

## Health care workforce

### Our strengths

- Health care services employs one in eight CT workers<sup>i</sup>
- Health care jobs in CT are estimated to grow twice as fast as the rest of the economy in the near future<sup>ii</sup>
- Two world-class schools of medicine in the state with another planning to open at Quinnipiac University in 2013 or 2014
- 19 schools of nursing in the state<sup>iii</sup> and hundreds of programs to train other health professionals

### The problem

- Between 2000 and 2030, CT's population 65 years of age and over is expected to increase 69 percent. An aging population will place greater demands on the health care system at the same time that many health professionals will be retiring.<sup>iv</sup>
- National and state health reforms to cover the uninsured will add to the demand for providers
  - In 2008 when Massachusetts expanded coverage to almost all uninsured residents, wait times for physician visits rose significantly and serious workforce shortages were reported across the state<sup>v</sup>
- CT's shortages, like other states are most severe in primary care capacity
  - 25% of CT family physicians and 22% of internists report considering a career change because of the practice environment in CT
  - 26% of family physicians and 28% of internists are not accepting new patients; on average, CT patients wait 18 days for a routine office visit<sup>vi</sup>
  - 80% of CT physicians report difficulty recruiting new physicians to their practices in the state<sup>vii</sup>
- CT ranks 49<sup>th</sup> among states in producing nurses<sup>viii</sup>
- 23% of CT's nursing faculty expects to retire in the next five years<sup>ix</sup>
- CT's nursing shortage is not due to lack of demand but not enough training slots, in 2006 over 1,200 qualified nursing applicants were denied entrance into CT nursing programs due to lack of space<sup>x</sup>
- Students leaving nursing school this year average between \$10,000 and \$30,000 in debt, some with debt loads up to \$130,000<sup>xi</sup>
- 41% of the growth in hospital costs from 2001 thru 2006 was due to wages and salaries, often driven by provider shortages<sup>xii</sup>
- There is little specific data on CT's health care workforce current capacity, future needs or analysis of what solutions are working

### What's being done?

- The federal stimulus package passed last year included \$500 million in health care provider training funding<sup>xiii</sup>
- National health reform includes dozens of initiatives designed to expand health care workforce capacity, as well as raise rates paid to primary care providers

- Through the Sustinet health care reform act passed in 2009, CT has convened a Health Care Workforce Task Force, that group has been collecting information and will be reporting their recommendations to the General Assembly in July 2010

#### What else needs to be done?<sup>xiv</sup>

- CT needs a health care workforce strategic plan, including comprehensive data collection, to assess the need and develop a plan to address it
- CT needs to expand scholarships and loan forgiveness programs for students entering shortage professions, particularly in primary care, to address the growing debt burden of new graduates
- CT needs to expand the number of nursing faculty, both in training slots and by improving teaching salaries to compete with practice, and expand the number of clinical training slots for students
- CT needs to embrace and expand innovative training methods including online learning and simulator training
- CT needs to support older health care providers, minorities and others facing challenges to entry and retention in health professions, including flexible scheduling, easing paperwork burdens, physical workplace modifications for older and disabled workers, mentoring and tutoring for new students, remedial education needs, child care, transportation and academic counseling support
- CT needs to emphasize and support continuing education for practicing professionals to adapt to the quickly changing health care environment including team and care coordination skills to practice in patient-centered medical homes and health information technology training

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<sup>i</sup> March 2010 data, *CT Economic Digest*, CT Dept. of Labor, May 2010,

<http://www.ctdol.state.ct.us/lmi/misc/cedmay10.pdf>

<sup>ii</sup> Health care jobs are estimated to grow by 15% from 2006 to 2016 compared to only 8% across all employment, Connecticut Department of Labor, Connecticut Statewide Forecast by Industry, 2006-2016, [http://www.ctdol.state.ct.us/lmi/misc/fc2016\\_industry.htm](http://www.ctdol.state.ct.us/lmi/misc/fc2016_industry.htm).

<sup>iii</sup> The Guide: Nursing Education in CT 2010-2012, CT League for Nursing, <http://www.ctleaguefornursing.org/guide/clnnursingguide.pdf>

<sup>iv</sup> CT's Health Care Workforce: Under Construction, Briefing paper for the Sustinet Health Care Workforce Task Force, Fairfield County Business Council, Tanya Court, May 2010.

<sup>v</sup> <http://www.npr.org/templates/story/story.php?storyId=97620520>

<sup>vi</sup> R. Aseltine, et. al., CT 2009 Primary Care Survey, *CT Medicine* 74:281-291, May 2010.

<sup>vii</sup> R. Aseltine, et. al., CT Physician Workforce Survey 2008, *CT Medicine* 72: 539-546, October 2008

<sup>viii</sup> CT League for Nursing, presentation to CT Sustinet Health Care Workforce Task Force, 4/15/2010

<sup>ix</sup> *ibid*

<sup>x</sup> *ibid*

<sup>xi</sup> Workforce Survey of 2010 CT Nursing School Graduates, CT Health Policy Project and CT League for Nursing, March 2010

<sup>xii</sup> American Hospital Association Annual Survey data, 2001-2006.

<sup>xiii</sup> J Iglehardt, Reform and the Health Care Workforce – Current Capacity, Future Demand, *New England J Medicine*, October 21, 2009.

<sup>xiv</sup> Recommendations made to the Sustinet Health Care Workforce Task Force, 2009/2010