



# **National Center for Workforce Analysis**

National Advisory Committee for National Health Service Corps (NHSC)

**November 9, 2021** 

Michelle Washko
Director, National Center for Workforce Analysis
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



## Icebreaker!

Which industry has the highest employment and annual payroll in the U.S.?





### U.S. Health Workforce: Broad Issues

- 1. Distribution: Are occupations distributed evenly in all geographic areas, so as to ensure access to health care and supports for the entire U.S. population?
- 2. Quality: Is the health workforce well trained in evidence-based practices that result in better service provision and care? Which occupations provide what services, and who else can provide them?
- 3. Adequacy: Is there equilibrium in the supply of and demand for health workers, or are there occupations with shortages or oversupplies?
- 4. Access: Are there health care providers, services and funding to get individuals in a community the care they need/want? Workforce = Access
- 5. Data: U.S. health workforce data is good, but not great





### **Current Trends**

- Persistent mal-distribution, rural vs. urban geographies (Distribution)
- Lack of health equity, diversity in the U.S. health care workforce (Quality)
- Rebuilding of the Public Health Workforce, impact of COVID (Adequacy)
- Telehealth (Access)
- Need versus Demand (Data)

#### And...

- Burnout, well-being and resiliency of health care workforce
- Twin crises: Opioid Epidemic and COVID-19 Pandemic





## **National Center for Health Workforce Analysis**

- OVERVIEW –NCHWA's mission is to support informed public-private sector decision making on a broad range of issues around the U.S. health care and health support workforce by expanding the evidence-base.
- IMPACT To produce, fund, and disseminate research findings and data on the U.S. health care and health support workforces.







## **Primary Activities**

- 1) Conduct intramural research on the U.S. health workforce
- 2) Fund extramural research on the U.S. health workforce
- 3) Determine the adequacy of the U.S. health workforce
- 4) Evaluate federal health workforce development programs
- 5) Disseminate data and findings on the U.S. health workforce





## Highlights—National Work

#### **EXTRAMURAL RESEARCH**

Implement the <u>Health Workforce</u>
 <u>Research Center</u> (HWRC)
 cooperative agreement program



#### **INTRAMURAL RESEARCH**

- Produce occupational projections using our Health Workforce Simulation Model (HWSM)
- Purchase data on the U.S. health care workforce from external sources
- Implement the <u>National Sample Survey of</u> <u>Registered Nurses</u> (NSSRN)
- Publish the <u>Area Health Resources File</u> (AHRF)
- Generate and publish original research reports,
   e.g. the "U.S. Health Workforce Chartbook,"
- Serve as HHS Representatives for the <u>Standard</u> <u>Occupational Classification</u> (SOC) taxonomy
- Serve as Designated Focal Point for the World
   <u>World Health Organization</u> (WHO) reporting on the
   U.S. health care workforce





## Health Workforce Research Center program

The HWRC program supports research that helps decision-makers at the federal, state, and local levels understand health workforce needs.

State University of New York (SUNY) at Albany

Focus: Oral Health workforce

University of California at San Francisco

Focus: Long-Term Services and Supports workforce

University of Michigan

**Focus:** Behavioral Health workforce

University of Washington

Focus: Allied Health workforce

George Washington University

**Focus**: Emerging Issues

University of North Carolina at Chapel Hill

**Focus**: Emerging Issues

University of Washington

**Focus**: Health equity and health workforce diversity

George Washington University

Focus: Equity in health workforce education and training

State University of New York (SUNY) at Albany

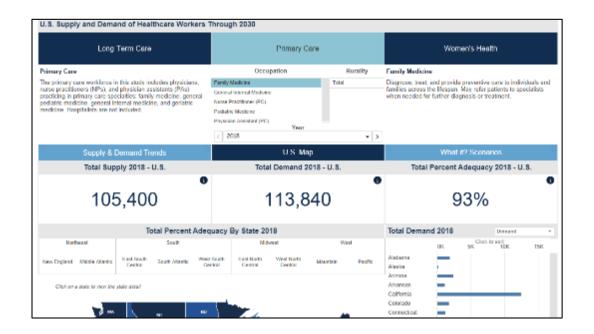
Focus: Technical assistance for workforce planning and development





# **Workforce Modeling**

- Health Workforce Simulation Model (HWSM) established in 2013
- Projects workforce estimates (actual FTEs), not employment (jobs)
- Estimates workforce supply, and demand for individual occupations at the national and state level
- Enabled HRSA to project for many more individual occupations simultaneously, replicating behavior and labor market patterns of real-life workforce







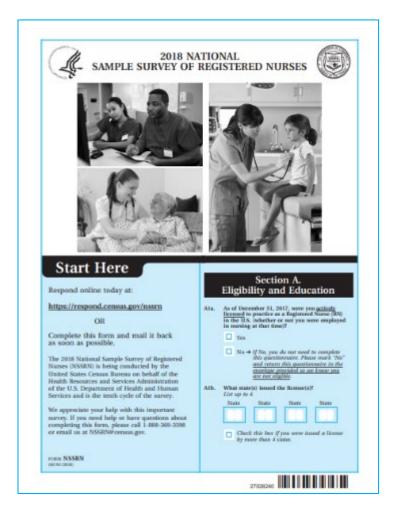


## **National Sample Survey of Registered Nurses**

Conducted by HRSA approximately every 4 years from 1977-2008, 2018-?

#### Topics include:

- States of current licenses,
- Education and training in nursing,
- Current and past nursing workforce participation,
- Income and demographic characteristics, and
- Professional nursing certifications

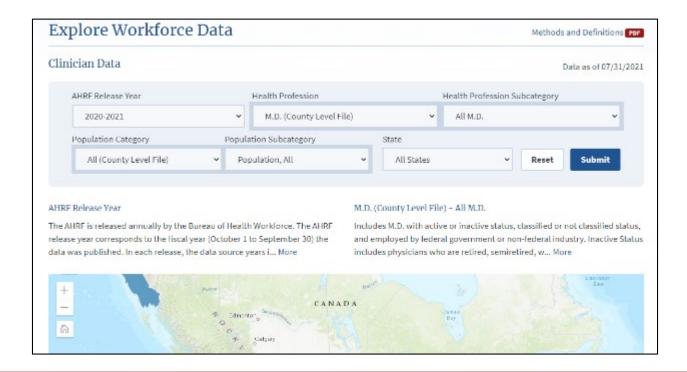






## **Area Health Resources Files**

Includes data on Health Care Professions, Health Facilities, Population Characteristics, Economics, Health Professions Training, Hospital Utilization, Hospital Expenditures, and Environment at the county, state and national levels, from over 50 data sources.









## Highlights—BHW Work

#### PROGRAM PERFORMANCE

- Lead program performance measurement, analysis, and reporting for BHW, including development and maintenance of the <u>Health Professions Training</u> <u>Program Dashboard</u>
- Guide BHW's efforts to use performance information to improve program planning and implementation.

#### PROGRAM EVALUATION

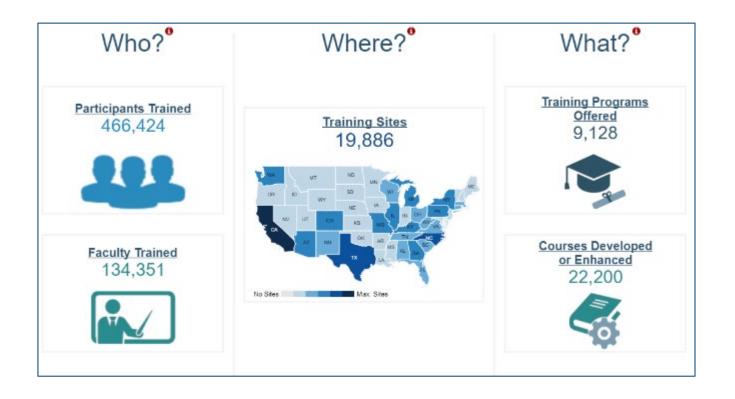
- Produce analyses that determine how BHW investments have been carried out by grantees, and how they are impacting outcomes in any of these four outcome areas: Sufficiency, Distribution, Access and Quality.
- Lead large, cross-BHW evaluations (e.g. Substance Use Disorder investment evaluation)





## **Health Professions Dashboard**

Displays aggregated performance data for HRSA-awarded health professions training grants from Academic Year 2012-2013 to present.









## **Program Evaluation**

Assessing BHW program performance and impact during and after completion.

#### For example...

- ➤ NCHWA estimated that by 2025, significant shortages of psychologists, social workers, school counselors and marriage and family therapists would equal approximately 41,340 FTEs.
- ➤ In its first five years, HRSA's BHWET program reduced this projected shortage by 27% with the graduates it added to the workforce supply significantly increasing access to health care services. This includes already reducing the projected national shortage of social workers by 46%.
- ➤ By 2025, the BHWET program is projected to eliminate over 40% of the projected shortfall of behavioral health providers, and additionally provide thousands of new paraprofessionals to enhance the nation's health workforce.





# Challenges

- 1. Balancing external and internal research programs
- 2. Interpretation of our findings
- 3. Dissemination of our products





## **Connections**

- HRSA Bureaus/Offices
- Centers for Disease Control and Prevention: National Center for Health Statistics
- Agency for Healthcare Quality and Research
- Substance Abuse and Mental Health Administration
- Assistant Secretary for Planning and Evaluation
- U.S. Department of Commerce: Census Bureau
- U.S. Department of Labor: Bureau of Labor Statistics
- U.S. Department of Education: National Center for Education Statistics
- World Health Organization
- Trade and professional organizations representing professions and occupations





### **Resources and Contact information**

Director, Dr. Michelle M. Washko, PhD <u>MWashko@HRSA.gov</u>

Deputy Director, Dr. Hayden O. Kepley, PhD <a href="https://example.com/html/>
HKepley@HRSA.gov">HKepley@HRSA.gov</a>

#### Find us at:

- https://bhw.hrsa.gov/data-research/review-health-workforce-research
- https://data.hrsa.gov



# Questions







### **Connect with HRSA**

Learn more: HRSA.gov

Sign up for HRSA eNews:













