The State of Allied Health: An Overview of Issues and Opportunities Facing the Allied Health Workforce

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Association of Schools of Allied Health Professions
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The State of Allied Health

- Purpose is to provide an overview of issues and opportunities for the allied health workforce
  - Why should policy makers care about the allied health workforce?
  - What do we know about workforce challenges?
  - What opportunities exist for future growth and collaboration?

Report summarizes 6 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
- Southeast Regional Center for Health Workforce Studies
  - Cecil G. Sheps Center for Health Services Research
  - University of North Carolina at Chapel Hill
Why Should Policy Makers Care About the Allied Health Workforce?
**Economic Restructuring Underway**

- Major decline in manufacturing employment due to:
  - International competition
  - Increased use of technology and improved productivity in domestic manufacturing sector
  - Recent economic recession

**But…**

- Growth in service occupations, including health care
Manufacturing and Health Care and Social Assistance Employment, N.C., 1990-2004

- **Manufacturing**
  - Employment trend showing a decline over the years.

- **Health Care and Social Assistance**
  - Employment trend showing a steady increase over the years.
Healthcare and Allied Health Jobs Grew While Overall Employment Contracted

### Total State, Healthcare and Allied Health Employment, North Carolina, 1999-2004

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total N.C. Employment</td>
<td>3,801,670</td>
<td>3,722,700</td>
<td>-2.1%</td>
</tr>
<tr>
<td>Healthcare Jobs</td>
<td>251,550</td>
<td>294,870</td>
<td>14.3%</td>
</tr>
<tr>
<td><strong>Allied Health Jobs</strong></td>
<td><strong>76,590</strong></td>
<td><strong>121,300</strong></td>
<td><strong>19.9%</strong></td>
</tr>
</tbody>
</table>

Allied health driving growth in the larger health care sector

• Over 42% of total job growth in the health care sector between 1999-2003 was due to growth of allied health jobs.

• Between 1999-2003, job growth in allied health outpaced growth in:
  – NC’s total workforce by 22.4%
  – broader health care sector by 5.5%
Health Care Jobs in North Carolina, 2003

Total Health Care Jobs = 267,170

Allied Health Professions 35.2%

- RNs 25.3%
- LPNs 6.5%
- Nurse aides, orderlies and attendants 26.5%
- Physicians 3.2%
- Other 3.4%
## Hourly and Annual Wages for Selected North Carolina Occupations, 2003

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Hourly Mean Wage</th>
<th>Annual Mean Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>$73.55</td>
<td>$152,978</td>
</tr>
<tr>
<td>RNs</td>
<td>$23.50</td>
<td>$48,870</td>
</tr>
<tr>
<td>LPNs</td>
<td>$15.84</td>
<td>$32,940</td>
</tr>
<tr>
<td>Nursing aides, orderlies, and attendants</td>
<td>$9.00</td>
<td>$18,716</td>
</tr>
<tr>
<td><strong>Allied health professions</strong></td>
<td><strong>$17.03</strong></td>
<td><strong>$35,428</strong></td>
</tr>
<tr>
<td>Other healthcare occupations</td>
<td>$48.39</td>
<td>$100,640</td>
</tr>
<tr>
<td>All Occupations (North Carolina)</td>
<td>$16.17</td>
<td>$33,630</td>
</tr>
</tbody>
</table>

Allied health jobs projected to grow

• Allied health jobs represent a stable and relatively profitable employment sector
  – Relatively less vulnerable to international competition
  – More resilient to economic recession
  – Not as susceptible to outsourcing trends seen in manufacturing and other sectors

• Allied health projected to add 28,570 jobs between 2000 and 2010—a 36% increase over 2000 employment.
Now that we have policy makers’ attention.... what do we tell them?
Policymakers Want to Know:

- How many allied health professionals are practicing?
- Are we producing too many, too few or the right number of professionals?
- Are the types and locations of educational programs appropriate?
- How will new technologies change the demand for certain skills within the allied health professions?
- Are changes in licensure/certification requirements, scope of practice regulations or practice acts needed?
Allied Health Workforce Studies

- Completed 6 workforce studies

- Physical Therapy 2000
- Speech-Language Pathology 2001
- Health Information Management 2002
Allied Health Workforce Studies

• Completed 6 workforce studies

Respiratory Care 2004

Radiological Sciences 2003

Clinical Lab Sciences 2004
Allied Health Workforce Studies

• Vacancy report completed in 2005

• What have we learned?
# Persistent Rural/Urban Disparities

## Ratio of Providers in Metropolitan to Non-Metropolitan Counties, United States, 2000

<table>
<thead>
<tr>
<th>Profession</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Techs &amp; Paramedics</td>
<td>2.65</td>
</tr>
<tr>
<td>Occup Therapy Assistants</td>
<td>2.74</td>
</tr>
<tr>
<td>Phys Therapy Assistants/Aides</td>
<td>3.20</td>
</tr>
<tr>
<td>Radiologic Therapists</td>
<td>3.59</td>
</tr>
<tr>
<td>Diagnostic Technicians</td>
<td>3.76</td>
</tr>
<tr>
<td>Medical Records Technicians</td>
<td>3.82</td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>4.01</td>
</tr>
<tr>
<td>Speech-Language Pathologists</td>
<td>4.44</td>
</tr>
<tr>
<td>Recreational Therapists</td>
<td>4.48</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>4.98</td>
</tr>
<tr>
<td>Clinic Lab Technicians</td>
<td>5.13</td>
</tr>
<tr>
<td>Massage Therapists</td>
<td>5.34</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>5.59</td>
</tr>
<tr>
<td>Audiologists</td>
<td>5.91</td>
</tr>
</tbody>
</table>

### Most evenly distributed
- Emergency Medical Techs & Paramedics
- Occup Therapy Assistants
- Phys Therapy Assistants/Aides
- Radiologic Therapists
- Diagnostic Technicians

### Least evenly distributed
- Clinic Lab Technicians
- Massage Therapists
- Occupational Therapists
- Audiologists

Source: Area Resource File (ARF) 2004 Release (National Center for Health Workforce Analysis, Bureau of Health Professions, HRSA, DHHS)
Allied health workers cluster near training institutions. Retention of students is high

Percent of Students Remaining Instate After Graduating from a North Carolina Educational Program, Select Allied Health Professions, 2000-2004

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information Technology</td>
<td>86%</td>
</tr>
<tr>
<td>Radiologic Technology/Medical Imaging</td>
<td>84%</td>
</tr>
<tr>
<td>Health Information Administration</td>
<td>77%</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>76%</td>
</tr>
<tr>
<td>Physical Therapist Assistant</td>
<td>75%</td>
</tr>
<tr>
<td>Nuclear Medicine Technology</td>
<td>75%</td>
</tr>
<tr>
<td>Speech-Language Pathology</td>
<td>69%</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: Allied Health Workforce Reports
2004 ASAHP Survey Highlights
Application and Enrollment Issues

Programs with Fewer than Half Slots Filled
Health Information Management, Rehabilitation Counseling

Programs under 90% Capacity
Cytotechnology, Speech-Language Pathology/Aud., Medical Technology, Occupational Therapy, Respiratory Therapist, Dental Hygiene, Nuclear Medicine Technology, Diagnostic Medical Sonography, Physical Therapy

Programs at or above Capacity
Physician Assistant, Respiratory Therapy Technician, Radiography, Radiation Therapy Technology, Dietetics
Attrition is a Problem

- North Carolina community college attrition rates vary from 0-80%

- High degree of variability in attrition rates between educational programs and types of allied health training programs in N.C.:
  - 10% for medical technologist versus 47% for medical laboratory technician
  - 30% for respiratory therapy programs
  - 13-23% for radiation therapy and 22% for radiologic technology programs
Faculty Recruitment and Retention Issues

- Faculty salaries cannot compete with clinical salaries
- Increasing accreditation standards require faculty to have advanced degree. Some faculty prefer to return to clinical practice or retire.
- Faculty shortages constrict future supply by reducing number of individuals able to teach courses and supervise clinical placements:
  - Almost two-thirds of respiratory programs and one-third of medical laboratory programs couldn’t find enough individuals to supervise clinical rotations
  - Nearly half of respiratory therapy programs and one-third of medical technologist programs couldn’t find enough faculty to teach coursework.
Clinical Placements

• Lack of clinical sites is chief complaint of some educational institutions but…
• Not all sites are being used…better communication needed between educational institutions and employers.
• Clinical education is expensive. National: average cost to student of in-state two-year associate degree in allied health = $5,000, average cost to community college = $35,000 (AMA).
• North Carolina State Board of Community Colleges has asked legislature (H.B. 573) to declare allied health programs high cost.
What Do We Tell Policymakers?

• 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
How can you improve allied health workforce planning in your state, province, country?
Lesson 1. Improve Data Collection and Workforce Surveillance

• No data, no way to frame argument for allied health
• Educational institutions and professional associations need to collect more and better data
Lesson 2. Data Need to Be Framed in Economic Context and Disseminated

- Workforce data need to be put in context of current budget shortfalls and framed in an economic context.
- Data need to be disseminated to:
  - legislators
  - university and community college systems to assist in educational program planning efforts and initiatives
  - AHECs and Regional Workforce Planning Groups to be used in collaborative workforce planning initiatives involving educators, employers, local workforce development boards
Lesson 3. Better Allied Health Workforce Planning Infrastructure Needed

N.C. Council for Allied Health:
• develops, nurtures, and sustains solid partnerships with employers, practitioners and educators
• provides forum for discussions of difficult professional issues:
  – Between competing HIM credentialing organizations about development of minimum educational qualifications
  – Between SLP licensure board and school employers about differences in licensing requirements
• uses data to identify and address local/regional/state workforce shortages
Current Allied Health Supply Cycle

- Ideal intervention point
- Typical intervention point

Allied health professions
Questions?

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