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

> Erin P. Fraher, MPP Aaron McKethan Katie Gaul, M.A.

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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:



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Why Should Policy Makers Care About the Allied Health Workforce?

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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

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Manufacturing and Health Care and Social Assistance Employment, N.C., 1990-2004



Healthcare and Allied Health Jobs Grew While Overall Employment Contracted

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

			%
			Growth (1999-
	1999	2004	2003)
Total N.C. Employment	3,801,670	3,722,700	-2.1%
Healthcare Jobs	251,550	294,870	14.3%
Allied Health Jobs	76,590	121,300	19.9%

Source: Bureau of Labor Statistics. Occupational Employment Statistics. State Cross-Industry Estimates: 1998-2003. URL: http://www.bls.gov/oes/. Accessed 4/26/05.

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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%

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Health Care Jobs in North Carolina, 2003 Other 3.4% Physicians 3.2% Allied Health Professions 35.2% RNs 25.3%

Total Health Care Jobs = 267,170 Southeast Regional Center for Health Workforce Studies

Hourly and Annual Wages for Selected North Carolina Occupations, 2003

Occupation	Hourly Mean Wage	Annual Mean Wage
Physicians	\$73.55	\$152,978
RNs	\$23.50	\$48,870
LPNs	\$15.84	\$32,940
Nursing aides, orderlies, and		
attendants	\$9.00	\$18,716
Allied health professions	\$17.03	\$35,428
Other healthcare occupations	\$48.39	\$100,640
All Occupations (North Carolina)	\$16.17	\$33,630
Source: U.S. Bureau of Labor Statistics, Occupational Emp.	loyment Statistics	\$00,000

(2003). URL: http://www.bls.gov/oes/. Accessed 4/26/05.

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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.

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Now that we have policy makers' attention.... what do we tell them?

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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





Health Information Management 2002

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Allied Health Workforce Studies

Completed 6 workforce studies





Radiological Sciences 2003

Clinical Lab Sciences 2004

The Council for Allied Health in North Carolin

The North Carolina Area Health Education Contess (AHEC) Program o Coril G. Shens Center for Health Services Research, UNC+Chand Hill

THE STATE OF ALLIED HEALTH IN NORTH CAROLINA

The Clinical Laboratory Sciences Workforce

Jugust 200

A focus on

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Allied Health Workforce Studies

• Vacancy report completed in 2005

	May 200
ALLIED	HEALTH VACANCY REPOR
by Rebecca Livengood, MS	PH: Frin Fraher, MPP: and Susan Dyson, MH
INTRODUCTION	
One of the primary goals of the Council for A adequate and well-distributed supply of allies trends in the domand, supply and distribution the Cocil G. Sheps Center for Hoalth Services in North Carolina and the North Carolina An initiated a project to track allies health job va weekly job listings in North Carolina newspa	Illed Health in North Carolina is to ensure an d health professionals in the state. To help monitor on the alled health workforce in North Carolina, Research, together with the Council for Allied Health earlies. The purpose of the project was to monitor pers for select allied health professions.
Although not a definitive measure of shortag of whether a profession is facing increased de 2,428 vacancy advertisements were collected outlines findings from the vacancy project an	e, the number of vacancies advertised is one indicato mand. From February through November 2004, during two data collection periods. This report d:
· presents data on the total number of	f vacancy advertisements during the study period;
 compares the number of vacancy adv 	ertisements between the two data collection periods;
 analyzes the number of sign-on bor 	uses offered;
 examines geographic differences in 	the demand for specific allied health professions.
METHODOLOGY	
Job classified advertisements were collected i alled health professions from February 1 lhn November 28, 2001. Professions were selecte members of the Council for Allied Health in professions that they preceived as facing a sh concurred with responses from a second surv Association (NCIIA) of member hospitals the experiencing the most encilat verkforce shore	rom North Carolina Sunday newspapers for ten sugh April 18, 2004 and from September 5 through d through two surveys. The first survey was of North Carolina who were asked to identify ordage. Data gathered from Council members ey conducted by the North Carolina Hospital it identified and ranked the allied health professions tages in the state. The professions tracked were:
Occupational Therapist Respiratory Therapist Speech-Language Pathologist Medical Lab Technologist Medical Technologist	 Nuclear Medicine Technologist PET Technologist Pharmacy Technician Dental Hygienist Physician Assistant

• What have we learned?

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Persistent Rural/Urban Disparities

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

Emergency Medical Techs & Paramedics	2.65 Most
Occup Therapy Assistants	2.74 > evenly
Phys Therapy Assistants/Aides	3.20 J distributed
Radiologic Therapists	3.59
Diagnostic Technicians	3.76
Medical Records Technicians	3.82
Respiratory Therapists	4.01
Speech-Language Pathologists	4.44
Recreational Therapists	4.48
Physical Therapists	4.98
Clinic Lab Technicians	5.13
Massage Therapists	5.34 – Least
Occupational Therapists	5.59 <mark>≻ evenly</mark>
Audiologists	5.91 Jdistributed

Source: Area Resource File (ARF) 2004 Release (National Center for Health Workforce Analysis, Bureau of Health Professions, HRSA, DHHS)

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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

Health Information Technology	86%
Radiologic Technology/Medical Imaging	84%
Health Information Administration	77%
Radiation Therapy	76%
Physical Therapist Assistant	75%
Nuclear Medicine Technology	75%
Speech-Language Pathology	69%
Physical Therapy	54%

Source: Allied Health Workforce Reports

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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. Southeast Regional Center for Health Workforce Studies

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.

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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

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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

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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







Questions?

Erin P. Fraher Research Fellow Cecil G. Sheps Center for HSR UNC-CH 919-966-5012 erin_fraher@unc.edu

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