Collecting Allied Health Workforce Data: The Good, The Bad and The Ugly

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Presentation Overview

• Purpose is to provide an overview of the lessons learned from collecting allied health workforce data:
  – What have we learned?
  – What has gone well and what hasn’t gone so well?
  – How can you collect workforce data to shape allied health workforce policy in your state?

Report summarizes 7 years of workforce studies that have been a collaborative effort of:

Council for Allied Health in North Carolina

AHEC
North Carolina Area Health Education Centers Program

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A Brief History of the Council’s Allied Health Workforce Data Collection Efforts
Five Data Collection Strategies

• Council Vacancy Survey (pre 1999)
• Panel-Consensus Reports (1999-02)
• Turn ‘em-Out-Quicker-No-Panel Reports (2003-2004)
• Vacancy Reports (2005-ongoing)
• State of Allied Health Reports (2005-ongoing)
In the beginning….

The Council for Allied Health did their own employer vacancy surveys

**Strengths**
Covered 43 professions
Collected data on vacancies, time-to-fill, recruitment and retention strategies

**Issues**
Figuring out which employers to survey
Convincing employers to fill out the long, long survey
Plagued by poor response rates
Limited confidence in findings
**Sheps/Council Collaboration**

- Collaboration with the Sheps Center began in 1999 with the goal of improving the analytical robustness of the workforce reports.

- Began by producing 3 profession specific reports on: physical therapy, speech-language pathology and health information management.
Allied Health Workforce Panel-Consensus Studies

Physical Therapy 2000

Speech-Language Pathology 2001

Health Information Management 2002
The Allied Health Data Challenge

Validity, Reliability of Data, a *Spectrum*

Low
- Optional professional certification
- Health Information Management

Medium
- Mix of licensed and certified professionals
- Speech Language Pathology

High
- Licensed professionals
- Physical Therapy
The Panel-Consensus Process

Key Steps

• Council selected a profession for study
• Sheps Center collected data from numerous sources
• Panel comprised of practitioners, educators and employers was convened by Council; Sheps Center staffed panel
• Panel reviewed data and shared expertise
• Sheps Center drafted a consensus statement and circulated it for review
• Panel and Council approved consensus statement
• Document was distributed to policy- and decision-makers
Example of Panel-Consensus Recommendations and Conclusions

- Underemployment of speech-language pathology assistants
- Market for speech-language pathologists in balance *(when report was published in 2002)*
- Department of Public Instruction will lose up to 15% of SLP workforce—shortage of school-based SLPs likely in future *(report predicted this issue back in 2002)*
- Under-representation of minorities and individuals who speak a language other than English
- Shortage of doctoral-prepared SLPs
- Need for a single, universal credential for SLPs in NC
Panel-Consensus Strengths

• Comprehensive reports that focused on a broad range of workforce issues for a specific profession:
  – Supply and Distribution
  – Diversity
  – Education
  – Scope of Practice

• Panel process intended to ensure “buy-in” from profession
Panel had representatives from:

- Different Practice Dimensions
  - Educators
  - Employers
  - Practitioners
- Geographic Regions
- Employment Settings
- Professional/Paraprofessional Roles
Panel-Consensus Weaknesses

• No structured mechanism for implementing recommendations
• Profession not ready to embrace findings (i.e. need to expand SLPA scope of practice, HIM personnel not credentialed)
• Reports focused on longer-term professional issues: stakeholders wanted a vacancy rate
• Each report took a full year to complete
• Panel and data collection processes were laborious
• Focus on 1 profession → limited audience
Phase II: Turn ‘em out Quicker

Respiratory Care 2004

Radiological Sciences 2003

Clinical Lab Sciences 2004
The Turn ‘em out Quicker Phase

- Still single profession reports but:
  - Removed panel process—too time consuming
  - Streamlined data collection process, did not collect as much data

- Result: published three profession-specific reports in 13 months
A Period of Introspection: Can We Do This Better?

Turn ‘em-Out-Quicker Reports had many of same issues as panel reports:

- Recommendations not acted upon
- Limited usefulness because focused on one profession
- Data collection still laborious due to limited workforce information collected by professional associations
- Council and Sheps began to review options
A Period of Introspection: Confronting the Tradeoffs

- Timeliness versus Data Reliability
- Depth versus Breadth of Reports
- Expense
- Staffing Expertise
- Audience Usefulness
- What next?

The Vacancy Report
Vacancy Reports

• Attempting to achieve a balance between data reliability and quick turnaround
  – Covered 10 professions by examining advertisements in 10 regional newspapers in NC
  – Data analyzed at employment setting and regional level
  – Created “vacancy index” = number of vacancy advertisements/total number of professionals

• First report published in May 2005, next one out in May 2006. Year gap was due to interruption in funding. Subsequent reports will be published biannually.
Vacancy Report Revisions

Despite popularity of vacancy report, questions arose:
• How were 10 professions selected?
• Why only newspapers?

Before began 2\textsuperscript{nd} round of vacancy report data collection, surveyed profession presidents to rank professions and list sources, other than newspapers, to be reviewed.
Vacancy Report: Version 2

- Professions selected
  - PTs and PTAs
  - OTs and OTAs
  - SLPs and SLPAs
  - Respiratory Therapists
  - Medical Technologists
  - Paramedics
  - PET, MRI and CT Technologists

- Searching newspapers, and websites: professional association websites, Advance Careers Job Search, Indeed.com

- Data Collection Period- 2/7 to 4/11/06, ten weeks
Vacancy Report: Strengths

- Data relatively easy to collect, especially for online listings
- Less expensive to implement
- Covers broad range of professions
- Vacancy rate is easily understood by stakeholders and the press
- Can collect regional- and employment-level data
- Produce reports every six months and can easily change professions covered based on shifts in demand
Vacancy Report: Weaknesses

• Methodological Issues:
  – Data as “barometer” of demand, not definitive measure of need
  – Cannot collect vacancies from all sources so may have biased results

• Does not identify longer-term professional issues regarding scope of practice, diversity and future supply/demand

• Educational systems are important audience but should not rely on a single, point-in-time vacancy rate to make program enrollment decisions
State of Allied Health Report

Goal: make policy makers aware of the importance of the allied health workforce to the state’s economy
Your State of Allied Health Report

  – Semi-annual survey producing employment and wage estimates for allied health professions. Estimates are available by geographic area.
  – State-specific OES surveys also available

• Population data from the US Bureau of the Census
State of Allied Health Reports - Strengths

Make legislators aware that:

- Allied health workforce important to local, state and national economy
- Investments in the allied health workforce pay large and immediate dividends due to high retention rates
- Investments needed because allied health educational programs face serious challenges:
  - Too few applicants
  - Too few *qualified* applicants
  - Attrition
  - Faculty shortages
  - Lack of clinical placements
State of Allied Health Reports - Weaknesses

- National and state employment and wage data are used, which can sometimes under/overestimate workforce participation relative to licensure data.

- Bureau of Labor Statistics projections of demand are sometimes not accurate.
Skills and Organizational Support Needed to Produce Workforce Reports

- Understanding of workforce trends
- Ability to find and analyze data from diverse sources
- Mapping skills—legislators love maps!
- Writing and presentation skills
- Design and layout abilities
- Ability to work with diverse groups of individuals
- Financial support: workforce reports produced for $62,000 annually.
Other Considerations

Suggestions

• Prepare a press release for every workforce report and build a relationship with your university press office

• Develop and maintain an up-to-date distribution list including:
  – State and federal legislators, professional associations, community college and university system stakeholders

• Develop an email list serve and post reports on web
Future Challenges and New Adventures

• Help professional association presidents appreciate reports as a benefit of Council membership.
• Build repository of licensure data. Currently have data for physical therapists, physical therapy assistants, respiratory therapists and dental hygiene; will soon have occupational therapists and occupational therapy assistants.
• Work with professional associations to improve their data collection efforts.
• Work with NC hospital association to analyze hospital workforce shortages and vacancies.
• May undertake a faculty shortage analysis.
Questions?

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