

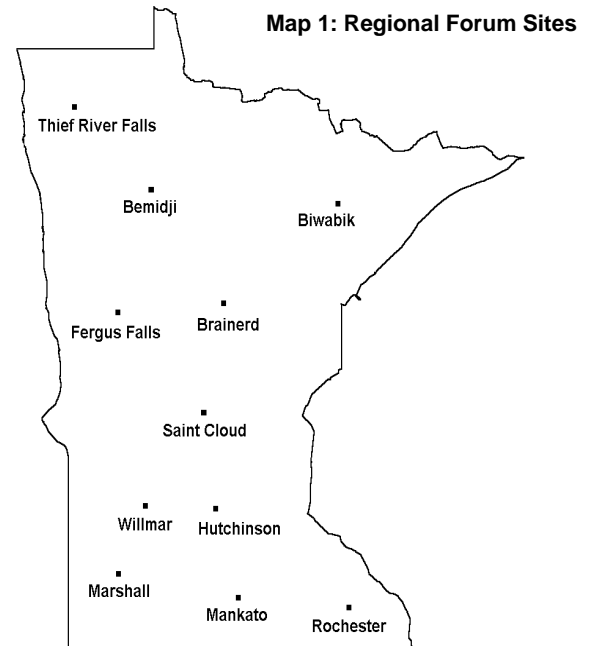
Critical Resources: Forums Addressing Minnesota's Health Care Worker Shortage

An Overview
of Regional
Findings
March 2001

Overview

The Minnesota Health Professions Workforce Partnership and local partners in eleven Minnesota communities (see Map 1), gathered to develop creative approaches to resolve the shortage of health care workers. To that end, eleven regional forums were organized in order to gather ideas, gain new contacts and develop solutions. Through the forums the Partnership heard from over 600 Minnesotans. Health care professionals, elected officials, economic developers, business leaders, educators, community resources directors and consumers participated in these forums and voiced their concerns on this vital topic that impacts the health of all Minnesotans.

The first section of this overview describes the contours of the current shortage of workers, with a special focus on health occupations. The second section outlines the critical workforce supply and demand issues identified by forum participants. This section also provides a summary of the strategies and solutions offered by each region that could be implemented at the state, regional and local levels to solve the crisis.



Minnesota Health Professions Workforce Partnership Organizations

Healthcare Education-Industry Partnership, Minnesota State Colleges & Universities

Minnesota Center for Rural Health

Minnesota Department of Economic Security

Minnesota Colleagues in Caring

Minnesota Hospital & Healthcare Partnership

Office of Rural Health & Primary Care, Minnesota Department of Health

Understanding the Health Care Worker Shortage: The Past, Present and Future

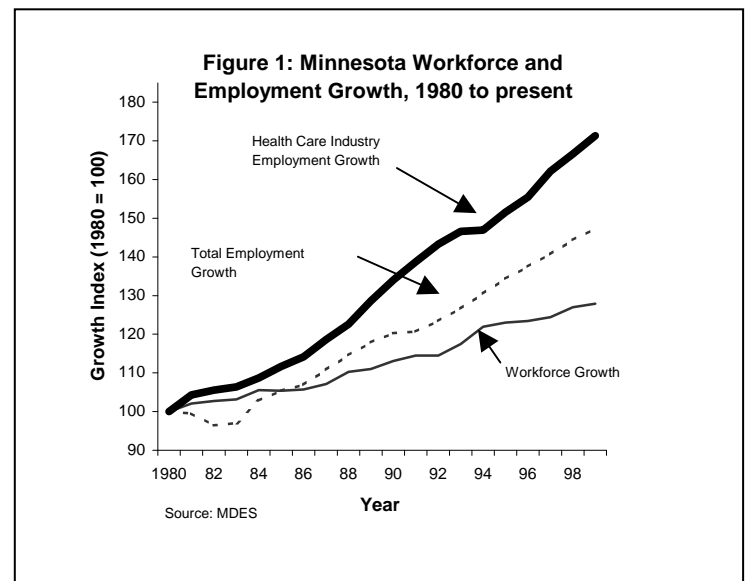
The Past

Over the last 15 years, Minnesota has experienced an unprecedented economic expansion. Since the late 1980s, the number of new jobs created in Minnesota has gradually outpaced the growth of the available workforce. Employment growth in the health care industry has been robust, well above the average job growth for the state. See Figure 1.

In addition, a record proportion of the state population is currently working. The low unemployment rate and high rates of workforce participation, especially for women, mean that there are few working age adults who are not already employed.

The Present

In addition to anecdotal information (see the *shortage story* below), two current studies on openings and



recruitment suggest that the demand for health care workers remains strong.

The first, a statewide job vacancy survey, estimates that in the fall of 2000 there were over 14,300 openings in health care specific occupations. While there were more total openings found in the Twin Cities region (65 percent of all health care openings), employers in Greater Minnesota still had a proportionally higher share of openings for several occupations – such as nursing assistants and licensed practical nurses. See Table 1.

Findings from the second study, the Minnesota Center for Rural Health Demand Assessment, reveal that the demand for physicians and pharmacists in Greater and underserved Minnesota is strong. For example, in 1999 employers reported that they were recruiting 300 new physicians for an estimated 15 percent increase in their physician workforce.

The Future

Worker shortages are expected to continue well into the future. The gap between the number of new jobs and the number of new workers is expected to widen. In fact, according to Minnesota Planning, there may only be seven new workers for every 10 new jobs by 2006. As we approach 2020, this gap is expected to increase even further as the projected growth in the working age population will slow. The aging of the state's population will compound the problem.

The aging of the population combined with the current (and future) shortage of workers has a number of implications:

- Competition for qualified workers will heighten.
- Health care will compete against other fields for the same workers.
- As boomers mature and retire, the overall demand for health care services (expected to be one of the fastest-growing major industries for the next five years) will increase.
- The aging of the population and the decline in the working age population will hit rural Minnesota hardest, likely causing the demand for health care services to become more acute in rural areas.

Critical Resources: Regional Forum Findings

Following a detailed presentation of health care industry and workforce trends, forum participants were asked to identify three critical supply and demand issues that, if addressed, would positively impact the health care workforce for their region. After identifying these issues, participants discussed possible strategies and solutions that could be implemented at the state, regional and local levels.

Table 1. Top Ten Positions with the Most Openings by Region, Fall 2000

Position	Estimated Openings	Twin Cities	Greater Minnesota
Nursing Assistants	5,321	56.6%	43.4%
RNs	2,918	74.7%	25.3%
LPNs	1,658	59.2%	40.8%
Home Health Aides	733	63.2%	36.8%
Radiologic Technologists and Technicians	414	83.8%	16.2%
Healthcare Support Workers, All Other	351	61.8%	38.2%
Medical and Clinical Laboratory Technicians	351	30.5%	69.5%
Medical Assistants	319	90.0%	10.0%
Misc. Health Practitioners and Technical Workers	309	84.5%	15.5%
Dietetic Technicians	254	63.0%	37.0%

Source: *Statewide Job Vacancy Survey*, MDES, February 2001.

Shortage Story

Northern Pines Mental Health Center
Brainerd, Minnesota

According to Interim Executive Director Mark Bublitz, Northern Pines Mental Health Center (NPMHC) continues to face a number of challenges in sustaining a quality, competent staff and providing services to people in the region. Federal and state staffing requirements dictate that NPMHC employ a number of licensed health care workers, including psychologists and social workers. Yet many of these positions have remained vacant even though the agency has spent a considerable amount of money promoting their openings in 2000. Moreover, declining revenues, brought on by stagnant reimbursement rates and the increasing cost of providing services, have significantly impacted NPMHC's hiring efforts. They have also limited the agency's ability to adequately compensate their current staff – NPMHC has only been able to afford two pay increases in the past eight years.

What should be done? Bublitz replies that (1) reimbursement rates need to be improved to better reflect the actual costs of providing care and (2) more incentives should be created to attract (and retain) people seeking employment in rural Minnesota.

About Northern Pines Mental Health Center

NPMHC is a community health center serving Cass, Crow Wing, Morrison, Todd and Wadena Counties. For the past 36 years, the agency has provided a full range of mental health services, including psychiatry, outpatient therapy, and community based, in-home supportive treatment.

Six critical supply and demand issues and solutions and strategies were identified through the forums.

▣ Recruitment and Retention ▣

The recruitment of additional health care workers and retention of current staff is critical to solving the state's health care worker shortage. Specific strategies included:

- Offer wages and employee benefits that are competitive with other industries and meet the needs of workers.
- Improve the public's perception of health care and health care workers.
- Expand the presence of health care at local and regional career fairs and K-12 career days.
- Provide a positive work environment and encourage a team approach to delivering health care.
- Network with other employers to find employment for spouses of health care workers.
- Explore ways to employ dislocated workers for second careers in health care.
- Mentor current staff about opportunities to move up the health care career ladder.
- Develop resources for supervisors working with a variety of ages, cultural and ethnic groups.

▣ Regulation and Reimbursement Reform ▣

Decrease and streamline regulations in the delivery of patient care and increase the level of financial support, especially in the long-term care industry, to remain solvent. Specific solutions included:

- Remove regulatory obstacles and legal mandates that discourage additional family involvement in patient care.
- Equalize urban and rural reimbursement rates.
- Increase the level of reimbursement for facilities and service providers.
- Allow more care to be delivered by decreasing the amount of reporting and paperwork done by health care providers.
- Promote greater collaboration between providers and regulatory agencies to improve reporting and compliance.

▣ Competitive Wages and Benefits ▣

Raise wages and enhance employee benefits in order to help health care providers compete with other types of employers for workers in the labor market. Specific solutions included the following:

- Increase wages for health care workers, especially for those in long term care facilities.
- Reimburse employees for work related travel.

Shortage Solution

Improvement Model for Workforce Development in Rural Health Care
Ridgewater College
Hutchinson & Willmar, Minnesota

During this past year, Ridgewater College and regional health care providers formed a partnership to develop a workforce development model that would positively impact the educational and health care settings in their region. Their goal was to create a new way of educating, recruiting and retaining workers. With grant support from the state's Job Skills Partnership programs in the fall of 2000, the project is designed to:

- Expand the College's existing program.
- Revise existing nursing curriculum.
- Establish a nursing simulation center.
- Provide nursing refresher courses.
- Recruit entry-level workers into health care by creating a transition program for under prepared students.
- Create awareness of the health care career ladder and expand the options in the existing career ladder through the development of a universal worker program.
- Create a health care career exploration program for junior and senior high school students.

For more information about the project contact Lynn Johnson, Director of Nursing, Ridgewater College (320) 231-6034 or Nicole Weydt, Health and Human Development Education Coordinator, Ridgewater College (320) 234-0309. Grant Partners include Affiliated Community Medical Centers, Augustana Lutheran Homes, Bethesda Homes, Family Practice Medical Center, Glencoe Regional Health Services, Hutchinson Area Health Care, Lakeview Ranch, Meeker County Memorial Hospital, and Rice Memorial Hospital.

- Create comprehensive and flexible benefit packages that are competitive with non-health care jobs.
- Explore creative staffing solutions that allow workers to balance family and work.

▣ Educational Capacity ▣

Enhance the regional public and private K-12 and postsecondary educational system to better meet the needs of health care employers. Specific solutions included:

- Increase class sizes in health care programs.

- Offer distance learning and increased access to post secondary health care education.
- Increase the number of clinical sites and rotations in rural settings and expand the Minnesota Rural Health School in Duluth.
- Incorporate a school-to-work curriculum in the K-12 system and expand mentoring and job shadowing programs.
- Increase the number of rural health loan forgiveness and scholarship programs.

▣ Regional Alliances ▣

Greater regional cooperation is needed as the competition for health care workers has resulted in a zero-sum game for regional employers. Specific solutions included the following:

- Develop and retain a local workforce with a commitment to the community.
- Reduce the reliance on temporary agencies through the development of employer-supported nursing pools.
- Encourage the sharing of best practices between facilities.
- Cooperate in a regional marketing campaign to promote the value of health care to regional economic development.

▣ Productivity and Efficiency ▣

Utilize current staff and resources more efficiently through technology and planning.

- Develop plans and procedures that utilize staff more efficiently.
- Increase the use of technology to improve productivity (pagers, computers, monitoring devices).

- Expand the use of telecommunications for radiology and pharmacy.

Summary

The health care worker shortage is multi-faceted and will require short and long term strategies that address both supply and demand. This overview presents the most significant issues and common strategies and solutions from across the state. The Minnesota Health Professions Workforce Partnership has been encouraged by the immense local interest and regional support by health care providers, consumers, and educators to come together to address health care worker shortages. After reviewing these findings, the Partnership will continue to support collaborative efforts to resolve the crisis by helping to:

- Promote local and regional partnerships between educational institutions and employers;
- Create new or strengthen existing partnerships within communities to address local needs;
- Provide technical support for collaborative, community-based solutions;
- Ensure the collection and analysis of statewide health care workforce data and issues, and
- Facilitate the discussion of strategies and sharing of best practices.

As we move forward, there are two important ways to stay connected with this issue. One way is to stay in touch with local and regional workforce partners as they begin the hard work of addressing the shortage of health care workers. A second way is to check the web sites listed below for specific legislative proposals, links to important sites, as well as additional workforce data and information.

Stay Connected

- The **Minnesota Rural Health Conference** (Healthy People/Vibrant Communities 2001) in Duluth on June 25-27 will have a half-day devoted to health care workforce issues. Visit the website: www.health.state.mn.us/divs/orhconfe.htm.

- **This overview along with additional Health Care Workforce Data, Information and Web Site Links** can be found at the following Web site: www.health.state.mn.us/divs/chs/workforce.htm.

**Healthcare Education-Industry Partnership,
Minnesota State Colleges & Universities**
www.tip.mnscu.edu/healthcare_facts.htm

Minnesota Center for Rural Health
www.ruralcenter.org/mcrh

Minnesota Hospital & Healthcare Partnership
www.mhhp.com

Minnesota Department of Economic Security
www.MNWorkforceCenter.org

Minnesota Colleagues in Caring
www.mnnursing.org

**Office of Rural Health & Primary Care,
Minnesota Department of Health**
www.health.state.mn.us/divs/chs/orh_home.htm