



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



***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

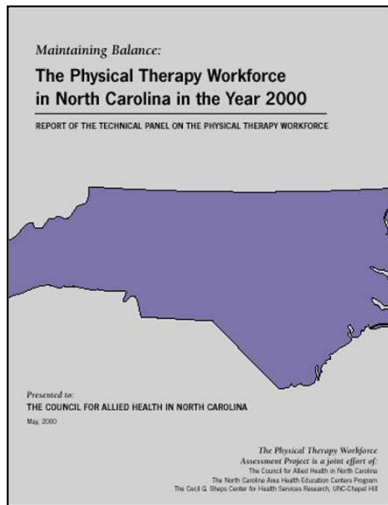
Limited confidence in findings



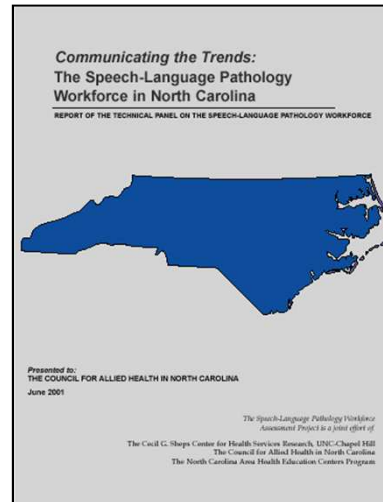
Sheps/Council Collaboration

- 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

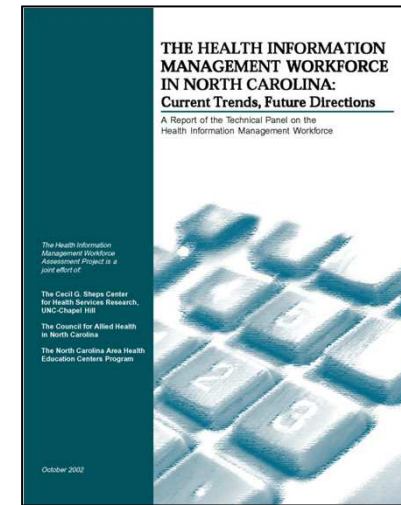
Allied Health Workforce Panel-Consensus Studies



Physical
Therapy
2000



Speech-Language
Pathology
2001



Health Information
Management
2002

The Allied Health Data Challenge

Validity, Reliability of Data, a *Spectrum*

Low

Medium

High



Optional
professional
certification

Health
Information
Management

Mix of licensed and
certified professionals

Speech
Language
Pathology

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-Consensus Strengths (cont'd)

Panel had representatives from:

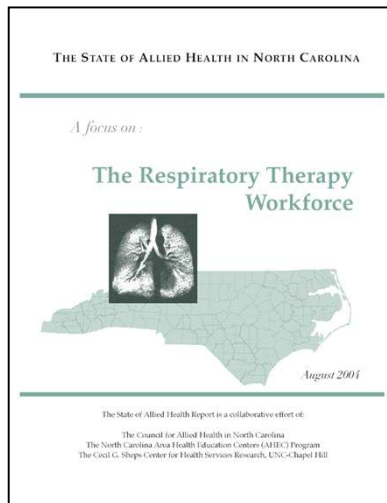
- Different Practice Dimensions
 - Educators
 - Employers
 - Practitioners
- Geographic Regions
- Employment Settings
- Professional/Paraprofessional Roles



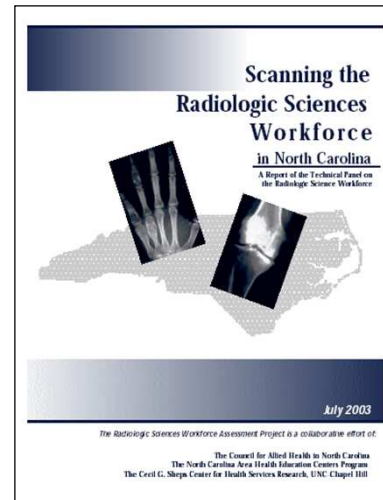
Panel-Consensus Weaknesses

- 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

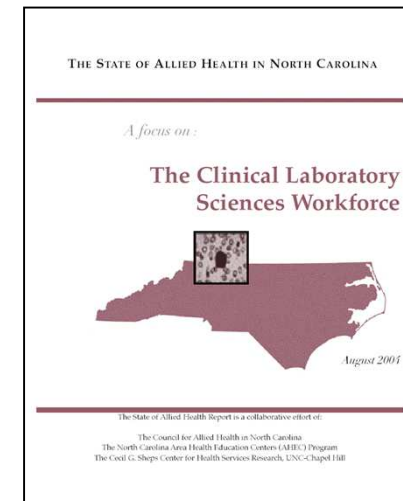
Phase II: Turn 'em out Quicker



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 2nd 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

THE STATE OF ALLIED HEALTH IN NORTH CAROLINA May 2005
An overview of issues and opportunities for the allied health workforce

Did you know ...?
Allied health is driving growth in the larger health care sector.

Between 1999-2003 :

- Over 42% of total job growth in the health care sector was due to growth of allied health jobs.
- Job growth in allied health outpaced growth by: 22.4% in the total N.C. workforce 5.5% in the broader health care sector.

Source: US Bureau of Labor Statistics, Occupational Employment Statistics.

Health Care Jobs in North Carolina, 2003

Total jobs: 267,170

Category	Percentage
Allied health professions	35.2%
RNs	25.3%
LPN	6.5%
Nursing aides, orderlies and attendants	26.5%
Physicians	3.2%
Other	3.4%

What do we know about the allied health workforce?

- There are persistent disparities between rural and urban areas in the supply of allied health workers, e.g. in 2004, 13 counties did not have a respiratory therapist; 10 of these were rural and 7 were in northeastern North Carolina.
- There is a greater reliance on assistive personnel in rural areas.
- State investments in allied health education yield relatively high returns because a large percentage of students (75% on average) remain in-state after graduating from state community colleges and universities.
- North Carolina is facing increased demand for allied health workers yet educational programs that produce these graduates face serious challenges:
 - too few qualified applicants
 - high attrition rates
 - faculty shortages
 - lack of sites for clinical education.

The challenge to estimate allied health workforce supply

Despite the fact that the demand for allied health workers is strong and expected to grow, state policy makers still struggle with basic questions:

- How many professionals are practicing in the state?
- Is N.C. producing too many, too few, or the right number of professionals to meet the needs of the population?
- How many educational programs are in the state?
- Are the types and locations of educational training programs appropriate?

Because the vast majority of the allied health workforce is not licensed, it is difficult to estimate whether North Carolina's citizens have adequate access to a well-distributed and well-prepared allied health workforce.

The role of the Council for Allied Health

To answer these challenges, the Council for Allied Health has partnered with the Cecil G. Sheps Center for Health Services Research and the North Carolina Area Health Education Centers (NC AHEC) Program to conduct allied health workforce studies. North Carolina is the only state that has a Council of Allied Health that exists to provide the General Assembly, the UNC Education System and the N.C. Community College System with data on the allied health workforce.

The Council's workforce studies have enabled the North Carolina Community College System, the UNC system and private colleges to engage in educational program planning informed by data. The Council has also provided the infrastructure through which employers, educators and members of the allied health workforce have come together to address allied health workforce shortages.

North Carolina's economy is undergoing a significant economic restructuring. Strong support for the Council will not only ensure that North Carolinians have access to an adequate supply of allied health professionals across the state, but will also support the growth of health care jobs that can provide employment for laid-off workers.



Your State of Allied Health Report

- Occupational Employment Statistics (OES) Program of US Bureau of Labor Statistics <http://www.bls.gov/OES/>
 - 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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