Recruitment and Retention of the Public Health Workforce: Are We Facing a Shortage?

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Session Objectives

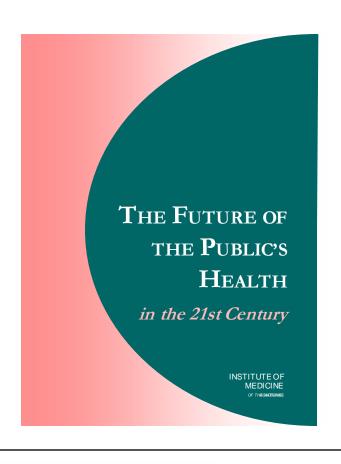
Provide an overview of recruitment and retention in public health

Share evidenced based strategies from nursing that might affect efforts in public health

Discuss strategies to address future challenges and recommend potential next steps



Public Health Workforce IOM Style 2003





THE NATIONAL ACADEMIES
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INSTITUTE OF MEDICINE

IOM STUDY CHARGE (2003)

To develop a framework for how education, training, and research can be strengthened to meet the needs of future public health professionals to improve population health.

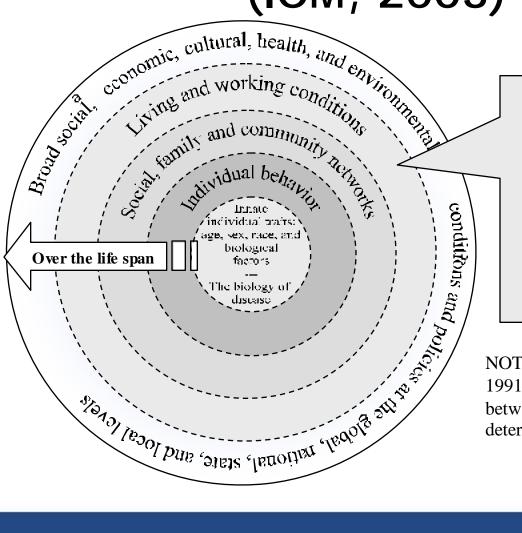
Who is a public health professional?

A public health professional is a person educated in public health or a related discipline who is employed to improve health through a population focus (IOM, 2003).

21st Century Public Health Challenges (IOM, 2003)

- Globalization
- Advances in scientific and medical technologies
- Demographic transformations

Determinants of Population Health (IOM, 2003)



Living and working conditions may include:

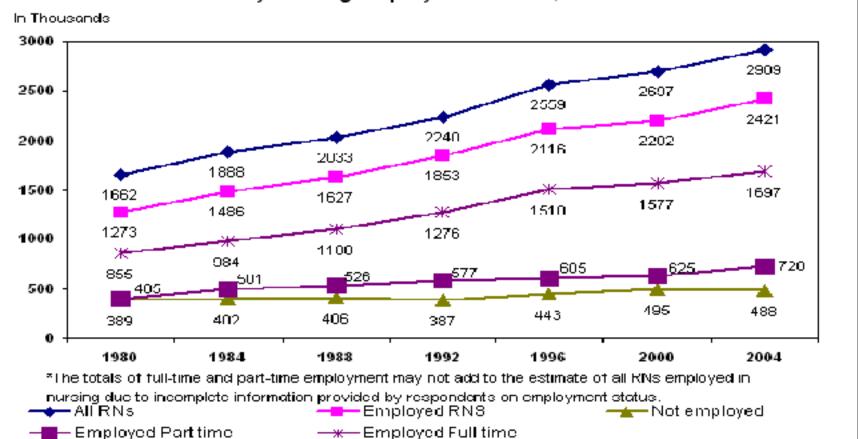
- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built^c environments
- Public health services
- Health care services

NOTES: Adapted from Dahlgren and Whitehead 1991. The dotted lines denote interaction effect between and among the various levels of health determinants (Worthman, 1999).

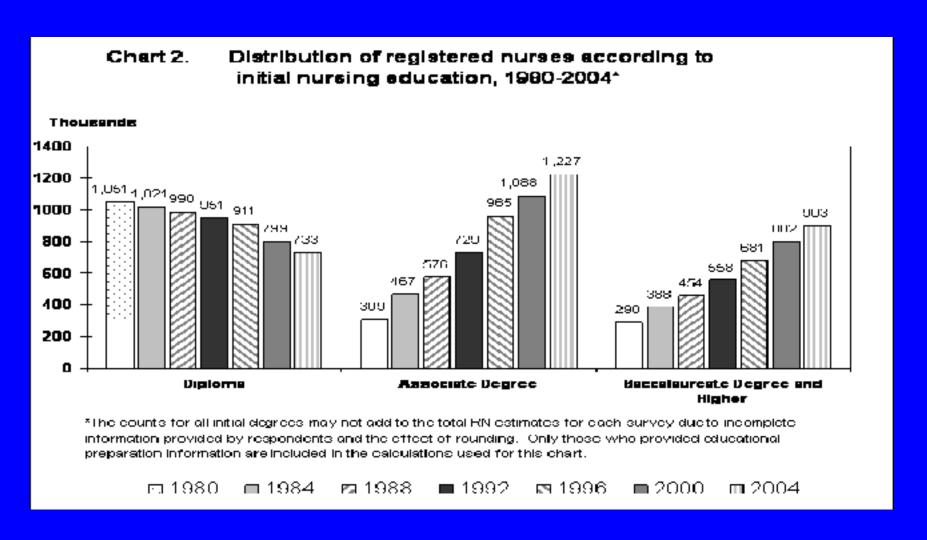


Registered Nurse Population by Work Status, HRSA, 2006

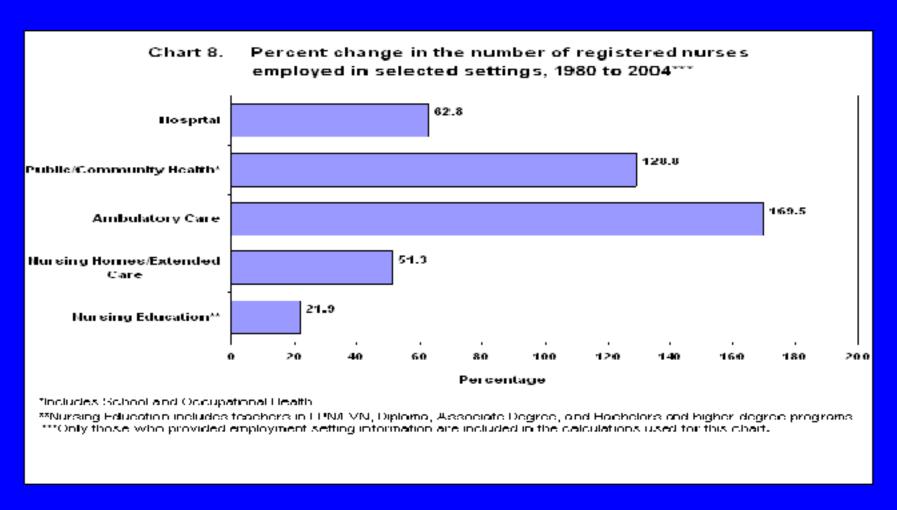




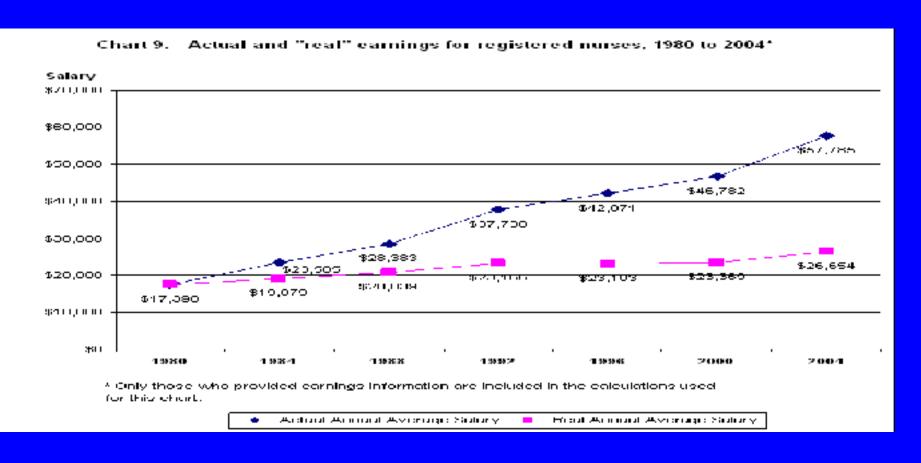
Registered Nurses by Initial Education HRSA, 2006



Registered Nurses by Employment Setting (HRSA, 2006)

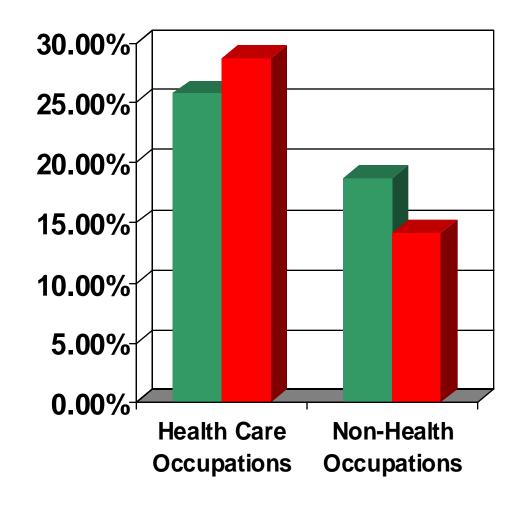


Earnings for Registered Nurses HRSA, 2006



Employment Growth in Health Occupations

(2000 - 2010)



10 Fastest Growing Health Occupations

- Personal and home care aides (62%)
- Medical Assistants (57%)
- Physician Assistants (53%)
- Medical Records and HI Technicians (49%)
- Home Health Aides (47%)
- Physical Therapy Aides (46%)
- Occupational Therapist Aides (45%)
- Physical Therapy Assistants (45%)
- Audiologists (45%)

Data Source: Hecker, D. (2001) Bureau of Labor Statistics, Monthly Labor Review

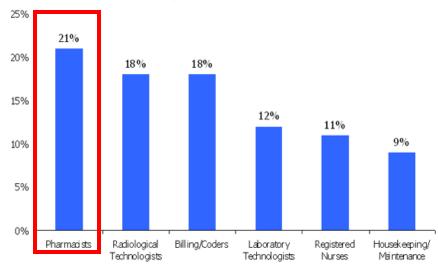
Reference: Center for Health Workforce Studies (Jan, 2002) An Analysis of Bureau of Labor Statistics Occupational Projections, 2000-2010.

Where are the Shortages?

- > RNs
- > LPNs
- Nursing Assistants
- Laboratory Technicians
- Radiology Technicians
- Information Systems Specialists/Technologists
- Medical Coders/Billers
- Dentists
- Pharmacists -
- Housekeeping/Maintenance (US Hospitals)

...but, pharmacists have the highest percent of unfilled positions.

Vacancy Rates for Selected Hospital Personnel, 2001



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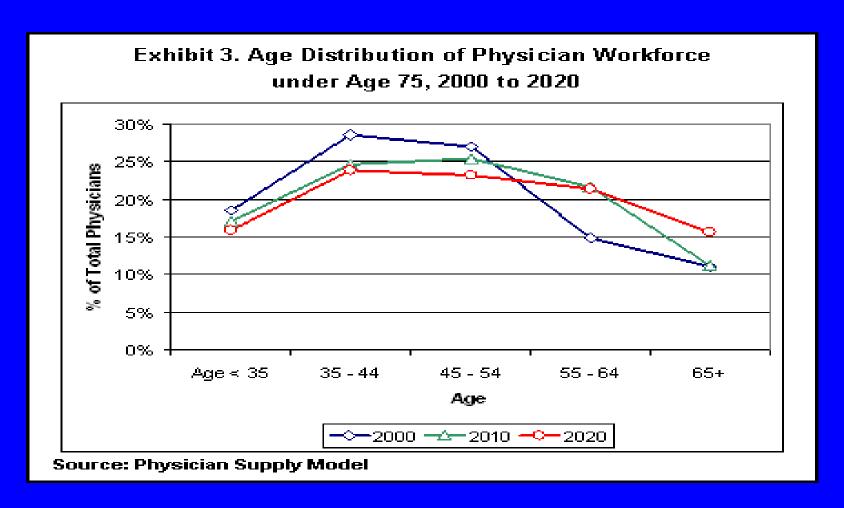
Primary Care Physician Supply HRSA, 2006

Exhibit 2. Estimates of Primary Specialty of Active Physicians, 2005

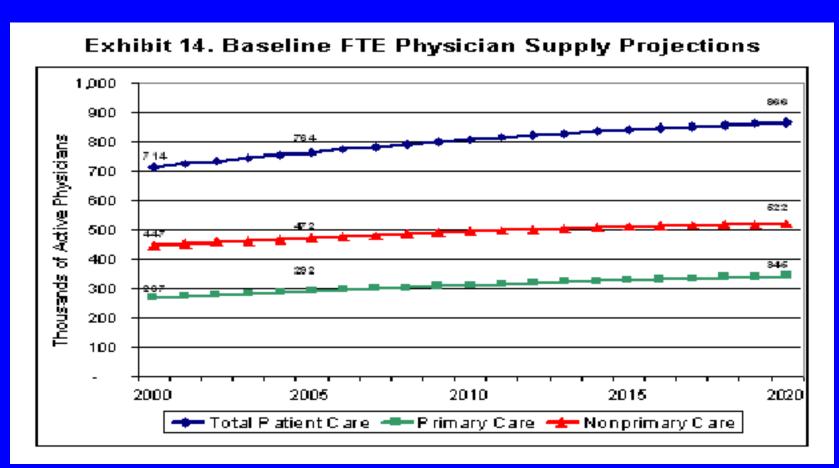
Specialty	MDs	DOs	Total
Primary Care	271,400	34,700	306,100
Non-Primary Care	491,800	19,600	511,400
Total	763,200	54,300	817,500

Source: Projections from the BHPr Physician Supply Model.

Physician Age Distribution



Physician Supply Projections HRSA, 2006



Council on Graduate Medical Education Recommends

- An increase of 3,000 U.S. medical graduates by 2015
 - 781,000 Physicians in 2002
 - 972,000 Physicians projected by 2020
 - 1.06 million Physicians need by 2020
- Development of national consensus on physician work force policy, in conjunction with state and regional societies

http://www.ama-assn.org/amednews2004~htm.

Community Health Workers

Community health workers are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, promotores(as), outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.

HRSA, 2007, Center for Sustainable Health Outreach, USM

Public Health Students

26,995 applications (54.7% accepted)

71% female

25% foreign nationals

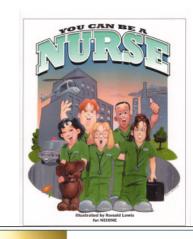
19.5% epidemiology

17.0% health services administration

3.5% decrease from 2004

ASPH, 2005 Data

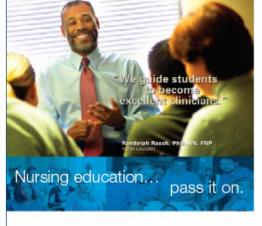
Some Solutions for Preparing Nurses for the Future











I teach my students to evaluate what they need to provide excellent patient care, access current knowledge so that care is cutting edge, and make a larger contribution to the health and welfare of the public. Mentoring is my passion. By sharing my story of nursing firsts, I am able to demonstrate how individuals from a variety of backgrounds can succeed. Want to learn more about the career advantages of nursing education? Visit us at: www.nursesource.org



Nursing, It's Real, It's Life.





IOM's Challenge to Schools of Public Health (2003)

- Educate the educators, practitioners, and researchers as well as prepare public health leaders and managers
- Serve as a focal point for multi-school transdisciplinary research as well as traditional research
- Contribute to policy that advances the health of the public

IOM's Challenge to Schools of Public Health (2003)

- Work collaboratively with other professional schools to assure quality public health content
- Assure access to life-long learning for the public health workforce
- Engage actively with various communities to improve the public's health

Do We Have a Public Health Workforce Shortage?

The great crisis of the future may not come from a foreign enemy...."D" day for disease and death is every day. The battle line is our own community. To hold that battle line we must daily depend on specially trained physicians, nurses, biochemists, public health engineers, and other specialists properly organized for the normal protection of the homes, the schools, and the work places of some unidentified city somewhere in America. That city, today, has neither the personnel nor the resources or knowledge to protect it.

Report on the National Conference on Public Health Training to the Surgeon General of the Public Health Service