Human Resources for Health in the United States

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Context: Challenges Facing the U.S. Health Care Workforce

- Potential shortages and oversupply
- Mal-distribution
- Limited diversity
- Using health workers to the maximum of their education and skills
- Assessing the impact of a changing health care system on the need for individual health occupations
- Comprehensive data to inform health workforce decisions
Health Resources and Services Administration (HRSA)

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged.

- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.
In FY 2017, we awarded over $1 billion to more than 8,000 organizations and individuals through more than 40 workforce programs.

Our programs increase the nation’s access to quality health care by developing, distributing, and retaining a competent health workforce.
Workforce Development Approach

RESEARCH AND DATA
- Preparing a Quality, Skilled Workforce
- Improving Workforce Distribution
- Advancing Modern Health Care

BHW FOCUS AREAS
- Community Based Training
- Rural and Underserved
- Telehealth

PROGRAM DEVELOPMENT
- Enhancing Outcomes
- Building Capacity
- Academic & Community Partnerships

WORKFORCE SUPPLY
Program Example: National Health Service Corps (NHSC)

Provides 12,000+ scholarships and loan repayment to clinicians and students in exchange for service in underserved communities.

• Helps remove financial barriers for providers, enabling them to provide care in high-need areas.

• National Health Service Corps (NHSC) currently supports primary care physicians, dentists, physician assistants, nurse practitioners, behavioral health providers, and other primary care providers and health professions students.

• NURSE Corps currently supports licensed registered nurses and nurse faculty members.

• NHSC and NURSE Corps clinicians provide care to more than 12 million people nationwide, including over 3.5 million rural residents.
The National Center for Health Workforce Analysis (NCHWA)

• NCHWA research informs **program planning, development**, and **policy-making** by examining a broad range of issues that impact the nation’s health workforce.

• This is done through activities such as:

  ✓ **Health Workforce Occupational Estimates & Projections**--What is the current and future supply of workers in a given occupation? Will the future workforce supply be adequate enough to meet future demand?

  ✓ **External research funding**: The Health Workforce Research Center (HWRC) program

  ✓ **Evaluation** of existing Bureau of Health Workforce programs

  ✓ **Data Investments and purchases**: the Area Health Resources Files, National Sample Survey of Registered Nurses
U.S. Health Workforce Occupational Estimates and Projections

• HRSA’s “Health Workforce Micro-Simulation Model”
• The Model produces projections for:

  ✓ Primary Care Practitioners
  ✓ Clinical specialties in Medicine
  ✓ Nursing occupations
  ✓ Oral health occupations
  ✓ Health support occupations
  ✓ Allied Health occupations
  ✓ Behavioral / Mental Health occupations

https://bhw.hrsa.gov/health-workforce-analysis/research/projections
Purpose:
• Collect, analyze, and report data and information regarding the health care and health support workforces to the National Center and to the public.
• Provide technical assistance to local and regional entities on the collection, analysis, and reporting of data.
• Primary beneficiary is the public, not the federal government.

9 Health Workforce Research Centers focus on:
• Health Equity
• Long-term Care
• Allied Health
• Oral Health
• Behavioral Health
• Emerging health workforce issues
• Technical Assistance
U.S. Data Investments & Sources

• The U.S. Government supports a wide range of surveys that collect data and information to inform public and private-sector decision-making.

• “Compendium of Federal Data Sources to Support Health Workforce Analysis” provides a summary of 38 Federal data sources.

• There are a number of other, non-U.S. Government resources available, most of which are for purchase, that can be used for workforce analysis (e.g., the American Medical Association Master File, which has extensive U.S. physician data).
Standard Occupational Classification (SOC) taxonomy

- A federal taxonomy that assigns a code to almost all occupations in the U.S. economy.
- Revised every 10 years
- The SOC is required for use by U.S. Federal agencies that publish occupational data for statistical purposes.

Illustrative Example: Registered Nurses

- Code: 29-1141
- Title: Registered Nurses
- Definition: Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. Includes Clinical Nurse Specialists. Excludes “Nurse Anesthetists” (29-1151), “Nurse Midwives” (29-1161), and “Nurse Practitioners” (29-1171).

Illustrative Example: Psychiatric Nurse

“May” statement
“Includes” statement
“Excludes” statement
“Compendium of Federal Data Sources to Support Health Workforce Analysis”

- Report that provides a summary of 38 U.S. Government data sources that, while not established specifically to collect or present health workforce data, can be used to support health workforce analysis.

- For each data source, this compendium provides the following:
  - Lead government agency
  - Website
  - Description of data source
  - Relevance for health workforce analysis
  - Geographical detail
  - Availability

https://bhw.hrsa.gov/health-workforce-analysis/data
HRSA’s Data Warehouse

HRSA Fact Sheets
Formatted for printing, the HRSA Fact Sheets present a breakdown of most HRSA data by Nation, HHS region, state, county, and congressional district.
Select a Fact Sheet >>

Data by Geography
Displayed as a data grid, Data by Geography allows users to see both summary and detailed views of HRSA data.
Select a Geography >>

Awarded Grants FY2017
Based on Funds Awarded
Lowest 5
Text view of data
Area Health Resources Files

The Area Health Resources Files (AHRF) data are designed to be used by planners, policymakers, researchers, and others interested in the nation’s health care delivery system and factors that impact health status and health care in the United States. The AHRF data includes county, state, and national-level files in eight broad areas: Health Care Professions, Health Facilities, Population Characteristics, Economics, Health Professions Training, Hospital Utilization, Hospital Expenditures, and Environment. The AHRF data are obtained from more than 50 sources.

Visit the Data Sources and Refresh Dates page for information about where the AHRF data is available in the HRSA Data Warehouse.
National Sample Survey of Registered Nurses

• Since the 1970s, the NSSRN has been the primary source of data on the nursing workforce, the largest group of health care professionals.

• The data from the NSSRN helps to evaluate and project the supply and demand of nursing resources.

• The NSSRN also examines the characteristics of nurses, such as education and training, employment, income, and demographics.

• Conducted approximately every 4 years; last version was in 2008. New release in 2019!
Contact Information

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To learn more about HRSA and NCHWA, visit

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