



PORTLAND METRO – SOUTHWEST WASHINGTON

Regional Health Care Workforce Report

An Industry Update from the
Columbia-Willamette Workforce Collaborative

June 2012





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This Report: A Local Snapshot

State- and county-level workforce analysis is inadequate to capture the characteristics and trends of our region's workforce. Our metro area has a mobile population, not afraid to cross county and state lines to work. The Columbia-Willamette Workforce Collaborative, therefore, takes a regional approach to researching, analyzing, and strategizing with local industry about workforce issues because we have a common labor pool and a truly regional employment marketplace. This report compiles information specific to our six-county region, and combines two types of local data – a regional industry employer survey, integrated with local labor market data – to give a clear view of job opportunities, growth, and training needs in our region for the area's fastest-growing sector: health care.

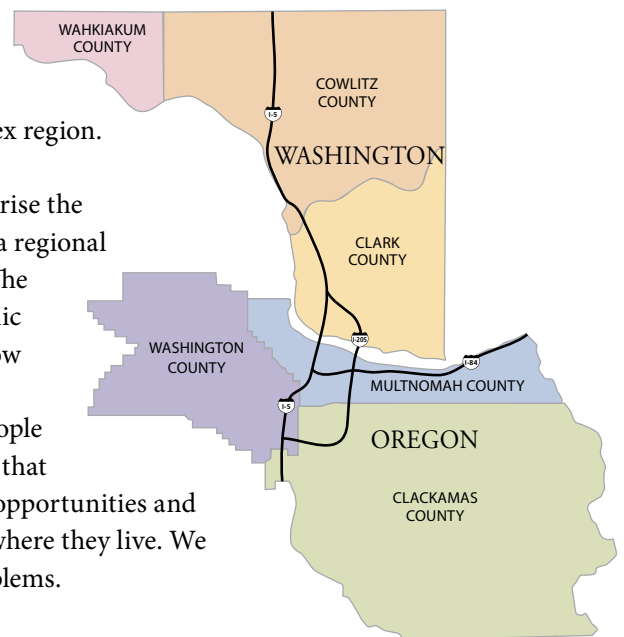
The Columbia-Willamette Workforce Collaborative

With an area of more than 6,600 square miles, a population over 2.2 million, a workforce of nearly 1.7 million, more than 50,000 businesses, two states, and six counties, the Portland-Vancouver Metropolitan Area is a vibrant, diverse, and complex region.

In full appreciation of the unique local jurisdictions that comprise the region, we believe there are significant advantages to building a regional approach to workforce development and talent management. The quality of the region's workforce is a primary driver of economic development and the region's overall economic health. We know that the regions which most effectively manage their talent are likely to be more competitive and attract the quality of jobs people need to support themselves and their families. We understand that people are willing to travel throughout the region for the best opportunities and that businesses need the most qualified workers regardless of where they live. We know we need 21st century solutions to solve 21st century problems.

To this end, the Workforce Investment Boards representing the Portland – Vancouver metropolitan area have developed a unified approach to serve industry, support economic development and guide public workforce investments. The Columbia-Willamette Workforce Collaborative aligns our capabilities and resources to improve the region's ability to leverage and layer funding streams, to coordinate ideas and strategies, to pursue resources and fill gaps, and to link workforce supply and industry demand. Partners in the Collaborative are:

- Southwest Washington Workforce Development Council (Clark, Cowlitz, Wahkiakum Counties)
- Workforce Investment Council of Clackamas County (Clackamas County)
- Worksystems, Inc. (City of Portland, Multnomah, and Washington Counties)



Data Sources

Local Employers' Input

In 2011, the Collaborative conducted a survey unique to the regional laborshed. More than 250 responses from local employers and industry associations included input from several levels of management and administration—executives, human resource directors and department directors. Responses were analyzed not only by facility type and size of employer, but also by position within the organization, which provides a better understanding and refinement of market segmentation based on specific needs.

Respondents included:

Avamere Sherwood Operations LLC • Care Center Health & Specialty Center • Cascadia Behavioral Healthcare Inc. • Cherry Blossom College • Forest Grove Rehabilitation and Care Center • Good Samaritan Society, Fairlawn Village • Harmony Guest Home • Kaiser Permanente Northwest • Lawrence Convalescence Center • Marquis Care at Centennial • Multnomah County Health Department • Oregon Reproductive Medicine • Pacific Gardens • Parkview Christian Retirement Community • Prestige Care, Inc. • Providence Elder Place • Providence Health and Services • PSA Health Care • Services for All Generation Enterprises • Sinai Family Home Services • Terwilliger Plaza • The Portland Clinic • Walgreen Company • Washington County • Washington State Employment Security Department

Respondents to the survey represent a cross section of health care providers in the region, and the majority of respondents have worked in the health care industry more than 20 years.

Labor Market Data

Survey results were analyzed in conjunction with data from the Economic Modeling Specialists, Inc. (EMSI), Integrated Postsecondary Education Data System (IPEDS), Job Corps, Oregon Bureau of Labor and Industries (BOLI), Oregon Department of Education (ODE), Oregon Employment Department (OED), Oregon Healthcare Workforce Institute (OHWI), and Washington State Employment Security Department (ESD). These sources provided on-the-ground information regarding 31 fields of health care training, training completer data, projected job growth and openings, and workforce demographic data.

Executive Summary

Research and data analysis indicate that the health care sector will continue to thrive and grow in the Portland-Vancouver metro area over the next five years. The metro area laborshed includes highly skilled health care practitioners, clinicians and technicians. The region's health care training programs are for the most part producing an adequate number of credentialed individuals to meet the projected demand for certified workers. While many comparable metro areas across the country face urgent shortages in core occupations like Registered Nurses and Medical Laboratory Technicians, the Portland-Vancouver area has been safeguarded from such shortages by a responsive system of post-secondary institutions that has adapted and expanded training programs to keep up with anticipated demand. The region was also safeguarded from many of these shortages due to the significant number of individuals who chose to enter training during the Great Recession. In recessions, individuals often seek a greater economic path through training when employment is not a short-term option; increased health care training was one beneficiary of this additional demand.

While the metro area does not currently face major occupational shortages, certain policy, demographic, and economic trends will impact the skills required of the health care workforce locally, largely mirroring patterns across the state and nation. Trends will necessitate the re-training and continued education of practicing health professionals, and the augmentation or re-structuring of credentialing programs to incorporate key skills brought to relevance by circumstances, including:

- ▶ **National Health Care Reform:** The Affordable Care Act (ACA) will increase the total number of insured residents and place greater demand on local health care organizations. ACA also requires health care organizations to move away from paper and toward electronic health records (EHR).
- ▶ **Coordinated Care in Oregon:** In an attempt to lower costs, Oregon will restructure the way Medicaid services are delivered state-wide by shifting spending toward prevention and chronic illness management, and away from emergency visits. Coordinated Care Organizations will emphasize team-based and patient-centered care.
- ▶ **Demographic Shifts:** Our population will trend older with longer life expectancies, and will be more racially and ethnically diverse.
- ▶ **ICD-10:** The U.S. will inevitably adopt this international medical classification language established by the World Health Organization, though adoption has been postponed again.

With these trends impacting workforce demands, local employers participating in our 2011 survey identified the following skill enhancement, recruitment, and training priorities:

- ▶ **Enhanced/Specialized Skills and Knowledge** (for both the existing workforce and credential-seekers):
 - Specialization in Geriatric Care
 - Computer Skills and Electronic Health Records Training
 - Cultural Competency and Bilingual Skills
 - Collaboration/Communication/Teamwork Skills (for delivery of team-based care).





► **Recruitment, Training and Retention of Diverse Workers:**

- The Portland-Vancouver metro area's demographic trends mirror the country's: the overall metro area population is in the midst of an 18 percent increase (2001 through 2021), with well over half of the increase (59 percent) coming from minority populations. As the consumer population diversifies, it will be increasingly important for the workforce to reflect the population being served.

► **Leadership Training for Succession Planning and Retention:**

- Long-tenured clinicians, talented in care delivery, do not necessarily have management skills. The industry faces a leadership gap as the health care workforce ages into retirement along with the rest of the population, and significant supervisory training will be required to train the next generation to run systems and manage people. Leadership development and retention initiatives are high priorities in long-term care, where high attrition forces employers to constantly re-hire and train.

► **Coding:**

- All relevant health workers will have to learn ICD-10 and change the way they currently code diseases, symptoms, external causes, and many other factors to get reimbursed for services delivered.

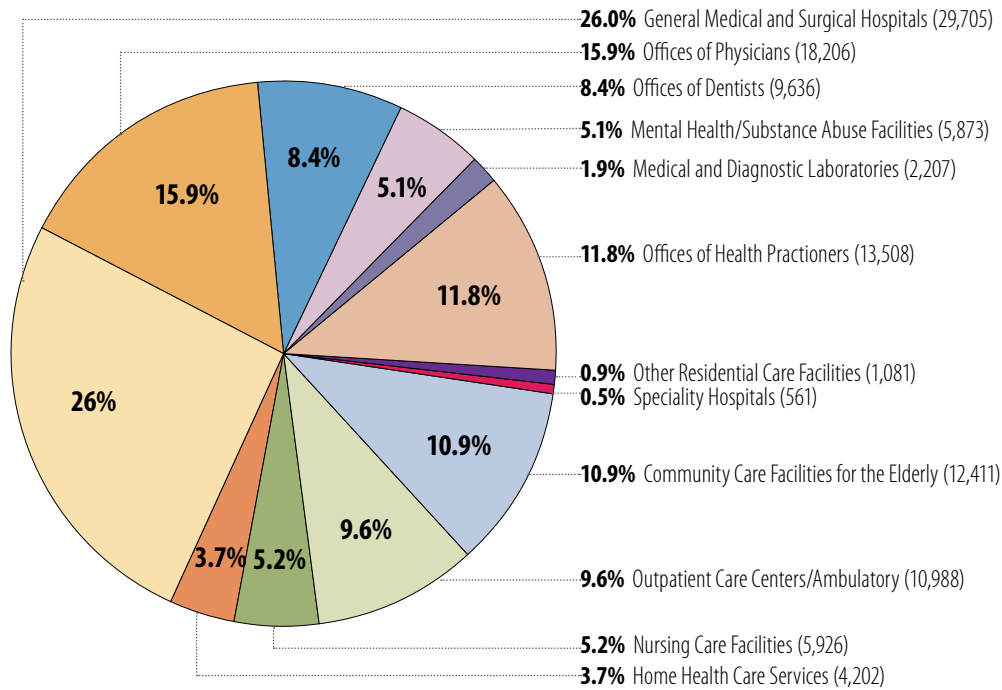
► **Non-Traditional Health Workers (NTHWs):**

- With Coordinated Care emerging in Oregon and a focus on prevention, our region will experience a growing need for Community Health Workers, Peer Wellness Specialists, and Personal Health Navigators.

This report provides an overview of health care labor market information and regional training capacity for key health careers, supplemented with background data from the employer survey that supports the training and workforce needs described above.

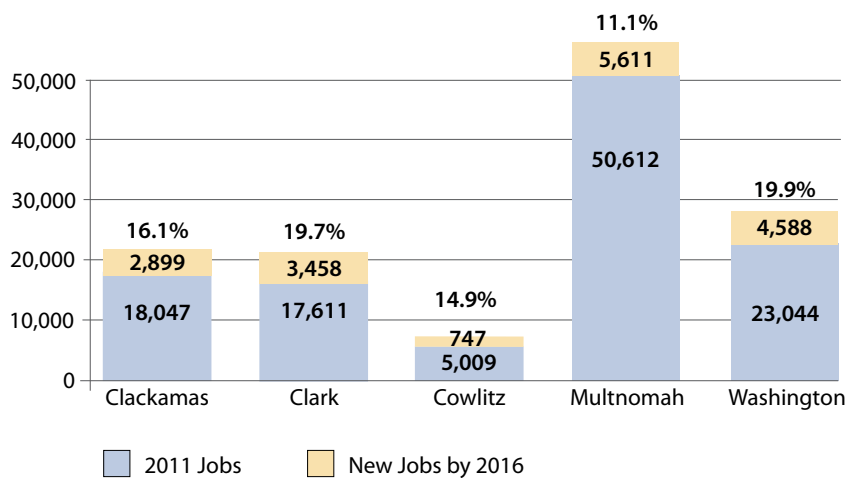
Workforce Snapshot

2011 Health Care Industry: Employment by Sector



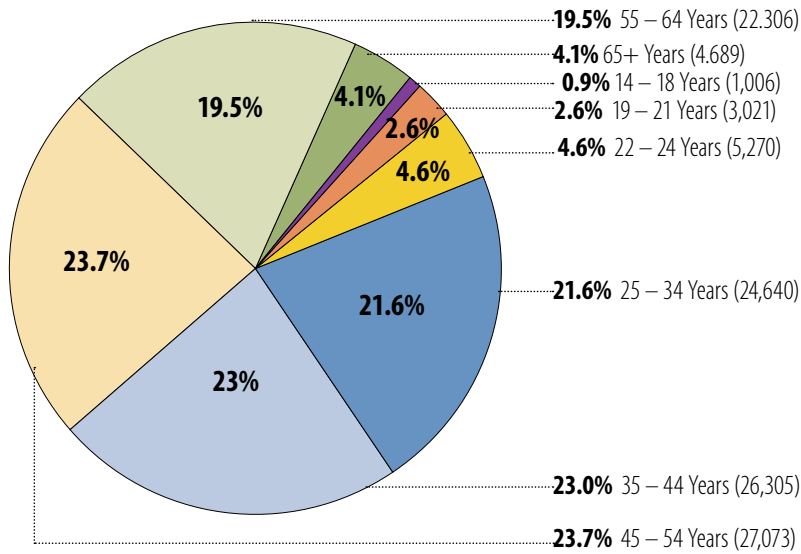
Of Note: The average industry wage across the metro area is \$61,026 annually.

Health Care Employment and Projected Growth by County



Of Note: Washington County is projected to have 19.9 percent total industry growth over 5 years, the highest growth rate in the region. These data do not include openings due to replacement/retirement.

2011 Health Care Industry: Employment by Age



Overall, 47.3 percent of the health care workforce is 45+, including nearly a quarter of the workforce over 55. This is a high rate compared to other industries: only 39.8 percent of the local Software/IT industry is 45+. The nursing continuum trends older than most other occupations:

- 61.8 percent of RNs are 45+, including 29.5% who are 55+
- 54 percent of LPNs are 45+, including 30% who are 55+

Employment in Nursing Care Facilities and via Home Health Care is far less prevalent per capita (47 percent and 37 percent of average, respectively) in our region than in other regions around the country. The Portland-Vancouver metro area, on the other hand, has a significantly greater prevalence of employment per capita in Community Care Facilities for the elderly (over 200 percent the national average). These Community Care Facilities tend to be assisted living facilities with many social and recreational services that also have nursing facilities onsite, but where nursing is not necessarily the primary service delivered.

While direct patient care and diagnostics make up most of the health care workforce, **there are a large number of non-medical jobs significant to the health care industry** because they provide support to the operations, including:

- Food prep/servers (998 jobs)
- Maids/Housekeepers (957)
- Recreation Workers (553)
- Cooks (485)
- Maintenance/Repair (411)

Training Snapshot

While it is clear that fields like nursing that are in demand, the data reveal that we currently have adequate graduates to fill local needs. For the most part, our region's training providers have successfully stayed ahead of demand by expanding program offerings in anticipation of growth. As you can see from this chart, there are very few occupations for which growth is outpacing the credentialing rate. Completer information below reflects 2010 graduates from directly related, formal, local programs and is not a complete indicator of labor supply. Only those programs represented in the IPEDS database and through ODE are included.¹

Regional Training and Degree Program Graduate Data

Graduates and credentials compared with expected openings and 2011 employment figures				Types of credentials granted			
Occupational Training	2011 Cluster Jobs	Annual Openings 2011-16 ²	Annual Completers 2010	Cred <2years	AAS	BS	MS
Registered Nurse	14,277	872	1,140	0	400	774	0
Medical Office Admin/Reception/Coding & Billing	13,429	1,151	439	394	45	0	0
Nursing Aides, inc. Home Health Aides & CNAs	11,244	656	1,504	1,504	0	0	0
Medical Assistant	4,025	201	1,259	1,059	200	0	0
Dental Assistant	3,076	166	413	413	0	0	0
Pharmacy Technician	2,790	190	291	284	7	0	0
Dental Hygienist	1,670	91	86	0	57	29	0
Health Information/Records Technician	1,380	69	65	44	21	0	0
Radiologic Technician/Radiation Therapist	1,250	57	55	1	46	8	8
EMT/Paramedic	1,116	69	26	2	24	0	0
Licensed Practical Nurse	1,111	76	283	283	0	0	0
Mental Health/Substance Abuse Counselor	1,052	118	104	9	46	0	49
Medical Administrator/Health Service Managers	1,032	72	128	0	81	17	30
Physical Therapy Technician	679	35	23	0	23	0	0
Dieticians	632	48	28	0	0	0	28
Medical Laboratory Technician/Assistant	522	42	40	13	27	0	0
Occupational Therapist	446	32	36	0	0	6	30
Surgical Technician/Technologist	439	40	62	47	15	0	0
Respiratory Therapist	373	30	29	0	29	0	0
Physician Assistant	290	30	82	0	0	3	79
Dental Lab Technician	141	20	15	5	10	0	0

1 CNA/Nursing Aide completer data reflects 2010 completer data from Integrated Postsecondary Education Data System (IPEDS) and ODE, but is also supplemented with 2009 completer data from OHWI's 2010 report.

2 Annual Openings listed here include growth and replacement/retirement jobs, but do not account for everyday hires and separations (job churn).

Of Note: Applicants to Washington state LPN and RN programs are often required to hold a current license as a certified nurse assistant (CNA). Not all CNA completers are vying for those same openings.



Occupational Demand and Training Analysis

The “Nursing Crisis”

The widespread nursing crisis is not a problem locally—yet. A projected nursing shortage a decade ago caused local nursing programs to ramp up output of credentialed nurses, particularly in Bachelor of Science in Nursing programs. This has created a scenario in the metro area where a national shortage of nurses has little relevance on the ground. In fact, as health organizations face budget challenges and decrease nursing residency programs, opportunities for freshly trained nurses have waned, resulting in a fierce job market for recent nursing program graduates, many of whom are unemployed for a year or more after program completion. However, with nearly 30 percent of nurses age 55+, there is a looming retirement boom that will create a lot of opportunity in this field.

An Adaptive Post-Secondary Community

EMTs/Paramedics and Medical Technologists are both in high demand, but 2010 completer data indicate a lack of training capacity locally. In 2010, there were no bachelor’s degree programs that would fill the annual regional demand for 58 Medical and Clinical Laboratory Technologists. In response to this need and indicative of responsive regional training providers, a joint Oregon Institute of Technology-Oregon Health Sciences University Clinical Laboratory Science program will kick off at OIT’s Wilsonville campus in September 2012 to help fill this void. Similarly, OIT’s Wilsonville campus will host a new AAS Paramedic program starting in June 2012 to meet the labor gap indicated on page 9.

Advanced Practice Nurses

Because labor demand does not yet account for advanced practice nurses, this set of specialty occupations is not included in the chart on page 9. There is clearly demand for mid-level providers as seen in the data for Physician Assistants. The IPEDS dataset indicates that the region trained at least 71 MSNs in 2010.

Overtraining

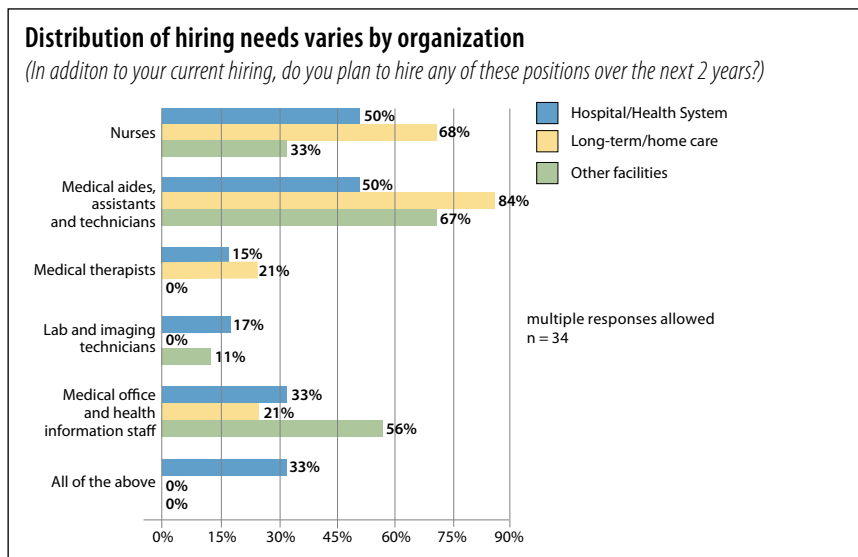
For a number of occupations (including Medical Assistants, LPNs, Dental Assistants, and Pharmacy Technicians), our region is over-producing credentialed workers for the anticipated growth. There will be jobs available in these fields as they continue to be in demand, but people seeking to enter these fields should identify programs that have a track record of job placement, as competition will be extremely high (especially for jobs in the best facilities, and/or with the best pay and benefits).

Of Note: Our region is currently on track to train 6.3 Medical Assistants and 3.7 LPNs for each projected job opening.

Training Gaps

There are currently no Electrocardiograph Technology, Medical Sonography, or Occupational Therapy Assistant AAS programs in our region despite the fact that the corresponding careers are all projected to grow.

Occupations with high demand but no local training program		
	2011 Cluster Jobs	Total Openings 2011-16
Electrocardiograph Technologists and Technicians	269	65
Medical Sonographers	262	65
Occupational Therapist Assistants and Aides	178	40

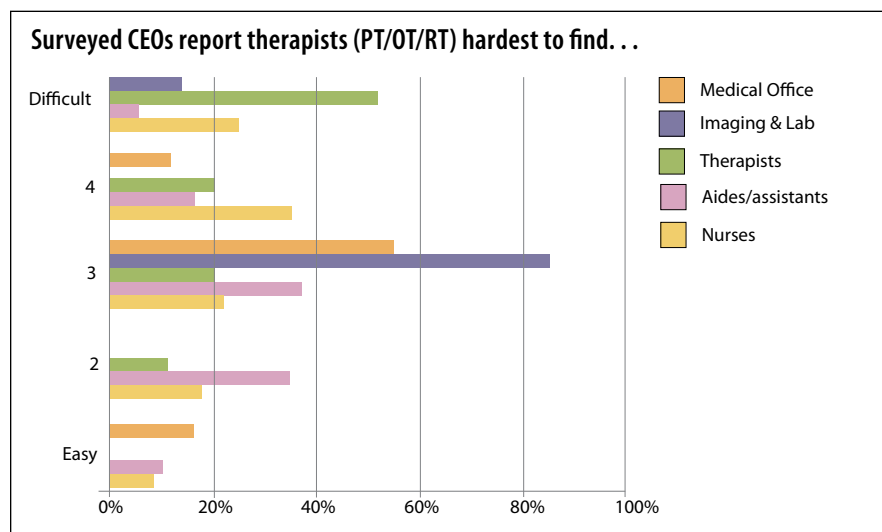


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Hard-to-find Workers

Roughly 50 percent of health provider executives report Occupational, Physical, and Respiratory Therapists as “difficult” to find in the labor marketplace. The table below shows that regional production of credentials is staying roughly even with demand, but many of these highly skilled graduates likely return to their city of origin or move out of area after programs are complete, creating a gap in supply of these workers locally.



Recruiting outside the region

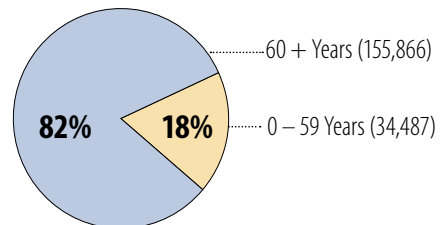
Our respondents indicated that most hiring comes from the local workforce, but for some job types, including health information technicians, as much as 50 to 75 percent of workers were recruited from outside the region.

The Impact of Demographic Shifts on Required Skills of the Health Care Workforce

Age

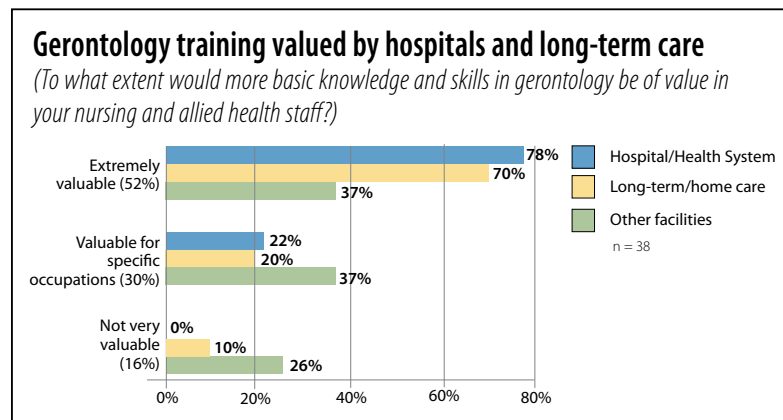
As exhibited in the chart of page 8, the health care workforce is aging. This mirrors the general population in the metro region: between 2011 and 2021, the metro population is due to grow by 8.6% (190,171 people added). The age profile will change to reflect the aging of the “baby boom” generation. Seniors (60+) will be 23% of the population in 2021, up from 18% in 2011; an increase of 155,686 individuals.

2011–2021 Population Growth by Age

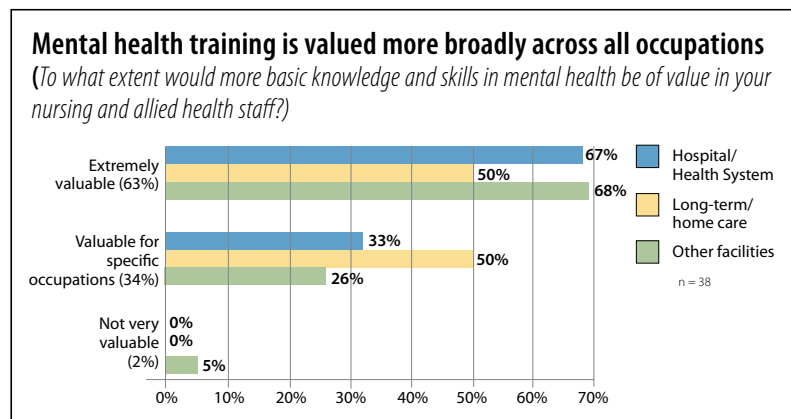


This disproportionate growth in the older population will necessitate a workforce that can respond to the needs of seniors with chronic medical conditions, including mental health concerns. Medical personnel will need to engage in preventive and proactive care strategies that keep older patients healthy and out of acute care and emergency settings.

Gerontology, Mental Health, and Nutrition training were highlighted by employers as priorities for new and existing workers.



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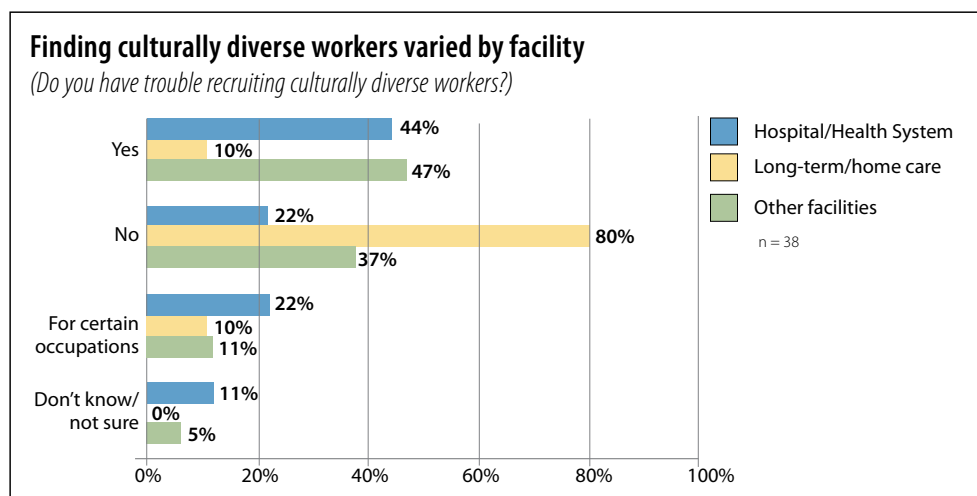


Race and Ethnicity

Of the 190,171 people projected to be added to the metro area population by 2016, 59 percent are projected to come from racial and ethnic minority populations. Growth projections are especially high in the Hispanic community. This shift in the population will increase the value of workers who are culturally competent, bilingual, and who themselves come from the communities that are experiencing rapid growth.

Survey respondents cited a desire to have a more culturally diverse workforce. Hospital, health systems, and ambulatory care reported more difficulty in finding culturally diverse workers than long-term or home health care organizations. Culturally diverse workers were most difficult to find in middle skill occupations such as nursing, mental health counseling, and therapy, as well as supervisory and mid-management positions.

In follow-up conversations with survey respondents, many have highlighted a need for strategies to attract more culturally diverse and multilingual youth into health careers.



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Other Employer-Identified Skills Required of the Health Care Workforce

Technology

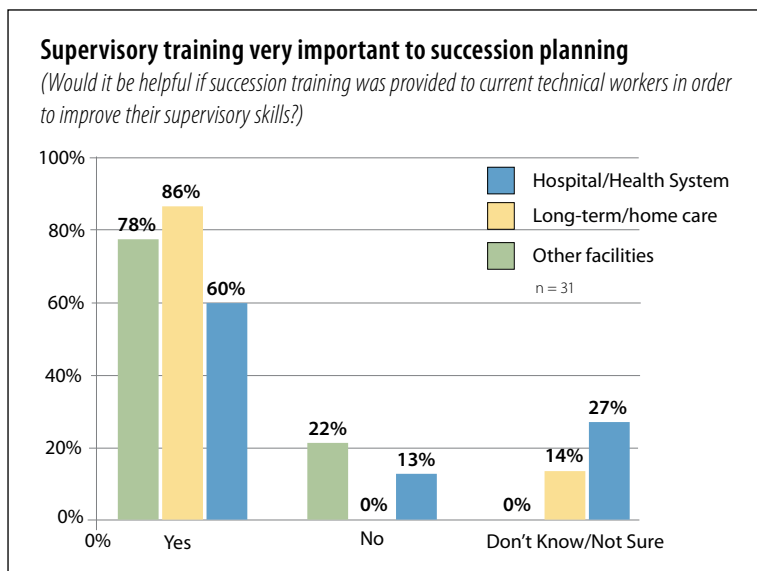
As the nation moves to adopt electronic health records (EHR), a quarter of survey respondents (especially hospitals and clinics) indicated that EHR will impact their workforce training strategy over the next two years. Thirty-six percent of respondents indicated they would seek outside training assistance to support EHR training. Many employers also indicated a need to train existing workers at all levels in basic or intermediate computer skills prior to EHR training.

Supervisory Skills

Succession planning is a significant concern as the health care workforce ages, particularly for hospitals and health systems. Attrition is a large concern for long-term care facilities. As a result of these factors, employers indicated a need for supervisory training for new and existing workers.

ICD-10

Employers indicated a strong need for training in ICD-10, a new medical coding language. The greatest impact appears to be in hospitals and larger health care systems. Over 40 percent of survey respondents indicated they would be likely to seek training due to the new regulatory requirements around ICD-10. As ICD-10 diagnostic and procedure codes are used for insurance billing and reimbursement, it's especially imperative for larger health care systems to have staff well-trained in this area. While initially set to be implemented October 2013, as of this report's publication, ICD-10 implementation has been postponed beyond that date.



Soft Skills/Communication/Teamwork

Employers indicated a widespread need to enhance soft skills for existing health care workers to prepare them for health care reforms, including coordinated and accountable care organizations, as well as changing patient demographics. Soft skills were identified in the survey as the most needed skills for incumbent workers, only behind technology. Specific skills most commonly named include customer service, verbal and written communication, teamwork, and conflict resolution.



The Impact of Oregon’s Coordinated Care Framework on the Health Care Workforce

In 2012, the Oregon Legislature passed legislation to overhaul the delivery of Medicaid services for residents on the Oregon Health Plan. The ultimate goal of the overhaul is to provide superior care for less money through better alignment, more efficient delivery, and a focus on person-centered care and prevention. Key to the new delivery structure will be Coordinated Care Organizations governed by stakeholders including local health care providers and community members. Payment through this system will be based on health outcomes instead of services delivered, shifting the incentive away from expensive treatment and toward cost-effective prevention activities. CCOs will ensure alignment of mental health, primary, and dental care through a team-based approach.

Workforce impacts of the legislation are still largely unknown, but there are a few points to consider:

- Practitioners, clinicians, and other health care workers in team-based settings will be required to collaborate effectively, amplifying our survey respondents’ call for an increase in soft skills and teamwork strategies.
- There is a clear, but as yet unquantified, need for what the state calls “Non-Traditional Health Workers,” who will provide guidance to the community in roles that will bridge social and medical service delivery. Key roles within NTHW professions include:
 - 1) Outreach and Mobilization
 - 2) Community and Cultural Liaising
 - 3) Case Management, Care Coordination, and System Navigation
 - 4) Health Promotion and Coaching

The table on the next page summarizes these roles.²

Non-Traditional Health Workers and Their Roles

<p>Community Health Worker</p>	<p>An individual who promotes health or nutrition within the community in which the individual resides. Key functions include, but are not limited, to:</p> <ul style="list-style-type: none"> • Serving as a liaison between communities, individuals and coordinated care organizations • Providing health or nutrition guidance and social assistance to community residents • Enhancing community residents' ability to effectively communicate with health providers • Providing culturally and linguistically appropriate health or nutrition education
<p>Peer Wellness Specialist</p>	<p>An individual who provides peer-delivered services to an individual with similar life experience, under the supervision of a qualified Clinical Supervisor. A Peer Wellness Specialist must complete an Addictions and Mental Health-approved training program and be:</p> <ul style="list-style-type: none"> • Trained to deliver physical health promotion, and disease prevention and intervention activities for individuals who experience mental health and substance abuse challenges and • A self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs <p>or</p> <ul style="list-style-type: none"> • A family member of an individual who is a current or former recipient of addictions or mental health services.
<p>Peer Health Navigator</p>	<p>An individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions in the person's particular circumstances and in light of the patient's needs, lifestyle, combinations of conditions and desired outcomes.</p>

2. Reference to NTHW report from Oregon

Workforce Investment Boards

WIBs

Workforce Investment Boards coordinate and leverage workforce strategies with education and economic development stakeholders within local communities, to ensure that state and local workforce development and job training programs meet the needs of employers. They aim to prepare and promote a highly skilled and adaptive workforce for a healthy, sustainable economy. The Portland Metro and Southwest Washington region is serviced by three boards: **Worksystems, Inc.** (City of Portland, Multnomah and Washington Counties), **Workforce Investment Council of Clackamas County** (Clackamas County), and the **Southwest Washington Workforce Development Council** (Clark, Cowlitz and Wahkiakum Counties).

Collective Action = Collective Impact

The three boards align their capabilities and resources to improve the region's ability to leverage employment funding streams, coordinate job-search-and-hire strategies, and link workforce supply and demand. Together, they invest and oversee tens of millions of dollars in federal, state, and local employment and training resources. They are joined by labor, education, community-based and public sector members to form a unified point of contact for all local workforce development initiatives.

The Portland metro region WIBs have developed a unified approach to support industry and economic development and guide workforce investments within their common laborshed. This regional partnership aims to assure alignment and prioritize a collective response when it is in the best interest of the workers and businesses of the region.



Acknowledgments

This report was made possible through the dedication of numerous health care, education, community-based, and workforce professionals who contributed their time, insight and effort over the course of many months. The authors would like to thank participating health care employers and associations for agreeing to be interviewed and for providing much of the industry data included in this report, especially Oregon Healthcare Workforce Institute. Leadership and support provided by the Columbia-Willamette Regional Workforce Collaborative.

Data gathered by Scruggs & Associates and Mesh Strategies. Report prepared by Donna Matrazzo and Jeanne Galick, Jordana Barclary (SWWDC), Nick Knudsen (WSI), Bridget Dazey (WICCO), and Annie Gannon (WICCO).

Of Note: More detailed survey summaries are available on line at

- www.swwdc.org
- www.wicco.org
- www.worksystems.org



For More Information

Southwest Washington Workforce Development Council

SWWDC is one of 12 Workforce Development Councils in Washington state. The council's mission is to prepare and promote a highly skilled and adaptive workforce for a healthy, sustainable economy in Southwest Washington.

Southwest Washington Workforce Development Council
805 Broadway | Suite 412 | Vancouver, WA 98660
360-567-1070 | www.swwdc.org

Workforce Investment Council of Clackamas County

WICCO is a non-profit organization dedicated to building a strong workforce through helping businesses and job seekers. Through private-public partnerships, the council attracts funding to make critical investments in workforce training and education.

Workforce Investment Council of Clackamas County
365 Warner Milne Road | Suite 202 | Oregon City, OR 97045
503-657-6644 | www.wicco.org

Worksystems, Inc.

From programs targeting teens at risk of dropping out of school to filling the gap between employer needs and worker skills, Worksystems, Inc. provides workforce solutions that support individual prosperity and business competitiveness.

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SWWDC, WSI, and WICCO are equal opportunity employers and provider of employment and training services. Auxiliary aids and services are available upon request to persons with disabilities.