



Is There a Health Professional in the Field? A look at Arizona's rural health workforce

Key Findings

- ❖ Rural areas in Arizona have fewer health professionals per capita than urban areas.
- ❖ Rural Arizona's shortage of health professionals will worsen due to increasing demand for health services by the newly insured and the aging population.
- ❖ Interventions to meet rural health care needs include restoring AHCCCS funding, engaging rural communities to improve recruitment and retention of health professionals, and enabling licensing boards to collect critical workforce data.

The Facts

- The Center for Rural Health recently completed a health workforce tracking report for the state and by county based on 10 years of Arizona licensing board and Arizona Department of Health Services data.
- The health workforce report includes physicians, physician assistants, nurses, dentists, dental hygienists, pharmacists, pharmacy technicians, psychologists and emergency medical technicians.
- Rural Arizona has fewer health professionals per capita than urban areas for each health profession except for certified nursing assistants and emergency medical technicians.
- While there were statewide increases in most of the professions analyzed, urban areas saw more growth than rural areas.

The Problem

- Arizona has an average of 231 physicians per 100,000 population. This varies from 250 physicians per 100,000 for urban areas to 70 physicians per 100,000 for isolated small rural towns. Growing nationwide demand makes it harder to recruit health professionals from other states and countries than in the past.
- Implementing Patient Protection and Affordable Care Act (ACA) coverage provisions will increase the demand on healthcare services by the previously uninsured. The aging baby boomer generation will further strain existing health service capacity in rural and underserved urban communities.
- Health professionals of the baby boomer generation will retire faster than replacements can be trained. Current enrollment and graduation rates will not meet demand due to the long "lag time" in health professional training from admission to graduation into practice (up to 8 or more years). Arizona competes with other states facing similar health workforce shortages.
- Real time, accurate health workforce data is crucial to target policy interventions that address rural and urban underserved shortages. Arizona licensing boards could collect health workforce data at the time of licensing and renewal to provide this data.

Solutions

Short term:

- Restore AHCCCS funding. Medicaid expansion in Arizona and other states was associated with a decrease in all-cause mortality.¹ Restoring AHCCCS funding will benefit Arizona's rural citizens, sustain hospitals and health professionals serving poor and rural communities, create jobs, and drive economic growth.
- Enable health professional licensing boards to collect key health professional workforce data. As more uninsured Arizonans are covered through Medicaid or the health insurance exchange, additional in-depth analysis of health professional workforce needs will be required. While some Arizona licensing boards ask health professionals to complete surveys at the time of renewal, it is not consistent across all boards and the data is limited. In New Mexico, legislation requires data collection at the time of licensing and renewal.² The survey is 25 questions or less, and requires about ten minutes to complete online. Data is used to inform important decisions such as the federal designation of primary care, mental and dental Health Professions Shortage Areas (HPSA's) and the scoring of sites for federal funding considerations (ex. National Health Service Corps loans and scholarships for health professionals working in rural areas). Such surveys could collect valuable information about the scope of practice, job satisfaction, retirement plans and recruitment and retention of health professionals.
- Engage with rural and underserved communities to enhance their recruitment and retention efforts. County-specific analysis of the rural health workforce report will allow communities to assess where they are now, forecast shortages, and plan for future health profession needs.

Long Term:

- Recruit and retain health professionals likely to practice in rural and urban underserved areas by using proven strategies to:
 - Admit more students, who better reflect Arizona's demographics, from underrepresented minorities and rural areas into health professional programs.
 - Increase health professional training programs, experiences and rotations in rural and underserved areas.
 - Expand the J-1 visa program.
 - Promote health careers as early as possible in rural areas, including elementary school, junior high and high school, to create awareness of, and interest in, health professions.
 - Expand and align financial incentives for practice in rural and underserved areas (ex. South Dakota offers a \$10,000 retention bonus to new health professionals continuing to work in a rural community after three years).
- Expand Arizona's community-based, primary care provider education programs.

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¹ Sommers BD et al. Mortality and Access to Care among Adults after State Medicaid Expansions. N Engl J Med 2012; 10.1056/NEJMsa1202099

² SB 14 Feldman D: Health Work Force Data Collection Act. Available at:
<http://www.nmlegis.gov/lcs/session.aspx?Chamber=S&LegType=B&LegNo=14&year=11>