



Department of  
Aging

## **Archival Publication**

This archived publication may contain out-of-date or incomplete information. It is made available for historical or informational purposes only.

For the most accurate information on the topics contained herein, please refer to our current publications page ([www.aging.ohio.gov/resources/publications](http://www.aging.ohio.gov/resources/publications)) or contact us ([www.aging.ohio.gov/contact/](http://www.aging.ohio.gov/contact/)).

50 W. Broad St./9<sup>th</sup> Floor  
Columbus, OH 43215-3363  
1-800-266-4346



# **Progress Report to the Governor's Workforce Policy Board on The Health Care Workforce Shortage in Ohio**

**From the**

**Ohio Health Care Workforce  
Advisory Council**

*June 2004*

**Joan W. Lawrence, Chair  
Bob Taft, Governor**

## Table of Contents

<b>Introduction .....</b>	<b>1</b>
<b>Recommendations .....</b>	<b>3</b>
<b>Background .....</b>	<b>9</b>
<b>Conclusion .....</b>	<b>19</b>

### Appendices:

<b>Ohio's Healthcare Workforce Advisory Council Members .....</b>	<b>A</b>
<b>Emerging Promising Practices.....</b>	<b>B</b>
<b>Other States' Efforts.....</b>	<b>C</b>
<b>Accomplishments of the Advisory Council.....</b>	<b>D</b>

### Acknowledgements

*Historically, the nation has relied on the marketplace to produce enough health professionals and on the education and health sectors to assure that the workforce has the appropriate knowledge and skills. Government plays several important roles related to the workforce, such as supporting public higher education, financing services through Medicare and Medicaid, and licensing many health professions. Yet government does little health workforce planning.*

*Within government, states have far more responsibility for that workforce than the federal government. States support the state universities and colleges that educate health professionals; run training programs under state labor or employment departments; license and regulate many health professions; regulate the facilities where most health professionals work; operate state health and mental health facilities; and make Medicaid policies and regulate insurance, thereby influencing the funds available for health services and health workers. Given all these activities, it is not surprising that the public often expects the states to help address workforce shortages.*

*The ultimate goal of state health workforce policies is to support efforts to improve the health of the population. Although there are regional variations in the shortages and states have different configurations of activities and responsibilities, states are clearly at the center of the response to the problem. The shortages and states' responsibilities have enough in common, so that states can learn much by sharing information about how to respond to the shortages.*

*From "Making Sense of the System: How States Can Use Health Workforce Policies To Increase Access and Improve Quality of Care". Edward Salsberg, 2003.*

*“State leadership is crucial to ensure quality health services for Ohioans now and into the future.”*

## Progress Report to the Governor’s Workforce Policy Board From the Ohio Health Care Workforce Advisory Council

### INTRODUCTION

In 2002, the Ohio Health Care Workforce Shortage Task Force, created by the General Assembly and staffed by the Ohio Department of Health, issued a report titled *Caring for Ohioans: Rebuilding the Health Care Workforce in Ohio*. It made fifteen recommendations to Ohio legislators, each aimed at impacting the health care workforce shortage in Ohio. The Ohio Health Care Workforce Advisory Council began its work in July of that year. Originally planned for one year but extended through June 30, 2004, the Advisory Council continued the Task Force’s work to advise the Governor’s Workforce Policy Board on strategies to alleviate health care workforce shortages in Ohio and to strengthen the state’s overall workforce policy and plans.

More than 10 percent of all workers in the state work in health care, a field more tightly regulated than almost any other industry. Regulations cover reimbursement rates for services, provider qualifications, organizational structure and more. Certainly all healthcare employers are deeply concerned about current and growing workforce shortages, but each employer understandably focuses on his or her own parochial interests, often without regard for other providers’ competing issues.

The Advisory Council was the first of its kind formed under the Advance Ohio plan of the Governor’s Workforce Policy Board. It represents a broad array of stakeholders, including hospitals, long-term care facilities, residential care facilities, home health agencies, independent living centers, consumer advocates and state agencies. (A list of members is included as Appendix A.) Collectively, this public-private partnership is well-suited to offer specific, realistic recommendations and to recognize, promote, and share promising practices. The Advisory Council was charged to:

- verify data about health care workforce including the number and types of jobs available and projected in the future;
- collaborate with state and local workforce policy boards, One-Stop operators, multi-agency workforce groups and others;
- hold regional conferences on health care workforce issues;
- collect information about best practices in Ohio and throughout the country;
- establish a website to provide information and highlight best practices in health care workforce recruitment, retention and training;
- develop a public service media campaign to publicize information about health care workforce shortages and recruit new workers; and,

- present recommendations to the Governor's Workforce Policy Board.

After two years of focused work, it is clear the Advisory Council's tasks are unfinished and require additional effort. It is equally clear to the membership that the State's continuing involvement is critical. Ohio's economic health depends upon adequate and comprehensive health care. The issues related to the health care workforce shortage are complex and beyond the scope of any single employer group or state department.

The Ohio Health Care Workforce Advisory Council offers recommendations to the Governor's Workforce Policy Board in three areas: **establish and support a Health Care Workforce Center, establish career paths and articulation agreements, and implement system reforms.**

Progress Report to the Governor's Workforce Policy Board  
From the Ohio Health Care Workforce Advisory Council

**RECOMMENDATIONS**

**ESTABLISH AND SUPPORT A HEALTH CARE WORKFORCE CENTER**

- 1. Establish a Health Care Workforce Center to ensure ongoing state leadership and facilitate public-private initiatives to alleviate health care workforce shortages and prevent future crises**

The State must clearly and visibly support community, regional and consortia plans that positively impact the health care worker supply. Continued State leadership is essential to convene multiple, diverse and competitive stakeholder groups. Current state leadership is spread across multiple departments and is inadequate to provide the focused, comprehensive leadership required.

Echoing the 2002 Task Force report, the Advisory Council recommends the Governor's Workforce Policy Board establish a *Health Care Workforce Center*, under the auspices of a state entity. The Center would provide a coordinated plan and focused leadership to address future demands; target career outreach; provide financial assistance to students and educational programs; design and maintain an accurate health care workforce data system; develop statewide credentialing processes, and more. It should drive action-oriented strategies to address Ohio's short- and long-term health care workforce challenges and would also maintain a public-private advisory council to inform and oversee its work.

At its May 2004 meeting, the Advisory Council agreed to develop more details about the structure and organization of the Center and will submit a detailed plan to the Governor's Workforce Policy Board by September.

- 2. Establish and maintain a health care workforce data collection and analysis system**

The Health Care Workforce Center, recommended above, should collect and analyze consistent health care workforce data, including demographic information, type and place of employment, educational background and other information about workers in health care professions. The Advisory Council recommends the Governor's Workforce Policy Board give the Center the authority to establish methods that combine existing data sources, including the new licensing renewal data collection, and incorporate new data-collection mechanisms from postsecondary education institutions, health care institutions, employers and others. Once compiled and analyzed by the Center, the data can be used to generate public reports, track progress, measure accountability, forecast demand and plan initiatives, as well as guide state policies, program development, workforce training programs and expenditures for higher education.

*“A Health Care Workforce Center would provide a coordinated plan and focused leadership.”*

*“Recruiting from diverse populations will help to build a workforce better able to serve the population.”*

### **3. Recruit and prepare diverse populations for health care occupations**

We must recruit people with disabilities, as well as individuals of all racial and ethnic backgrounds, ages and genders into health professions. When provider and care recipient share common backgrounds, there may be better understanding, higher quality of care and improved health outcomes. Recruiting from diverse populations will help to build a workforce better able to serve the population.

The Health Care Workforce Center should issue a competitive request for proposals to fund demonstration projects that increase the number of minority students entering all health care professions, as well as the number of men entering nursing careers. These efforts should complement the Ohio Board of Nursing’s campaign described below.

### **4. Sustain statewide efforts to recruit new workers in health care professions**

A public awareness campaign funded by a grant from the Governor’s Workforce Policy Board strives to improve public understanding of direct care workers’ value in various care settings. The Advisory Council recommends this campaign be continued – and its success measured – through 2005, at a minimum.

Similarly, the Ohio Board of Nursing recently launched a public awareness campaign specifically aimed at attracting men and individuals from diverse ethnic and cultural heritages into nursing careers. *Nursing – It’s About You* features individuals from traditional and non-traditional nursing careers and profiles successful nurses from a variety of backgrounds. The Advisory Council supported this campaign as a part of its awareness efforts and recommends the Governor’s Workforce Policy Board provide additional funding to expand this campaign.

### **5. Retain current health care workers**

The Advisory Council recommends that the Health Care Workforce Center be empowered to solicit proposals from health care employers to fund creative and successful efforts to increase retention of health care professionals, particularly projects that reduce worker injuries. Shared widely, project outcomes could encourage duplication of successful efforts. See Appendix B for an example.

### **6. Fund pilot demonstration projects to promote the infusion of creativity and new technology into health care workforce initiatives**

The Advisory Council recommends the Health Care Workforce Center be empowered to fund demonstration projects that promote innovative solutions to one or more aspects of workforce recruitment and/or retention, such as labor-saving innovations and time-saving information systems, as well as alternative job designs and staff configurations.

Additionally, the Advisory Council recommends the Center develop a revolving loan fund to develop and purchase expensive new technologies, allow health facilities to leverage reduced prices and create collaboration between the health sector and business to reduce the cost of new technology through economies of scale.

## **7. Support local and regional efforts**

The Advisory Council recommends the Health Care Workforce Center be designed to provide technical assistance and practical support to local organizations seeking to emulate successful workforce projects from other communities by providing start-up funding, sponsoring informal and formal networks and arranging workshops for organizations to assist each other to develop, improve and evaluate projects.

One-Stop Centers can help recruit and prepare people to become direct care workers or entry-level health care workers. One-Stops can also aid in recruitment efforts by working with postsecondary educational organizations to provide entry-level training, pre-employment services, basic training (CPR, First Aid, etc.) and other programs that help ensure the success of new health care workers. The Advisory Council recommends the role of One-Stops within their respective communities be expanded and promoted, with emphasis on outreach to business, education and other community resources.

*“One-Stop Centers can help recruit and prepare people to become direct care workers or entry-level health care workers”*

## ESTABLISH CAREER PATHS AND ARTICULATION AGREEMENTS

### 8. Implement the Ohio Nursing Articulation Model at all Ohio nursing schools

The Advisory Council recommends the Ohio Board of Regents and the Ohio Department of Education ensure nursing schools who receive public funding participate in formalized articulation agreements, several of which are currently in place in northeast Ohio. For example, the Ohio Nursing Collaborative for Educational Mobility's successful Ohio Nursing Articulation Model (ONAM) directs advanced placement in nursing courses and provides for efficient progression from Licensed Practical Nurse (LPN) to Registered Nurse (RN), and from RN to a baccalaureate degree.<sup>1</sup> ONAM's standard transition course for LPN to RN can be taught in any program preparing students to become RNs, then transferred to the nursing program admitting the LPN for advanced placement. The articulation agreement has been used voluntarily by nursing programs in northeastern Ohio with great success.

### 9. Develop a statewide credentialing process for direct care workers across work environments and service recipient populations as a foundation on which to build career pathways.

If a Health Care Workforce Center is not created, the Advisory Council recommends the Governor's Workforce Policy Board ensure the continuation of efforts to develop a statewide credentialing process for direct care workers. Credentials would be based on key skill competencies and knowledge rather than on number of hours of training or courses completed, to be consistent with current trends and recommendations from the Commission on Higher Education and the Economy.

Such an approach would lay the foundation for career paths and pave the way for higher wages, increased responsibility and expanded career opportunities. A statewide credentialing system would also provide a mechanism to collect data about workers and provide much needed information for planning and evaluation. Credentialing also increases public recognition of, and respect for direct care workers, improves the portability of worker credentials and helps establish career ladders and statewide articulation agreements to help direct care workers advance into professional careers.

Further, Ohio must set consistent requirements for criminal background checks, personal character standards, continuing education and other requirements across service programs, work settings and consumer populations. This would increase employment options, eliminate

*“Credentials would be based on key skill competencies and knowledge rather than on number of hours of training or courses completed”*

---

<sup>1</sup> For additional information, contact the project director, Jane F. Mahowald, MA, RN, [jfmahowald@aol.com](mailto:jfmahowald@aol.com).

unnecessary paperwork, reduce training costs and allow individuals with disabilities or other challenges to successfully train for and advance into other health care careers.

**10. Establish and implement statewide articulation agreements for health care occupations to provide accessible career and educational pathways**

In concert with recommendations from the Governor’s Commission on Higher Education and the Economy, the Council recommends establishing standardized health care curricula and articulation agreements across baccalaureate, associate-degree programs and career-technical and adult education programs. Agreements will help avoid unnecessary replication of course work, increase accessibility to existing health care career pathways, and lay the foundation for developing pathways where none currently exist. The Council supports the finalization of work underway by the Ohio Board of Regents to ensure “Transfer Assurance Guides” and “Technical Transfer Core” agreements. The Council also recommends the Ohio Board of Regents and the Ohio Department of Education be granted the authority to require postsecondary educational institutions to use these and other articulation agreements.

**11. Increase educational capacity in nursing schools**

Ohio’s nursing schools must expand their capacity to meet the growing demand of students who wish to enter their programs. The Advisory Council recommends the Ohio Board of Regents, the Ohio Board of Nursing and the Ohio Department of Education collaborate to support Ohio’s nursing schools to implement creative and affordable plans to significantly increase their capacity. Similarly, the Board of Regents and the Ohio Board of Nursing should collaborate with nursing schools to cultivate nursing school faculty to replace faculty lost, or in danger of being lost to attrition and other factors.

*“Ohio’s nursing schools must expand their capacity to meet the growing demand of students.”*

*“Direct care workers who provide daily ‘hands on’ care to our loved ones earn an average of \$8.47 per hour.”*

## **IMPLEMENT SYSTEM REFORMS**

### **12. Advocate for improved wages, benefits and job quality for direct care workers at state and national levels**

Direct care workers who provide daily "hands on" care to our loved ones earn an average of \$8.47 per hour. Nearly one in five nursing home and home care aides live below the federal poverty level, and one in seven relies on food stamps.<sup>2</sup> The Advisory Council recommends the Governor's Workforce Policy Board and the newly established Health Care Workforce Center promote advocacy that focuses on securing direct care workers a wage that can sustain their families without over-reliance on public subsidies, as well as provide access to health care coverage.

### **13. Review Medicaid reimbursement rates to ensure appropriateness and consistency**

Reimbursement rates for similar units of service vary widely across Medicaid waiver and state plan services, as well as across consumer populations and settings. The Advisory Council agrees with the Task Force's 2002 report and recommends reimbursement rates that are both appropriate and consistent across settings and funding programs.

---

<sup>2</sup> *Cheating Dignity: The Direct Care Wage Crisis in America*. Paraprofessional Healthcare Institute. January, 2001

# Progress Report to the Governor's Workforce Policy Board From the Ohio Health Care Workforce Advisory Council

## BACKGROUND

### An Aging Population

According to the Alliance for Aging Research, the number of older Americans will double to 70 million by 2030, due in large part to the maturity of the Baby boom generation. Approximately 6,000 Americans turn 65 each day in our country. By 2010, that number will be about 10,000.

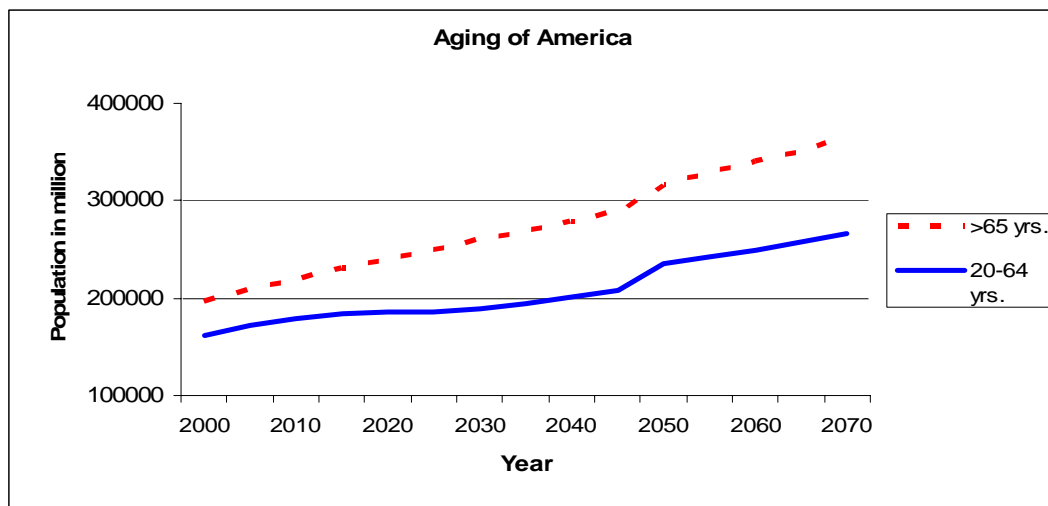


Figure 1: Projected population growth in America by age group

*“While Ohio’s overall population is projected to grow only three percent by 2020, the number of Ohioans over 65 will grow 34 percent.”*

While Ohio’s overall population is projected to grow only three percent by 2020, the number of Ohioans over 65 will grow 34 percent. By 2025, one in twenty Ohioans will be over 65. Our older population will nearly double to 2.9 million by 2050, at which time more than one million Ohioans will be age 85 or older.

The typical 75-year-old has three chronic medical conditions and regularly uses five prescription drugs in addition to several over-the-counter medications. Incidence of diseases and medical conditions typically associated with increased age (e.g., dementia, cancer, bone and joint diseases, vision impairments, etc.) will rise, accordingly. As the population ages and average life expectancy increases, demand for health care services will increase sharply.<sup>3</sup>

### Ohio Job Outlook

Ohio’s labor force is aging as well. A changing economic climate makes retirement at age 65 a thing of the past for many. By 2008, the bulk of Ohio’s labor force will be between 25 and 54, but these folks will be entering employment at a rate that will not keep pace with demand. As a result, more

<sup>3</sup> Redesigning Healthcare for an Aging Nation. Alliance for Aging Research, 2004.

*The people who increasingly need care will also be called on to provide it.”*

workers 55 and older will join, re-enter or remain in the labor force. The healthcare industry will be especially hard hit as the people who increasingly need care will also be called on to provide it.

The US Bureau of Labor Statistics lists direct care workers among the ten fastest growing health occupations in Ohio. Middle-aged women have traditionally filled these jobs, but their segment of the population is not growing fast enough to meet demand. Approximately 615,000 home health aides were employed in 2000. By 2010, the industry will need more than 900,000, and that demand will likely top one million by 2025.

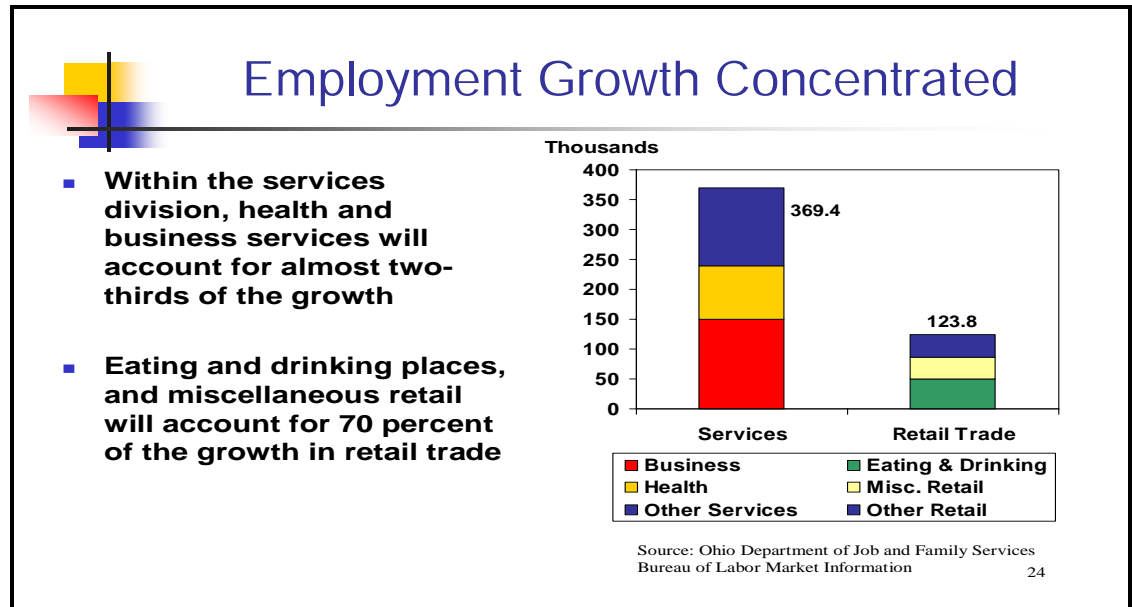


Figure 2: Employment Growth Projections in Ohio

According to the Ohio Department of Development, mergers and acquisitions have positioned many hospital groups as some of the state’s largest employers:

*“Cleveland Clinic (3<sup>rd</sup> largest Ohio employer), University Hospitals (9<sup>th</sup>), Ohio Health (12<sup>th</sup>), Health Alliance of Greater Cincinnati (18<sup>th</sup>) and Promedica (22<sup>nd</sup>) are all examples of growing hospital/health networks.”<sup>4</sup>*

Other major health care employers include nursing homes, pharmaceutical development and research firms, ambulatory health service providers, practitioners’ offices and outpatient diagnostic and treatment centers.

<sup>4</sup> Major Ohio Employers Ranked by Employment, Sales and Market Value. Office of Strategic Research, Ohio Department of Development. 2003.

Ohio's fastest growing occupations in health care are:<sup>5</sup>

Occupation	Projected growth rate	Avg. wage
Personal & home care aides	50.9 percent	\$ 8.47
Social & Human Svc Assistants	48.5 percent	\$11.45
Medical Assistants	47 percent	\$11.07
Audiologists	43.2 percent	\$20.96
Physician Assistants	47 percent	\$34.82
Occupational Therapist Aides	40 percent	\$14.00
Mental Health/Subs Abuse Soc Wrkrs	38.8 percent	\$14.65
Home Health Aides	37.4 percent	\$ 8.73
Pharmacy Technicians	36.9 percent	\$ 9.70
Med Records/Health Info Tech	36.4 percent	\$11.74
Subs. Abuse/Behav Disorder Counselors	36.2 percent	\$14.52
Physical Therapist Assistants	35.1 percent	\$18.48
Marriage & Family Therapists	34.6 percent	\$19.97
Speech-Language Pathologists	34.5 percent	\$24.44
Veterinary Techs	32.7 percent	\$11.26
Physical Therapist Aides	33.1 percent	\$15.47
Ambulance Drivers, Attendants, EMTs	30.2 percent	\$ 8.92

Table 1: Ohio's fastest growing occupations in health care

Demand for nurses is projected to increase only 19.4 percent, yet registered nurses are currently ranked 6<sup>th</sup> for annual job openings among all careers and represent the single largest category of health care workers.<sup>6</sup> A critical shortage of nurses already exists.

Occupation	Annual Job Openings
Registered Nurses	3,806
Nursing Aides, Orderlies & Attendants	2,178
Licensed Practical and Vocational Nurses	1,442

Table 2: Ohio health care jobs with the most annual openings

<sup>5</sup> *What's Hot in Ohio*. Ohio Department of Job and Family Services Bureau of Labor Market Information. September 2002.

<sup>6</sup> *What's Hot in Ohio*. Ohio Department of Job and Family Services Bureau of Labor Market Information. September 2002.

Ohio will see a significant shortage in two particular health care occupations: nurses and direct care workers. The Advisory Council chose to focus on these fields based on the severity of the shortages and the limitations on the Council's time.

## Health Care and the Economy

Health care directly impacts a community's appeal and prosperity. Companies and individuals will often base decisions to move into or out of an area on the availability of quality care services. While specific data about the health care industry on the economy in Ohio is not yet available, research in states like Arizona indicates that the State's investment in health care could pay off two to one.<sup>7</sup>

## A Shortage of Nurses

According to the American Association of Colleges of Nursing, Nursing is the nation's largest health care profession. There are more than 2.7 million registered nurses nationwide, 81.7 percent of whom are employed in nursing.<sup>8</sup> Nurses comprise the largest component of hospital staff and are the primary providers of hospital patient care. In 1980, 66 percent of all employed RNs worked in hospitals. By 2000, that rate declined to 59 percent as health care options expanded and nurses migrated to a wide range of other settings, including private practices, health maintenance organizations, public health agencies, primary care clinics, home health care, nursing homes, outpatient surgicenters, nursing-school-operated nursing centers, insurance and managed care companies, schools, mental health agencies, hospices, the military, industry, nursing education, and health care research.<sup>9</sup>

By 2020, more than 800,000 registered nurse positions will be vacant. While nursing shortages have been cyclic over the years, Ohio's future shortage is influenced by a unique set of factors, including<sup>10</sup>:

- an aging population and workforce;
- increased demand for services;
- fewer workers of all ages;
- decreased nursing school enrollments;
- a mismatch of diversity;
- increased options drawing women away from nursing;
- a negative perception of nursing by younger generations; and
- increased consumer activism and participation in care.

*“By 2020, more than 800,000 registered nurse positions will be vacant.”*

<sup>7</sup> *The Economic Impact of Arizona's Healthcare Industry*. AzHHA Healthcare Institute. January, 2004.

<sup>8</sup> Division of Nursing. (March 2000). *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses*. Washington, DC: U.S. Department of Health and Human Services.

<sup>9</sup> 2003-2004 Enrollment and graduations in baccalaureate and graduate programs in nursing. American Association of Colleges of Nursing (2004). Washington, DC.

<sup>10</sup> Health Care's Human Crisis: The American Nursing Shortage. April 2002. The Robert Wood Johnson Foundation.

The Ohio Board of Nursing recently surveyed 182,000 licensed nurses. Data analyzed from 96,000 respondents creates an accurate and current snapshot of the workforce:

- 77 percent are RNs and 23 percent are LPNs.
- The average Ohio nurse is 47 years old and a member of the “baby boom” generation.
- Only 12.5 percent are younger than 25.
- Most are white (94.4 percent), female (96 percent) and over age 45 (64 percent). Only 4.3 percent are black and 7 percent Hispanic.
- 40 percent plan to leave the nursing profession within ten years (three-quarters due to retirement).
- 78.9 percent are satisfied or very satisfied with nursing as a career, while only 2 percent are very dissatisfied.
- 29 percent have an Associate Degree, 31 percent have a Bachelor in Science degree in Nursing (BSN) and another 31 percent have a diploma from another training program. An additional 8 percent of RNs hold a master’s degree in nursing, but fewer than one percent hold a doctorate degree.

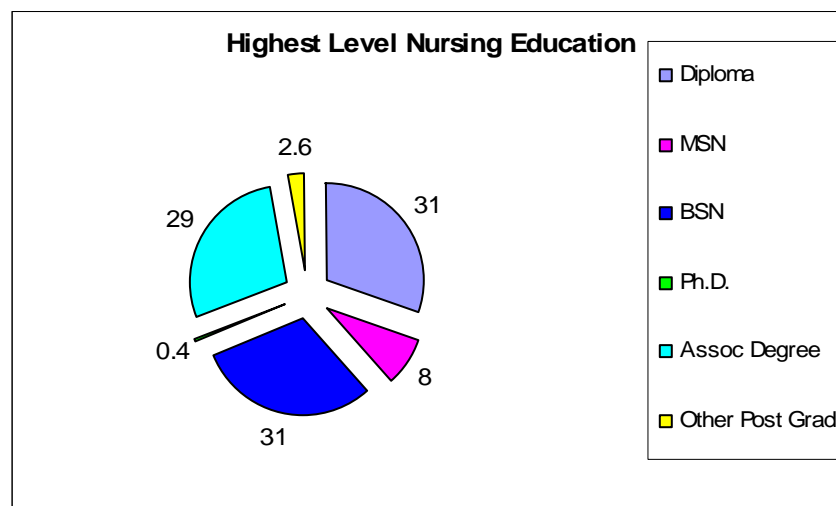


Figure 3: Highest level of education achieved by Ohio nurses

- More than one fourth of all Ohio nurses (25.8 percent) report their first level of nursing education completed was LPN and 10 percent of RNs indicated they started as an LPN. 81 percent graduated from a nursing school in Ohio.
- Nearly 90 percent of respondents are employed and work an average of 66 hours per two-week pay period.
- 98 percent of all employed nurses work in a health care related job and most (67 percent) work full time. However, 31 percent do not provide direct care as a primary part of their job.

## The Capacity Of Ohio's Nursing Schools Is Inadequate To Meet Demand

The primary pathway to professional nursing is the four-year Bachelor of Science degree in nursing (BSN), though registered nurses are also prepared through a two- or three-year associate degree in nursing program or a three-year hospital training program, earning a hospital diploma. All nursing candidates take the state licensing exam. RNs with associate degrees and diplomas are seeking the BSN degree in increasing numbers, due in part to a federal advisory panel recommendation that at least two-thirds of the basic nurse workforce should hold baccalaureate or higher degrees by 2010.

*“Ohio’s capacity to educate new nurses is seriously challenged.”*

Ohio’s capacity to educate new nurses is seriously challenged. According to the American Association of Colleges of Nursing, enrollment in entry-level baccalaureate programs in nursing has increased 8 percent nationwide since 2001. However, fewer than two-thirds of nursing schools can accept all qualified applicants. As a result, most of Ohio’s nursing schools have waiting lists – some as long as two years. Few students will put their careers on hold and, instead, most enter other fields of study, find related jobs and move on with their lives, leaving their nursing aspirations behind.

The wait to get into nursing school is due, in part, to a shortage of nursing faculty caused by increased opportunities within the field, non-competitive salaries and high expectations for academic positions. Likewise, schools’ ability to retain productive senior faculty, attract new faculty and effectively manage attrition is rapidly dwindling. Nursing programs also lack clinical space for students. Further, nursing programs are costly to establish and expand and some school administrators are wary that employers will not have jobs for nurses if they increase the number of graduates from their programs. Other factors limiting the capacity of nursing schools include:

- Competition between nursing schools in close proximity to one another for clinical rotations in acute-care hospitals;
- Decreased state funding;
- Limited clinical space for students caused by a move to out-patient surgical procedures, rather than in-patient where students have more exposure to pre/post surgical patients; and
- High costs of operating nursing programs due, in part, to the high ratio of students to faculty (8:1).

To overcome these obstacles, institutions are collaborating with clinical partners and other stakeholders to build student capacity and satisfy mutual needs. Innovative approaches include using expert practitioners to augment the nursing faculty supply, sharing physical resources and infrastructure, and developing partnerships to provide tuition forgiveness in exchange for work commitments. However, even with innovative partnerships, barriers remain and limit schools’ ability to meet the increased demand to educate new nurses.

*“Most people will need the assistance of a direct care worker at some time in their lives.”*

## **A Shortage of Direct Care Workers**

Most people will need the assistance of a direct care worker in a hospital, nursing home, home setting or other community setting at some point in their lives. Direct care workers have different names in different systems of care, but include home health aides, state-tested nursing assistants, personal care assistants, direct support professionals, community support workers and youth workers. These paraprofessionals are responsible for 80-90 percent of day-to-day, hands-on care, especially in long-term care settings.

Recruiting direct care staff is challenging for a variety of reasons, including:

- Low wages;
- Few or no benefits;
- Few, if any opportunities for advancement;
- No career ladders; and
- Physically and emotionally demanding work.

As one might expect, recruitment of direct care staff is easier during periods of economic downturn, but retention is always a challenge. Turnover rates are high among direct care workers in all work settings. Workers’ reasons for leaving the health care system typically include the same issues that make them difficult to recruit in the first place:

- Low wages;
- Few or no benefits;
- Few, if any opportunities for advancement;
- Negative relationships with supervisors and managers;
- Feeling “burned-out”; and
- Physical injuries.

While most factors affecting recruitment and retention are present in all settings, some vary. For instance, bad supervisor relationships, overtime and shift work are more common in hospitals and nursing homes. Conversely, home health direct care workers commonly feel isolated and find it difficult to maintain a full 40-hour work week due to varying schedules of consumers.

Similarly, while workers in hospitals frequently have access to health benefits, home health workers often do not. Direct care jobs are also perceived as “dead end” jobs. There are no formal career pathways for workers who want to increase their skills and move up a career ladder. Meaningful, practical supports for students (i.e., affordable childcare, transportation, counseling, and personal support) also increase the likelihood of success.

Further, training programs vary in quality and frequently fail to prepare workers for the stress and responsibility of caring for people with increasingly

*“Despite these factors, many direct care workers are dedicated to their craft”*

complex needs. Successful training programs must emphasize the importance of “basic work skills” and assess students to determine competencies in reading, writing and basic math. As one Dean of a community college school of nursing reports: “The majority of students, especially in urban areas, are not academically prepared to pursue higher education. These students typically take 2 to 3 classes in developmental English and math, at the college of their choice, before they are able to enroll in college level courses. Most have not been taught to read for ‘content,’ which leads to frustration because they don’t understand why they can read and read and read, and still not understand what they have read.”

Despite these factors, many direct care workers are dedicated to their craft and talk about how much they love their work and the people for whom they care. Many have spent years in their profession and feel a deep sense of commitment to caring for others. They feel they make a difference in people’s lives and see their work as an opportunity to live their beliefs and put their faith into action.

### **Injuries Contribute to Workforce Shortages**

According to the U.S. Bureau of Labor Statistics, the average nursing home injury and illness rate among full-time employees is 14.2 percent. Compare that to 13.8 for employees of the trucking industry, 10.8 for construction workers and 6.2 for coal miners. In 2002, 79,000 direct care workers (nursing aides, orderlies and attendants) were injured at work, 91 percent suffering sprains and strains to their body (typically their back), due to handling residents.

Back injuries are the nation’s number one workplace safety problem. The health care industry, especially the long-term care industry, has one of the highest rates of back injuries. These injuries are not only painful, but can be debilitating and leave the injured employee with long-term, disabling health problems. New approaches to lifting patients in hospital and nursing home settings can prevent disabling back injuries and provide a safer workplace for health care workers from all professions. (One such approach is described in Appendix B.)

## The Need for a Multi-Cultural Workforce

The health care workforce is diverse in tasks and demographics, but many professions are predominantly female and white, including nursing and several allied health professions.<sup>11</sup>

	Non-Hispanic White	Non-Hispanic Black	American Indian	Asian & Pacific Islander	Hispanic	Female	Male
Clinical Lab Techs	67%	18%	1%	7%	8%	67%	33%
Dentists	86%	3%	0%	9%	2%	19%	81%
Dental hygienists	96%	2%	0%	0%	2%	96%	4%
Dieticians	71%	19%	0%	5%	5%	71%	29%
Health Records Techs	73%	18%	0%	7%	1%	73%	27%
Occupational therapists	88%	3%	0%	3%	6%	88%	12%
Radiology techs	80%	12%	0%	1%	8%	80%	20%
Registered nurses	87%	5%	1%	4%	2%	87%	13%
Respiratory therapists	80%	12%	0%	3%	5%	80%	20%
Social workers	66%	23%	1%	2%	9%	66%	34%
Speech therapists	94%	4%	0%	0%	2%	94%	6%
Pharmacists	79%	3%	0%	14%	4%	47%	53%

Table 3 Distribution of Selected Professions by Race, Ethnicity and Gender

*“A diverse, multi-cultural workforce is more likely to provide culturally relevant services for Ohio’s citizens.”*

A diverse, multi-cultural workforce is more likely to provide culturally relevant services for Ohio’s citizens. The Center on an Aging Society cautions that cultural competence – the ability of providers and organizations to effectively deliver health care services that meet the social, cultural and linguistic needs of patients – can help a health care system improve outcomes and quality of care and eliminate racial and ethnic health disparities.<sup>12</sup>

A survey by the Ohio Board of Nursing (October, 2003) reveals that only 6 percent of licensed nurses in the state are black, Hispanic or Asian. Only 4.4 percent were male. Similarly, minority health professionals in other fields are significantly under-represented and do not reflect the cultural diversity of our communities. Though nursing schools enroll more diverse students than medical or dental colleges, the overwhelming majority of students in today’s baccalaureate nursing programs are female (91 percent) and from non-minority backgrounds (73.5 percent).

Several factors drive men and minorities away from health professions, including stereotypes, economic barriers, gender biases, lack of encouragement from early authority figures, misunderstandings about the profession and increased opportunities in other fields. Nursing school faculties are also typically a gender-skewed, racially homogenous group.

<sup>11</sup> *Making Sense of the System: How States Can Use Health Workforce Policies to Increase Access and Improve Quality of Care.* Edward Salsberg. 2003.

<sup>12</sup> *Cultural Competence in Health Care: Is it important for people with chronic conditions?* Center on an Aging Society Issue Brief. Number 5, February 2004.

## **Shortages in Other Health Care Professions**

In addition to nursing and direct care, shortages also exist for other professions and are critical in many cases. Professions with significant shortages not specifically addressed by the Advisory Council include pharmacists, speech and language pathologists, medical assistants, audiologists, occupational therapy aides, pharmacy technicians, medical records administrators, social service assistants, physician assistants, radiology technicians, substance abuse counselors, physical therapy assistants and others. The Health Care Workforce Center proposed by the Advisory Council should look more specifically at the issues related to shortages of these professionals and others as well.

## **Information for Future Planning**

Expanded, prompt data collection is essential for the public and private sector. Otherwise, educational institutions and the public cannot respond to workforce shortages. Without consistent and ongoing data collection and analysis, it is not possible to understand Ohio's continued need for individuals to work in the health care industry. For the marketplace to work and to target programs that support education and training, additional information on the supply and demand for workers must be available regularly and quickly.

The collection of standardized data on professional license renewals, as being implemented by the Ohio Department of Administrative Services, will provide important information. To date, cosmetologists and physicians are using the system. Other professions are being added gradually.

*“State government can and should lead the way in developing successful interventions.”*

## Progress Report to the Governor’s Workforce Policy Board From the Ohio Health Care Workforce Advisory Council

### **CONCLUSION**

The economic health of Ohio depends on an adequate and comprehensive health care delivery system. Ohio, along with the nation, will experience unprecedented health care workforce shortages over the next three decades. Currently, the health care industry employs well over 10 percent of all workers in our state, a number that is growing.

State government can and should lead the way in developing successful interventions. Approaches that have been shown to work include:

- Developing a Health Care Workforce Center;
- Implementing statewide articulation and credentialing agreements;
- Improving recruitment and retention efforts;
- Recruiting diverse populations;
- Collecting and analyzing workforce data;
- Supporting local efforts and partnerships;
- Increasing nursing school capacity; and
- Advocating for improved wages, benefits and job quality.

The Advisory Council strongly urges the Governor’s Workforce Policy Board to make the health care workforce shortage one of its highest priorities in workforce policy and plans for the State of Ohio.

**APPENDIX A**  
**Ohio Health Care Workforce Advisory Council Members**

AARP Ohio  
Kathy Tefft-Keller  
Director, OH Office

AOPHA  
John Alfano, Executive Director  
Or Paulette Luneborg

Alzheimer's Association  
Salli Bollin  
Executive Director, NW Chapter

Champaign Residential Services, Inc.  
Than Johnson, Executive Director or  
Laura Kiehn

Cuyahoga Community College  
Barbara A. Pennell  
Dean of Nursing

Families for Improved Care  
Donald Greenberg  
Chairman

Institute for Life-Span Development &  
Gerontology  
University of Akron  
Harvey L. Sterns  
Director

Interim Health Care  
Holly Novak  
Director

Ohio Olmstead Task Force  
Mary Butler  
Co-Chair

Licensed Practical Nurse Association of Ohio,  
Inc.  
R. Wynne Simpkins  
Executive Director

Linking Employment, Abilities & Potential  
(LEAP)  
Kathy Foley  
Program Director

Mature Services, Inc.  
Paul Magnus  
Director, Senior Employment Center

Ohio Academy of Nursing Homes  
Norman C. Dreyer II  
Executive Director or Jo Walters

Ohio Assn of Child Caring Agencies  
Penny M. Wyman  
Executive Director

Ohio Association of AAAs  
Joetta Lane  
Director

Ohio Board of Nursing  
John Brion  
Executive Director

Ohio Board of Regents  
Michael Taggart  
Director, Workforce Development

Ohio Council for Home Care  
Kathleen K. Anderson  
Executive Director

Ohio Counselor & Social Work Board  
Beth Farnsworth  
Director

Ohio Department Mental Retardation &  
Developmental Disabilities  
Linda Lewis-Day

Ohio Department of Aging  
Joan W. Lawrence  
Director

Ohio Department of Aging  
Shirley A. McGlone  
Project Manager, Healthcare Workforce  
Issues

Ohio Department of Aging  
Cathy Stocksdales  
Manager, Quality Improvement

Ohio Department of Development  
Daryl Hennessy  
Executive Director, Governor's Workforce  
Policy Board

Ohio Department of Education  
Joyce Boudreau  
Consultant, Health Careers Education

Ohio Department of Education  
Barbara Nicol  
Assistant Director, Adult Workforce Education  
Adult Workforce Education

Ohio Department of Health  
Bernard Schlueter  
Senior Policy Advisor

Ohio Department of Job and Family Services  
Sue E. McKittrick  
Section Chief, One-Stop Section

Ohio Department of Mental Health  
Barbara Jones Warren

Ohio Health  
Debra Plousha Moore  
Sr. Vice President, Human Resources

Ohio Health Care Association  
Peter Van Runkle  
President/CEO  
Or Jamie Young

Ohio Hospital Association  
James Castle  
President/CEO  
Or Jean Scholz

Ohio Nurses Association  
Gingy Harshey-Meade  
CEO

Rehabilitation Services Commission  
Cheryl Cobb  
Team Leader, Employer & Workforce  
Development

Ohio Association of Adult Day Services  
Jane Coomer, Executive Director  
Almost Family

## **APPENDIX B**

### **Emerging Promising Practices**

The Governor's Workforce Policy Board should solicit successful projects for recruiting, training and retaining health care workers in Ohio. While not always easily "imported" or "exported" to fit a community's needs, these models provide valuable lessons for others to learn from and incorporate. Ohio has several such programs and related resources.

#### **FutureThink**

([www.futurethink.org](http://www.futurethink.org))

FutureThink is a clinical health care design that allows hospitals, doctors and other health care employers to focus on taking care of people, rather than finding them. Created by the Ohio Organization for Nurse Executives and the Ohio Hospital Association, FutureThink employs technology, preventive health care and other strategies to use the limited human resources in hospitals more creatively and efficiently.

#### **Reducing Nursing Staff Turnover By Using Cutting Edge Technology to Prevent Injuries**

The Wyandot County Nursing Home in Upper Sandusky, Ohio, has decreased nurse aide turnover from 68 to 13 percent through the use of innovative assistive technologies and labor-saving equipment. OSHA-recorded rates of employee injuries at the facility decreased from 9 in 1995 to 5 in 2001. Nursing staff back injuries were virtually eliminated.

#### **Pre-Employment Training Program:**

This successful pre-employment training program effectively teaches basic work skills in addition to job-specific training for state tested nursing assistants and other health care workers. Employers drive this recruitment, training and retention model to ensure that new paraprofessional health care workers are prepared for all aspects of the work that awaits them.

#### **Council on Aging Learning Advantages**

([www.help4seniors.org](http://www.help4seniors.org))

COALA trains individuals with no previous health care experience to be efficient, caring, members of a home-health care team. The program is taught by a registered nurse and prepares home health aides through written materials, lecture, classroom interaction, skills practice, videos and written testing. The classes typically run two to three weeks and perfect attendance is required for certification.

#### **The Ohio Nurse Collaborative For Educational Mobility**

([www.oncem.org/OHIO\\_NURSING\\_ARTICULATION\\_MODEL.htm](http://www.oncem.org/OHIO_NURSING_ARTICULATION_MODEL.htm))

The Ohio Nurse Collaborative for Educational Mobility, funded by the Helene Fuld Health Trust and administered by the Ohio League for Nursing, developed a coordinated nursing education system that enables optimal educational mobility for nurses in Ohio. Articulation agreements enable graduates of all types of nursing programs to move along an educational continuum rather than "start all over again" at each level of education.

**Ohio Hospital Association: Best Practices for Attracting & Retaining Staff**  
([www.ohanet.org/about\\_oha/](http://www.ohanet.org/about_oha/))

The Ohio Hospital Association helps hospitals attract and retain talented and dedicated employees and medical staff. This document, prepared for the 2001 OHA Educational Summit, contains information on their strategic plan, examples from the field, information on Ohio's Workforce Investment Act, and more.

**Best Workforce Practices at Ohio Hospitals**  
([www.ohanet.org/workforce/practices/](http://www.ohanet.org/workforce/practices/))

This feature of the Ohio Hospital Association's web site highlights best practices in use by hospitals around the state to attract and retain employees and medical staff.

**Middletown Regional Health System**  
([www.ohanet.org/workforce/practices/files/middletown2.htm](http://www.ohanet.org/workforce/practices/files/middletown2.htm))

The Middletown Regional Health System collaborated with several organizations to conduct skills assessments and gauge career interests of current hospital employees for entry into more specialized medical positions within the hospital.

**Nursing Rewards: It's About... You!**  
([www.nursingrewards.org](http://www.nursingrewards.org))

Since November 2003, the Ohio Board of Nursing's "Nursing Rewards" campaign has showcased 'real' Ohio nurses and promoted the profession as a rewarding career. Their website profiles men and women of various ages, ethnic backgrounds and interests who all share a common love: nursing.

## **APPENDIX C**

### **Other States' Efforts**

Ohio is not alone in the struggle to meet the growing demand for health care workers at every level. Nationwide efforts to address the health care workforce shortage include:

- Pennsylvania and West Virginia established public/private partnerships to address short- and long-term health care workforce challenges.
- 47 states have convened task forces, committees or commissions.
- 42 states report renewed attention to scholarship and loan repayment programs.
- 25 states targeted recruitment of a broad array of health professionals (dentists, dental hygienists, pharmacists).
- 29 states specifically targeted recruitment and/or retention of RNs.
- 27 states targeted recruitment of physicians.
- 10 states have training and education initiatives.
- 31 states collect health workforce data (most survey health professionals at time of licensure or renewal).
- 27 states have initiatives to market health careers.
- 12 states and Washington D.C. have nursing career ladder programs.
- 5 states have job redesign initiatives.
- Several states have passed legislation prohibiting or limiting mandatory overtime.
- California passed legislation mandating nurse ratios in hospital and nursing homes.
- 24 states passed legislation to “pass-through” wage and/or benefit increases to direct care workers in long-term care settings.

## APPENDIX D

### Accomplishments of the Advisory Council

Although initially planned for twelve months, funding for the Ohio Health Care Workforce Advisory Council was extended when the Governor's Workforce Policy Board recognized that the Council's work was complex and needed more time to complete.

Through a series of well-attended, bimonthly meetings beginning July, 2002, the Advisory Council reviewed current data and promising practices. Four workgroups researched and identified barriers to recruitment, retention, and training in Ohio and focused on issues related to the shortage of direct care and professional care workers as well as education and training and regulatory issues.

**The Direct Care Workgroup** made the following recommendations that were adopted by the advisory council:

- Establish a set of core skill standards for direct care workers across settings and client populations, using standards established by the National Consortium on Health Science and Technology Education.
- Create a public awareness campaign to highlight the need for and value of direct care workers, improve the profession's image and attract new workers.
- Develop and support peer mentoring approaches, and promote successful training programs to better prepare and retain high quality workers.

**The Education and Training Workgroup** recommended the Advisory Council promote three specific training models:

- Promote and fund successful employer-driven pre-employment training programs.
- Implement statewide the nursing schools articulation model developed by Colleagues in Caring and the Ohio League for Nursing.
- Develop a web-based resource center that shares library materials, distance learning materials and other resources among nursing schools in order to enhance education and reduce overall costs.

**The Professional Care Worker Workgroup** recommended a training program be developed for LPN supervisors and managers to help improve retention of direct care workers through improving employee/supervisor relationships.

**The Regulatory Reform Workgroup** reviewed state regulations and identified regulatory issues that impede or prevent current and future efforts and made five recommendations:

- Ensure that criminal records background checks for direct care workers include personal character standards for individuals deemed otherwise ineligible, and require BCII background checks within 30 days.

- Regulate staffing agencies to move health care workers back into the regular workforce and ensure temporary workers meet established quality standards.
- Allow individuals living in residential care facilities to provide skilled “self care” to their spouses also residing in the facility, if deemed capable by their physician and monitored by facility staff.
- Eliminate the requirement that nurse aides work a certain number of hours in a long-term care facility to maintain their active registry status. (This has been accomplished by rule change to be effective before July 1, 2004)
- Develop protocols for hospice, home health and ambulatory services to allow RNs to manage routine chronic and acute care for certain conditions.

In its second year, the Advisory Council began designing a statewide credentialing process for direct care workers who wish to enter a health care profession. A workgroup used national health, science and human service industry standards to identify core skill competencies for direct care workers across work settings. More work remains, including: developing a credentialing process, identifying model curricula, and designing articulation agreements across educational settings.

The Advisory Council sponsored four regional conferences to highlight promising practices in retention, highlight model education and training programs, promote understanding of the role of benefits in staff retention and encourage the use of labor-saving technologies and effective and innovative communication techniques.

The Advisory Council partnered with the Ohio Board of Nursing, Ohio Health Care Association, Ohio Hospital Association, several hospital systems, and others to sponsor **Nursing Rewards**, a public marketing campaign to attract men and minorities to a career in nursing.

The Advisory Council also received a grant from the Governor’s Workforce Policy Board for a public awareness campaign to promote direct care careers. The campaign includes a web site to be launched in summer, 2004, billboard advertising and written promotional materials for One Stop Centers, public libraries, health care facilities, and others.

Advisory Council members made presentations to a number of groups, including:

- One Stop Center operators;
- Nursing home administrators;
- Nursing Assistants;
- Gerontology students and faculty;
- County medical office physicians;
- Home health service providers;
- Aging services planners and providers; and
- Annual National Career Nursing Assistant Week Conference attendees.

Members of the Advisory Council worked as part of a team to develop a “*Grow Our Own*” project designed around a successful model of a hospital-led community partnership. The proposal received a planning grant from KnowledgeWorks Foundation.

The Advisory Council obtained and updated data about Ohio’s health care workforce. The Board of Nursing conducted a survey of licensed nurses in Ohio, and data from 96,000 respondents will be further analyzed by the Ohio Bureau of Labor Statistics.

The Advisory Council contributed information about emerging best practices to the Ohio Workforce web site and other presentations and publications.

One Advisory Council member researched the feasibility of a PERS-like retirement program for health care professionals and presented the findings to the full Council.

The Chair of the Advisory Council serves on the Governor’s Workforce Policy Board.

Advisory Council staff applied for a grant from the *Better Jobs, Better Care Foundation*, funded by the Robert Wood Johnson Foundation and Atlantic Philanthropies. While the project was not funded, the application process provided a foundation for several aspects of the Council’s work, including the public awareness campaign.

Advisory Council staff participated in the Interagency Policy Workgroup to support the Governor’s Workforce Policy Board and members of the Governor’s cabinet in their work to plan, fund and implement Ohio’s workforce policies.

## ACKNOWLEDGEMENTS

*Special thanks to the following for their invaluable assistance to the Advisory Council and in preparation of this report:*

*John Brion, Ohio Board of Nursing  
Debra Plousha-Moore, Ohio Health  
Holly Novak, Interim Health Care  
Barbara Pennell, Cuyahoga Community College  
Jean Scholz, Ohio Hospital Association  
Peter Van Runkle, Ohio Health Care Association  
Jamie Young, Ohio Health Care Association*

Many individuals from several organizations provided valuable input in the work of the Advisory Council over its two years of work. We thank each of those organizations for their time, commitment and support:

AARP Ohio	Institute for Life-Span Development & Gerontology
AOPHA	Linking Employment, Abilities & Potential (LEAP)
Alzheimer's Association	Licking County Career Center
Association of Retarded Citizens (ARC)	Licensed Practical Nursing Association of Ohio, Inc.
Benjamin Rose Center	Mature Services, Inc.
Champaign Residential Services, Inc.	Ohio Academy of Nursing Homes
Council on Aging of Southwestern Ohio	Ohio Adult Workforce Development Association
Cuyahoga Community College	Ohio Association of Adult Day Services
Easter Seals of Ohio	Ohio Association of Area Agencies on Aging
Experience Works	Ohio Association of Child Caring Agencies
Families for Improved Care	Ohio Board of Nursing
Fairfield County One Stop Center	Ohio Board of Regents
Governor's Workforce Policy Board	
Interim Health Care	

Ohio Children's Hospital Association	Ohio Department of Mental Retardation and Developmental Disabilities
Ohio Colleagues in Caring	Ohio Health
Ohio Council of Behavioral Healthcare Providers	Ohio Health Care Association
Ohio Council for Home Care	Ohio Hospice and Palliative Care Organization
Ohio Counselor & Social Work Board	Ohio Nurses Association
Ohio Department of Development	Ohio Provider Resource Association
Ohio Hospital Association	Office of the Governor, State of Ohio
Ohio League for Nursing	Ohio Olmstead Task Force
Ohio Department of Aging	Rehabilitation Services Commission
Ohio Department of Education	Ohio Respiratory Care Board
Ohio Department of Health	Ohio Senate Democratic Caucus
Ohio Department of Job and Family Services	Western Reserve Area Agency on Aging
Ohio Department of Mental Health	Wyandot County Nursing Home