



***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.

Association of Schools of Allied Health  
Professions  
October 19, 2005

# *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



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?***

---

Southeast Regional Center for Health Workforce Studies

Cecil G. Sheps Center for Health Services Research

•••

University of North Carolina at Chapel Hill



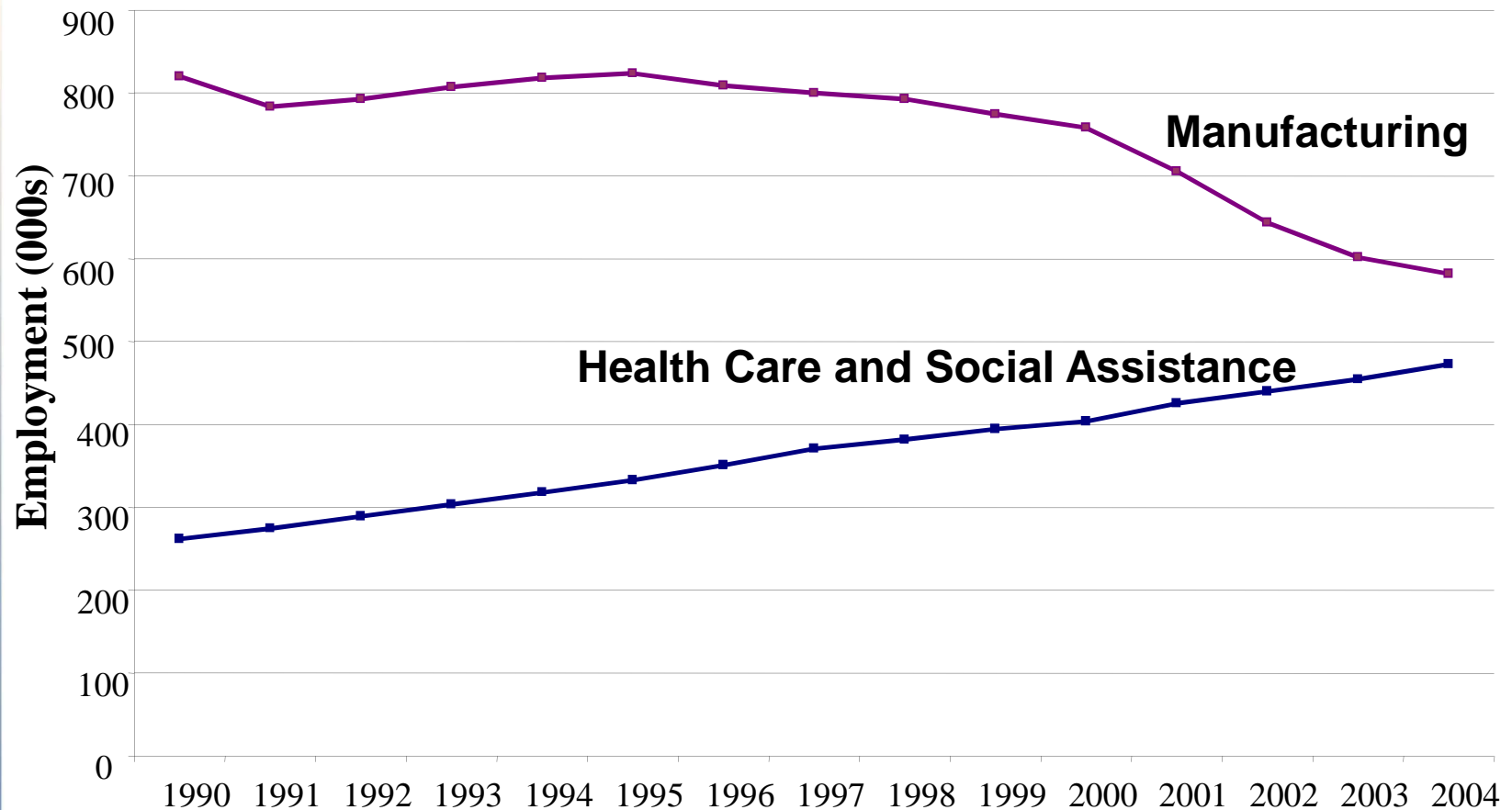
# ***Economic Restructuring Underway***

- 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*



Southeast Regional Center for Health Workforce Studies

Cecil G. Sheps Center for Health Services Research



University of North Carolina at Chapel Hill

# Healthcare and Allied Health Jobs Grew While Overall Employment Contracted

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

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

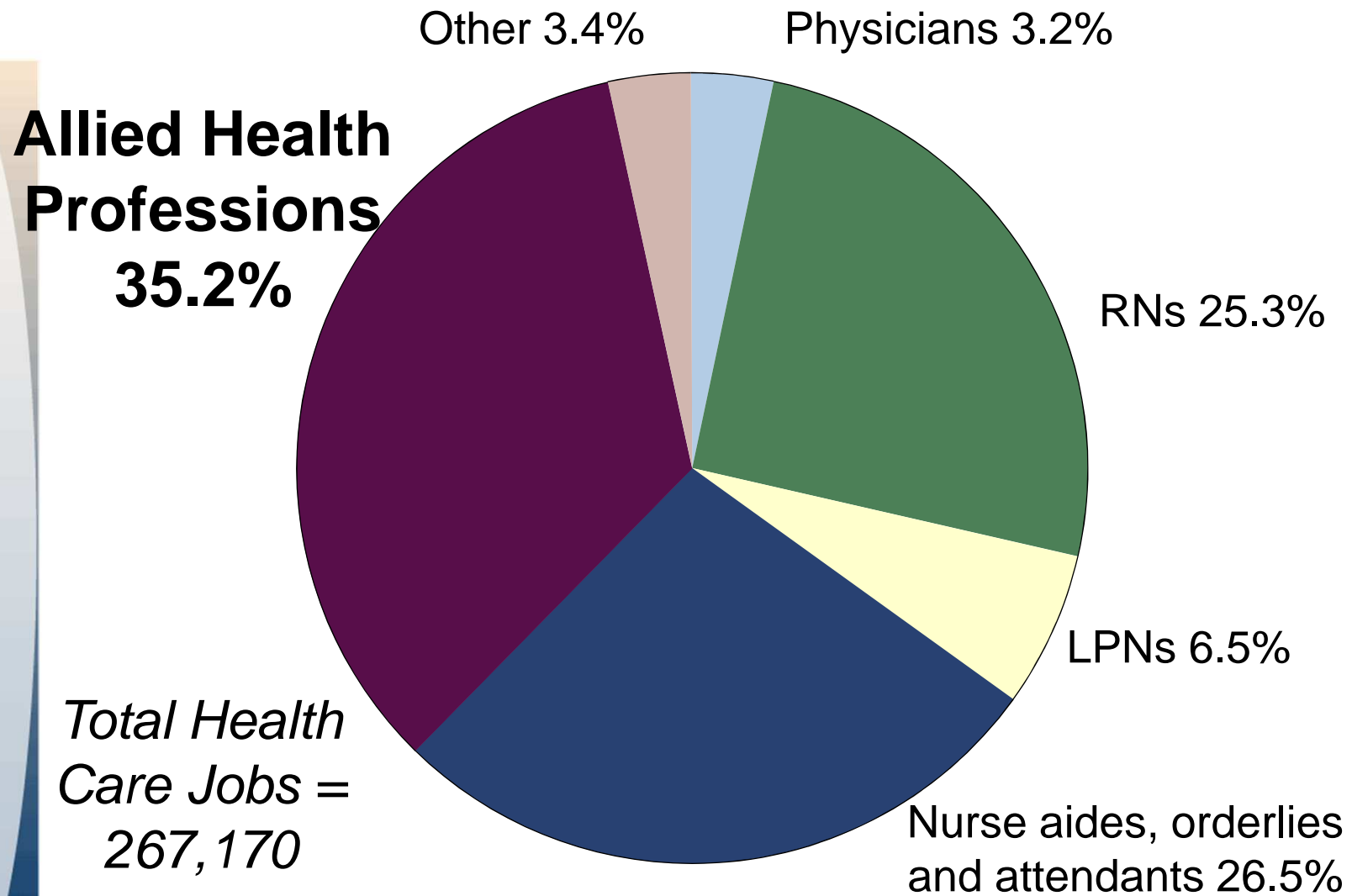
**Source:** Bureau of Labor Statistics. Occupational Employment Statistics. State Cross-Industry Estimates: 1998-2003. URL: <http://www.bls.gov/oes/>. Accessed 4/26/05.



## ***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





# 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
<b>Allied health professions</b>	<b>\$17.03</b>	<b>\$35,428</b>
Other healthcare occupations	\$48.39	\$100,640
All Occupations (North Carolina)	\$16.17	\$33,630
<p><b>Source:</b> U.S. Bureau of Labor Statistics, Occupational Employment Statistics (2003). URL: <a href="http://www.bls.gov/oes/">http://www.bls.gov/oes/</a>. Accessed 4/26/05.</p>		



## ***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?***

---

**Southeast Regional Center for Health Workforce Studies**

Cecil G. Sheps Center for Health Services Research

•••

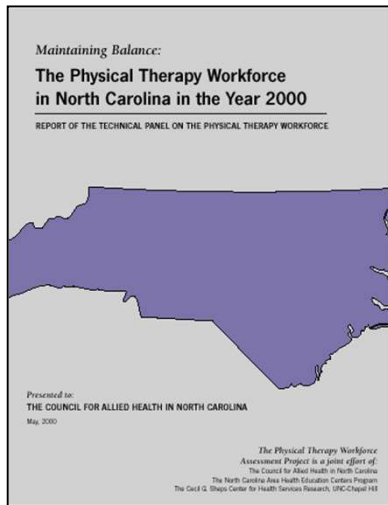
University of North Carolina at Chapel Hill

# ***Policymakers Want to Know:***

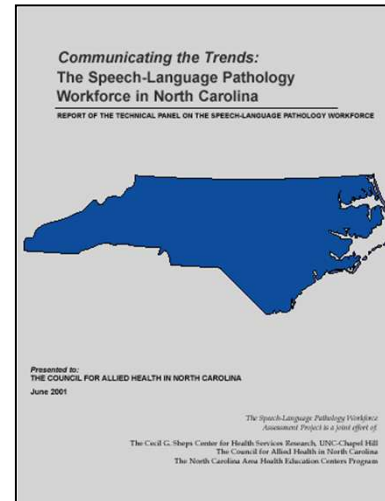
- How many allied health professionals are practicing?
- Are we producing too many, too few or the right number of professionals?
- Are the types and locations of educational programs appropriate?
- How will new technologies change the demand for certain skills within the allied health professions?
-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

# Allied Health Workforce Studies

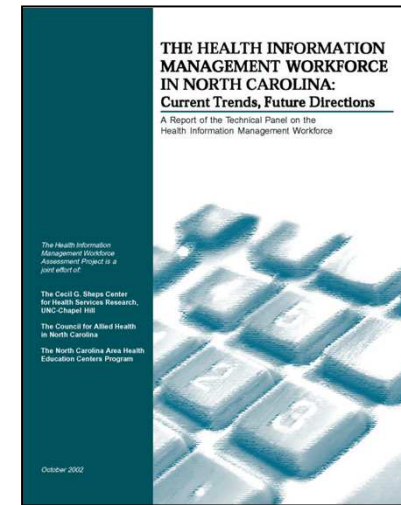
- Completed 6 workforce studies



Physical  
Therapy  
2000



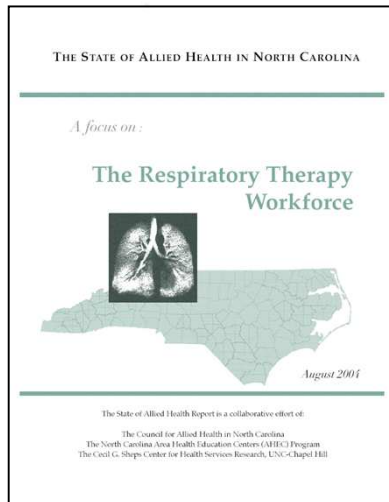
Speech-Language  
Pathology  
2001



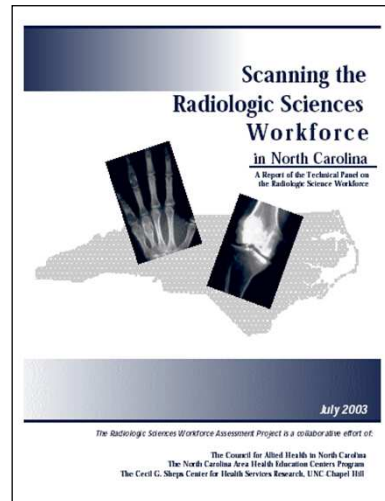
Health Information  
Management  
2002

# Allied Health Workforce Studies

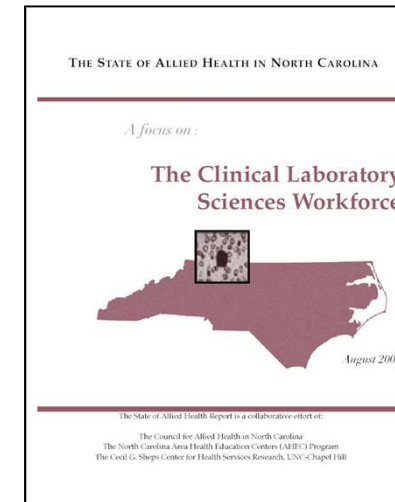
- Completed 6 workforce studies



Respiratory  
Care  
2004



Radiological  
Sciences  
2003



Clinical Lab  
Sciences  
2004

Southeast Regional Center for Health Workforce Studies

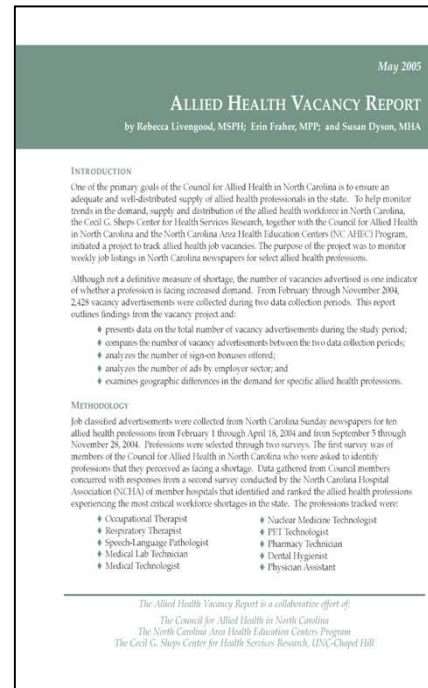
Cecil G. Sheps Center for Health Services Research



University of North Carolina at Chapel Hill

# 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

Emergency Medical Techs & Paramedics	2.65	} <b>Most evenly distributed</b>
Occup Therapy Assistants	2.74	
Phys Therapy Assistants/Aides	3.20	
Radiologic Therapists	3.59	
Diagnostic Technicians	3.76	
Medical Records Technicians	3.82	} <b>Least evenly distributed</b>
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	
Occupational Therapists	5.59	
Audiologists	5.91	

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**

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



# ***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?***

---

Southeast Regional Center for Health Workforce Studies

Cecil G. Sheps Center for Health Services Research

•••

University of North Carolina at Chapel Hill



# ***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**

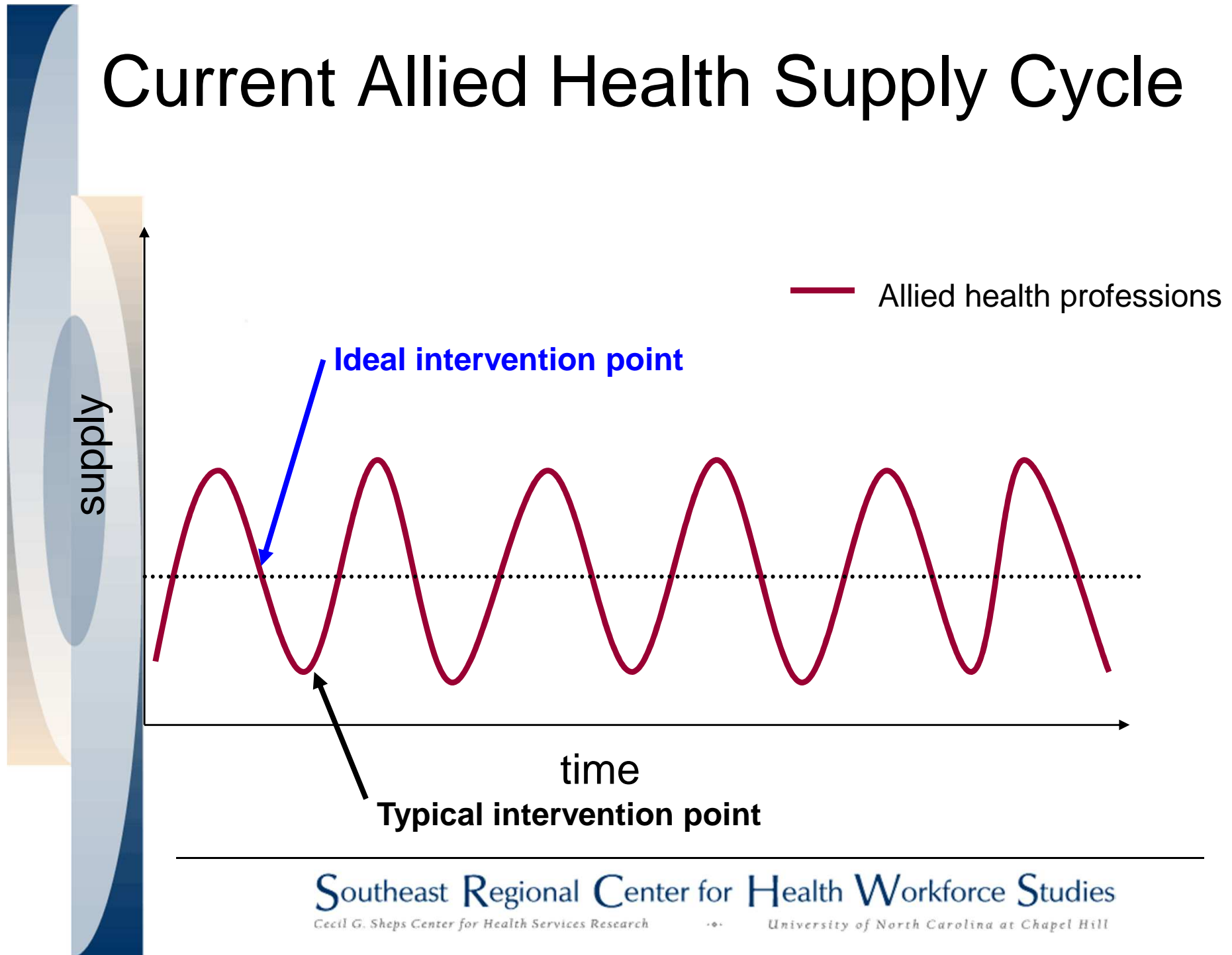


## ***Lesson 3. Better Allied Health Workforce Planning Infrastructure Needed***

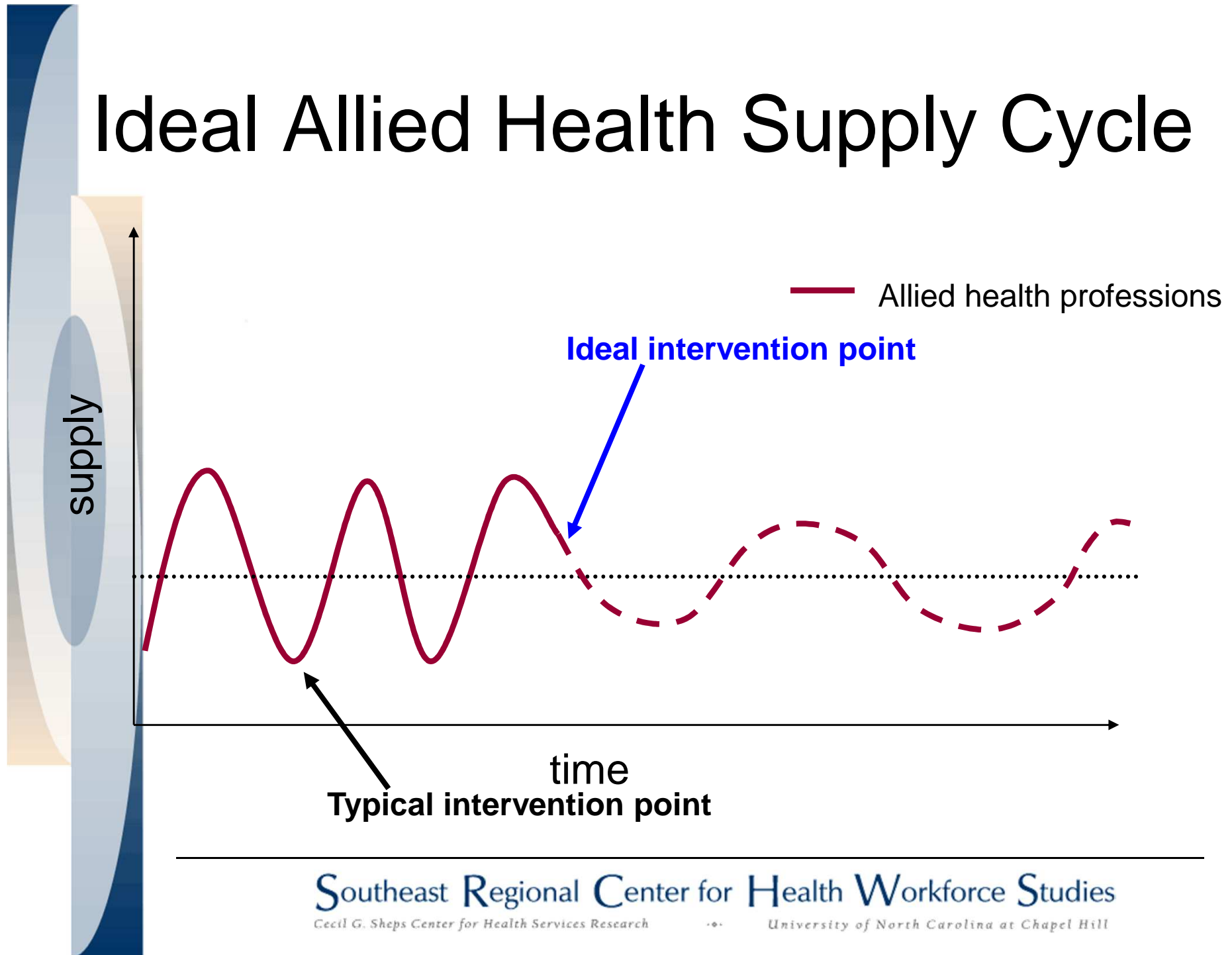
### **N.C. Council for Allied Health:**

- **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 Allied Health Supply Cycle





# *Questions?*

**Erin P. Fraher**

**Research Fellow**

**Cecil G. Sheps Center for HSR**

**UNC-CH**

**919-966-5012**

**[erin\\_fraher@unc.edu](mailto:erin_fraher@unc.edu)**

---

**Southeast Regional Center for Health Workforce Studies**

*Cecil G. Sheps Center for Health Services Research*

•••

*University of North Carolina at Chapel Hill*