

Firstline

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Health care workforce shortages already threaten patient care, expected to increase

by *Jacqueline M. Kocinski*

Headline-grabbing stories have warned of “a nursing shortage” and a “health care workforce crisis.” But is it really a crisis? Those who recall nursing shortages in the 1960s, ‘70s and ‘80s may wonder. In fact, a close look at the situation reveals that the current workforce shortage is different and more acute than past ones. There is indeed reason for worry.

Today, shortages in the health care workforce are expected to be long-term and extend well beyond nurses to include a host of other non-physician, clinical health care providers. Moreover, while past shortages were the simple result of a mismatch in supply and demand, today’s are different, based on fundamental changes in the perception of the professions and demographic changes impacting the number of people who require care and those available to provide it.

By 2006, one in five nurses plans to leave nursing, citing “poor working conditions” as the top reason, according to a 2001 survey by the Federation of Nurses and Health Professionals. Across the health care sector, the work is hard, the hours long and the pay relatively poor.

By 2020, the supply of registered nurses is projected to be 20 percent below population needs. With the aging of the baby boom generation, the demand for long-term care will rise dramatically. The number of Americans age 65 or older will hit 70 million by 2030, or 20 percent of the population, up from half that number in 2000.

Already today, one-fifth of the people over the age of 70 have unmet needs for assistance with daily activities. As the population of “the oldest old” — those over age 85 — is expected to triple from 2010 to 2050, the number of people most likely to require basic care and assistance in managing their disabilities and chronic conditions is also expected to grow. The most acute crisis in health care labor thus will be among non-physician providers, such as registered nurses, pharmacists, certified nursing assistants and home health care workers.

As one step toward solving the problems facing the health care workforce, the U.S. Congress and the states have begun to look at various strategies to improve worker recruitment and retention, especially in underserved areas. Still, advocates for the health care professions say fundamental changes in the work environment are necessary to impact staffing levels. 

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Next month:

Extra help

A look at state-funded programs that provide after-school and summer school care for at-risk youths



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Health care workforce recruitment, retention goal of initiatives

There is a widening gap between the number of people likely to need care and the number of people available to provide that care. As the population ages, the number of younger people in the workforce will decrease. Over the next decade, fewer than one in three new workers will come from the 25- to 54-year-old age group. The type of health care services needed by the elderly requires a workforce that is not aged.

Beyond the demographics, the recruitment of nurses, imaging technicians, pharmacists and other non-physician providers has become increasingly difficult, according to a 2001 workforce survey conducted by the American Hospital Association. The dire implications for low staffing have been documented by government researchers. The Health Resources and Services Administration linked nurse staffing levels with urinary tract infections, pneumonia, shock, upper gastrointestinal bleeding and length of hospital visits in surgical patients. Higher levels of staffing may in turn reduce adverse outcomes anywhere from 3 percent to 12 percent.

The federal response to these findings has been to increase efforts aimed at improving health care worker recruitment and retention, especially in already underserved areas. Funding to the Nurse Education Loan Repayment program, which forgives loans for clinical care nurses who agree to work in a public or nonprofit health facility facing a

critical shortage of nurses, has been increased.

Recognizing that there must be an improved effort to make health care job opportunities attractive to young people looking to choose a career, the Bureau of Health Professions has developed the Kids into Health Careers Initiative. Grant dollars are available for programs aimed at reaching high schools students, particularly minority and economically disadvantaged teenagers, to encourage them toward the health care field and assist them with the required training. Additional grant programs have also been proposed, including one that would make money available to states for advertisements promoting the nursing profession.

Recruitment efforts have been initiated at the state level as well. In NEBRASKA last year, the Unicameral Legislature enacted the Nursing Student Loan Act. Under the program, students with financial need are eligible to receive up to \$1,000 per year, not to exceed a total of \$2,000. Loans are forgiven if graduates of approved nursing programs agree to practice in the state for a period equivalent to that for which loans were received.

SOUTH DAKOTA Gov. Bill Janklow made addressing the state's nursing shortage a priority in his fiscal year 2003 budget proposal. This year, the Legislature enacted a tuition reimbursement program for nurses agreeing to practice in an eligible health

facility for a minimum of two years. Eligible facilities agree to pay a portion of the tuition reimbursement, up to 50 percent, and the money is not available to participants until completion of the two-year obligation.

South Dakota lawmakers also established a nursing workforce center that will be funded by increased fees assessed for nursing license renewal. The center is charged with maintaining a database on the supply and need for nurses in the state and convening key stakeholders as appropriate to analyze the data, recommend strategic actions and evaluate the effectiveness of those implemented.

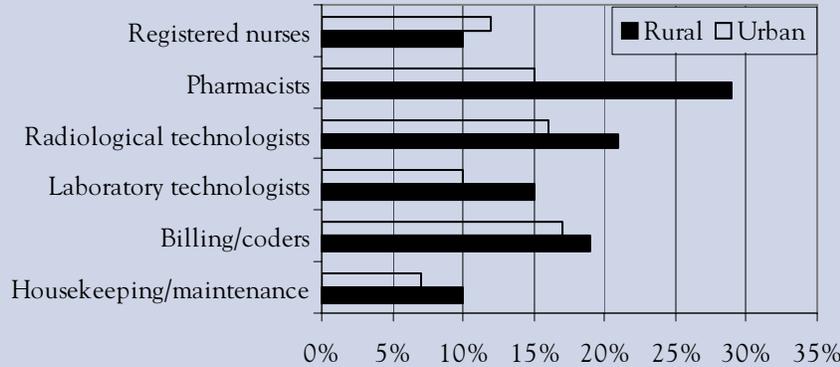
The INDIANA General Assembly has established a Commission on Excellence in Health Care. Lawmakers have directed the group to not only study and make recommendations on how to increase the number of nurses in the state, but to similarly examine the professions of respiratory care practitioner, speech pathologist and dental hygienist.

In MINNESOTA, a variety of health care workforce initiatives have been passed, with particular attention being paid to shoring up the ranks of providers in long-term care.

Funds have been appropriated to make grants available for programs encouraging middle and high school students to volunteer and work in health and long-term care settings; scholarships are available to health facility employees who can expect to



Urban vs. rural health care worker shortages



Source: American Hospital Association Special Workforce Survey (2001)

advance in their jobs or in long-term care; and a health internship program has been expanded to include nursing facilities and home care providers.

Unique among many Midwestern states' efforts, Minnesota's initiatives do not only target the recruitment of health personnel; they also address issues that make retention difficult, such as wages and benefits. Nursing facility rate increases will go toward improving the wages and benefits of direct care providers for the elderly and disabled. The state will also seek waivers under the State Children's Health Insurance Program to develop a long-term care employee health insurance program.

Studies have shown that 23 percent of nursing home employees are uninsured, while almost one-fourth of medical care workers have incomes below the federal poverty level.

Health care is one of the top industries in WISCONSIN, accounting for nearly 225,000 jobs. In April, Wisconsin Gov. Scott McCallum called

on the heads of the state Department of Workforce Development and Technical College System to form a committee to study the shortage of health care workers in the Badger State and to recommend ways to close the gap. The committee will include health care providers, industry leaders, educators, union leaders and health care associations.

Wisconsin's approach is significant because of the various stakeholders the state will involve in its plans. Researchers point out that, to date, many efforts aimed at addressing health care provider staffing were representative of a "silo effect," where groups tended to focus on narrow objectives and involve just their own members in the process. Many say that sustainable solutions to the workforce issues plaguing the health care industry will not come unless providers, educators, health industry leaders, labor organizations, consumers and policymakers work together as a group.

Such a process has been under way in

IOWA since last year. In May 2001, Gov. Tom Vilsack established a task force to examine that state's nursing shortage. The state faces significant vacancies, as graduates from Iowa's nurse education and training programs have decreased by 27 percent over the last six years, and the Bureau of Labor Statistics reported in 1999 that the state's median nurse hourly wage ranked 50th in the nation.

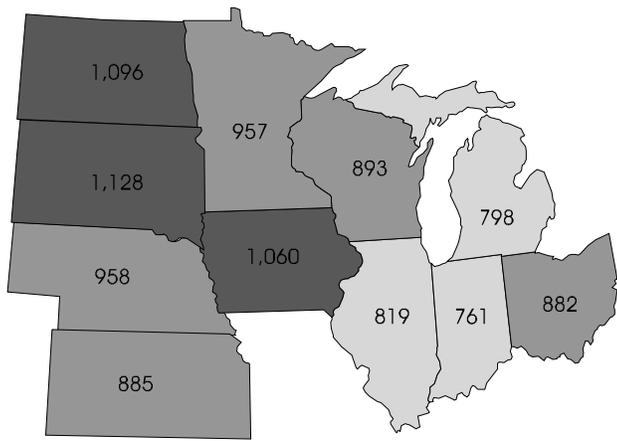
Task force members cited disincentives to recruitment and retention, including burdensome paperwork, rotating shifts and the lack of support for day care. The group made a variety of policy recommendations in its April report. The task force suggested implementing a campaign to improve the image of health care providers and recruit a more diverse health workforce; creating state and privately-funded scholarship and loan programs; and increasing Medicaid and Medicare reimbursement rates sufficient to provide workers with a competitive salary. The state will benefit from \$1.1 million in new federal funding to establish an Iowa Office of Health Care Personnel.

Labor policy has not been a traditional component of the health policy agenda, but these and other state initiatives demonstrate the belief of many that workforce issues are the largest barrier for successful implementation of any efforts to reform the nation's health care system. 

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Registered nurse population (per 100,000)



* As of March 2000, the number of employed registered nurses in the United States, per 100,000 people, was 782
Source: U.S. Department of Health and Human Services

Source Guide

For further information on the health care workforce:

- American Hospital Association
www.aha.org/workforce/index.asp
- The Center for Health Workforce Studies, SUNY-Albany
<http://chws.albany.edu>
- State Health Workforce Profiles, National Center for Health Workforce Information and Analysis
<http://bhpr.hrsa.gov/healthworkforce/>
- "Who Will Care for Us?: Addressing the Long-Term Care Workforce Crisis"
www.urban.org/health/CareForUs.html
- "Health Care's Human Crisis: The American Nursing Shortage"
www.rwjf.org/newsEvents/nursing.jhtml
- "The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists"
<http://bhpr.hrsa.gov/healthworkforce/pharmacist.html>
- "Nursing Workforce: Multiple Factors Create Nurse Recruitment and Retention Problems" [GAO-01-912T]
www.gao.gov

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