

CT Allied Health Workforce Policy Board

Presentation to Sustinet Workforce Taskforce

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The Connecticut Allied Health Workforce Policy Board

Established in Public Act 04-220 (*An Act Concerning Allied Health Workforce Needs*) to conduct research and planning activities related to the allied health workforce.

AHWPB Key Responsibilities

- Monitoring data and trends in the allied health workforce including
 - The state's current and future supply and demand for allied health professionals; and,
 - The current and future capacity of the state system of higher education to educate and train students pursuing allied health professions.
- Identifying recruitment and retention strategies for public and independent institutions of higher education with allied health programs.
- Developing recommendations regarding financial and other assistance to students enrolled in or considering enrolling in allied health programs offered at public or independent institutions of higher education.
- Examining nursing programs at public and independent institutions of higher education and developing recommendations about the possibility of streamlining the curricula offered in such programs to facilitate timely program completion.

Data and Trends for 2016 vs. 2006

- Registered Nurses projected 38,560 jobs (17.4% increase).
- Licensed Practical Nurses (LPN) projected to increase by 13.1% to 9,070 jobs.
- Nurse aides, orderlies and attendants projected 27,590 jobs (11.9% increase).
- Medical assistants are expected to increase to 6,520 jobs, a 30.7% increase.
- Cardiovascular Technologists And Technicians 25.4%;
- Pharmacy Technicians 28.7%;
- Physician Assistants 18.1%;
- Home Health Aides 25.4%;
- Surgical Technologists 17.3%;
- Medical Records/Health Information Technicians 12.3%.

CHA Vacancy Data

Vacancy rate information shows continued shortages for:

- Registered Nurses
- Unlicensed Assistive Personnel
- Radiologic Technologists
- Nuclear Medicine Technologists
- Respiratory Therapists
- Pharmacists
- Physical Therapists
- Medical Records Coders
- Surgical Technologists

AHWPB Commissioned Studies

Sufficient faculty
Clinical placement opportunities

Faculty Staffing Plan Data

Findings

Allied health worker shortages exist in 15 (44%) of the 34 identified career areas.

- Clinical/Medical Laboratory Technician
- Health Info/Medical Records Technician
- Radiation Therapist
- Cardiovascular Therapist
- Physical Therapist Assistant
- Diagnostic Medical Sonography/Ultrasound Technician
- Respiratory Care Therapist
- Occupational Therapist
- Nuclear Medicine Technologist

Faculty Staffing Plan Data

Findings continued

Connecticut schools produced more workers than needed for 19 areas (approx. 56%).

- Radiographer
- Physical Therapist
- Physician Assistant
- Nursing Assistant

Faculty Staffing Plan Data

Findings continued

- Licensed practical nurse, appear to produce an adequate supply of professionals on an 18 month rather than 12 month cycle.
- Registered nurse, appear to produce an adequate supply but data collected includes RNs at all degree levels without clarity on how many provide direct care vs. administration, etc.

Clinical Placement Study

Findings

- Survey and focus group results indicate the “clinical placement problem” in Connecticut stems from exhaustion of opportunities in some clinical specialties and misdistribution to a small extent
- Key factor in utilization of clinical sites for student experiences is match between educational philosophy and learning experiences healthcare institutions have to offer

Clinical Placement Study

Findings

Registered Nursing Students

- When school needs for registered nursing students were matched with clinical placement opportunities offered by hospitals, capacity:
 - Was more than sufficient for critical care experiences
 - Was adequate for medical-surgical experiences
 - In the areas of maternity and behavioral health could be described as “just meeting sufficiency” for current needs with some qualifiers
 - For pediatric, perioperative, and senior/capstone experiences was insufficient

Clinical Placement Study

Findings continued

Licensed Practical Nursing Students

- Broadly estimated, appears to be sufficient clinical capacity for LPN students
- Procuring preferred acute care experiences becoming increasingly difficult.

Clinical Placement Study

Findings continued

Barriers to Clinical Opportunities

- Educational Program and Healthcare Organization Fit: School Choice Drives Distribution
- Inadequate Resources to Support Student Clinical Experiences: Lack of Faculty, Staff, Preceptors, and Space
- Coordination and Logistical Factor Complexity: Affiliation Contracts, Faculty/Student Orientation to Systems, Geography and Timing

2010 AWHPB Legislative Recommendations

Recommendation 1: Develop a State Strategic Health Care Workforce Plan

- Identify the gap between demand and supply and the capacity of the state's colleges, universities and other training providers to educate the needed workforce.
- Outline how the barriers to career advancement will be addressed to ensure state investments in training are efficient and effective.
- Include a broad range of health care occupations and build off of and incorporate other planning efforts that have taken place in the past such as the Hospital Task Force and the current planning under the Sustinet Board's Workforce Taskforce.

Recommendation 2: Provide Student Support Services & Academic Remediation

- The resources for these supports should be included in future state appropriations for public educational institutions to ensure student success.
- the legislature should authorize the use of state financial aid provided to the state's public and private colleges and universities for students who are pursuing non-credit certificate programs in our state's training programs.

Recommendation 3: Coordinate Statewide Allied Health Outreach Campaign

- A coordinated, statewide outreach campaign designed with input from all stakeholders, including AHEC, the Nursing Career Center, One Stop Career Centers and the state's secondary and post-secondary institutions is recommended.
- This campaign should include general marketing of nursing and allied health careers, training for teachers and guidance counselors, and information and career counseling for parents and students, particularly minority students, on career opportunities and the location of, and educational requirements for allied health programs. Current funding in each of these agencies' budgets can be leveraged to start this effort.

Recommendation 4: Invest In New Faculty

- Nearly every Connecticut degree program within nursing and allied health is vulnerable to current, or anticipated, faculty shortages. Where sufficient faculty exists, it is recognized that securing replacements will be difficult. It is therefore in the best interests of the state to create a proactive plan to develop instructor talent and provide the resources to prepare more professionals to become faculty members.
- Connecticut should provide Scholarship-for-Service opportunities for graduate level education to colleges and universities to support expansion of these new scholarship models. These resources will help the state meet its need for health care faculty and ensure we are able to continue training the future workforce.

Recommendation 5: Expand Allied Health and Nursing Programs

- In order to meet the demand for health care professionals, the state must expand its program offerings at the secondary, post-secondary, and graduate degree levels. In addition, new training opportunities for students and faculty need to be developed in on-line and simulated formats to promote greater access to education programs.
- It is imperative that the faculty resources allocated in the 2010 budget to the state's colleges and universities be maintained to support the expansion of nursing and allied health programs to meet state workforce demands.

Recommendation 6: Support Employer-sponsored Training

- It is recommended that current state investments in summer youth employment be maintained to support the paid health care internships that have been developed statewide.
- Furthermore, the state must continue its current investment for incumbent worker training through the Department of Labor and Workforce Investment Boards in order to support the continued viability of hospitals, medical offices and laboratories, and long-term care facilities.

Questions/Suggestions