

# UNDERSTANDING AND RESPONDING TO HEALTH WORKFORCE SHORTAGES

New York State Association for Rural Health  
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## Overview of Presentation

- Health workforce issues and concerns
- Factors influencing the supply of and demand for health workers
- Recent studies of New York's health workforce
- Strategies to assure an adequate supply of well-trained health workers for the future

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## The Center for Health Workforce Studies

- Based at the School of Public Health at SUNY Albany
- Our mission is to provide timely, accurate data, and conduct policy-relevant research about the health workforce
- Our goal is to inform public policies, the health and education sectors and the public

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## Current Health Workforce Issues

- Health workforce shortages
- The squeeze – few new dollars and the high cost of more workers – limit response options
- Concerns with medical errors and quality
- Racial and ethnic imbalances in professions
- Aging population AND aging health workforce
- Lack of data on supply of and demand for health workers

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## The Health Workforce: The Basic Premise

- A health care system is only as good as its workforce
- The workforce directly impacts on:
  - Quality
  - Cost
  - Access

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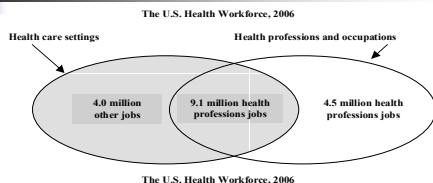
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## In 2006, Nearly 1 in 8 Americans Worked in Health Care or Was a Health Professional



Sources: U.S. Department of Labor, Bureau of Labor Statistics, National Employment Matrix, employment by industry, occupation, and percent distribution, 2006 and projected 2016; Occupational Employment Projections to 2016, Monthly Labor Review, Bureau of Labor Statistics, November 2007.

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### *Impact of Health Workforce on Health Reform*

Efforts to improve quality of and expand access to care depend on the availability of an adequate supply of appropriately prepared health workers...

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### *Which Health Workers Are Hardest to Recruit and Retain in New York?*

- In a 2008 survey of hospitals, nursing homes and home health agencies in the state, occupations that posed the most difficulty were:
  - Registered nurses
  - Pharmacists
  - Physical therapists
  - Occupational therapists
  - Medical laboratory technicians
  - Licensed practical nurses
  - Aides

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### *What Contributes to Health Workforce Supply/Demand Imbalances?*

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## Short-term Factors

- Competition for workers
- Growing demand for health services
- Increasing intensity and complexity of health care
- Educational system cycles and response lags

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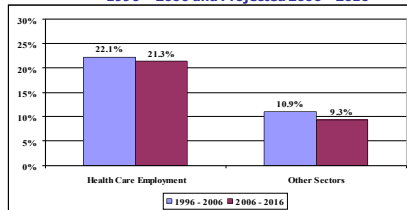
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## Health Sector Employment Continues to be the Fastest Growing Employment Sector in the Country

Health Sector Job Growth Compared to All Other Employment Sectors 1996 - 2006 and Projected 2006 - 2016



Sources: U.S. Department of Labor, Bureau of Labor Statistics, National Employment Matrix, employment by industry, occupation, and percent distribution, 2006 and projected 2016; Occupational Employment Projections to 2016, Monthly Labor Review, Bureau of Labor Statistics, November 2007.

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## Workplace Factors

- Physically and emotionally demanding work
- Non-competitive wages and benefits
- Job design and working conditions
- Paperwork and lack of efficient information systems
- Poorly trained managers

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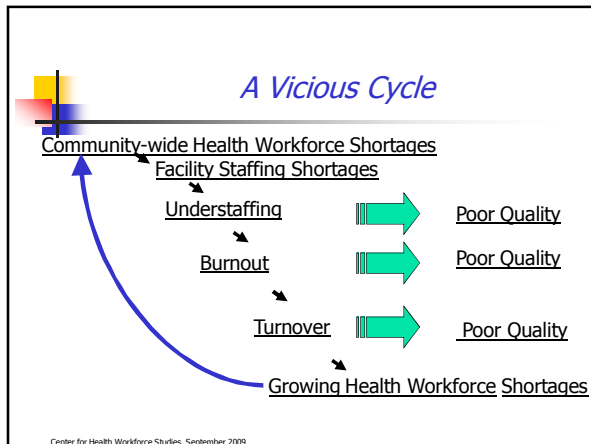
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- ### Long Term Factors
- Changing racial/ethnic mix in the US
  - Expanded career choices for women
  - The economy and public expectations
  - Increases in credential requirements
  - The aging of America: increase in demand
  - The aging of America: decrease in supply of workers
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### Many Health Professions Lack Diversity

Race/ethnicity, 2007

	Non-Hispanic white	Non-Hispanic Black	American Indian	Asian & Pacific Islander	Hispanic
Registered Nurses	77%	9%	0%	8%	4%
Physicians & Surgeons	72%	5%	0%	18%	5%
Pharmacists	75%	4%	0%	15%	5%
Physical Therapists	82%	5%	0%	9%	4%
Dentists	76%	3%	0%	13%	6%
Dental Hygienists	89%	2%	0%	3%	5%
Physician Assistants	76%	8%	0%	6%	8%
Aides	50%	32%	1%	4%	12%
Licensed Practical Nurses	66%	22%	1%	3%	7%

Source: Census Bureau, American Community Survey, 2007

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## Some Health Professions Are Aging Rapidly

	Median Age			Change 1989- 2007
	1989	1999	2007	
Registered Nurses	37.3	42.7	46.0	+ 8.7
Pharmacists	36.7	41.3	43.0	+ 6.3
Dentists	40.7	44.0	49.0	+ 8.3
Speech-Language Pathologists	35.7	40.7	40.0	+ 4.3
Respiratory Therapist	32.3	38.0	44.0	+ 11.7
Dietitians and Nutritionists	38.3	40.0	43.0	+ 4.7

Sources: Bureau of Labor Statistics, Current Population Survey - Annual Demographic Supplement, 1988-2000 and Census Bureau, American Community Survey, 2007

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## Are We Training the Health Workforce for the Future?

- Few health professions education programs integrate geriatric-related content into their basic curriculum
- Many health professions do not offer formal credentials focused on the needs of older adults
  - When such a credential is offered, the number of workers with the credential is typically very small
- A majority of health care professionals in most settings deal with substantial numbers of older adults whether or not they are specialists

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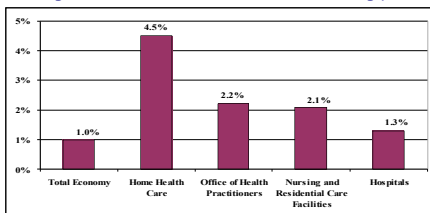
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## Are We Preparing Health Workers for the Jobs of the Future?

Average Annual Job Growth in Selected Health Settings, 2006-2016



Sources: U.S. Department of Labor, Bureau of Labor Statistics, National Employment Matrix, employment by industry, occupation, and percent distribution, 2006 and projected 2016; Occupational Employment Projections to 2016, Monthly Labor Review, Bureau of Labor Statistics, November 2007.

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## *Future Shortages?*

Demand for health care professionals will be affected by:

- Health reform policies
- Emerging technologies
- New models of care, e.g. medical home
- Changes in profession-specific scope of practice

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## *What Do We Know About Health Workers in New York?*

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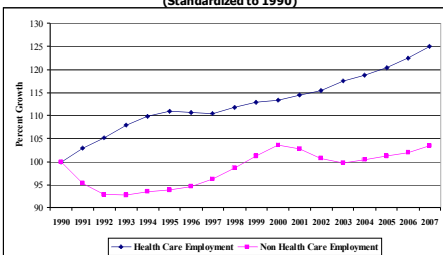
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## *Health Care Employment Is Important to the State's Economy*

Employment Growth in Regions Outside of New York City, 1990 - 2007, (Standardized to 1990)



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## Impacts of the Economic Downturn

- Slower job growth
- Delays in expansions/investments
  - Health information technology
  - New services
- Staffing cuts
- Easing of current health workforce shortages

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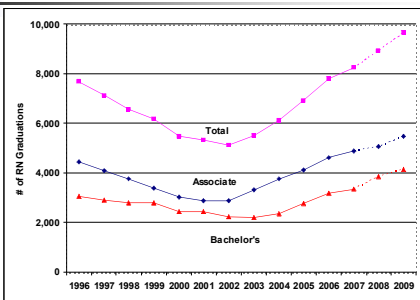
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## RN Graduations Steadily Increasing in New York since 2002



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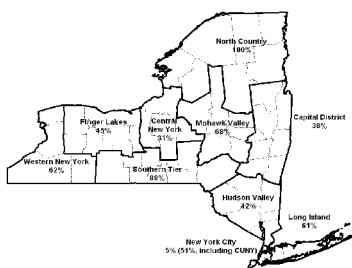
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## Nursing Graduates from SUNY Schools Are An Important Source of RNs Upstate

SUNY RN Graduates As A Percent of Total RN Graduates by Region, 2008



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### NY RN Supply/Demand Forecast Study 2020 Shortage Predictions

- Low risk
  - Capital District, Hudson Valley and North Country
- Critical risk
  - Southern Tier and Western New York
- Predictions vary widely by individual counties within:
  - Central New York, Finger Lakes, Mohawk Valley

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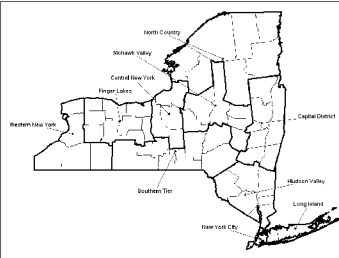
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### The Distribution Of Physicians In New York Is Changing

Per Capita FTE Physician Supply and Change 2002 – 2006



Region	Supply	Change
Capital District	248	1%
Central NY	240	2%
Finger Lakes	238	1%
Hudson Valley	293	2%
Long Island	331	7%
Mohawk Valley	167	-7%
NYC	332	6%
North Country	184	1%
Southern Tier	241	4%
Western NY	224	0%

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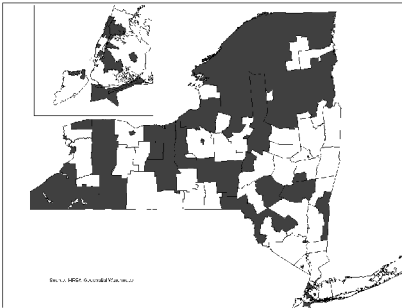
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### 25% of New York's Population Live in Primary Care Shortage Areas



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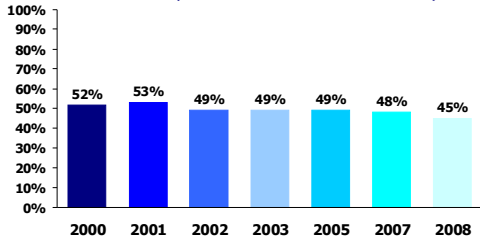
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## New York Retains Fewer New Physicians Who Trained in the State

*Percent of Graduates whose Primary Activity after Completing Training is in New York (of Grads with Confirmed Practice Plans)*



Sources: NY Resident Exit Surveys, 2000-2008

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*What Can We Do to Assure a Well-trained and Adequate Health Workforce?*

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## Key Stakeholders

- Health facilities and associations
- Government (federal, state and local)
- Education sector
- Foundations
- Professional associations
- Business
- Unions
- Consumers/patients

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### *Attract New Recruits into Health Careers*

- Increase the pipeline
  - Learn more about what attracts people into health care careers and develop marketing strategies
  - Develop career ladders into shortage occupations
  - Promote diversity in health professions
  - Address faculty shortages
- Target health professions that are older, in anticipation of retirements
- Provide incentives, such as scholarships or loan repayment, in return for service

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### *Improve the Retention of Health Workers*

- Recognize and address generational differences
- Provide competitive wages and benefits
- Improve working conditions
- Support career advancement
- Provide manager/supervisor training
- Build organizational cultures that recognize and empower the health workforce

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### *Use Workforce More Efficiently*

- Increase the use of non-physician clinicians in the delivery of health services
- Team approaches to service delivery
- Use enabling technology
  - Electronic medical records
  - Telehealth
- Promote patient self management

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### *Anticipate Changing Health Care Needs of the Population*

- Provide better training on geriatric issues to health professionals
  - Basic curriculum
  - Specialty certification
  - Continuing education
- Prepare the health workforce for new roles in different settings
  - Chronic disease management
  - Interdisciplinary teams
  - Residential settings

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### *Planning for the Health Workforce of the Future*

- Use data and research to inform decisions
- Build strategic partnerships
- Assure health professions curricula reflect changing health care needs of the population
- Explore innovative approaches to training and using health professionals
- Evaluate the impacts of these efforts

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