

The Maine Health Workforce Forum – Overview

Legislature's Task Force on Maine's 21st Century
Economy and Workforce

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Overview

- History and Purpose of the Maine Health Workforce Forum (MHWF)
- Health Care Workforce Trends from the 2014 Report
- Concerns Expressed by MHWF members
- Potential Strategies to Address Concerns
- The Maine AHEC Network

MHWF Background

- The **Maine Health Workforce Forum** was established in 2005 by the Maine Legislature to address Maine's current and projected workforce needs because:
 - Many Maine communities face shortages of health care professionals such as dentists, mental health providers, nurses, pharmacists, primary care doctors and home care workers.
 - Workforce planning is essential to ensure a sufficient supply of qualified professionals to meet health care, long-term care and public health needs.

The Maine Health Workforce Forum

- The **Maine Health Workforce Forum** is an independent, public/private, consortium of stakeholders concerned with ensuring an adequate supply of healthcare workers to meet health, public health and long-term care needs in Maine.
- Current mailing list of 159 members including 35 employer members, 40 educational institutions, 21 from government agencies and 45 from organizations including professional organizations, career centers, foundations and others.

Stakeholders

- health and long-term care employers
- public health officials
- health professional and trade associations
- licensing boards
- adult education programs
- public and private universities
- organized labor
- private foundations
- consumer groups
- community colleges
- State agencies: MaineCDC, Maine Department of Labor, including the State Workforce Board
- local workforce and economic development agencies

MHWF Purpose

- Ensure a high level of communication and information sharing
- Coordinate, collaborate and work toward program alignment
- Develop resources
- Provide for data collection and analysis
- Offer guidance and recommendations to policy makers
- Serve as the state's Health Workforce Industry Advisory Council

MHWF Structure

- Dept of Labor grant in 2010 provided staffing to convene the Forum and partners and hold regional and statewide summits.
- Funding ended in 2015
- Forum is an unfunded, voluntary group that meets twice a year to share resources, project ideas, make connections, report on data, etc.
- Because of the strong interest in health workforce, the group is poised to address current issues once funding becomes available.

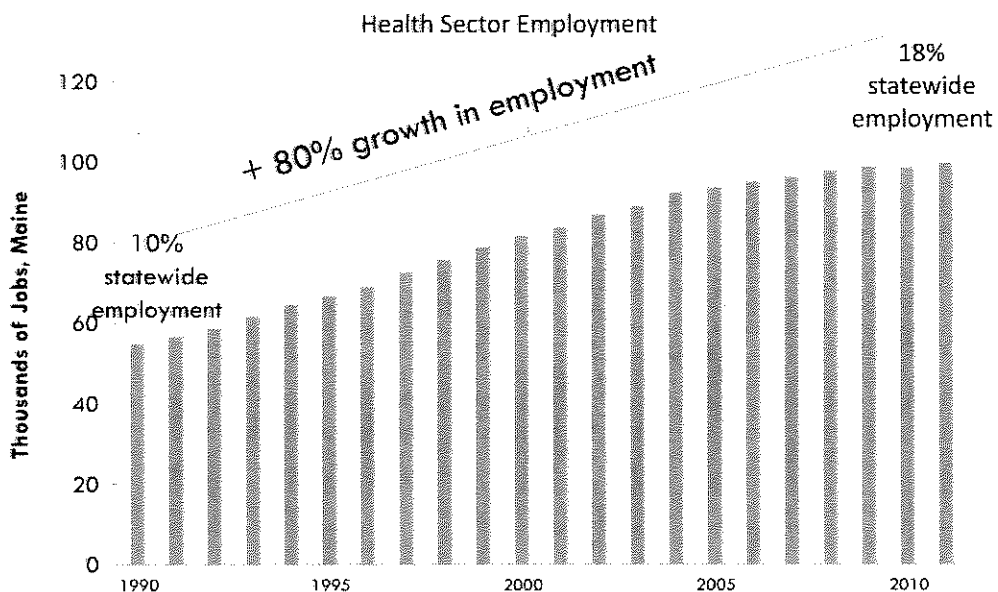
2014 Health Occupations Report

April 15, 2014

*Paul Leparulo
Principal Economic Research Analyst*

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*Center for Workforce
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1. Employment growth has been remarkable.



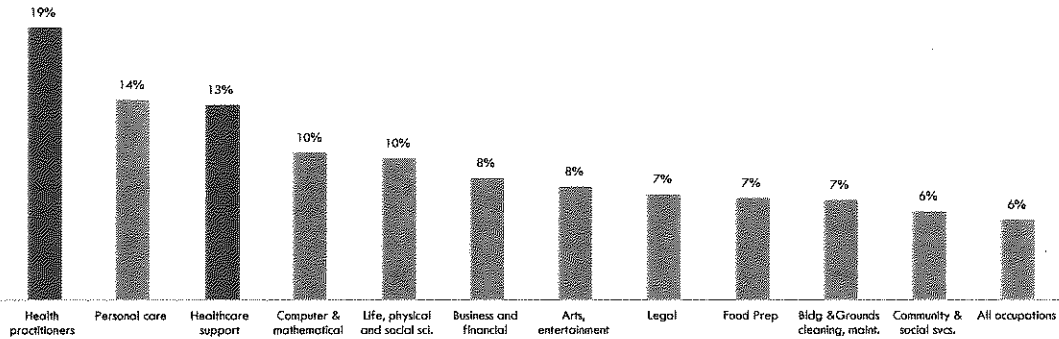
Projected job openings due to replacement needs, 2010-2020

- 2,400 Direct Care Workers
- 2,800 RNs
- 170 Dentists
- 120 Clinical Lab Technologists
- 700 Physicians and Surgeons
- 410 Medical Assistants
- 140 Physician Assistants
- >1,000 social workers and counselors

Some highlights from the 2014 Health Occupations Report

According to MDOL employment projections, which address the period from 2010 to 2020, health sector employment is expected to increase 16 percent, well above the six percent growth projected for all jobs. Within the sector, jobs for healthcare practitioners and support workers are expected to grow 19 and 13 percent, respectively. These growth rates are among the highest for all major occupational groups, as seen in the figure below.

Employment projections for major occupational groups



Health Workforce Distribution

41 percent of Mainers reside in rural areas with lower per capita incomes, higher rates of poverty and unemployment, and lower levels of educational attainment.

Recruiting and retaining providers in these regions is often challenging.

Cumberland County maintains a disproportionately large share of the workforce (31 percent) relative to its share of the population (21 percent), resulting in 50 percent more health workers per population than the state average, and Kennebec County has 20 percent more.

More rural counties—Franklin, Oxford and Washington, in particular—have 20 to 50 percent fewer health workers per population.

One caveat of this type of analysis is that residents in counties with a low share of employment may still have good access to health services—if they are living in close proximity to a hospital system in a neighboring county. This is true for residents of Sagadahoc County, or residents in the southern portions of Oxford and Franklin Counties. York County also has a low share of employment; we believe a much higher proportion of the health workforce resides here, but they are employed in neighboring counties and states.

Distribution of Maine's Health Workforce

County	Total Employment, Health Practitioners and Support Workers	Pct. (%) of Total	Pct. (%) of Population	Number of Health Workers per 1,000 Residents
Aroostook County	5,670	9.0%	8.3%	53
Cumberland County	3,750	6.0%	5.3%	53
Hancock County	19,770	31.4%	21.4%	70
Kennebec County	910	1.5%	2.3%	30
Knox County	2,220	3.5%	4.1%	41
Lincoln County	6,840	10.9%	9.2%	56
Llano County	1,680	2.7%	3.0%	42
Loudon County	950	1.5%	2.6%	28
Malden County	1,450	2.3%	4.3%	25
Maryland County	8,080	12.8%	11.6%	53
Meriden County	870	1.4%	1.3%	50
Sagadahoc County	420	0.7%	2.6%	12
Somerset County	2,380	3.8%	3.9%	46
York County	930	1.5%	2.9%	24
Washington County	1,190	1.9%	2.4%	37
York County	5,080	8.1%	15.0%	26
Total	62,190	98.9%*	100%	47

*Employment figures shown here are for health care practitioners (SOC 29-0000) and healthcare support workers (SOC 29-9000).

**Percentages in suppressed cell 8.1% data quality indicator. In disaggregating the workforce by county we are able to account of 98.9% of employment.

Concerns Forum Members Have Identified

- Students unprepared to enter health profession programs
- Employers who accept different credentials for the same position (e.g. medical assisting at Adult Ed vs Community College)
- Cost of education
 - Ability to use work experience for credit (e.g. veterans who were medics)
 - Ability to pay back loans
- Limited supply of those available for training in the state
- Retirements
- Lack of clear/accessible career pathway
- Lack of available faculty (especially nursing)
- Lack of preceptors for clinical training
- Limited data on the health workforce in Maine

Current Critical Position Vacancies

- CNAs
- RNs
- Medical Assistants
- Pharmacy/Surgical Techs
- Behavioral Health Workers
- Mid Level Practitioners
- Respiratory Techs
- Patient Service Reps
- Practice Managers and Clinical Leaders
- Front Line Supervisors
- Some allied health

Strategies To Address Health Workforce Issues

- Health Sector Partnership
- Health Professions Education Programs – clinical training in rural sites, recruiting a pipeline of well prepared students from rural areas
- Apprenticeships
- Career pathways – for youth and those in health professions (e.g. elder care specialist for CNAs)
- Direct care worker pay
- Loan Repayment Programs / Tuition reimbursements
- Using Licensing Process to collect better, more consistent data
- Veterans (recently passed legislation will allow military medics into medical assisting jobs)

Health Sector Partnership

- Sector partnerships bring together multiple employers within an industry to collaborate with colleges, schools, labor, workforce agencies, community organizations and other community stakeholders to align training with the skills needed for that industry to grow and compete.
- Sector partnerships are employer led
- Sector partnerships can help facilitate the advancement of workers at all skill levels, including the least skilled.

Maine AHEC Network



- Mission: To alleviate health care workforce shortages in rural and underserved areas
- Primary Strategies
 - Pipeline programs – encourage young people from rural and underserved communities to enter health careers
 - Continuing education programs– for providers in rural/underserved communities to increase skills/knowledge and obtain needed credentials
 - Training for health profession students in rural and underserved areas – including MD, DO, Dental, PA, Nursing, PT, and others

Maine AHEC Structure



- HRSA funded with match from UNE and the state
- University of New England – program home
- 3 Rural Centers
 - Franklin Memorial Hospital (Farmington)
 - Penobscot Community Health Care (Bangor)
 - Northern Maine Community College (Presque Isle)
- In 2016-17
 - 759 students participated in health career pipeline programs
 - 2,287 health professionals participated in continuing education programs
 - 306 student rotations for 8 health professions in primary care, rural, and/or medically underserved areas

Summary

- There is tremendous need for health care workers at all levels.
- Rural communities are particularly affected by workforce shortages, but it is seen across the state.
- There are strategies that can help address the problem but to be successful it will take collaboration at all levels – from policy makers, to educational institutions to employers.
- Health care careers are an important career option for those who wish to remain in rural communities.

Thank you

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