Career Ladders in Allied Health: Opportunities and Challenges

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LA Health Action Workforce Group
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What Workforce Do We Want to Build?

• Address population health care needs
  – Type and location of services
  – Who best to deliver
• Address opportunities for employment
  – Increasing diversity
  – Career development
  – Economic gains
Emerging Issues in the Allied Health Workforce

• Doctoral level of practice - degree creep
  – Increasing scope of practice
  – Creating new levels of practitioners; assistant, aide
  – Reimbursement

• Attracting students and new workers

• Achieving diversity and cultural competence

• Measuring impact of practice on patient outcomes
Challenges in Capacity: Nursing and Allied Health

- Number of programs and access to programs
- Geographic access to some types of programs
- Budget constraints in educational system
- High costs of clinical training
- Access to clinical training
- Availability of faculty
The Changing Population: What we already know
Los Angeles Region Population Projections by Race/Ethnicity 2000-2020

- Hispanic or Latino
- White alone
- Asian alone
- African American alone
- Multirace
- Native American alone
- Native Hawaiian or Pacific Islander alone

2000: N = 13,991,102
2010: N = 16,060,533
2020: N = 17,405,258
Labor Market, Demographic, and Education Pipeline Data

- Labor market information is limited for allied health workers
- Race/ethnicity is from census data for current workforce and education data for graduates
- Education data uses different coding
- What does all this data tell us?
- How can we use it?
Example: Distribution for Reported Graduates of Pharmacy Technician Programs by Race & Ethnicity for Los Angeles Region 2001-2005
## Labor Market Data: Medical Radiography*

<table>
<thead>
<tr>
<th>Description</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Jobs (2005)</td>
<td>13,600 – 16,900</td>
<td>180,000 – 189,000</td>
</tr>
<tr>
<td>Employment per 100,000 Population (2005)</td>
<td>38 – 47</td>
<td>61 – 64</td>
</tr>
<tr>
<td>Annual Median Wage (2005)</td>
<td>$54,000 – $56,000</td>
<td>$45,000 – $46,000</td>
</tr>
<tr>
<td>Projected Growth in Employment 2004 - 2014</td>
<td>Faster than average</td>
<td>Faster than average</td>
</tr>
</tbody>
</table>

*The BLS occupational category is Radiologic Technologists and Technicians, a group which encompasses many more occupations than that of Radiographer, e.g. Limited X-ray Tech, CT specialist, MRI specialist etc.

- The level of employment per population for radiography in California is significantly smaller than it is nationally.
- Median wages are higher in California compared to the nation.
Medical Radiography degrees in California by Sector: Community Colleges versus Private Schools

source: IPEDS
## Labor Market Data: Clinical Laboratory Science

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</thead>
<tbody>
<tr>
<td>Number of Jobs (2005)</td>
<td>11,000 – 13,000</td>
<td>152,000 – 158,500</td>
</tr>
<tr>
<td>Employment per 100,000 Population (2005)</td>
<td>31 – 36</td>
<td>51 – 54</td>
</tr>
<tr>
<td>Annual Median Wage (2005)</td>
<td>$64,000 - $66,000</td>
<td>$47,000 – $48,000</td>
</tr>
<tr>
<td>Projected Growth in Employment 2004 - 2014</td>
<td>Average</td>
<td>Faster than average</td>
</tr>
</tbody>
</table>
Clinical Laboratory Science (Generalist) Programs in California

Legend
Symbol size = Number of Graduates/year
5 or fewer  ○
10 - 20  ○

Symbol Color = Institutional Sector
University of California  ■
California State University  ■
California Community College  ■
Private 4yr or higher  ■
Private 2yr  ■
Public 4yr of higher  ■
Public 2yr  ■
Independent or Hospital-based  ■
Private-Graduate level only  ■

By County: 2000 Population per sq. mile
Less than 20
20 - 99
100 - 999
1000 - 5000
More than 16000
Candidates for California
Clinical Laboratory Scientist Exam:
1980 - 2005
Highlights & Issues: CLS

• Clinical Laboratory Science is in crisis mode
  – Decline in supply is understated (only includes programs still in operation)
  – Anecdotal evidence suggests difficulty recruiting quality students
    • perception of poor working conditions (trainee)
  – Likely demand-side factors driving downward trend:
    • workload pressures
    • lost revenue/added expense
## Labor Market Data: Respiratory Therapy

<table>
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<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Jobs (2005)</td>
<td>9,600 – 11,200</td>
<td>93,000 – 97,000</td>
</tr>
<tr>
<td>Employment per 100,000 Population (2005)</td>
<td>27 – 31</td>
<td>31 – 33</td>
</tr>
<tr>
<td>Annual Median Wage (2005)</td>
<td>$54,000 - $55,000</td>
<td>$45,000 - $45,500</td>
</tr>
<tr>
<td>Projected Growth in Employment 2004 - 2014</td>
<td>Faster than average</td>
<td>Much faster than average</td>
</tr>
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</table>
Highlights & Issues: Radiography/Respiratory Therapy

• Radiography & Respiratory Therapy appear to be recovering after period of decline
  – Structural economic changes & new degree requirements likely factors

• Respiratory Therapy exhibits “churning” in 2-yr private, for-profit sector
  – potential oversupply of entry-level practitioners in coming years
Building an Allied Health Workforce for the Future
Example: Foundation Supported Allied Health Workforce Innovations for the 21st Century

• $3.1 million in grants funded 22 project for 18 months
  – Curriculum Development
  – Student Recruitment and Outreach
  – Worker Job Satisfaction, Advancement, and Retention

  http://futurehealth.ucsf.edu/pdf_files/FINAL%20081804.pdf
Lessons Learned

• Strategic grants accomplished a great deal with relatively small amount of funding
• Regional and local community approaches worked best
• Some organizations needed technical assistance
• Ability to work in partnerships was critical
• Networking opportunities were valued
Example: Career Opportunities for Incumbent Workers

**Benefits**
- Students can keep working
- Career, economic advancement
- Future commitment to organization
- Familiar with workplace and culture

**Challenges**
- Flexible schedules
- Basic skills preparation required
- Resources: $$, staff
- Retention in program
- Strong partnership needed
- Time to complete programs
“Grow Your Own” Program Success

• 20/20 programs
• Kaiser Permanente Paradigm Programs
• Labor management partnerships
• Clearly documented career mapping
  – Kaiser did this for 60 allied health occupations
Recruitment: Other Sources

- Second career
- Unemployed or underemployed
- Work with Workforce Investment Boards (WIBs)
- New populations
  - Welcome back program - it works
High School Programs

• Models
  – Health pathway (courses)
  – Career academy
  – Health professions high school
  – Exposure to health professions
  – Internship, mentorship, job shadowing

• How to measure success
  – Interest in a specific health field
  – Entry level job skills
  – College acceptance
Retention: Need to Determine

• Who is target group?
• What is important to target group?
• What retention tools are available to you?
• How and when to offer incentives?
• Maintenance of satisfaction?
• How to address dissatisfaction?
• Be creative
  – Ex: better utilization of older workers
Next Steps in Workforce Development

• Investigate needs—short term and long term
• Build partnerships
• Stay focused and connected
• Periodic assessment
  – this is a very dynamic field
Thank you

The California Endowment
For ongoing support in health workforce research and development

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