

ABSTRACT

Purpose of Study: New York State continues to face provider shortages in multiple health care settings. Examining workforce trends by setting and anticipated employment opportunities provides important data to decision makers involved in workforce planning. Regional analysis of employment by setting may also shed light on unexpected workforce fluctuations.

Key Findings: Overall, statewide demand for health care is increasing. There were nearly 1.2 million jobs in health care settings in New York State in 2018, which is an increase of slightly more than 3% between 2017 and 2018. Since 2000, jobs in health care settings in New York State have increased by nearly 39%, compared to only 8% for jobs in other employment sectors.

In 2018, hospitals had 38% of health care jobs, compared to 29% in ambulatory care settings, 20% in home health care, and 1% in nursing homes in New York State. Statewide employment in ambulatory care increased between 2014 and 2018 by 7.2%. Regional health care employment opportunities fluctuated but the overall trend points toward more demand for community- and/or home-based care.

The Center for Health Workforce Studies (CHWS) survey data indicated a shortage of qualified workers and non-competitive salaries among the reasons all health care settings have difficulty meeting demand.

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INTRODUCTION

Historically, health care job growth in New York State has outpaced all other employment sectors since 2000. Regardless, New York State continues to face local provider shortages in multiple health care settings.

Fluctuations in population, including declining rural populations as well as a diversifying patient population, changes in local opportunities for health care education, and the current COVID-19 pandemic have potentially impacted the need for both the current and the future health care workforce.

Examining workforce trends by setting and anticipated employment opportunities provides important data to decision makers involved in workforce planning. By understanding historical trends and looking at current data, decision makers can build situational awareness as they anticipate future health care needs.

METHODS

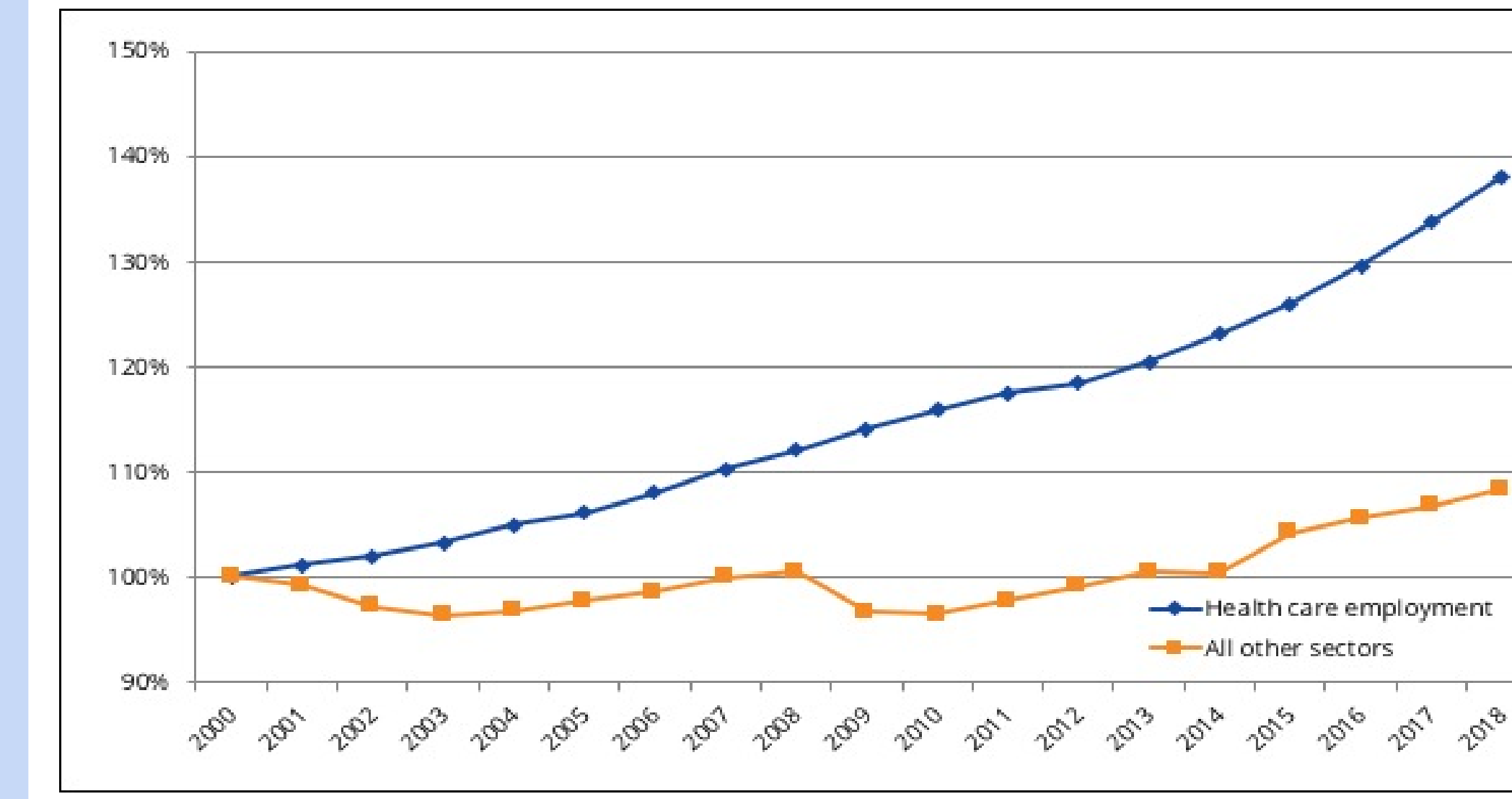
- Using North American Industry Classification System (NAICS) codes, employment opportunities were tracked for hospitals, home health care, ambulatory care (excluding home care), and nursing and residential care facilities (nursing homes) statewide and by New York State Department of Labor (NYS DOL) regions
- Data from the 2017–2018 NYSDOL Quarterly Census of Wages and Employment report were used to describe regional changes in health care employment by setting
- The annual Center for Health Workforce Studies (CHWS) survey of directors and human resource administrators of New York State hospitals, home health care agencies, nursing and residential facilities, and federally qualified health centers (FQHCs) provided data regarding recruitment issues facing healthcare settings from both a statewide and regional perspective
- Occupational survey data was aggregated into occupational categories along similar job titles, except for home health care settings due to too few occupational titles for aggregation
 - Survey responses indicating a specific occupational title was not difficult to recruit were not included in the percentages assessing levels of recruitment difficulty

RESULTS

- There were nearly 1.2 million jobs in health care settings in New York State in 2018, which is an increase of just over 3% between 2017 and 2018
- Since 2000, jobs in the health care sector in New York State have increased by nearly 39%, compared with only 8% for jobs in other employment sectors (Figure 1)

RESULTS (cont.)

Figure 1. Employment Growth in New York State, 2000-2018 (Standardized to 2000)



- Hospitals in New York State represent 48% of health care employment, though jobs in home health care and in ambulatory care are growing substantially faster (Figure 2)

Figure 2. Number of Health Care Jobs in New York State by Setting, 2000, 2014, 2018

Setting	2000	2014	2018	Number Change		Percent Change	
				2000-2014	2014-2018	2000-2014	2014-2018
Hospitals	410,300	437,355	457,363	47,063	20,008	11.50%	4.60%
Ambulatory care (excluding home care)	245,600	319,470	347,411	101,811	27,941	41.50%	8.70%
Nursing home and residential care facilities	143,200	159,819	160,319	17,119	500	12.00%	0.30%
Home health care	64,600	152,256	233,833	169,233	81,577	262.00%	53.60%
Total	863,700	1,068,900	1,198,926	335,226	130,026	38.80%	12.20%

- For hospitals in New York State, mid-level practitioners, physicians of all specialties, and medical personnel are the most difficult to recruit due to a shortage of workers (Figure 3)

Figure 3. Recruitment and Retention Difficulties for New York State Hospitals

Occupations	Level of Difficulty Assessed	Reasons		
		Shortage of Workers	Non-competitive Salaries	Non-competitive Benefits
Physicians	58.3%	65.7%	18.9%	3.9%
Mid-level practitioners	67.9%	55.4%	35.7%	1.8%
Pharmacy	23.2%	32.1%	7.1%	1.8%
Non-clinical providers, technicians or technologists	45.6%	55.0%	34.4%	1.3%
Medical personnel	55.7%	41.8%	18.7%	1.1%
Behavioral health	30.1%	33.3%	15.0%	1.7%

- New York State's nursing and residential care facilities have the most difficulties recruiting nurses and nursing/personal care aides and assistants (Figure 4)

Figure 4. Recruitment and Retention Difficulties for New York State Nursing Homes

Occupation	Level of Difficulty Assessed	General Shortage of Workers	Reasons	
			Shortage of Workers Meeting Minimum Job Qualifications	Non-competitive Salary
Nursing or personal care aides and assistants	57.1%	44.9%	18.6%	5.4%
Social workers	22.1%	13.3%	14.2%	3.5%
Patient education and care coordinators	16.4%	16.4%	13.7%	4.9%
OT/PT therapists and assistants	13.3%	17.9%	8.0%	1.1%
Nurses	54.2%	38.4%	28.6%	6.1%
Other	32.1%	24.4%	23.9%	3.8%

RESULTS (cont.)

- Home health care agencies have the most difficulties recruiting registered nurses, home health aides, and homemakers, although reported reasons for the difficulties differed among the various occupations (Figure 5)

Figure 5. Recruitment and Retention Difficulties for New York State Home Care Agencies

Occupation	Level of Difficulty Assessed	Reasons			
		Non-Competitive Benefits	Non-Competitive Salaries	Shortage of Workers	Shortage of Workers Meeting Minimum Job Qualifications
Registered nurses	70.1%	20.9%	49.3%	46.2%	36.9%
Home health aides	64.8%	24.1%	36.8%	68.4%	49.5%
Homemakers	64.8%	24.1%	36.8%	68.4%	49.5%
Physical therapists	62.3%	12.1%	39.4%	63.6%	30.3%
Personal care aides	61.0%	27.5%	35.9%	71.1%	52.8%
Occupational therapists	58.8%	11.4%	28.6%	77.1%	20.0%
Licensed master's social workers	50.8%	13.6%	45.5%	11.4%	43.2%
Licensed practical nurses	50.0%	16.3%	38.8%	47.5%	37.5%
Licensed clinical social workers	47.6%	7.4%	44.4%	24.6%	40.7%

- For FQHCs, physicians, behavioral health practitioners, and mid-level practitioners were the most difficult to recruit, but non-competitive benefits and salaries were among the most common reasons for the recruitment difficulties (Figure 6)

Figure 6. Recruitment and Retention Difficulties for New York State Federally Qualified Health Centers

Occupation	Level of Difficulty Assessed	Reasons		
		Shortage of Workers	Non-Competitive Benefits	Non-Competitive Salaries
Physicians	80.2%	12.9%	59.1%	62.4%
Behavioral health practitioners	70.1%	8.9%	21.8%	22.8%
Mid-level practitioners	56.8%	12.8%	59.0%	64.1%
Oral health practitioners	43.8%	10.8%	43.2%	48.6%
Medical personnel	35.8%	17.5%	55.0%	57.5%
Coordination/Patient care/Health communication	4.8%	28.6%	47.6%	47.6%

CONCLUSIONS

- Demand for health care workers in New York continues its overall upward trend
- Recruiting qualified workers in certain occupational titles in many health care settings will be challenging
- Regional fluctuations in health care employment may impact some communities', especially rural communities', ability to meet health care demands
- An aging population may continue to shift demand toward ambulatory care and home care as seniors seek community- and home-based care
- The COVID-19 pandemic has created an atmosphere of uncertainty in terms of both supply and demand for existing health care workers, as well as the educational pipelines of many future health care workers