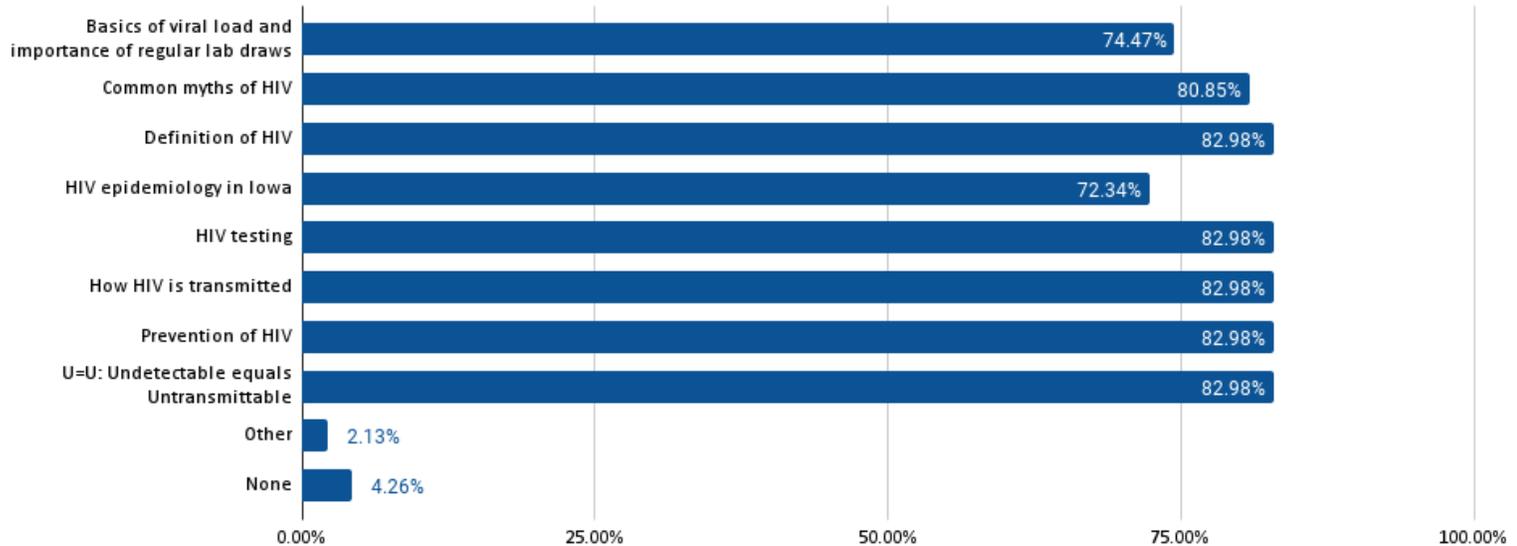
## Onboarding and Early Training for the HIV Workforce

Survey respondents who have been in the HIV Workforce for three years or fewer (N=47) responded to the question, "What HIV education was provided by your organization in the first year of employment? Select all that apply." Each major HIV topic area was selected by over 70% of this subset of respondents, indicating new members of the HIV Workforce in Iowa are well-informed.

The area with the most room for improvement is Iowa-specific HIV epidemiology (72.34%).

# FINDINGS

HIV Education provided by Organization to the HIV Workforce, answered by those in the workforce for 3 years or less (N=47)



## Training Topics covered for Ryan White Part B & C Employees vs. Others

Across the HIV-related training topics shown on the previous page, Ryan White Part B & C Agency employees were more likely to receive training in that area over non-Ryan White employees by as little as 39% and as much as 288%. The topics which Ryan White Part B & C employees were 288% likely to receive training, compared to those who do not work at Ryan White Program-funded agencies, were "How HIV is transmitted" and "U=U: Undetectable equals Untransmittable." These findings point to training and education gaps for these topics outside of the Ryan White Program-funded agencies and highlight the importance of organizations such as the Midwest AIDS Training and Education Center (MATEC), which provide such trainings at no cost and online.

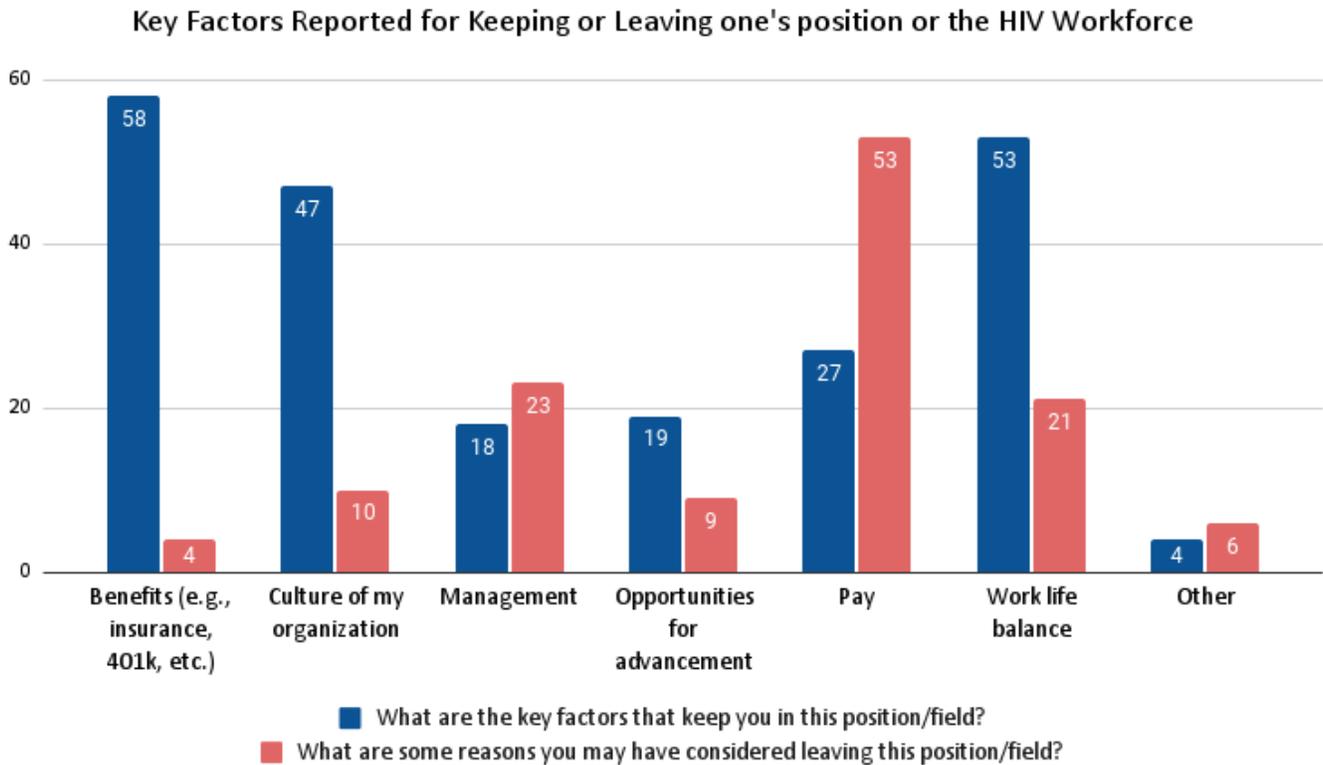
### Training is one of our most valuable tools

Training impacts job satisfaction, employee retention and patient care, and must be accessible to all staff working within the HIV field regardless of their position or organization type to have the most impact toward ending the HIV epidemic. To reach the full HIV workforce, training needs to be offered in-person, virtually or recorded for newly hired staff, and extended to non-Ryan White agencies focusing on HIV prevention, treatment, and care.

# FINDINGS

## Retention and Job Satisfaction within Iowa's HIV Workforce

Focus groups with members of the HIV Workforce identified retention and job satisfaction as areas for improvement. Across the HIV Workforce, some factors acted as both motivators to remain in the field and motivators to leave, such as pay, work life balance, and opportunities for advancement. Principle reasons for staying were the benefits (e.g., insurance, 401k, etc.), work life balance, and organizational culture; **pay** was the most-selected reason respondents considered leaving the field.



Seventy-nine respondents stated that "**Rewarding to help those in need**" was a key factor in staying. When looking at those respondents only, **pay** and **burnout** were the top reasons they would consider leaving.

## Retention and Job Satisfaction of Case Managers and Nurses

Focus groups with members of the HIV Workforce also identified case managers and nurses as positions plagued by high turnover and troubled recruitment. Principle reasons case managers reported were keeping them in their role were the rewarding nature of the work (75%), benefits (e.g., 401k) (60%), organization culture (54%), and work life balance (51%). The most-selected reasons case managers stated as a reason they considered leaving were burnout (55%) and pay (51%). The highest reason for nurses to consider leaving the workforce was pay (61%).

# FINDINGS

## Continuing Education Requests from the HIV Workforce

Case managers requested more in-depth HIV education to support conversations around adherence, co-infections and viral suppression. They also requested basic clinical training, dealing with difficult conversations, managing an aging population, managing multiple behavioral health and substance use issues, and updates for appropriate language.

## Confidence in Topics: Ryan White Part B & C Agency Employees vs. Others

Survey respondents who provide direct services to PLWH (N=74) were split into those working at Ryan White Part B & C Agencies and Others. They rated their confidence in discussing topics relevant to HIV care. Across the board, non-Ryan White agency staff are less confident in relevant topics, which supports the need for intentionally expanding education/training offerings to those agencies.

Topics in which Ryan White Part B & C Agency Employees were notably more confident than others:

- Living well with HIV (e.g., medication adherence, primary care, individuals over 55 years)
- Access to medications and AIDS Drug Assistance Program (ADAP)
- Diverse cultural or linguistic needs
- Past traumas
- Social determinants of health

## Training Requests from the HIV Workforce

Respondents requested a variety of training on HIV related topics, including virtual training for onboarding of new staff and annual HIV updates. Additional requests included: HIV 101+, ART, co-infections, transmission, testing, prevention, social determinants of health, and trauma-informed care.

## Expanding the HIV Workforce

Recommendations during focus groups to support burnout, address retention, and increase social support and care of PLWH, included new positions. The new positions included:

- Peer Worker / Community Health Workers / Patient Navigators
- HIV Trainer (State-level)
- Social Program Planners, including those specialized in stress management and team building

**Note:** information conveyed in blue boxes was collected through focus groups and key informant interviews.