



2025 Annual Report



MISSION

To produce timely, accurate information and conduct policy-relevant research about the health workforce.

VISION

We strive to support evidence-based decisions to ensure equitable access to care, produce and support a healthy, robust health workforce, and improve population health.



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Message From the Leadership Team

Welcome to the Center for Health Workforce Studies Annual Report for 2025. In the pages that follow, we'll highlight our accomplishments and activities over the past year to give you a sense of who we are, what we do, and the impact our work has in the world.

2025 was a year of change for the Center. We moved our offices to the UAAlbany uptown campus, leaving our home of more than 25 years on the Health Sciences Campus; we expanded our leadership team; and a new federal administration brought a diminished outlook for research funding. In response, we looked to our mission to keep us focused on what's important. After all, the health workforce challenges facing leaders today persist, so our work remains vital.

At the Center, we produce information that is critical for healthcare leaders who seek to take evidence-based action to address today's health workforce challenges. We compile health workforce facts from the field and combine them with our insights built through many years of experience and expertise, transforming them into actionable intelligence which we share with healthcare leaders. Our work informs decision makers across the continuum, including those on the front lines of health care, facility administrators, policy makers, public officials, as well as advocacy and philanthropic organizations.

The workforce challenges we helped decision makers address in 2025 included nursing retention and successful solutions to keep nurses in the workforce; health professional shortages in New York; recruitment and retention challenges in hospitals, nursing homes, home healthcare agencies, and clinics; supply and demand for the orthotics and prosthetics profession; and improving maternal health outcomes.

Thank you for taking the time to learn about what the Center's been up to in 2025. We hope that you'll continue to keep tabs on us in the coming year as we celebrate the 30th anniversary of our founding. We look forward to continuing our work, establishing new lines of inquiry and uncovering new insights, developing innovative approaches and methods, and empowering informed decisions to ensure equitable access to care, strengthen the workforce, and improve population health.

LEADERSHIP TEAM



Jean Moore



Gaetano Forte



Nafin Harun

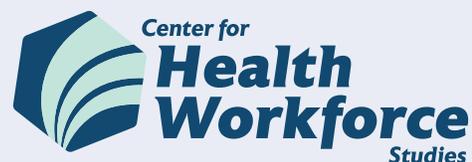


Simona Surdu

Celebrating 30 Years

The Center for Health Workforce Studies enters 2026 celebrating 30 years of advancing health workforce knowledge. Since 1996, the Center has delivered timely, policy relevant research and data to help leaders understand workforce supply, demand, distribution, and equity. This work informs decisions that strengthen access to care and improve population health. As we mark this milestone, we remain committed to rigorous analysis, trusted partnerships, and practical insights that support a healthier, more equitable future for New York and beyond.

To preview the celebration ahead, here's a sneak peek at the Center's new logo, which will be unveiled as part of our 30th anniversary rollout:



Overview of Our 2025

Looking back on a year of meaningful progress and sustained influence, where our work advanced understanding, shaped conversations, and informed action.



Our Work Covered Topics That Included:

- Healthcare Professional Shortage Area Designations in New York
- Residency Training Outcomes in New York
- Rural Health Providers, Outcomes, and Policy
- Health Workforce Data Collection Activities in the U.S.
- Registered Nurse Education in New York
- Recruitment & Retention of Nurses in Safety Net Hospitals in New York
- Supply, Demand, & Demographics of Registered Nurses
- Trends in Health Professions Graduations
- Orthotics & Prosthetics Workforce
- Trends in Supply & Demand for Healthcare Workers
- Pay Disparity Between Nursing Faculty and Clinical Nurses
- Oral Health Services at Federally Qualified Health Centers
- Supply & Demand for Physical Therapists
- The Connection Between Oral and Maternal Health
- Job Satisfaction Among Dental Hygienists & Assistants



We Shared Our Work At:

- AcademyHealth Annual Research Meeting
- American Public Health Association Annual Meeting
- Council of Associate Degree Nursing in NYS
- Health WorkForce New York Annual Health Workforce Luncheon
- National Forum of State Nursing Workforce Centers
- National Oral Health Conference
- National Oral Health Leadership Summit
- New York Association of Training and Employment Professionals (NYATEP) Workforce Development Conference
- NYS Department of Health Stakeholder Summit on New York State's Nursing Workforce
- NYS Oral Health Coalition Annual Meeting
- NYS Regional Healthcare Workforce Consortium



6,960 YouTube channel views

Top Videos

- *How to Create an Address Locator and Geocode Healthcare Providers' Addresses in ArcGIS Pro*
- *"For Nurses By Nurses" — Nurse Endorsed Strategies to Address Nurse Retention Webinar*
- *Supporting the Frontline: Strengthening the Community Pharmacy Workforce Webinar*



48 Interviews, quotes and mentions in various media outlets

Including:

The New York Times

POLITICO

DENTISTRY TODAY



JOURNAL ARTICLE

Current and Projected Future Supply and Demand for Physical Therapists

PTJ Physical Therapy & Rehabilitation Journal

11,500 views



Shortage Designations

We sat down with Nafin Harun to discuss Health Professional Shortage Area (HPSA) designations, why they matter for understanding health workforce distribution, and how the Center's HPSA program is evolving.

Why are HPSAs important to understanding health workforce distribution in New York State?

HPSAs are essential because they translate provider supply, population need, and access barriers into a standardized, place-based measure of shortage at sub-county and population-specific levels. HPSAs reveal localized inequities across New York State's diverse urban and rural communities and provide a consistent metric for comparing shortage severity across regions. Importantly, a HPSA designation is the primary eligibility requirement for federal and state loan repayment and scholarship programs, making it a critical factor in recruitment and retention decisions for providers and safety-net employers serving underserved populations.

What factors determine whether a community qualifies as an HPSA?

A community qualifies as a HPSA based on criteria set by the Health Resources and Services Administration (HRSA) that evaluate provider availability, community need, and access to care. This includes whether the local supply of providers is sufficient, whether the population has elevated socioeconomic or health-related needs, and whether residents can reasonably access care from nearby providers. The area must also be defined as a Rational Service Area (RSA), meaning it functions as a logical healthcare market and cannot rely on surrounding areas to meet local demand.

How might the Center's HPSA program evolve in the coming years?

Our HPSA program is evolving to improve the accuracy of shortage designations, expand technical support for stakeholders, and extend its impact beyond New York State. Key developments include:

Enhanced Data and Analytical Tools

We are developing a new Rational Service Area (RSA) Tool to support more precise shortage designations. RSAs are foundational to defining the size, shape, and population of a HPSA. The tool will integrate advanced technologies including artificial intelligence, draw on a wider range of data sources, and apply consistent methodologies to better reflect actual healthcare utilization patterns.

Improved Advisory and Technical Services

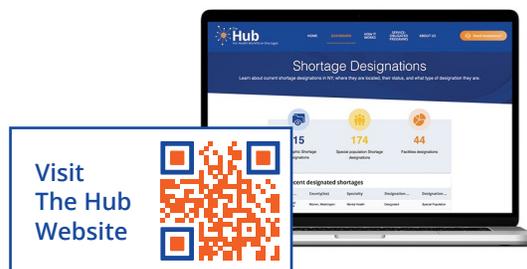
We are building public-facing tools to streamline stakeholder engagement and improve access to technical assistance, while expanding educational resources related to health professional shortages and service-obligated programs.

Nationwide Expansion

Through the Hub for Health Workforce Shortages website, the Center is expanding access to its analytical and management tools nationwide. In 2026, we will begin our first formal out-of-state collaboration using a shared system for creating RSAs.



NAFIN HARUN
Program Director



How CHWS Research Sparked a \$51M Investment in New York's Nursing Workforce

New York's nursing shortage has been simmering for decades. Hospitals have long struggled to recruit and retain registered nurses (RNs), reflecting national trends shaped by an aging workforce, burnout, and rising demand for care. When COVID-19 emerged, the system reached a breaking point. Safety-net hospitals serving vulnerable communities faced the greatest strain, competing for scarce staff while managing surging patient loads. To better understand these challenges, the Center for Health Workforce Studies (CHWS), with support from the Mother Cabrini Health Foundation, launched a statewide study to identify what was working and what wasn't. CHWS surveyed, interviewed, and held focus groups with leaders from more than 50 hospitals across New York. Their insights revealed not only why nurses were leaving, but what might help them stay.

Key Findings

Experienced Nurses Leaving, New Nurses Struggling

The pandemic accelerated retirements among experienced nurses. By 2023, more than half of hospital-based RNs were under 40, many with limited clinical training due to pandemic-era disruptions. With fewer senior mentors, younger nurses often entered the workforce with less support and confidence.

“Recruitment alone won't solve the nursing shortage; culture, inclusion, and support are what keep nurses in the workforce.”

— Jean Moore, Director
Center for Health Workforce Studies

Recruitment Improving, Retention Lagging

Hospitals saw some success hiring new graduates through nursing school partnerships, but keeping them was more difficult. Many early-career nurses left within one to two years for higher pay or more flexible schedules, a challenge felt most acutely by rural and smaller hospitals.

Burnout and Work Environment

Vacancies were highest in medical-surgical units, emergency departments, and intensive care units. Heavy reliance on travel nurses, paid far more than staff nurses, created morale issues. Hospital-based RNs also reported higher burnout rates than nurses working in other settings.

Generational Shifts

Younger nurses prioritized work-life balance and were more willing to change jobs. Fifteen percent of RNs ages 20–39 planned to leave their positions within a year.

From Research to Solutions

Across settings, one message was clear: compensation matters, but workplace culture matters more.

Promising strategies identified by hospitals included:

- Magnet and Pathway to Excellence accreditation to elevate nurses' voice
- Wellness supports such as tranquility rooms and stronger safety policies
- Team-based staffing, expanded support roles, and virtual nursing to reduce workload of bedside nurses
- Nurse residency programs to build confidence among new graduates
- Leadership and preceptor development to bridge generational gaps

Research Into Action: A \$51M Investment

In May 2025, the Mother Cabrini Health Foundation transformed these findings into action. Guided by CHWS research, the Foundation launched a \$51 million Nursing Initiative supporting 13 safety-net hospitals across New York. The initiative invests in culture, mentorship, and workplace innovation, aiming to make nursing sustainable and fulfilling, especially in the communities most affected by shortages.

Looking Ahead

New York's nursing shortage has no quick fix, but sustained investment and culture change can help create workplaces where nurses not only come to work but choose to stay. The \$51 million Nursing Initiative shows what's possible when research and investment align, marking a turning point toward a more resilient nursing workforce for the future.





Monitoring Health Workforce Recruitment and Retention

Each year, CHWS conducts its Recruitment and Retention (R&R) Survey to track workforce challenges facing healthcare providers across New York State. We spoke with Robert Martiniano about who participates in the survey, what it measures, and why it remains a critical tool for understanding today's health workforce.

Can you give us a quick overview of the R&R Survey—who participates and what you measure?

Each year, we conduct a comprehensive R&R Survey that goes out to a broad range of healthcare providers across New York State, including hospitals; nursing homes and assisted living facilities; home healthcare agencies; and federally qualified health centers (FQHCs), FQHC look-alikes, and rural health centers. Across these four surveys, we ask a core set of questions and tailor each one to reflect the realities of different care settings. For example, travel is a major challenge for home healthcare providers, where staff must drive to patients' homes, which hospitals and nursing homes don't face. We also work closely with provider associations to ensure the surveys capture the most relevant occupations and issues, using their feedback to design meaningful, actionable questions and interpret the data in context.

Why is this survey so important for understanding the health workforce today?

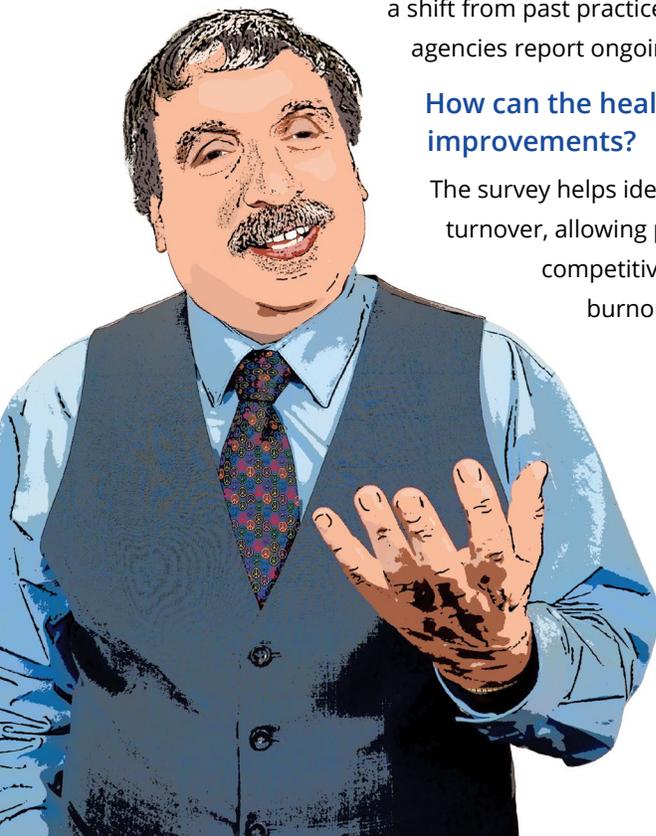
The R&R Survey is essential for two main reasons. First, it helps us stay up to date with the constantly shifting workforce landscape. The positions that are hardest to fill, and the reasons staff leave, can change year to year depending on economic, demographic, and policy factors. Second, the results are shared with provider associations and organizations that rely on this information for workforce planning, advocacy efforts, and legislative testimony. The data offers a real-time look at what's happening on the ground and helps decision-makers respond strategically.

What are some of the key trends you're seeing in recruitment and retention right now?

Recruitment and retention challenges remain widespread across the healthcare sector. Registered nurses (RNs) continue to be among the most difficult occupations to recruit. Personal care and home health aides are also hard to find, especially in rural areas. In response to ongoing nursing shortages, some hospitals have begun employing more licensed practical nurses (LPNs), a shift from past practice. As a result, hospitals, long-term care facilities, and home healthcare agencies report ongoing struggles recruiting and retaining LPNs.

How can the healthcare community use these data to make real-world improvements?

The survey helps identify where workforce challenges are most severe and what's driving staff turnover, allowing providers and policymakers to target solutions more effectively. While competitive pay matters, the data also highlight the importance of workplace culture, burnout prevention, and organizational support in improving retention.



ROBERT MARTINIANO
Senior Program Manager

Read the Latest R&R Report





Building a Strong Health Workforce

On behalf of the New York State Department of Health, I am happy to contribute to the University at Albany's Center for Health Workforce Studies Annual Report. Our partnership is essential to addressing one of New York's most urgent healthcare challenges: building a strong enduring health workforce.

Health Workforce Challenges in New York

New York faces workforce challenges that demand evidence-based, data-driven solutions. As an example, although New York has more than 400,000 licensed registered nurses, only 63 percent are actively working in the State, and fewer than half provide direct patient care. Burnout, particularly in acute care settings, contributes to high turnover and instability across the system. Recruitment and retention difficulties also affect primary care, mental health, and long-term care. These shortages create barriers to access, most notably in underserved communities, and threaten New Yorkers' health.

The Center as a Strategic Partner

The Center plays an important role in helping the Department respond to these challenges. Its work to collect, analyze, and share workforce intelligence provides the evidence needed to monitor trends, identify gaps, and develop targeted interventions that guide our strategic decisions and investments. An example is the designation of Health Professional Shortage Areas (HPSAs). State facilities rely on the Department, in partnership with the Center, to identify HPSAs for primary care, dental, and mental health services. These designations are lifelines for communities facing access challenges, guiding federal and state resources to loan repayment and recruitment programs in the areas of greatest need.

Planning for Diverse Needs Across the State

Understanding workforce numbers alone is not enough. We must also account for the different needs of regions, populations, and care settings. Rural communities face different challenges than urban centers, and safety-net providers serving vulnerable populations require different strategies than specialty academic medical centers. I am deeply concerned about growing disparities in groups that are underrepresented in health care. The Center's research helps us recognize these challenges and design policies tailored to local contexts while advancing statewide goals.

A Shared Commitment to the Future

Our collaboration remains critical as we confront funding uncertainties, an aging population, the lasting impacts of COVID-19 on workforce retention, and the need to build a workforce that reflects the diversity of the communities we serve. Meeting these challenges requires our ongoing partnership to be grounded in evidence and a shared commitment to ensuring that every New Yorker has access to quality care delivered by a skilled and supported workforce.

I extend my sincere appreciation to the entire Center for Health Workforce Studies team for their exceptional work and steadfast partnership.



Sincerely,
James V. McDonald M.D., M.P.H.
*Commissioner,
New York State Department of Health*



Exploring the Connection Between Oral Health Care Use and Maternal Health

CHWS recently examined the relationship between oral health care during pregnancy and maternal health outcomes. We spoke with Simona Surdu about the study's findings and why integrating oral health into prenatal care matters.

Can you briefly summarize what this study examined and why it was important to look at oral health among pregnant women?

This study examined how access to and use of oral health services during pregnancy relate to complications such as gestational diabetes and hypertension. We analyzed national data from the CDC's Pregnancy Risk Assessment Monitoring System from 2016 to 2020. Oral health is often overlooked in prenatal care, yet it plays a critical role in maternal health. Poor oral health, especially periodontal disease, can increase systemic inflammation, which may contribute to adverse pregnancy outcomes.

What motivated your team to explore the connection between oral health care use and pregnancy complications like gestational diabetes and hypertensive disorders?

A growing body of research shows that oral health is closely linked to overall health. Pregnancy is a vulnerable time, and complications such as gestational diabetes and hypertension disproportionately affect women experiencing socioeconomic and racial/ethnic disparities. We wanted to understand whether limited access to oral health services during pregnancy might contribute to these risks and to highlight the importance of integrating oral health into routine prenatal care.

Your analysis found that more than half of pregnant women reported not receiving preventive oral health care. Why do you think that number is so high?

Several factors contribute to the low use of preventive oral health care during pregnancy. System-level barriers include lack of dental insurance or reliance on Medicaid, which varies widely in coverage across states. Oral health is not always emphasized during prenatal visits, and some dentists hesitate to treat pregnant patients due to limited training or comfort. Misconceptions about the safety of dental care, along with provider shortages in underserved areas or among those accepting Medicaid, further reduce access.

What can public health professionals, policymakers, or healthcare systems do to improve access to oral health care for pregnant women?

Improving access requires coordinated action. Incorporating oral health education into prenatal care and strengthening collaboration between medical and dental providers can support greater utilization. Expanding Medicaid dental benefits, increasing the oral health workforce in underserved communities, and launching public campaigns to correct misconceptions about dental care during pregnancy are also important steps. Together, these strategies can help ensure that oral health becomes a standard part of maternal care.

What are the implications of your findings?

The story highlights a clear, actionable connection between oral health and maternal health. Preventive dental care is simple, effective, and often underused. Because the study draws on a large, diverse, population-based dataset, the findings are broadly relevant across communities. By showing that integrating oral health into prenatal care can improve outcomes and reduce disparities, the study speaks to both clinicians and the public, emphasizing practical steps that can make a meaningful difference.



SIMONA SURDU
Program Director

[Read the Article](#)



On the Road

Celebrating the gatherings, conversations, and connections that shaped our year



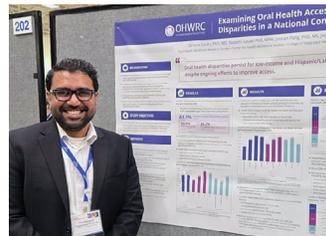
Jean Moore (R) leads a data-driven discussion with NYS Health Commissioner Dr. James McDonald at the Department of Health's Stakeholder Summit on New York State's Nursing Workforce



David Armstrong at AcademyHealth's Annual Research Meeting



Robert Martiniano leads the "Collaborative Efforts to Address Recruitment and Retention Difficulties" workshop at the NYATEP Workforce Development Conference



Theeskshana Fernando at AcademyHealth's Annual Research Meeting



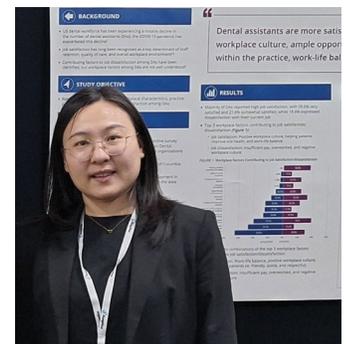
Sage Shirey presents at the National Oral Health Conference



Emilia Istrate from the American Dental Education Association (L) and Simona Surdu (R) at American Public Health Association's Annual Meeting



Simona Surdu and fellow participants at the National Oral Health Leadership Summit



Jinman Pang at the National Oral Health Conference



Evaluating the Future of the Orthotics and Prosthetics Workforce

CHWS has launched a new study focused on understanding the current orthotics and prosthetics (O&P) workforce and projecting future needs over the next decade. We sat down with David Armstrong to talk about the project and why this work matters now.

What are the most important questions this study hopes to answer?

One of the biggest questions we're trying to answer is whether the current supply of certified orthotics and prosthetics professionals will be enough to meet future demand. We're also very interested in better understanding the roles the non-certified workforce, assistants, technicians, and fitters play in care delivery but aren't well documented in existing data. While we have a fairly good sense of how many certified practitioners are in the field, much less is known about this broader workforce. Without that information, it's difficult to fully understand workforce capacity or plan effectively for the future.

How will engaging employers across the country help us better understand the needs of this growing field?

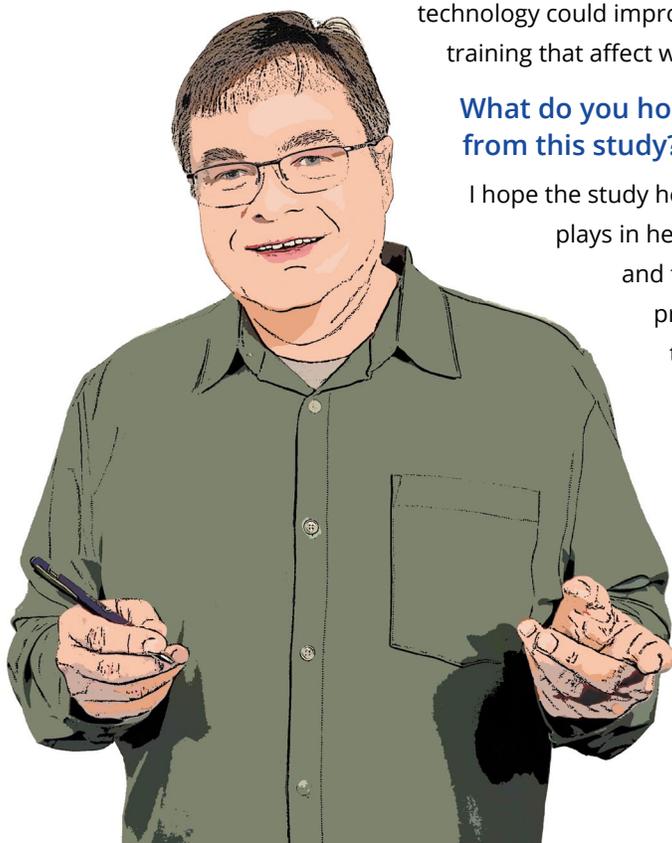
We're collecting data primarily through a national survey of O&P facilities, along with a small number of key informant interviews. The facility survey gives us insight into staffing models, hiring challenges, and how organizations are using both certified and non-certified staff. Combined with what we're hearing directly from people working in the field, this approach helps us build a more realistic picture of how O&P care is being delivered today and how that may change over time.

What are the most important factors that could accelerate or constrain O&P workforce growth between now and 2035?

On the demand side, an aging population and rising rates of chronic conditions like diabetes and vascular disease are likely to increase the need for O&P services. At the same time, workforce growth could be limited by factors such as the length and cost of training, limited educational capacity, retirements, reimbursement pressures, and regulatory or licensure requirements. Technological change will also play an important role; advances in digital design, 3D printing, and clinical technology could improve efficiency and expand access, but may also require new skills and training that affect workforce supply.

What do you hope educators, policymakers, and the public take away from this study?

I hope the study helps people better appreciate the essential role the O&P workforce plays in health care. By offering clearer data on workforce supply, demand, and training pathways, our findings can support educators in planning programs, help policymakers make more informed decisions, and give the public a better understanding of how O&P professionals improve mobility, independence, and quality of life.



DAVID ARMSTRONG
Project Director



Reflecting on 25 Years at CHWS

Jean Moore
Director

During my more than 25 years as a researcher and leader at the Center, I often reflect on the factors that have contributed to its success. Below are a few key lessons I have learned.

Staying Relevant

Researchers often have a wide range of questions they want to explore, but it is essential to understand which ones resonate with policymakers, providers, and communities. The questions most often asked are straightforward: *Do we have a workforce shortage? What is causing it? What can be done about it?* Paying attention to these concerns helps researchers design policy-relevant studies that generate evidence to inform practical, actionable solutions.

Collaboration Is Key

Our collaborative relationships are essential to ensuring research leads to meaningful change. They help ensure that research remains sustainable, relevant, and aligned with

the challenges facing the health workforce. By connecting researchers with policymakers, employers, health systems, and community organizations, public-private collaborations expand opportunities for impact while strengthening long-term resilience and shared value.

Educating the Next Generation

Research centers also play an important role in introducing students and new graduates to the practice of research. While some discover that research is not the right fit, others embrace it and go on to build careers in the field. Providing meaningful opportunities to learn and participate in research helps strengthen the workforce and supports the development of future health workforce researchers.

Together, these lessons have helped sustain the Center’s mission and will continue to guide our work as we support a strong, responsive health workforce for the future.



Meet the Team

Staff share what inspires them, what keeps them curious, and what they’re proud of

Looking back on the past year, what project or accomplishment are you most proud of and why?



Theekshana Fernando, Research Scientist

Health Professional Shortage Area (HPSA) designations qualify organizations to participate in programs that help recruit and retain healthcare providers. These designations are a lifeline for organizations in rural and underserved communities. I am proud to have developed multiple HPSA applications, all of which were approved by the Health Resources and Services Administration. This work holds a special place for me because it helps organizations recruit nurses and physicians in underserved communities – an outcome that is both meaningful and impactful.



Jinman Pang, Research Scientist

Over the past year, I am most proud of my work analyzing large federal datasets from HRSA and the CDC to study workforce and oral health workforce issues using advanced analytical methods. These projects led to multiple reports, peer-reviewed publications, and national conference presentations that contributed meaningfully to public health research. Collaborating closely with principal investigators and colleagues across disciplines has been especially rewarding, and the Center’s collaborative and supportive environment fosters curiosity, continuous learning, and impactful research.

MEET THE TEAM



Sage Shirey, Research Associate

I am happy to share that a manuscript I worked on with colleagues Jinman Pang and David Armstrong, *Exploring the Pay Disparity Between Nursing Faculty and Clinical Nurses*, was recently published as a featured article in the most recent issue of *Nurse Educator*. It is generally understood that faculty in nursing education programs are paid less than nurses working in clinical practice. Our research helps quantify these disparities and how they break down by years of experience, educational attainment, and other factors. Hopefully, this work can be used to help support pay structures that will improve the recruitment and retention of nursing faculty.

How has your work evolved or changed this year?



Matt Allegretti, Communications Specialist

My role has grown in several exciting ways this year. I've expanded my writing output, taken on a larger mentorship role by supporting researchers with their writing, and begun exploring emerging technology trends that affect the health workforce. I've also embraced a more journalistic approach and become more involved with blogging, something I'm excited to continue building on next year.



Trish Galvin, Graphic Designer

This year I've worked to strengthening our visual storytelling efforts by making sure projects balance creative vision with strategic goals. I've worked closely with leadership and the communications team to guide many of these projects from conception through completion, including this (inaugural) report! I've also explored data visualization tools that will enable us to better communicate our research findings.



Leanne Keough, Communications Director

This year I've taken a more active role in the community, to hear directly from the field about health workforce struggles and the strategies being used to help address them. I've met with state legislators, health system leaders, educators, and individuals from workforce development organizations. Gaining this real-world, real-time understanding of the workforce not only assists in developing narratives to explain to others what the issues are, but it also helps guide us as to what our research should focus on. Developing these cross-sector partnerships can help us achieve our common goals of strengthening our health workforce and improving health outcomes in our communities.

What's one way your work contributes to our mission that people might not realize?



Stacey Davidson, Program Assistant

Much of my work happens behind the scenes, but it supports our mission by keeping our workforce data accurate and useful. I help LPNs, RNs, and NPs troubleshoot the nursing survey required for New York State license renewal, and I answer providers' questions about Health Professional Shortage Areas (HPSAs) and service-obligated programs, including whether they're in a HPSA, qualify for a program, or need a new analysis. I also verify and update provider locations so our shortage designations reflect reality, helping us spot workforce gaps and improve access to care.



Natalie Newell, Health Program Administrator

One way my work supports the Center's mission that people might not always see is through the day-to-day organization that keeps projects on track. By helping with budgeting, contracts, timelines, and administrative details, I make it easier for the research team to focus on the actual work. Staying organized and keeping things running smoothly behind the scenes helps ensure projects meet their goals and funder requirements, which ultimately supports the Center's larger mission.



Following the relocation of UAlbany's College of Integrated Health Sciences (CIHS) to the Uptown campus, the Center moved to the newly renovated Pine Bush building. The move followed the 2024 merger of the School of Public Health (the Center's previous home), the School of Social Welfare, and UAlbany's Nursing Programs.



Center for Health Workforce Studies

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