The Impact of Aging on Health Workforce Supply and Demand

PROJECT 2015

Impact of Aging in Higher Education Future Long Term Care Work Force Needs

A SUNY Conversations in the Disciplines
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Overview of Presentation

- Health workforce issues and concerns
- Factors influencing the supply of and demand for health workers
- Impact of the aging of the US population on the health workforce
- Strategies to assure an adequate supply of well-trained health workers for the future



The Center for Health Workforce Studies at the University at Albany

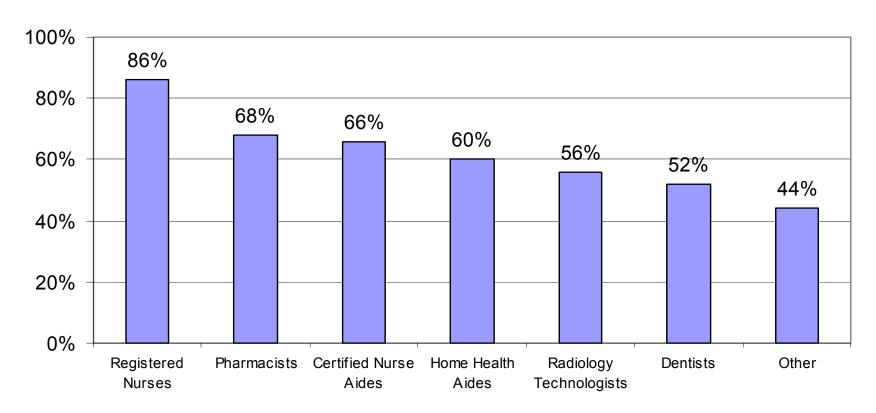
- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions



- Health workforce shortages
- The squeeze---few new dollars and the high cost of more workers---limit response options
- Concerns with medical errors and quality
- Worker and management dissatisfaction
- Frustration with paperwork and regulation
- Racial and ethnic imbalances in professions
- Lack of systematic data on supply and demand for health workers



Percent of States Indicating a Shortage in Selected Professions, 2002



Source: Center for Health Workforce Studies, 2002

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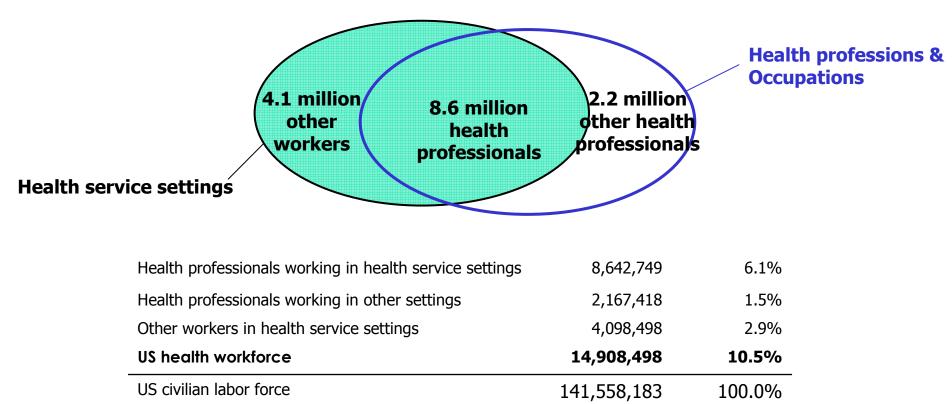


The Health Workforce: Basic Premises

- A health care system is only as good as its workforce
- The workforce directly impacts on:
 - Quality
 - Cost
 - Access



More Than 1 in 10 Americans Works in Health Care or is a Health Professional



What Contributes to Health Workforce Shortages?



Factors Contributing to Health Workforce Shortages

- Short term factors
 - Competition for workers
 - Rising demand
 - Increasing intensity and complexity of health services
 - Educational system cycles and response lags



Factors Contributing to Health Workforce Shortages, continued

- Workplace factors
 - Physically and emotionally demanding work
 - Non-competitive wages and benefits
 - Job design and working conditions
 - Paperwork and lack of efficient information systems
 - Poorly trained managers



Factors Contributing to Health Workforce Shortages, continued

- Long term factors
 - Changing racial/ethnic mix in the US
 - Expanded career choices for women
 - The economy and public expectations
 - Increases in credential requirements
 - The aging of America: increase in demand
 - The aging of America: decrease in supply of workers



A Study of the Impact of Aging on the Health Workforce in the US

HRSA funded study

- Aging: Demographics, Models of Care, Family Caregivers, Technology, Reimbursement
- Profile of the Current Workforce
 - Over 20 Health Professions
 - Services to the Elderly
 - Training, Education, Credentials Related to Aging
 - Supply Trends/Demand Projections & Gap
 - Profession-Specific Issues



The Aging Report Studied a Wide Array of Health Professions/Occupations

Physicians

- Therapy Professions
- PAs and APNs
- Pharmacists

Nursing

Registered Dietitians

Oral Health Providers Clinical Psychologists

- Chiropractors
- Social Workers

Podiatrists

- Nursing Home Administrators
- Optometrists

What Do We Know About This Growing Cohort of Elderly?

- Increase dramatically in number over the next 50 years
- more diverse
- better educated than their parents
- less likely to be poor
- have a smaller pool of potential family caregivers
- consume more health care services
- have different health care needs

General Findings: Impact of the Aging of the US Population on the Health Workforce



General Findings

- Many health professions and occupations do not offer formal credentials focused on the needs of the elderly
- When such a credential is offered, the number of workers with the credential is typically very small
- A majority of health care professionals in most settings deal with substantial numbers of elderly people whether or not they are specialists.



General Finding Many Health Professions Are Aging Rapidly

Median age	1989	1999	Change 1989- 1999
Dentists	40.7	44.0	+ 3.3
Dietitians	38.3	40.0	+ 1.7
Health records technologists and to	35.3	40.3	+ 5.0
Radiologic technicians	34.3	38.0	+ 3.7
Registered nurses	37.3	42.7	+ 5.4
Respiratory therapists	32.3	38.0	+ 5.7
Social workers	38.7	40.3	+ 1.7
Speech therapists	35.7	40. 7	+ 5.0
Pharmacists	36.7	41.3	+ 4.6
Total civilian labor force	35.7	38.7	+ 3.0

Source: Bureau of Labor Statistics, Current Population Survey - Annual Demographic Supplement, 1988-2000.

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Many Health Professions Lack Diversity

Race/ethnicity, 2000

	Non- Hispanic white	Non- Hispanic Black	American Indian	Asian & Pacific Islander	Hispanic
Dental hygienists	96%	2%	0%	0%	2%
Dentists	86%	3%	0%	9%	2%
Die titia ns	71%	19%	0%	5%	5%
Occupational therapists	88%	3%	0%	3%	6%
Radiologic technicians	80%	11%	0%	1%	8%
Registered nurses	87%	5%	1%	4%	2%
Respiratory therapists	80%	12%	0%	3%	5%
Social workers	66%	23%	1%	2%	9%
Speech therapists	94%	4%	0%	0%	2%
Pharmacists	80%	3%	0%	13%	4%

Sources: Bureau of Labor Statistics, Census Bureau. Current Population Survey - Basic Monthly, 2000; Census Bureau, U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1980 to 1999; National Sample Survey of RNs



General Findings

Demand for health care professionals to serve the elderly will be affected by:

- Health insurance reimbursement policies
- Emerging technologies
- New models of care
- Changes in profession-specific scope of practice

What Can We Do to Assure a Well-trained and Adequate Health Workforce to Care for the Growing Elderly Population?



Key Stakeholders

- Health facilities and associations
- Government (U.S., states and local)
- Health professions education programs
- Professional associations
- Unions representing health workers
- Consumers/patients



- Increase the pipeline (educational programs, health and education sector partnerships, training initiatives, career ladders, marketing careers, etc.)
- Improve retention (wages, benefits, working conditions, increased education and training, etc.)
- Reduce demand (increase efficiency, new technology, shift delivery site)
- Government interventions (Regulations, minimum staffing ratios, commissions, task forces)
- Better data and information (Regular reports/studies:supply, demand, use and distribution)
 Center for Health Workforce Studies



Possible Responses

- Provide better training on geriatric issues to health care professionals
 - Increase geriatric content in required curricula
 - Increase geriatric content on licensure examinations
 - Increase the availability of continuing education in geriatrics
 - Develop geriatric specialists within the profession



Possible Responses

- Help prepare the health workforce for new roles in different settings
 - More care will likely be delivered in homes and in assisted living settings
 - Health care may be delivered by interdisciplinary teams of health care professionals and workers
 - Scope of practice may change for some professions in response to greater demand by elderly patients



Assure an adequate pipeline of new health care workers as many retire or leave the field

- Some professions are at greater risk for depletion than others:
 - Professions with long educational trajectories tend to be older (e.g., physicians, clinical psychologists)
 - Professions that attract older or second career students (e.g., registered nursing)

Strategies include scholarships, health careers awareness, career ladders in health professions



Planning for the Future

- Assure an adequate supply of health care workers
- Increase knowledge and awareness of the needs of elderly patients
- Promote the development of a more culturally diverse workforce
- Support the development of a more accessible, cost-effective health care delivery system responsive to the needs of the US population