

# Industry Sector Strategy: Building a Latino Healthcare Workforce for the 21<sup>st</sup> Century

NALEO National Policy Institute on Workforce Development  
Los Angeles, CA  
March 30, 2019

---

**Bianca K. Frogner, PhD**

Associate Professor, Department of Family Medicine  
Director, Center for Health Workforce Studies  
Deputy Director, Primary Care Innovation Lab

# Agenda

---

- Brief Overview of UW CHWS
- National View of Latinos in Health Workforce
- Health Workforce Shortage Debate
- Health Workforce Pipeline Barriers and Facilitators
- Recommendations Moving Forward

# Agenda

---

- Brief Overview of UW CHWS
- National View of Latinos in Health Workforce
- Health Workforce Shortage Debate
- Health Workforce Pipeline Barriers and Facilitators
- Recommendations Moving Forward

# UW Center for Health Workforce Studies

---

- Established in 1998 in Department of Family Medicine, UW
- Multidisciplinary team of researchers
- Primarily funded by contracts and grants from state, federal, and private organizations
- Houses 2 of 9 Center grants funded by the Health Resources and Services Administration (HRSA) to address:
  - 1) Allied health workforce
  - 2) Health equity and health workforce diversity
- **Mission:** To elevate the importance of workers in the delivery of health care in policy discussions, which we accomplish by:
  - Conducting health workforce research to inform health workforce planning and policy
  - Providing consultation to local, state, regional and national policy makers on health workforce issues
  - Developing and refining analytical methods for measuring health workforce supply and demand

# Example HRSA-Funded Studies Conducted by UW CHWS

---

- Allied Health:
  - Apprenticeships as pathways to healthcare careers
  - Allied health professionals and the “gig economy”
  - State incentive programs that encourage allied health professionals to provide care for underserved populations
  - Career paths of allied health professionals
- Health Equity
  - Examining wage disparities by race and ethnicity
  - Implicit race and gender bias, bias awareness, and impact of a course for clinical faculty

# Other HRSA-Funded Health Workforce Research Centers

---

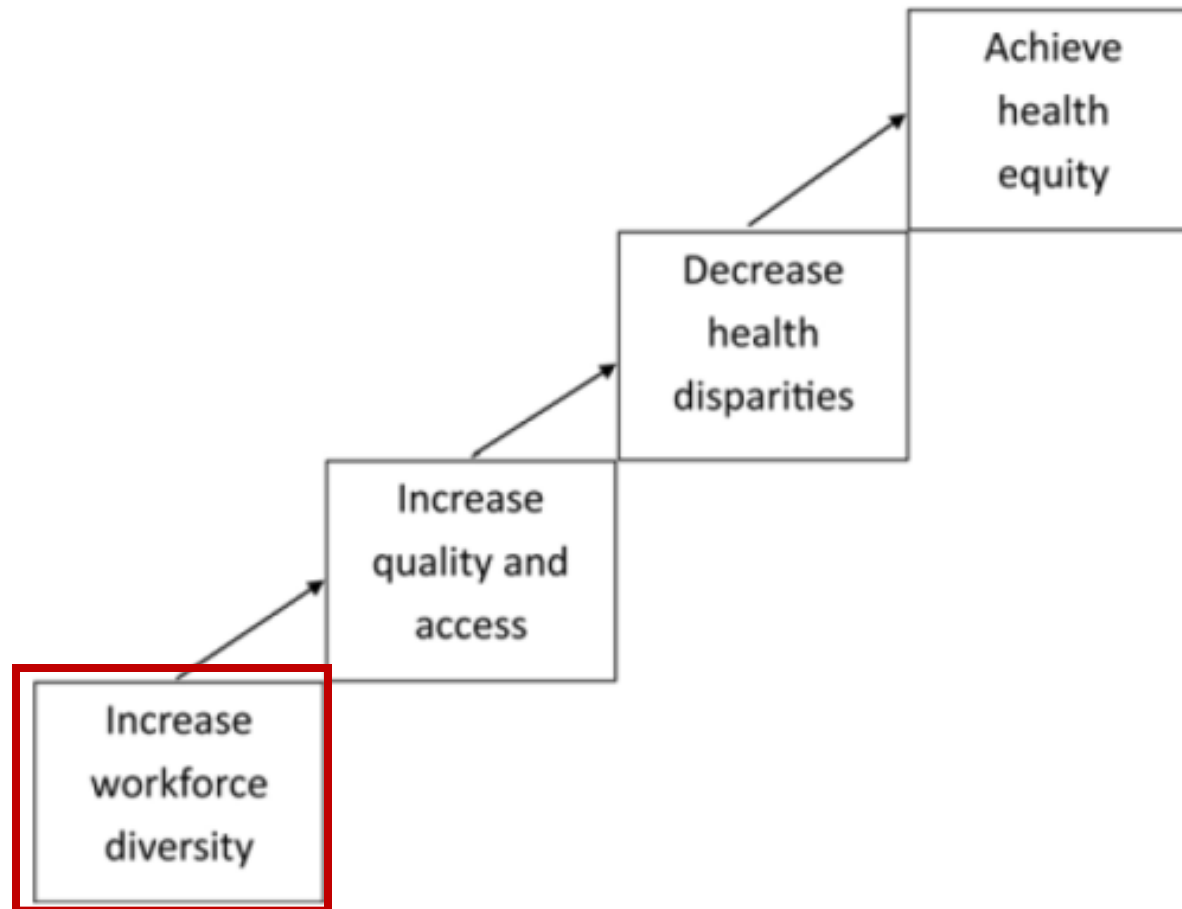
- [GW Health Workforce Research Center](#)
- [UNC Program on Health Workforce Research and Policy](#)
- [UCSF Health Workforce Research Center on Long-Term Care](#)
- [UMich Behavioral Health Workforce Research Center](#)
- [Oral Health Workforce Research Center at University at Albany, SUNY](#)
- [Health Workforce Technical Assistance Center](#)

# Agenda

---

- Brief Overview of UW CHWS
- **National View of Latinos in Health Workforce**
- Health Workforce Shortage Debate
- Health Workforce Pipeline Barriers and Facilitators
- Recommendations Moving Forward

# Conceptual Model Linking Workforce Diversity and Health Equity





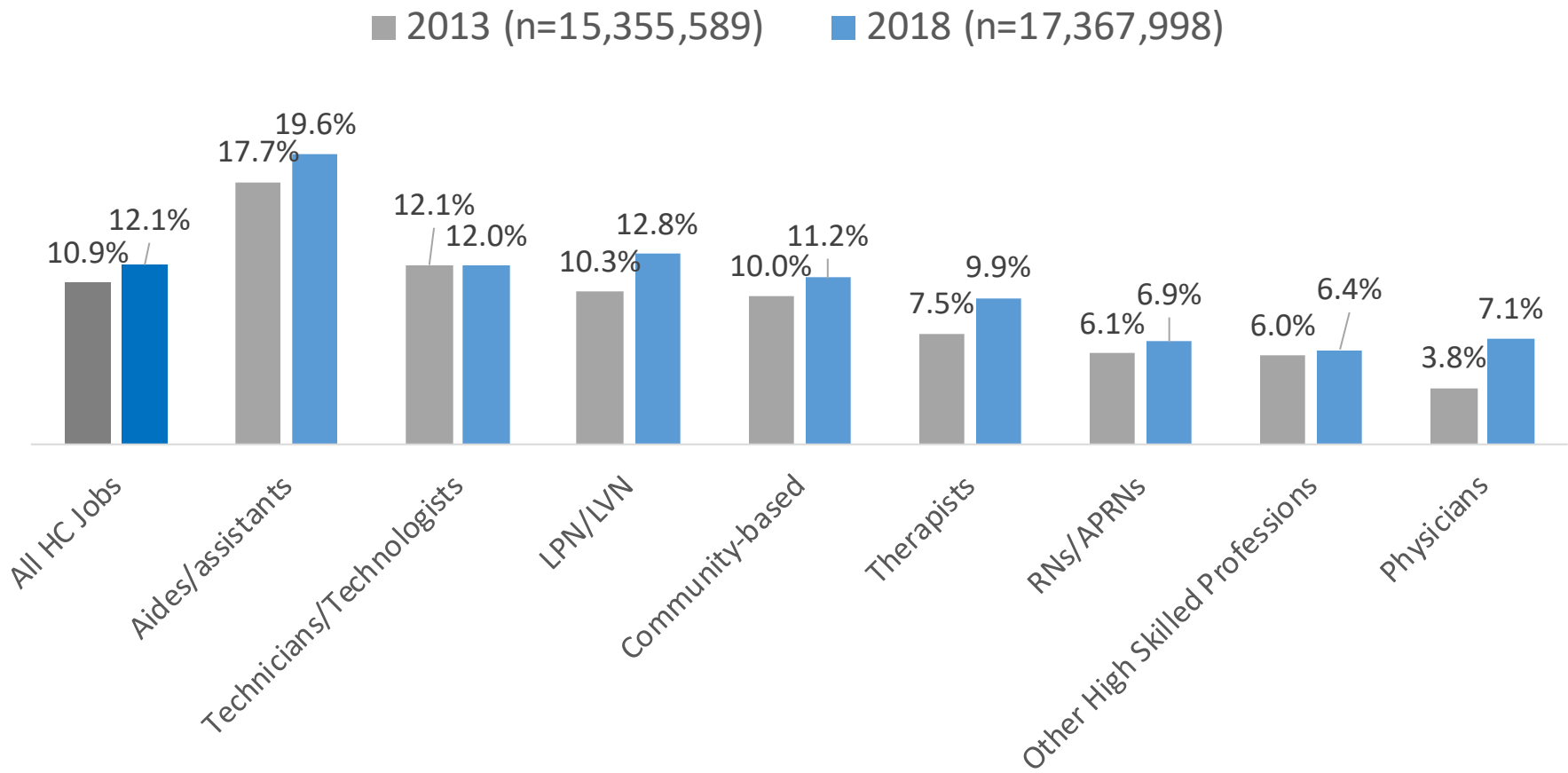
# Data Sources

---

- Current Population Survey (CPS)
  - Monthly survey of 60,000 household collected by U.S. Bureau of Labor Statistics
  - March supplement detailed information on income and employment
  - Hispanic = persons identifying as Hispanic/Spanish/Latino
- Integrated Postsecondary Education System (IPEDS)
  - Annual mandatory survey of institutions/applicants of federal assistance program (Title IV) conducted by U.S. Dept of Education
  - Hispanic = persons identifying as Hispanic/Latino
- Association of American Medical Colleges (AAMC)
  - Multiple data sources including American Medical Association Masterfile and AAMC Minority Physician Database

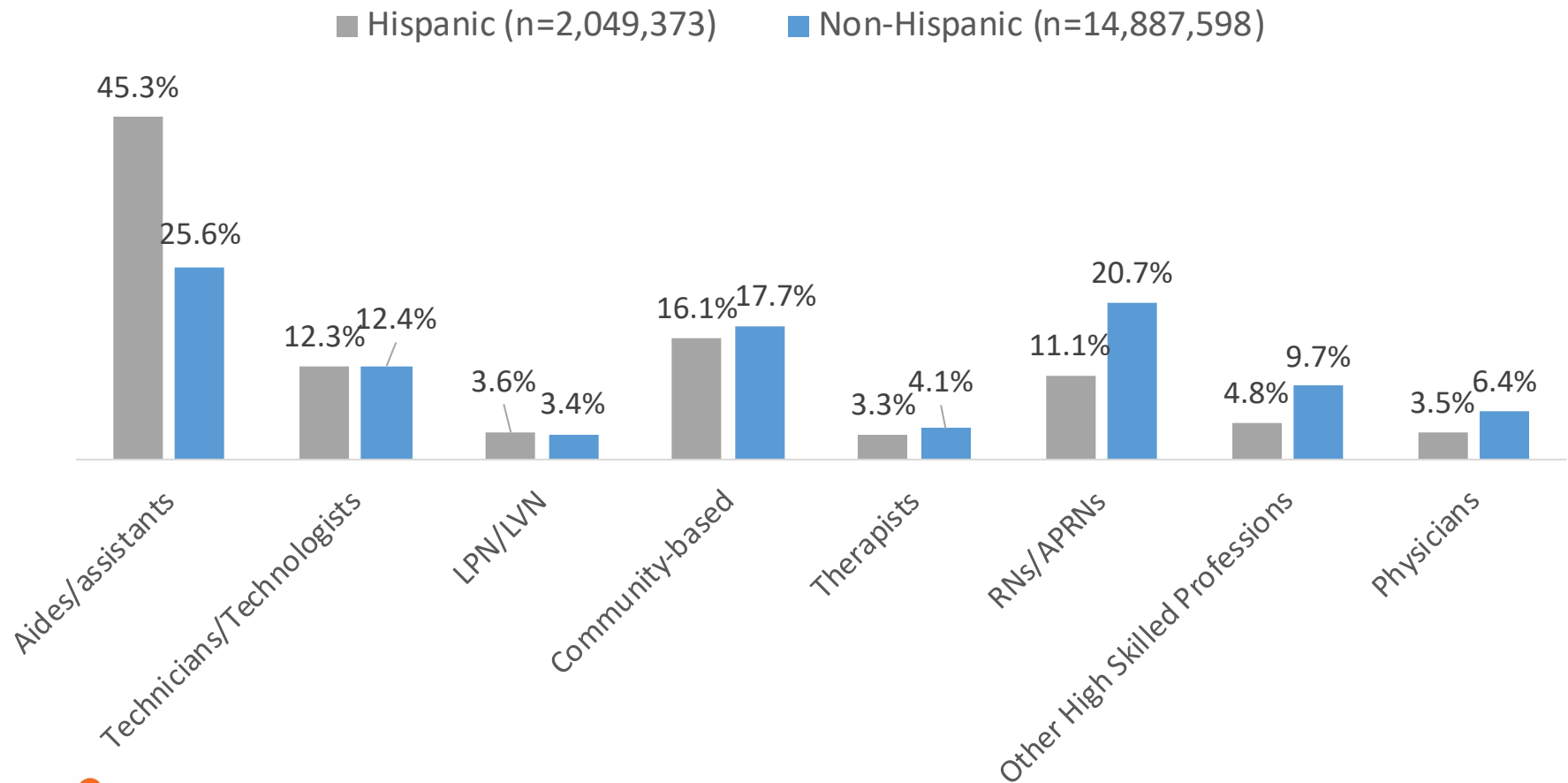
# Percent Hispanics within Healthcare Jobs, 2013 and 2018

- Higher representation in lower skilled occupations
- Increasing representation over time across all occupations



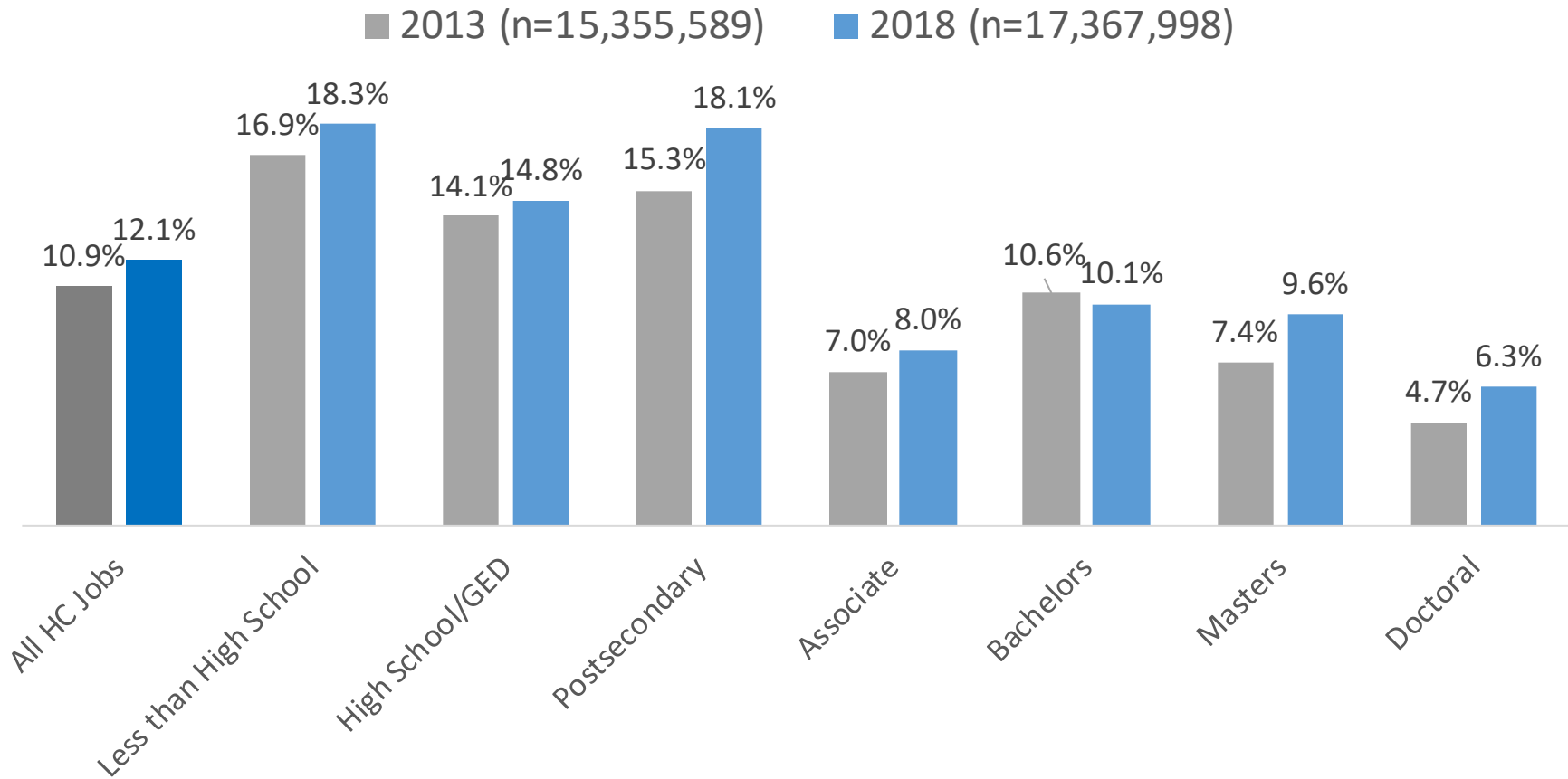
# Distribution of Hispanics and non-Hispanics across Job Categories, 2018

- Hispanics more frequently working in lower skilled occupations
- *Slight* movement over time toward higher skilled jobs (not shown)



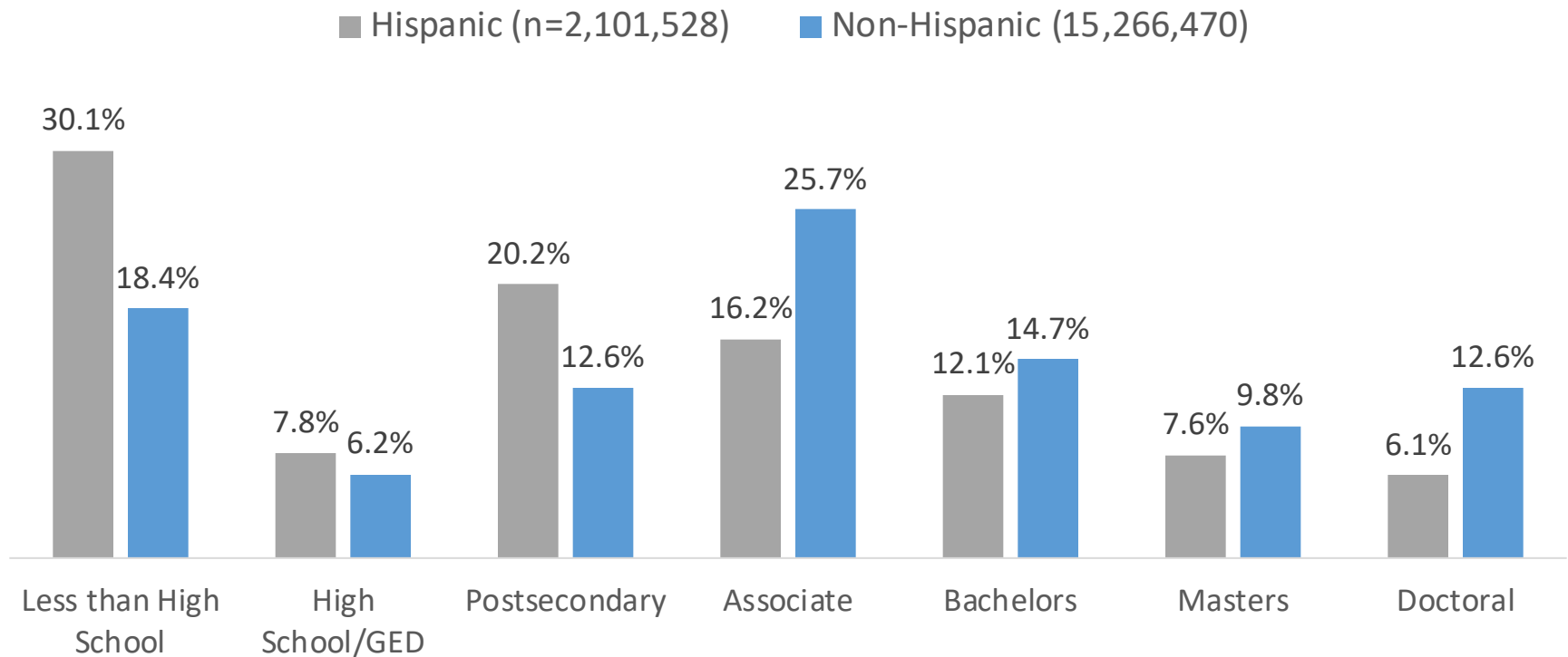
# Percent Hispanics within Healthcare Jobs Grouped by Minimum Education Requirement, 2013 and 2018

- Higher representation in jobs requiring post-secondary or below
- Increasing representation over time across nearly all educ categories



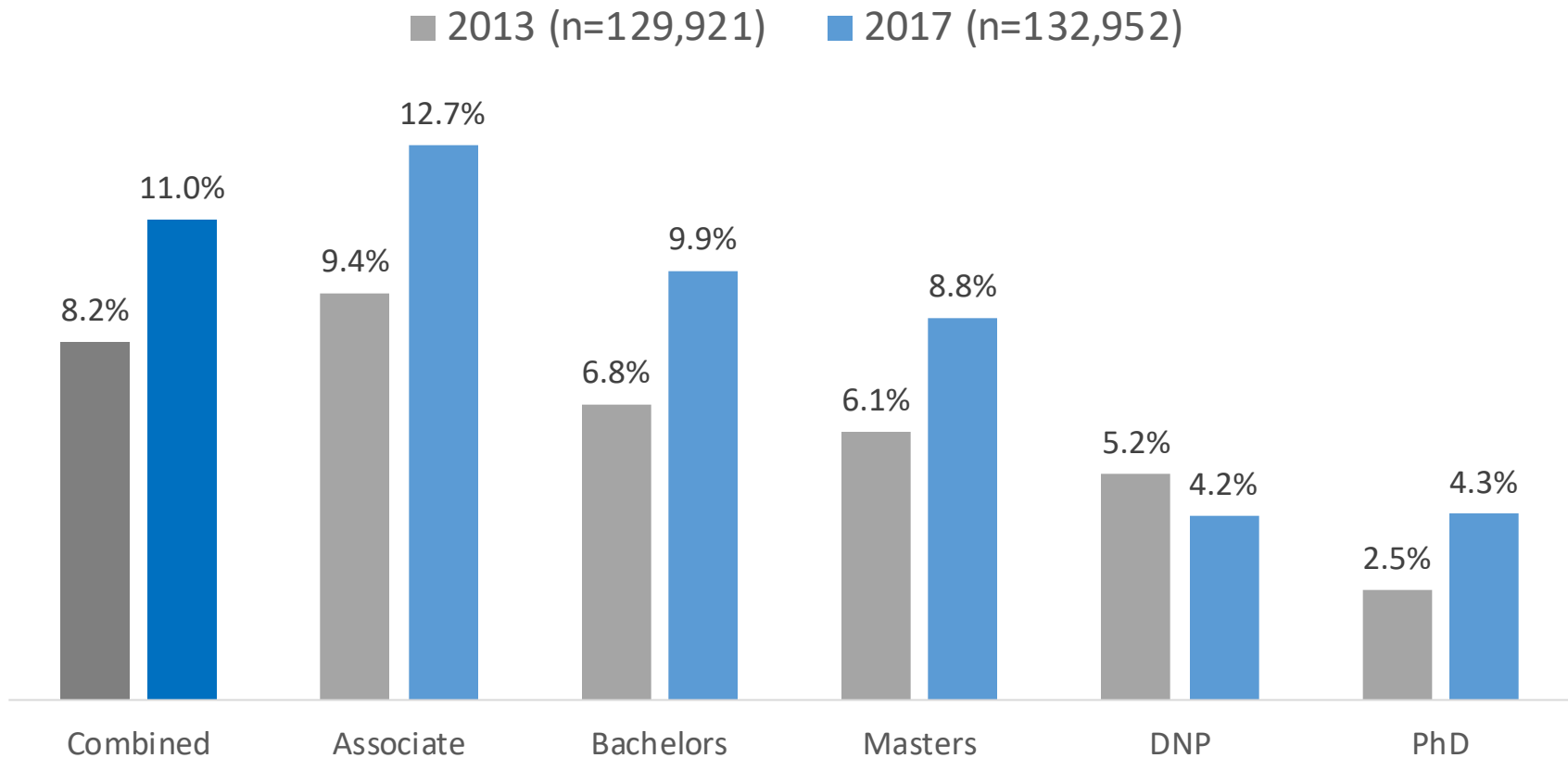
# Distribution of Hispanics and Non-Hispanics within Healthcare Jobs Grouped by Education Entry Requirements, 2018

- Hispanics more frequently in jobs requiring post-secondary or below
- Slight movement over time toward jobs requiring higher educ (not shown)



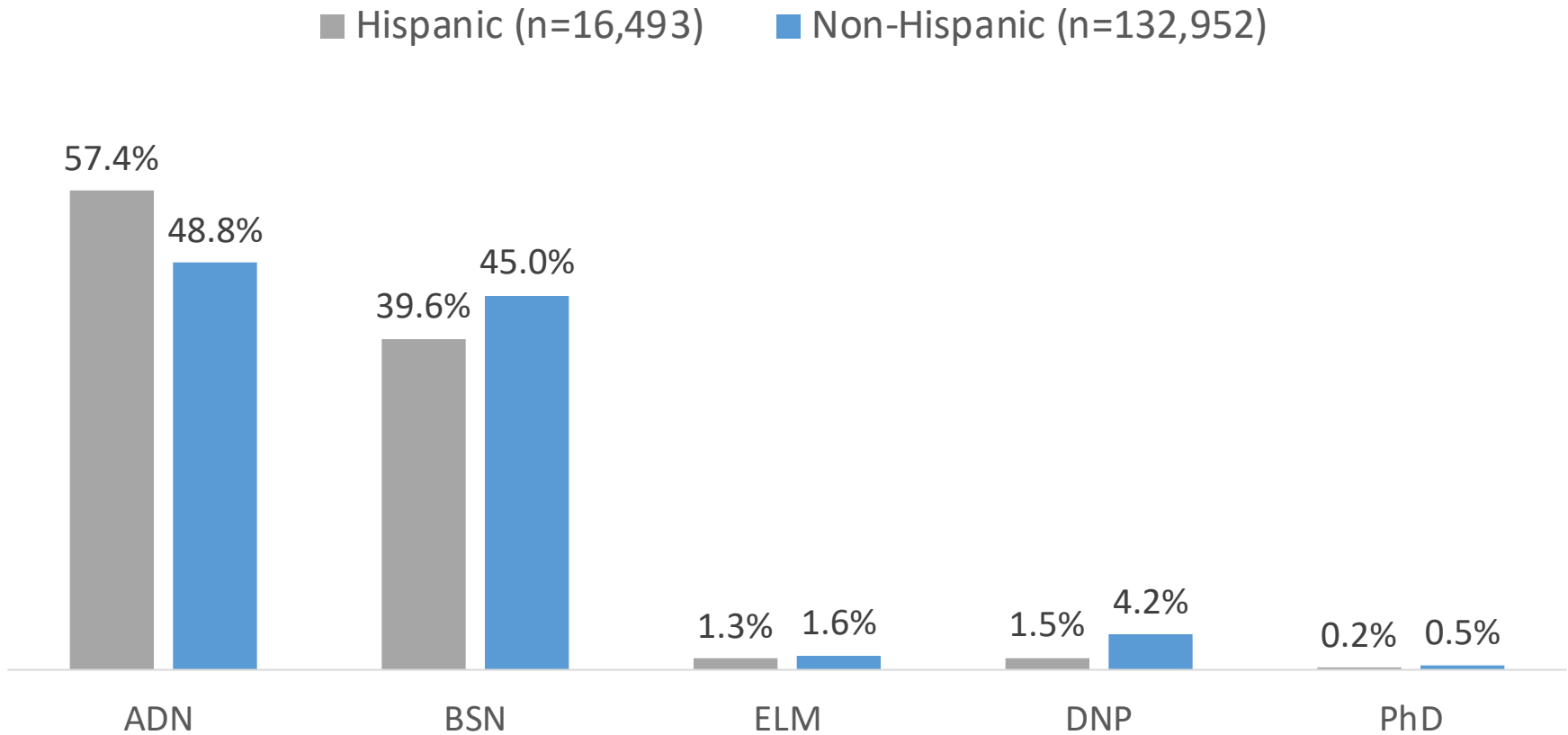
# Percent Hispanics who are New RN Graduates by Degree, 2013 and 2017

- Growing representation of Hispanics at all RN degree levels, except DNP



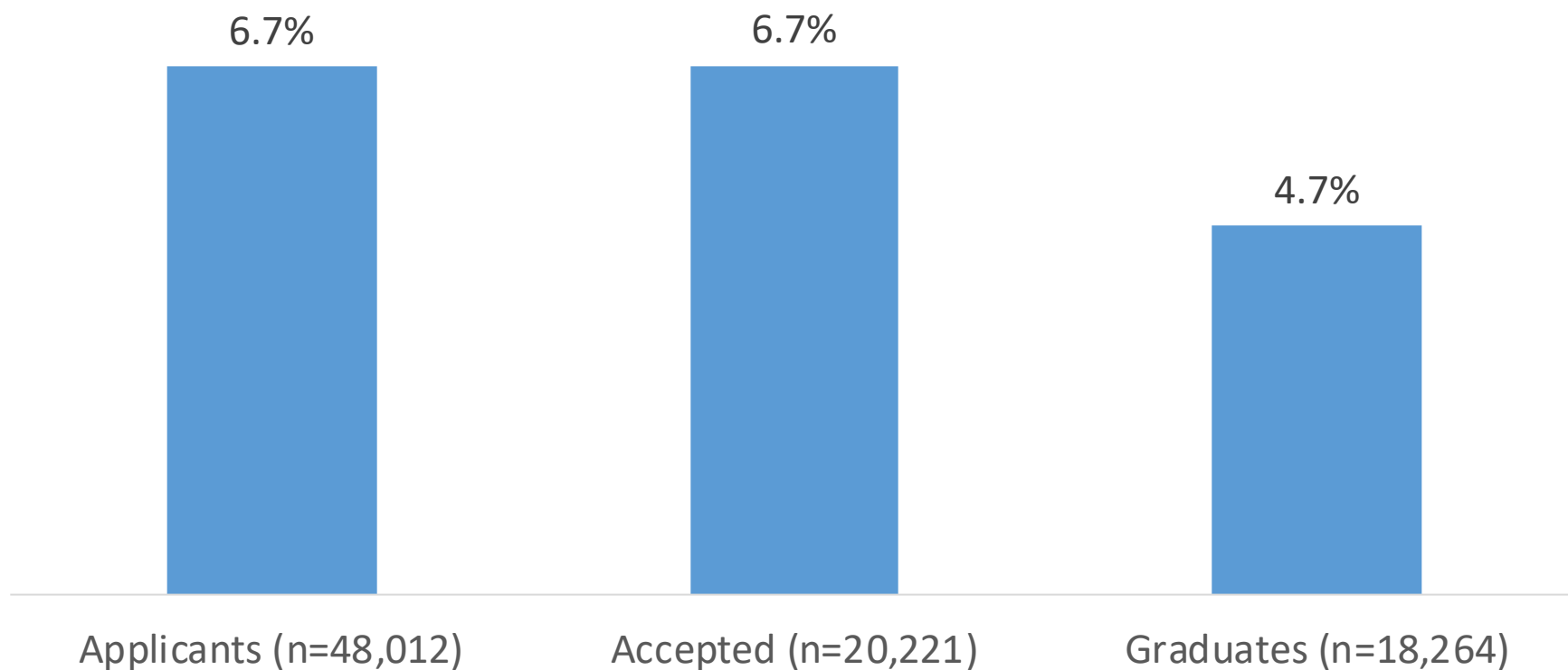
# Distribution of Hispanics and Non-Hispanics across Degree Programs for New RN Graduates, 2017

- Hispanics most frequently graduating with Associate degree in nursing



# Percent Hispanics among Medical School Applicants, Acceptances, and Graduates, 2015

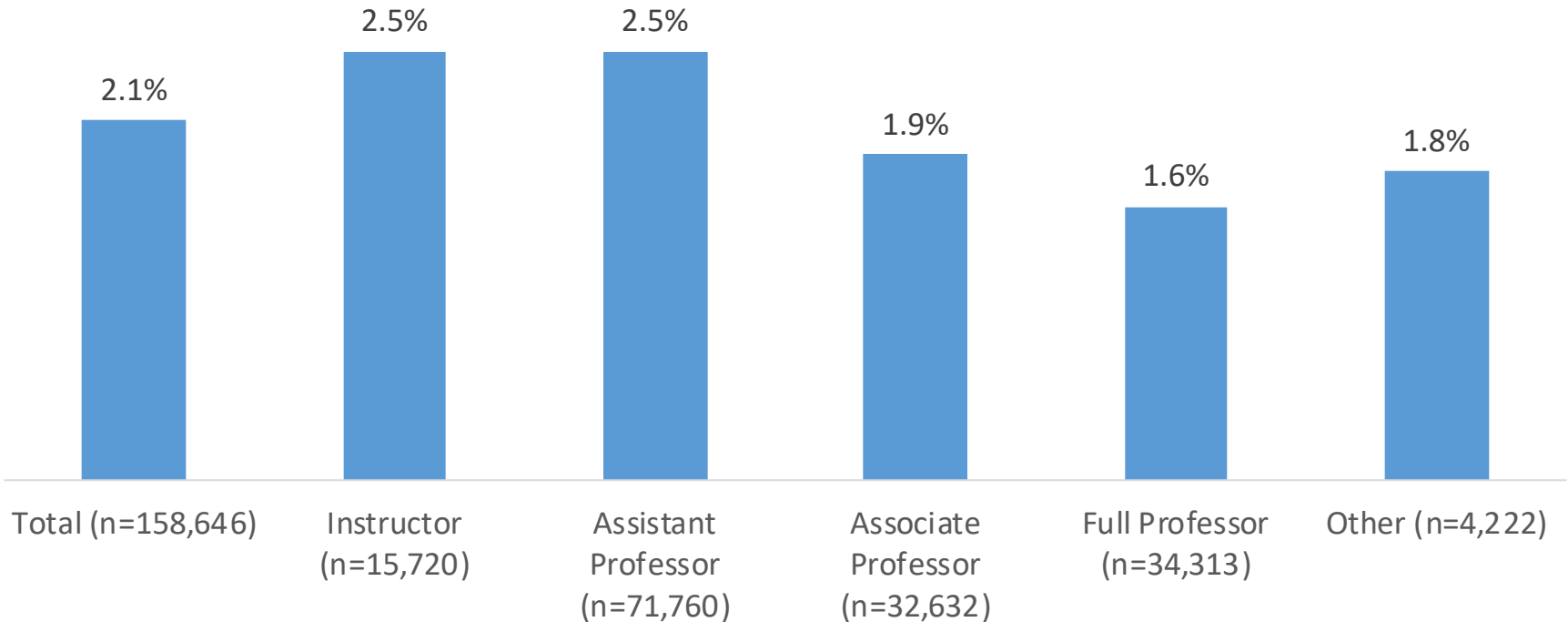
- Hispanics underrepresented among applicants and acceptances
- Disparity b/n accepts and graduates, not related to changing demographics





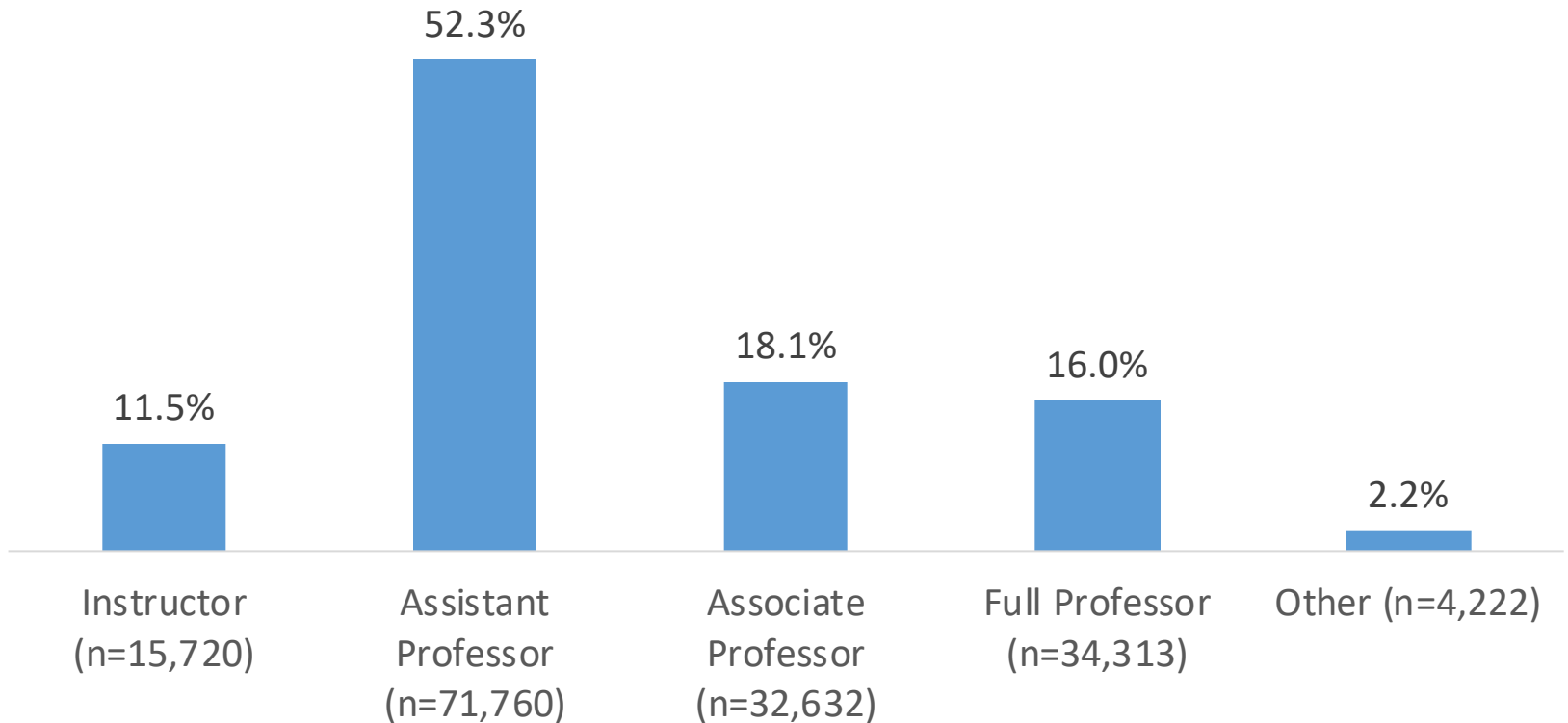
# Percent Hispanics within Full-Time Medical School Faculty Ranks, 2015

- Hispanics underrepresented in all faculty ranks, particularly higher ranks



# Distribution of Hispanics across Medical School Faculty Ranks, 2015

- Majority of Hispanics are at Assistant Professor rank or below



# Key Takeaways on Demographics of Health Workforce

---

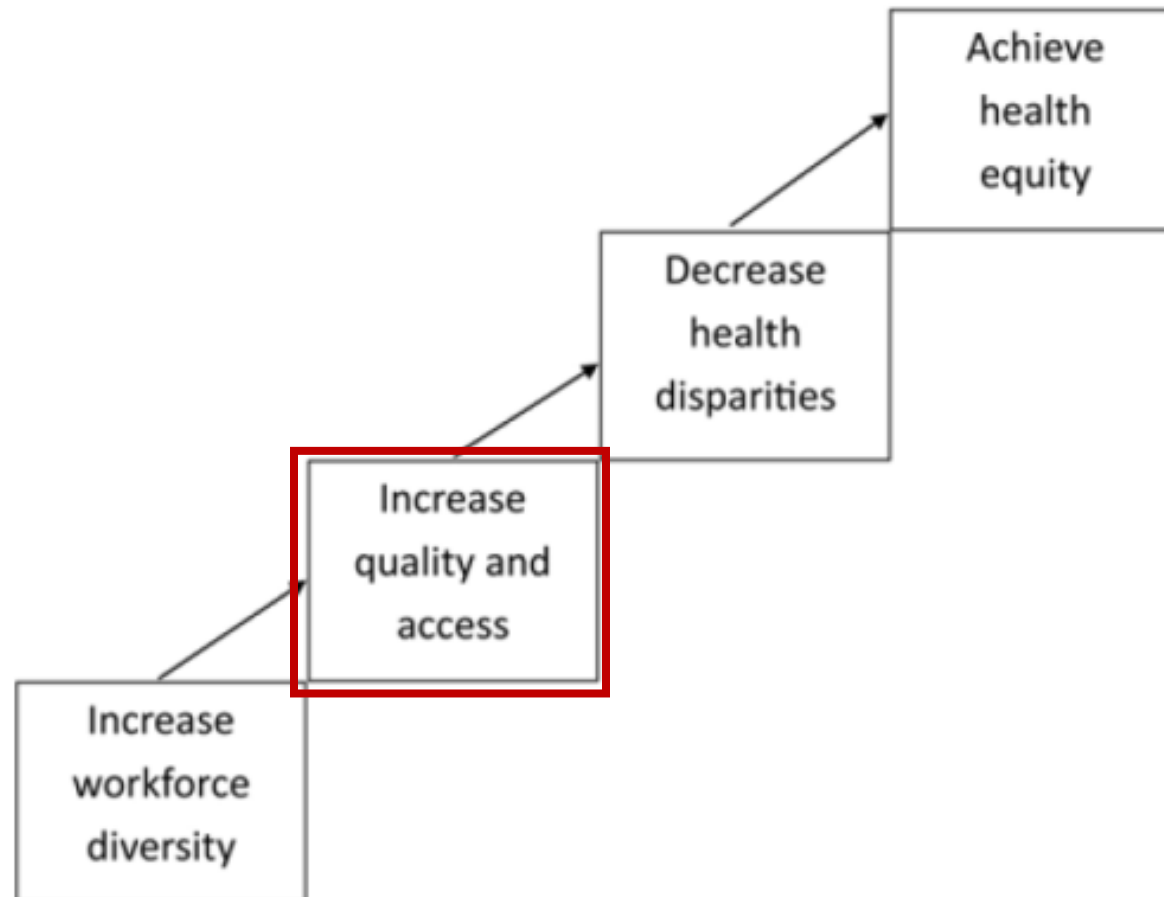
- Representation of Hispanics has been increasing across all healthcare jobs at all education levels
- Hispanics are underrepresented in healthcare jobs compared to the U.S. population
- Hispanics are more frequently working in low-skilled jobs, or jobs that have lower educational requirements
- Potential challenges in getting Hispanics through the pipeline from acceptance to graduation to faculty
  - Hispanics also underrepresented in pipeline for students geared towards health services research career (not shown)<sup>1</sup>

# Agenda

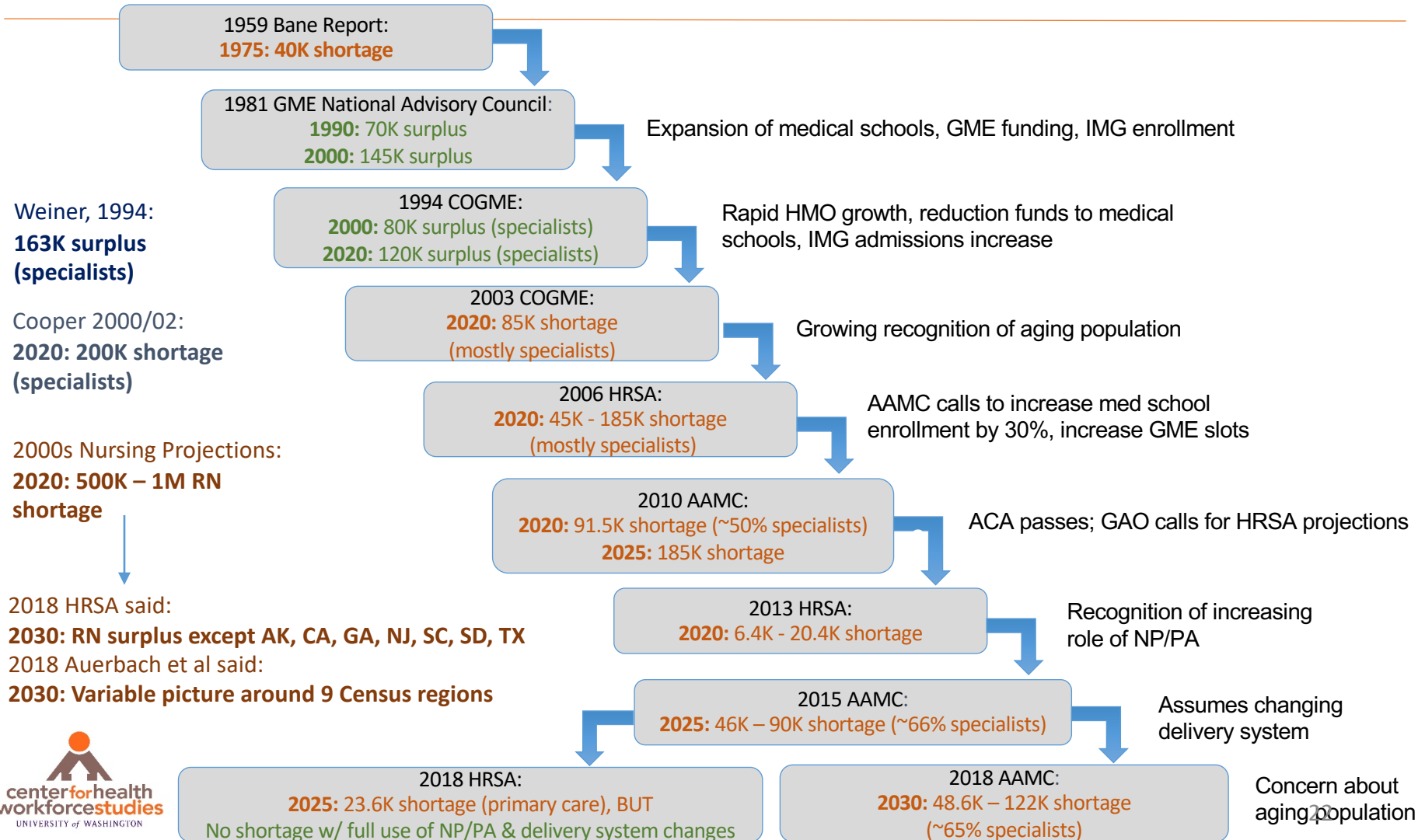
---

- Brief Overview of UW CHWS
- National View of Latinos in Health Workforce
- **Health Workforce Shortage Debate**
- Health Workforce Pipeline Barriers and Facilitators
- Recommendations Moving Forward

# Conceptual Model Linking Workforce Diversity and Health Equity



# Overview of Physician & Nurse Workforce Projections



# Do We Have a Shortage? If So, Where?

---

- Debatable whether we have a national physician or nursing shortage
- Where shortages may exist:
  - In rural and underserved communities
  - For primary care and long-term care settings
  - With skills and training in behavioral health
  - Shortage of “low-skilled” workers

# Headlines Highlighting Healthcare Job Demand

**timesunion**

News

Sports

Business

Entertainment

Living

Blogs

Jobs

Homes

Cars

## From hospital to home, health care in 2019 will just keep growing

Consumer preference, payment reform pushes care outside the hospital walls

**HealthLeaders**

TOPICS

RESEARCH

EVENTS

RESOURCES

SUBSCRIBE

f

ANALYSIS

## HEALTHCARE JOB GROWTH, DEMAND EXPECTED TO REMAIN STRONG THROUGH 2019

BY JOHN COMMINS | JANUARY 29, 2019

MEDPAGE TODAY®

Public Health & Policy > General Professional Issues

## Healthcare Job Growth Outpaces Nearly Every Sector in 2018

— Healthcare created 346,000 new jobs last year, up from 284,000 in 2017

by John Commins, HealthLeaders Media  
January 13, 2019

ADVERTISEMENT



# Occupations Projected with Highest Percent Change of Employment, 2016-2026

OCCUPATION	GROWTH RATE, 2016-26	2017 MEDIAN PAY
Solar photovoltaic installers	105%	\$39,490 per year
Wind turbine service technicians	96%	\$53,880 per year
Home health aides	47%	\$23,210 per year
Personal care aides	39%	\$23,100 per year

Healthcare jobs dominate list of fastest growing occupations, and most require less than a Bachelor's degree to enter.

Physical therapist aides	29%	\$25,730 per year
Bicycle repairers	29%	\$28,390 per year
Medical assistants	29%	\$32,480 per year
Genetic counselors	29%	\$77,480 per year
Occupational therapy assistants	29%	\$59,310 per year

# Headlines Pointing to Trouble

---

Health & Science

## The disabled and the elderly are facing a big problem: Not enough aides

**The Washington Post**  
*Democracy Dies in Darkness*

**Forbes**

7,265 views | Apr 18, 2018, 02:05pm

## The Shortage Of Home Care Workers: Worse Than You Think

 **Home Health Care** News

STAFFING

## Caregiver Shortage Could Mean 7.8 Million Unfilled Jobs By 2026

By **Bailey Bryant** | January 28, 2019

# Key Takeaways on Health Workforce Shortage

---

- Decades long debates about physician shortage
  - Impacts decisions on distribution of GME \$ and role of IMGs
  - Debatable if shortage when consider role of NPs and PAs
  - Concern about maldistribution in rural areas & move away from primary care
  - Multiple comparing substitutability of NPs v. MDs on quality of care
- Simultaneous concerns of RN shortage, but never materialized
  - Delayed retirement of RNs during Great Recession
  - Concerns about pipeline restrictions due to lack of nursing faculty, esp w/ IOM Future of Nursing call for 80% of RNs to have Bachelor's degree by 2020
- Growing recognition that healthcare has been a job engine and healthcare jobs are in high demand
  - Many types of jobs contributing to patient care -> How to leverage?
  - Growth in low-skilled jobs, but job quality and career ladder are questionable

# Agenda

---

- Brief Overview of UW CHWS
- National View of Latinos in Health Workforce
- Health Workforce Shortage Debate
- **Health Workforce Pipeline Barriers and Facilitators**
- Recommendations Moving Forward

# Long-term Care Transitions, 2003-2013

- Half of workers in long-term care leave jobs without employment or exit the labor force despite high demand for jobs

Industry	Entry from what industry?	Most common occupation of entrants	Exit to what industry?
<b>Home Health Care Services</b>	14% Hospitals 14% Nursing care facilities	42% Nursing, psych & home health aides 23% Personal care aides	33% Out of labor force 18% Unemployed
<b>Nursing Care Facilities</b>	18% Hospitals 12% Leisure & hospitality	37% Nursing, psych & home health aides 10% Registered nurses	27% Out of labor force 19% Unemployed
<b>Residential Care Services</b>	14% Leisure & hospitality 8% Out of labor force	21% Personal care aides 13% Food preparation	25% Out of labor force 16% Unemployed

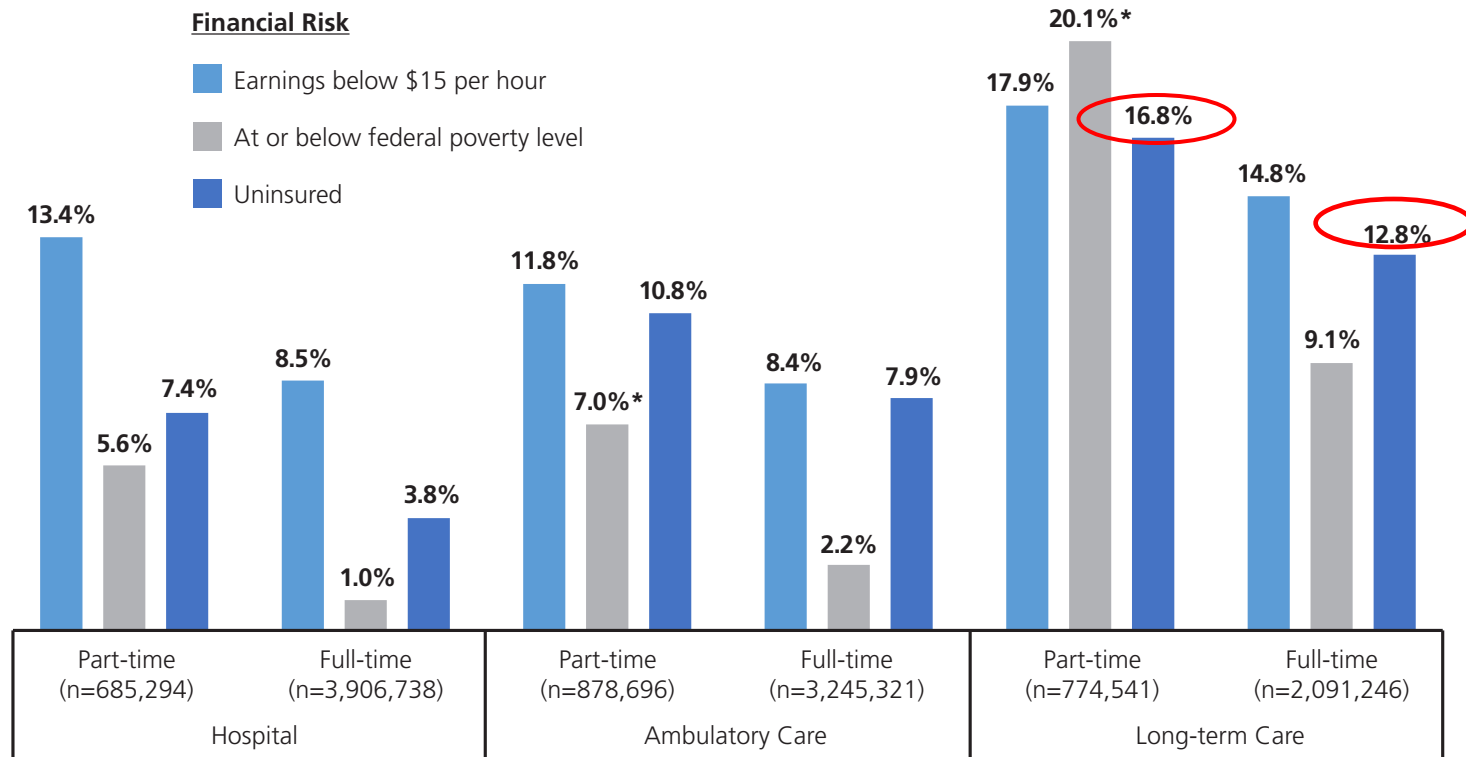
# Selected Characteristics of Long-term Care Transition Groups, 2003-2013

- Shared characteristics is high level of work disability among leavers

Industry	% not a citizen	% rural residence	% disabled	% below poverty	% full-time	Wages from past year
<b>Home Health Care Services</b>						
Entrants	10%	20%	4%	18%	74%	\$19,666
Leavers	9%	20%	10%	22%	59%	\$15,289
Stayers	11%	19%	4%	14%	66%	\$19,799
<b>Nursing Care Facilities</b>						
Entrants	8%	24%	2%	16%	75%	\$20,677
Leavers	7%	25%	8%	16%	72%	\$17,409
Stayers	8%	26%	2%	8%	78%	\$22,527
<b>Residential Care Services</b>						
Entrants	6%	17%	4%	14%	74%	\$19,517
Leavers	7%	17%	8%	13%	73%	\$16,123
Stayers	6%	19%	3%	5%	79%	\$21,203

- LTC workers have high rates of being uninsured, even if working full-time
- LTC workers have high reliance on financial assistance programs such as Medicaid and food stamps (not shown)

**Figure 7: Percentage of Part- versus Full-Time Healthcare Workers at Financial Risk among Those Employed in Occupations Requiring Bachelor's Degree or Below by Work Setting**



\*Significant differences at  $p \leq 0.001$  between part-time versus full-time by financial risk category conducted using unpaired two sample t-test

Note: Financial risk defined as individuals earning below \$15 per hour, being at or below the poverty level, or being uninsured

# Other Notes about Barriers and Facilitators

---

- Lot of literature on physician burnout and physician/nurse recruitment incentives to rural/underserved communities
  - Physician recruitment/retention related to where they do residencies more than where they train
  - Incentive programs mostly target high-skilled jobs and they are hard to evaluate
- Relatively little is known about improving job quality among low-skilled healthcare workers
  - Basic needs (health insurance, food, transportation, etc.) should be addressed
  - Improve clarity on career ladders and understand opportunities offered in competing industries



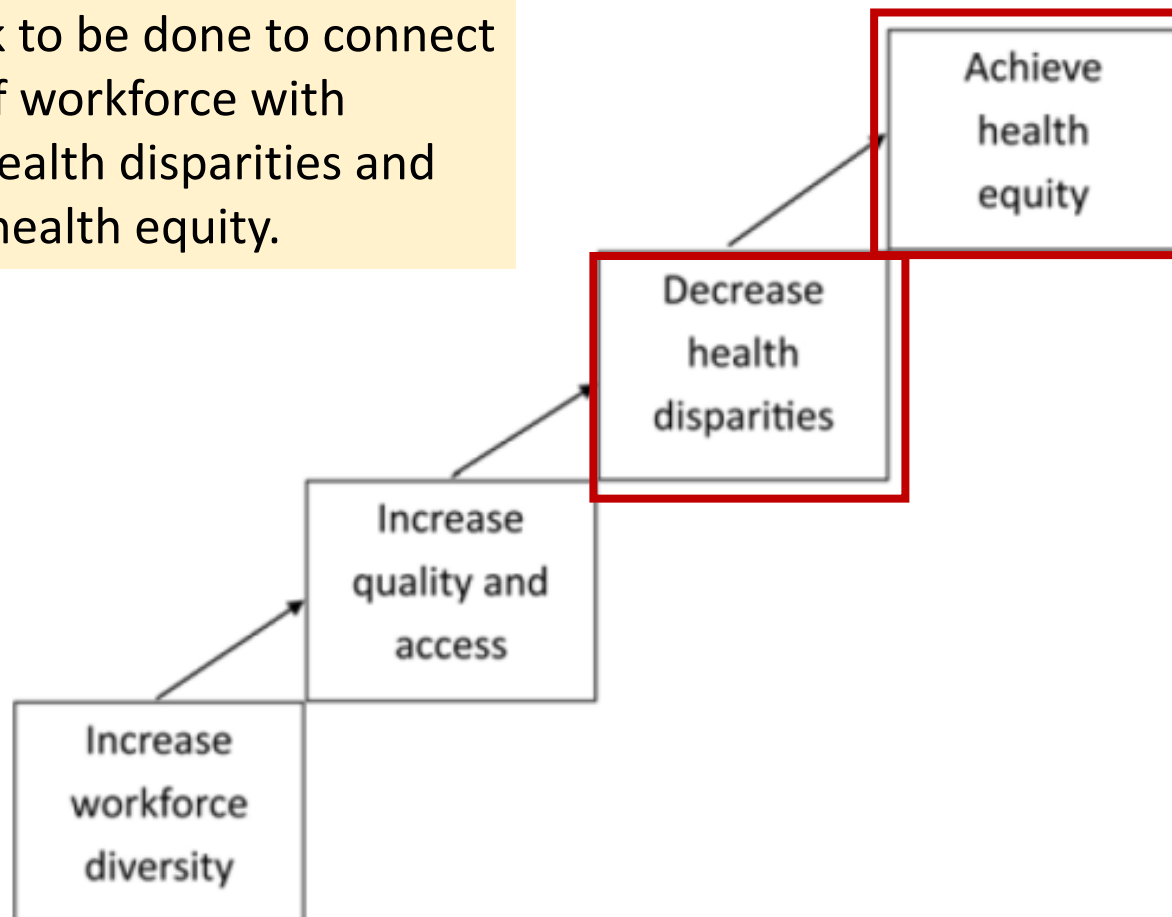
# Agenda

---

- Brief Overview of UW CHWS
- National View of Latinos in Health Workforce
- Health Workforce Shortage Debate
- Health Workforce Pipeline Barriers and Facilitators
- **Recommendations Moving Forward**

# Conceptual Model Linking Workforce Diversity and Health Equity

More work to be done to connect diversity of workforce with reducing health disparities and achieving health equity.



# Health Workforce Researchers are...

---

- Moving away from “nose counting” to predict supply
  - Recognition of geographic variability
  - More complex projection models with increasing data
- Focusing on the “team” and relate to patient need
  - Monitoring and evaluating new and novel ways in which health care workers are being used
  - Identify and clarify career pathways, including barriers/facilitators
  - Understand how diversity of workforce translates to better patient care
  - Evaluate how reimbursement impacts team configuration

# Moving Healthcare Workforce Discussion Forward

---

- Identify ways to recruit new workers that reflect population demographics and retain existing workers especially in low-skilled, high demand jobs
- Improve distribution of workers to meet increasing healthcare demand from aging demographic and health insurance expansion
- Assess needs of health workers that will increase productivity
- Monitor and evaluate evolving roles and emerging occupations often operating within restricted budgets and scope of practice to meet the needs of new delivery and payment models
- Train new and existing workers to keep up with the changing needs of a population experiencing high disease burden (e.g., opioid use disorder and other behavioral health problems)
- Deploy and connect workers in the community as care shifts away from hospital to keep elderly in their home

# If you want to read more about our work:

---

- Frogner BK, Spetz J, Parente ST, and Oberlin S (2015). “The Demand for Health Care Workers Post-ACA,” *International Journal of Health Economics and Management*, 15(1): 139-151. <https://link.springer.com/article/10.1007/s10754-015-9168-y>
- Frogner BK and Spetz J. Entry and Exit of Workers in Long-Term Care. UCSF Health Workforce Research Center Report. 2015. Available at: [https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Entry\\_and\\_Exit\\_of\\_Workers\\_in\\_Long-Term\\_Care.pdf](https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Entry_and_Exit_of_Workers_in_Long-Term_Care.pdf)
- Frogner BK. The Health Care Job Engine: Where Do They Come From and What Do They Say About Our Future? *Medical Care Research and Review*. Jan 2017. 75(2): 219-231. Available at: <https://journals.sagepub.com/doi/full/10.1177/1077558716688156>
- Snyder CR, Dahal A, Frogner BK. Occupational Mobility among Individuals in Entry-Level Healthcare Jobs in the United States. *Journal of Advanced Nursing*. Mar 2018. 74(7). Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.13577>
- Frogner BK, Skillman SM. Pathways to Middle-Skill Allied Health Care Occupations. *Issues in Science & Technology*. Nov 2016. 33(1): 52-57. Available at: <https://issues.org/pathways-to-middle-skill-allied-health-care-occupations/>
- Frogner BK, Skillman SM, Patterson DG, Snyder CR. Comparing the Socioeconomic Well-Being of Workers Across Healthcare Occupations. Center for Health Workforce Studies, UW, Dec 2016. Available at: [http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2016/12/Socioeconomic-Well-Being-of-Workers\\_FR\\_2016\\_Dec\\_Frogner.pdf](http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2016/12/Socioeconomic-Well-Being-of-Workers_FR_2016_Dec_Frogner.pdf)

# More readings...

---

- Frogner BK, Wu X, Ku L, Pittman P, and Masselink LE. Do Years of Experience with Electronic Health Records Matter for Productivity in Community Health Centers? *Journal of Ambulatory Care Management*. 2017 Vol. 40(1): 36-47. Available at: <https://insights.ovid.com/pubmed?pmid=27902551>
- Frogner BK, Wu X, Park J, and Pittman P. The Association of Electronic Health Record Adoption with Staffing Mix in Community Health Centers. *Health Services Research*. 2017. 52(Suppl 1): 407-421. PMID: PMC5269546 Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.12648>
- Skillman SM, Andrilla CHA, Patterson DG, Fenton SH, Ostergard SJ. Health Information Technology Workforce Needs of Rural Primary Care Practices. *J Rural Health*. Winter 2015, 31(1):58-66. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jrh.12081>
- Skillman SM, Patterson DG, Andrilla CHA, Fenton S, Morrison C. Access to Health Information Technology Training Programs at the Community College Level. Policy Brief #151. Seattle, WA: WWAMI Rural Health Center, University of Washington, Nov 2015. Available at: <https://depts.washington.edu/fammed/rhrc/publications/access-to-health-information-technology-training-programs-at-the-community-college-level/>
- Gattman NE, McCarty RL, Balassa A, Skillman SM. Washington State Behavioral Health Workforce Assessment. Washington Workforce Training and Education Coordinating Board, Dec 2017. Available at: [http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2018/01/wa\\_bh\\_workforce\\_fr\\_dec\\_2017.pdf](http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2018/01/wa_bh_workforce_fr_dec_2017.pdf)