

Health Professions Workforce Survey

September 2010



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Mary C. Selecky
Secretary of Health

Preface

The Department of Health was created in 1989 to preserve and improve public health, to monitor health care costs, and to maintain standards of quality in health care facilities and professions. We provide general oversight and planning for all the state's activities as they relate to its citizens' health.

The Department of Health's mission is to protect and improve the health of people in Washington State. We do this by identifying significant factors that enhance or threaten health, by developing policies and engaging in activities to address them, and by assuring that actions are taken and evaluated.

This report is the product of a collaborative effort of many interested groups and individuals. It's in keeping with this department's purpose and represents our initial work in a continuing process. I hope this report provides the legislature with useful information as it considers issues related to the health professions workforce.

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Introduction

The state of Washington has been examining the issue of health care personnel shortages since early 2000. In 2001, the Workforce Training and Education Coordinating Board convened the Health Care Personnel Shortage Task Force (Task Force). It was responsible for examining the emerging issue of health care personnel shortages. The first report to the legislature, “Crisis or Opportunity?” included a state plan to address health care personnel shortages. The plan called for better data on the health care workforce. Data is necessary to assist decision-makers in developing targeted solutions to eliminate health care workforce shortages. The plan included a strategy to collect data through methods such as surveying licensed health care professionals.

In 2006, Senate Bill 6193 required the Department of Health to gather workforce and demographic information about all licensed health care providers. The legislation required the department to collaborate with the Workforce Training and Education Coordinating Board to survey all licensed health professionals.

Each profession was to be surveyed every two years. In developing the survey, the department was to seek advice from researchers likely to use the survey data.

The survey was intended to provide decision-makers with data to make informed decisions on such issues as health professional education and reducing health disparities.

In December 2008, Workforce Survey activities were suspended due to a budget shortfall in Washington State. The survey cycle wasn’t completed before the survey was suspended.

The legislation required the department to submit a report to the legislature to address three specific areas:

- 1. The effectiveness of using a survey to obtain information on the supply of health care professionals;**
- 2. The distribution and use of the information obtained by the surveys by employers and health professions education and training programs; and**
- 3. The extent to which the surveys have alleviated identified shortages of trained health care providers.**

Appendix A contains the legislative authority for the survey.

History

In 2004, Senate Concurrent Resolution 8419 created the Joint Select Committee on Health Disparities. The committee included members of the standing committees with jurisdiction over health care and education from the Senate and the House of Representatives.

On November 1, 2005, the committee issued a report on health disparities in Washington. The report identified a need to develop a diverse workforce representative of our state's population. The committee also identified a need to collect relevant and accurate demographic data on health care professionals, students in health care professions, and recipients of health services.

The 2006 Legislature declared that people of color face significant health disparities in education, employment, healthy living conditions, access to health care and other social determinants of health. Research has shown that increasing the number of people of color in the health care workforce can reduce health disparities.

Background

In 2006, the legislature enacted Senate Bill 6193 about the health professions workforce. This legislation directed the department to gather information on the workforce supply and about the demographics of all licensed health professionals. The department collaborated with the Workforce Training and Education Coordinating Board to implement this law.

The legislation required the department to survey all licensed health care providers to assess workforce supply and demographics. Each profession was to be surveyed every two years. In developing the survey, the department would seek advice from researchers likely to use the survey data.

The department was directed to gather specific demographic, education and training, and practice data, but was allowed to ask additional questions for legitimate research. Participation in the survey is voluntary. The department can't withhold, fail to renew or revoke a license from a health care provider who doesn't return the survey.

The department can include additional data elements for specific professions provided funding was available to pay for the questions. The department can accept money or other forms of contributions to support surveys that are more detailed. Supplemental questions can't place an additional burden on the health care profession or have a negative effect on survey response rates.

The department must make public data sets available while protecting the identity of individual providers. Survey questions and raw survey results are posted on the department's website.¹

The department is required to report to the legislature on:

- the effectiveness of using a survey to obtain information on the supply of health care professionals,
- the distribution and use of the information obtained by the surveys by employers and health professions education and training programs, and
- the extent to which the surveys have alleviated identified shortages of trained health care providers.

The survey is a tool intended to provide decision makers with information to make informed decisions on such issues as health professional education and reducing health disparities.

¹ <http://www.doh.wa.gov/hsqa/hpqa/HPQAWorkforceSurvey.htm>

Survey Development/Administration

The department contracted with the University of Washington (UW) Center for Health Workforce Studies to develop survey questionnaires. UW collaborated with professional associations and boards, commissions and advisory committees on survey questions.

The department contracted with Washington State University (WSU) Social and Economic Sciences Research Center to administer the survey and collect responses.

Survey Approach

The department used the following method to administer the survey:

- All licensees received an invitation to participate in the online survey. WSU hosted the website. Refer to Appendix B for copies of invitations.
- A random sample of 33 percent of licensees was sent a paper questionnaire two weeks after the initial invitation letter.
- If licensees in the random sample didn't respond, they were sent another paper questionnaire. This group was also reminded of the steps to complete the survey on the web if members preferred.

Survey Suspension

In December 2008, activity on the Workforce Survey was suspended due to a severe budget shortfall in Washington State.

Conclusions

Senate Bill 6193 requires the department to submit a report on the effectiveness of using a survey to gather workforce demographic information. The department worked with the Workforce Training and Education Coordinating Board and with stakeholders to develop these conclusions:

1. The effectiveness of using a survey to obtain information on the supply of health care professionals.

Using a survey is an effective way to collect information on the supply of health care professionals. The response rate for the Workforce Survey, 27 percent, is comparable to other surveys using similar methods. Response rates range from 18.5 percent for massage therapists to 34.5 percent for dental hygienists. Response rates for all surveyed professions are attached as Appendix C.

The department received several suggestions for improving the survey:

- a. Sample, not census - Be flexible in administering the survey. The legislation required the department to survey all licensed health care providers. It may be a better use of money to survey a random sample of health care providers rather than the entire profession. This would allow the department to send additional invitations to the non-responders. Additional contacts should improve response rates. A copy of the survey schedule is attached as Appendix D.
- b. Set priorities - Do all health care professions need to be included in the survey? Use a technical advisory committee to develop criteria on how to set priorities for the professions to be surveyed.
- c. Reassess survey questions – Having fewer questions may produce a greater response rate. Gather only necessary data.
- d. Online focus - Associate the survey with online renewals. This should improve response rates and make it easier for health professionals to respond. The department expects to offer online renewals in the near future. However, online renewals will be phased in and optional.
- e. Outreach - Provide funding for greater outreach with associations and professional groups to advertise the survey and to communicate the importance of gathering this data.

2. The distribution and use of the information obtained by the surveys by employers and by health professions education and training programs.

The information obtained by the surveys is used to inform policy makers, educators, planners and researchers about the size, geographic distribution, age/impending retirement, education and practice characteristics.

Legislative funding didn't include money to analyze the data collected. State and health workforce stakeholders need access to a third party analysis of the raw data. Without a qualified analysis of the data, there is concern that decision makers may rely on information that is misleading or inaccurate. At this time, decision makers must rely on associations and other organizations to analyze the data.

The raw data collected from the workforce surveys is posted on the department's website. This data is available for use by the public.

The workforce survey main Web page received an average of 68 hits per month over the past 14 months. The Web pages with the profession-specific data received an average of 7.6 hits per month. This information is of interest to a wide variety of organizations. Professional associations and state agencies have expressed interest in this information.

The Governor's Interagency Council on Health Disparities also uses the data. The council has convened an advisory committee to examine workforce diversity. The collection of demographic data, specifically race/ethnicity data, is of critical importance. Data helps develop, implement and evaluate programs to increase the diversity of the health care workforce. The council recommends that the data be collected, analyzed and reported on an ongoing basis.

The Office of Financial Management (OFM) is also interested in workforce data. In its efforts to develop a statewide health resources strategy, OFM is interested in establishing a census count of licensed health professionals who are actively practicing. In OFM's view, the best approach is to collect minimal additional data (e.g., whether, where, and hours a licensed professional is practicing) through the license renewal process. Such data collected through the licensing process can make the workforce survey of broader topics useful by providing a reliable population baseline. Renewals are processed through an automated barcode system. Survey questions on the renewal card would significantly delay processing time. Options for surveys questions at the time of renewal will be explored when the department implements online renewals.

The University of Washington Center for Health Workforce Studies has analyzed data for the nursing and oral health care workforces. The Washington Center for Nursing contracted with the UW to analyze the data for licensed practical nurses, registered nurses and advanced registered nurse practitioners. The workforce data provided critical information to project the future supply of licensed practical nurses and dentists in the state.

The Department of Health's Oral Health Program contracted with the UW to produce a report on Washington's oral health care workforce. The UW is analyzing data for dentists and dental hygienists for the report. The report is due to be completed in the fall.

The data provides critical information on race/ethnicity and where our workforce obtained its professional training. Reports prepared by the UW Center for Health Workforce Studies can be accessed at <http://depts.washington.edu/uwchws/>

3. The extent to which the surveys have alleviated identified shortages of trained health care providers.

Based on contacts with health care associations and health care training and education organizations, it's too early to determine if the data collected has alleviated identified shortages of trained health care providers.

APPENDIX A: Second Substitute Senate Bill 6193

SECOND SUBSTITUTE SENATE BILL 6193

AS AMENDED BY THE HOUSE

Passed Legislature - 2006 Regular Session

State of Washington

59th Legislature

2006 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Franklin, Regala, Keiser, Eide, Prentice, Rasmussen, Jacobsen, Fairley, McAuliffe, Fraser, Brown, Kline, Kohl-Welles, Parlette and Shin)

READ FIRST TIME 02/7/06.

AN ACT Relating to health professions work force supply and demographics information; adding a new section to chapter 43.70 RCW; creating a new section; providing an effective date; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1** The legislature finds that people of color experience significant disparities from the general population in education, employment, healthy living conditions, access to health care, and other social determinants of health. The legislature intends to address barriers to gender-appropriate and culturally and linguistically appropriate health care and health education materials, including increasing the number of female and minority health care providers, through expanded recruiting, education, and retention programs. The legislature finds that before developing a work force that is representative of the diversity of the state's population, relevant and accurate data on health care professionals, students in health care professions, and recipients of health services must first be collected.

NEW SECTION. **Sec. 2** A new section is added to chapter 43.70 RCW to read as follows:

(1) The department, in collaboration with the work force training and education coordinating board, shall distribute survey questions for the purpose of gathering data related to work force supply and demographics to all health care providers who hold a license to practice a health profession. The department shall adopt a schedule for distributing surveys by profession so that each profession is surveyed every two years. In developing the survey, the department shall seek advice from researchers that are likely to use the survey data.

(2)(a) At a minimum, the survey shall include questions related to understanding the following characteristics of individuals in the health care work force:

- (i) Specialty;
- (ii) Birthdate and gender;
- (iii) Race and ethnicity;
- (iv) Hours in practice per week;

- (v) Practice statistics, including hours spent in direct patient care;
- (vi) Zip codes of the location where the provider practices;
- (vii) Years in practice, years in practice in Washington, location and years in practice in other jurisdictions;
- (viii) Education and training background, including the location and types of education and training received; and
- (ix) Type of facilities where the provider practices.

(b) The department may approve proposals for the distribution of surveys containing additional data elements to selected health care professions if it determines that there is a legitimate research interest in obtaining the information, the additional burden on members of the health care profession is not unreasonable, the effect on survey response rates is not unreasonable, and there are funds available. The department may accept funds through contracts, grants, donations, or other forms of contributions to support more detailed surveys.

(3) The department must make a public data set available that meets the confidentiality requirements of subsection (5) of this section. The department may respond to requests for data and other information from the registry for special studies and analysis pursuant to a data-sharing agreement. Any use of the data by the requestor must comply with the confidentiality requirements of subsection (5) of this section. The department may require requestors to pay any or all of the reasonable costs associated with such requests that may be approved.

(4) The failure to complete or return the survey may not be grounds to withhold, fail to renew, or revoke a license or to impose any other disciplinary sanctions against a credentialed health care provider.

(5) The department must process the surveys that it receives in such a way that the identity of individual providers remains confidential. Data elements related to the identification of individual providers are confidential and are exempt from RCW 42.56.040 through 42.56.570 and 42.17.350 through 42.17.450, except as provided in a data-sharing agreement approved by the department pursuant to subsection (3) of this section.

(6) By July 1, 2009, the department shall provide a report to the appropriate committees of the legislature on the effectiveness of using a survey to obtain information on the supply of health care professionals, the distribution and use of the information obtained by the surveys by employers and health professions education and training programs and the extent to which the surveys have alleviated identified shortages of trained health care providers.

NEW SECTION. **Sec. 3** Section 1 of this act takes effect July 1, 2006.

NEW SECTION. **Sec. 4** This act expires January 1, 2012.

Passed by the Senate March 7, 2006.
Passed by the House March 2, 2006.
Approved by the Governor March 27, 2006.
Filed in Office of Secretary of State March 27, 2006.

APPENDIX B: Invitations to Participate in Surveys



Dear Health Professional:

We need your help. Over the next two years, all active and retired licensed health professionals will receive the Health Care Workforce survey. Your profession is among the first to be surveyed. Please help us by filling out this very short, confidential survey. It should take about six minutes to complete. Your involvement will help make sure that results accurately represent the workforce.

The survey is called for in legislation passed by the 2006 Washington State Legislature. It will tell us more about Washington's health professions workforce. Your responses will help professional associations, health planners, schools, researchers, boards, and commissions develop strategies to address staff shortages and improve access to health care.

The Social and Economic Sciences Research Center at Washington State University (WSU) is administering the survey. You can complete it by typing the following web site address into the address line of your Internet browser: **<http://opinion.wsu.edu/health>**
Your internet browser address line is located in the upper left of your computer screen window. (The link does not work if you type it into Google or other search engines.)

Please use your unique access code to enter the survey. Your Access Code Number: **<RespID>**

Your answers are confidential. No individual responses will be reported. Please read all instructions carefully and answer every question unless otherwise instructed.

If you have questions, please call the survey director, Danna Moore, at 800.833.0867 or email sesrcweb5@wsu.edu. The project coordinator at the Department of Health is Megan Davis, 360.236.4993 or Megan.Davis@doh.wa.gov. The Center for Health Workforce Studies at the University of Washington developed the questions.

Sincerely,

Eleni Papadakis, Executive Director
Workforce Training and Education
Coordinating Board

Mary C. Selecky, Secretary
Washington State Department of Health

This survey has been reviewed and approved by the WSU Institutional Review Board (IRB) for human subject participation. If you have any questions regarding your rights as a participant, you can call the WSU IRB at 509.335-9661. (IRB study # 9655)



Date

Dear Health Professional:

Enclosed is a short confidential survey. Over the next two years, all active and retired licensed health professionals will be receiving a Health Care Workforce survey. Your profession is among the first to be surveyed. Please help us by filling out this short, confidential survey. Your involvement will help make sure that results accurately represent the workforce.

The Washington State Legislature passed legislation in 2006 calling for this survey. Results from this project will tell us more about Washington's health professions workforce. Your responses will help professional associations, health planners, schools, researchers, boards, and commissions develop strategies to address staff shortages and improve access to health care.

You can either complete the paper questionnaire and return it in the envelope provided or complete it on the internet by logging on to <http://opinion.wsu.edu/Health>

Please use your unique access code to enter the survey. Your Access Code Number: _____

Your answers are confidential. No individual responses will be reported. Please read all instructions carefully and answer every question unless otherwise instructed.

The Social and Economic Sciences Research Center at Washington State University (WSU) is administering the survey. If you have questions, please call the survey director, Danna Moore, at 800.833.0867 or email sesrcweb5@wsu.edu. The project coordinator at the Department of Health is Megan Davis, 360.236.4993 or Megan.Davis@doh.wa.gov. The Center for Health Workforce Studies at the University of Washington developed the questions.

Sincerely,

Don Bennett, Interim Executive Director
Workforce Training and Education
Coordinating Board

Mary C. Selecky, Secretary
Washington State Department of Health

This survey has been reviewed and approved by the WSU Institutional Review Board (IRB) for human subject participation. If you have any questions regarding your rights as a participant, you can call the WSU IRB at 509.335-9661. (IRB study #)



Date

Dear Health Professional:

Recently we sent you a Health Care Workforce questionnaire. If you have already completed and returned the questionnaire, *please accept our sincere thanks*. If not, we hope you will do so today. The survey will be sent to all active and retired licensed health professions over the next two years. Your profession is among the first to be surveyed.

The survey will tell us more about Washington's health professions workforce. Your responses will help professional associations, health planners, schools, researchers, boards, and commissions develop strategies to address staff shortages and improve access to health care.

The Social and Economic Sciences Research Center at Washington State University (WSU) is administering the survey. You can complete it on the internet by logging on to <http://opinion.wsu.edu/Health> and entering your access code: **xxxxxx**

Your answers are confidential. No individual responses will be reported. Please read all instructions carefully and answer every question unless otherwise instructed.

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Sincerely,

Don Bennett, Interim Executive Director
Workforce Training and Education
Coordinating Board

Mary C. Selecky, Secretary
Washington State Department of Health

APPENDIX C: Survey Response Rates

**Health Workforce Demographic
Survey Response Rates**

February 2009



Response Rates 2007			
Mode	Dental Hygienist 5014	Registered Nurse 73,894	Licensed Practical Nurse 14,592
Total - Web then Paper Group	66.2%	55.9%	42.7%
Total - Web Only Group	18.7%	15.9%	9.5%
Grand Total (Includes Partials)	34.5%	29.3%	20.5%

Response Rates 2008			
Mode	Dentist 5826	Physicians 24,520	Physicians Assistants 2058
Total - Web then Paper Group	54.2%	45.7%	48.6%
Total - Web Only Group	12.4%	10.9%	18.4%
Grand Total (Includes Partials)	26.3%	22.7%	28.4%

Response Rates Updated February 6, 2009				
Mode	ARNP 4,058	Chiropractor 2,291	Pharmacist 7,814	Physical Therapist 4,878
Total - Web then Paper Group	52.6%	52.1%	44.8%	58.7%
Total - Web Only Group	14.6%	14.7%	14.3%	18.1%
Grand Total (Includes Partials)	27.3%	27.2%	24.5%	31.6%

Response Rates Updated February 6, 2009				
Mode	OT 2,512	OTA 573	Orthotist/Prosthetist 228	Mental Health Counselors 4,349
Total - Web then Paper Group	51.1%	45.9%	44.6%	49.4%
Total - Web Only Group	14.1%	11.5%	13.1%	17.2%
Grand Total (Includes Partials)	26.5%	22.9%	23.5%	27.9%

Response Rates Updated February 6, 2009				
Mode	Podiatrists 311	Psychologists 2,063	Social Workers 3,035	Massage Therapists 13,468
Total - Web then Paper Group	62.0%	58.4%	58.6%	35.2%
Total - Web Only Group	17.0%	19.5%	17.7%	10.2%
Grand Total (Includes Partials)	32.0%	32.5%	31.3%	18.5%

Response Rates Updated February 6, 2009				
Mode	Naturopathic Physician 843	Respiratory Care 2,286		
Total - Web then Paper Group	56.7%	39.0%		
Total - Web Only Group	19.3%	13.4%		
Grand Total (Includes Partials)	31.7%	21.9%		

APPENDIX D: Survey Schedule

**Washington State Department of Health
Health Systems Quality Assurance
Scheduled Health Professions Surveys, 2007 through 2011**

Licensed Professions	# Licensed as of 7-1-07	Month/year to be surveyed
Acupuncture	1046	September 2008, Sept. 2010
Adv. Registered Nurse Practitioner	4,058	May 2008, March 2010
Athletic Trainers	0	February 2009, Feb 2011
Audiologist	395	August 2008, August 2010
Chiropractor	2291	May 2008, March 2010
Dental Hygienist	5014	March 2007, February 2009
Dentist	5826	October 2007, Sept. 2009, Sept. 2011
Denturist	158	August 2008, August 2010
Dispensing Optician	927	August 2008, August 2010
Extended Function Dental Aux	0	February 2009, Feb 2011
Hearing Aid Fitter Dispenser	271	August 2008, August 2010
Licensed Practical Nurse	14,592	June 2007, February 2009
Marriage and Family Therapist	999	July 2008, July 2010
Massage Therapist	13,468	July 2008, July 2010
Mental Health Counselor	4349	June 2008, May 2010
Midwife	89	July 2008, July 2010
Naturopathic Physician	843	July 2008, July 2010
Nursing Home Administrator	451	September 2008, Sept. 2010
Occupational Therapist	2512	May 2008, April 2010
Occupational Therapist Assistant	573	May 2008, April 2010
Ocularist	0	September 2008, Sept. 2010
Optometrist	1559	August 2008, August 2010
Orthotist and Prosthetist	228	June 2008; May 2010
Osteopathic Physician	1000	November 2007; October 2009, Sept. 2011
Osteopathic Physician Assistant	36	November 2007; October 2009, Sept. 2011
Pharmacists	7814	May 2008, March 2010
Physical Therapist	4878	May 2008, April 2010
Physical Therapy Assistant	0	February 2009; Feb 2011
Physician	23,520	November 2007; October 2009, Sept. 2011
Physician Assistant	2022	November 2007; October 2009, Sept. 2011
Podiatrist	311	June 2008; May 2010
Psychologist	2063	June 2008; May 2010
Registered Nurse	73,894	April 2007; February 2009
Respiratory Care Practitioner	2286	June 2008; May 2010
Social Worker	3035	July 2008, July 2010
Speech Language Pathologist	1532	September 2008; Sept. 2010
Veterinarian	2955	September 2008; Sept. 2010
Total	184,995	

NOTE: 91,284 professionals surveyed in FY 07