



Wisconsin's Health Care Workforce 2010 Report

A report by the Wisconsin Hospital Association

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About This Report

Workforce is a top priority at the Wisconsin Hospital Association because a hospital's ability to meet the growing demand for accessible, high quality health care is entirely dependent on having an adequate number of highly-skilled workers. WHA is deeply involved in workforce issues related to attracting students to health careers, professional licensure, building educational capacity, and monitoring regulatory requirements.

Wisconsin hospitals have historically been a stable source of family-sustaining jobs with good benefits, and they are among the largest—if not *the* largest—employer in many communities. While the recession has placed a temporary damper on the need to hire additional workers or to create new jobs, this situation is expected to improve as the economy rebounds. However, this forecast will be greatly influenced if the predicted, dramatic shifts occur in the hospital payer mix or if scheduled reductions in hospital reimbursement occur as expected in the Medicare and Medicaid programs.

There are formidable challenges on the horizon as health care providers enter the era of health reform. Hospital reimbursement issues, enrollment increases in government programs, and the effectiveness of national efforts to increase the supply of health care professionals that are in short supply, are all tied to the success, or failure, of national health reform.

Wisconsin hospitals are well aware of the changing nature of the health care landscape. They have one sure navigation tool to guide their decisions—their unwavering mission to meet the health care needs of the communities they serve.

It is in this complex and unpredictable environment that WHA releases its seventh annual workforce report.



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Executive Summary

The economy continues to influence all aspects of Wisconsin's health care environment. In the short term, it has dampened the demand for health care workers as hospitals struggle to maintain financial stability in the face of a sagging economy. New jobs in health care continue to be created, but at a much slower pace than in the past. Shortages in positions that were reported to be difficult to fill for the past several years have moderated in the short term. The reason for this change is due, in part, to economic conditions that have forced many people to increase the number of hours they work, postpone retirement, or come out of retirement to rejoin the workforce. In the meantime, replacement workers are waiting to start their new career in health care.

In difficult economic times, predicting the demand for medical care and the supply of workers necessary to meet those needs is risky, but necessary. Recent efforts to collect workforce-related information on several professions have proven successful, but gaps still exist in data. More data-driven planning must occur to ensure that the education pipeline for health professionals is sufficient—neither inadequate nor excessive—to meet the future demand for care.

Wisconsin's population is aging, and so is the health care workforce. Among nurses that renewed their licenses in 2010, 46 percent were over the age of 50, while 36 percent of the current laboratory workforce is over 50 years of age. Older workers and older health care consumers will have a significant impact on health care. While the aging population is expected to drive demand for health care services, the number of workers available to do the work will remain flat. In addition, the workers currently in employment may not have the skill sets necessary to fill the more technically complex jobs that will be created in the future.

Wisconsin Hospital Association Recommendations

Federal health care reform has the potential to reshape the health care workforce – for better or worse—in ways that cannot now be accurately modeled. Combining that with the impact that the lingering recession is having requires hospitals to continue to watch costs, increase efficiency, and make careful use of limited resources. In the face of those challenges, consumers will demand affordable, high quality care. In that scenario, the WHA makes the following recommendations:

- **Sustain funding for hospitals.** The anticipated reductions in Medicare and Medicaid payments could radically alter access to care, the ability of hospitals to create and sustain jobs, and maintain high quality care.
- **Support regional alliances** that promote the shared use of education and economic resources to attract and retain health care workers.
- **Examine the practice environment** for obstacles that pose challenges for the older worker.
- **Expand workforce data collection** to include in-demand occupations.
- **Recruit from all segments of the population** to increase workforce diversity and tap into multi-cultural human resources.

Wisconsin hospitals are committed to serving their communities health care needs. To accomplish that goal, they must have an adequate supply of workers to meet the demand for medical services. Hospitals invest significant resources to interest students in health care careers, recruit professionals to work in hospitals, and retain current workers by providing educational opportunities and financial incentives to join, or remain, in the workforce. It is essential that hospitals are supported in their efforts to keep a highly-skilled, robust workforce if Wisconsin is going to maintain its national reputation for providing high-quality, accessible health care.

Introduction

Access to medical services is predicated upon having an adequate number of health care workers trained and available to meet the growing demand for care. Issues involving Wisconsin's health care workforce are a top priority for the Wisconsin Hospital Association. Unfortunately, workforce planning on a state or even at the facility level is more "art" than "science" due to the lack of current demographic data, and the fact that the process itself is complicated by the unpredictability of patient census. The equation requires an understanding of both the current and future demand for health care, the supply of workers, and the hours they are willing to work.

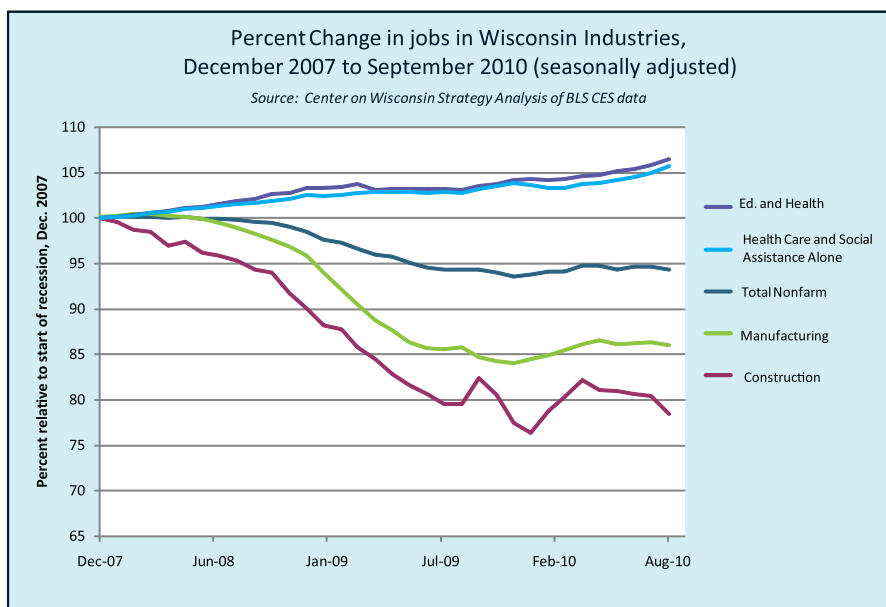
Economic Climate Influences Hospital Workforce

The current economic climate is as unpredictable as a Wisconsin winter. It will surely snow, but how much and when? Forecasting the short-term and long-term workforce needs is similarly filled with uncertainty. Hospitals that had avoided the early effects of the economic downturn were hit later in 2009 as people who were unemployed lost their insurance. Many hospitals began to report that people were putting off care, and the daily census began to reflect that fact. At the same time, hospitals, like other industries, were continuing to employ strategies to become more efficient in the face of a stubborn economy and declining Medicare and Medicaid reimbursements.

Job loss in Wisconsin has stabilized somewhat with the "official" end to the recession, but predicting the demand for health care workers remains complex and difficult.

Two factors, both hard to predict, will influence health care workforce needs in the near future. When Wisconsin's economy recovers and employment returns for many of those impacted by the graph below, health care utilization could increase quite quickly. Those who have put off care will seek needed and delayed care. If they return to employer sponsored health care, demand for hospital services and workforce participants will increase.

Secondly, Wisconsin Medicaid enrollment will determine who in our state has access to coverage and care. Current reimbursement for care delivered under the various Wisconsin Medicaid programs seriously underpays for that care. Currently almost 21 percent of Wisconsin residents are enrolled in state Medicaid programs. If this number continues or increases, hospitals and other health care providers will likely face the dilemma of greater demand for care at increasingly greater financial loss. This scenario will place hospitals in the position of necessarily cutting costs just as more hospital workers are needed, but having no resources to pay for the increase in labor costs.



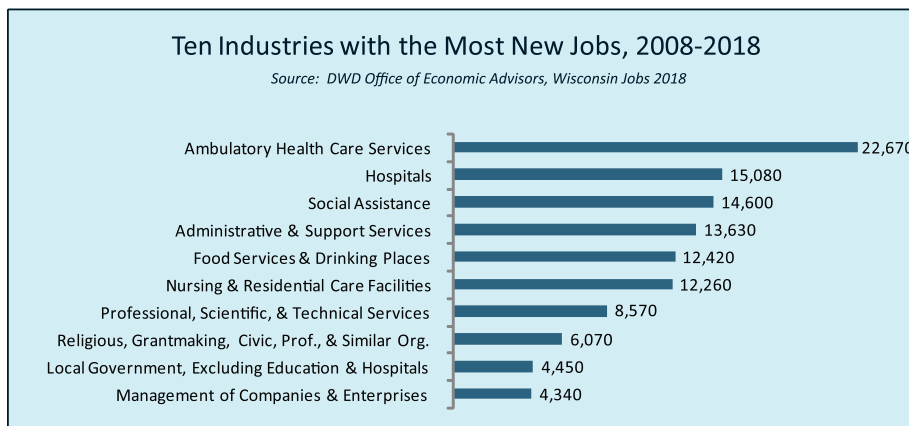
Currently in Wisconsin

Over the past five years, hospitals have struggled to recruit and hire health care workers for many different positions. Regional workforce alliances and educational programs have worked collaboratively to attract students to health care careers. Hospitals used creative strategies to attract and retain workers. But, during that time, economic conditions changed. Thoughtful predictions of supply and demand curves could not have foreseen the impact current economic conditions would have on Wisconsin's employment picture.

Jobs in Wisconsin

In March 2010, the *Christian Science Monitor* reported that 12 states now had a smaller total workforce than they did a decade ago. The 12 states were: Alabama, California, Delaware, Indiana, Massachusetts, Michigan, Mississippi, Missouri, Ohio, Tennessee, West Virginia and Wisconsin. Job losses in Wisconsin occurred in many industries, with construction and manufacturing leading the way. Hopefully, that trend has ended. As of June, Wisconsin saw a net gain of jobs every month in 2010. This reversed a downward trend that has existed since 2006. There are, however, 64,600 fewer jobs in Wisconsin today than there were in 2000.

Health care has not suffered the same rate of job loss and has fared better than most industries during the recession. Between 2008 and 2009, Wisconsin hospitals gained 2,500 jobs. But, in 2010 the pace has slowed considerably and hospitals report a gain of only 700 jobs over the first six months, with some months showing increases and some declines.

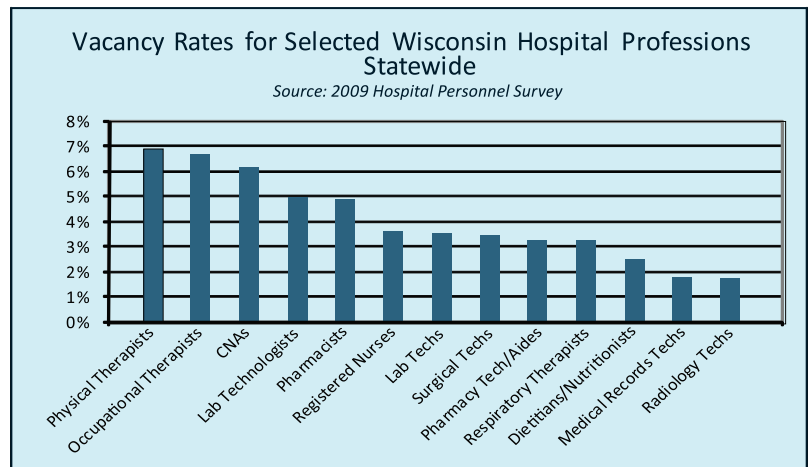


The Office of Economic Advisors (OEA), Department of Workforce Development, released 2008-2018 statewide employment projections in September 2010. After consideration of current economic conditions, they predict that ambulatory health services, followed by hospitals, will have the greatest number of new jobs this decade. These new jobs are in addition to the number of replacement jobs that will be available in the decade due to retirement, illness or career change. For example, in the fields of health care practitioners and

technical occupations, OEA expects 2,430 new jobs and 3,250 replacement jobs. All of the OEA projections can be found at: http://dwd.wisconsin.gov/oea/employment_projections/long_term_projections.htm.

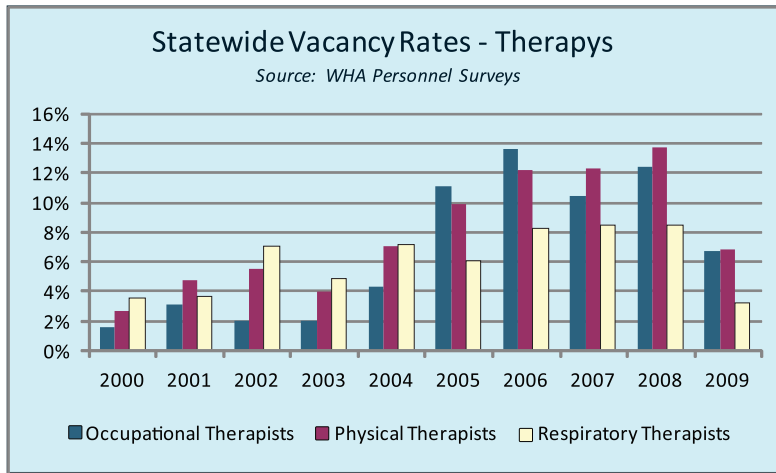
Hospital Job Vacancies

Many in the aging health care workforce, who may have planned to retire, are choosing to work longer than they originally thought. While all the reasons are not known, later retirements could be due to concerns about the cost of living in retirement, need for access to benefits, or simply because good health and interesting work make continued employment an attractive option. The result has been lower hospital vacancy rates for almost all health care occupations. The Wisconsin Hospital Association annually asks hospitals to report their vacant positions for specific health occupations. The most current report reflects employer information as of September 2009. The graph at right illustrates the

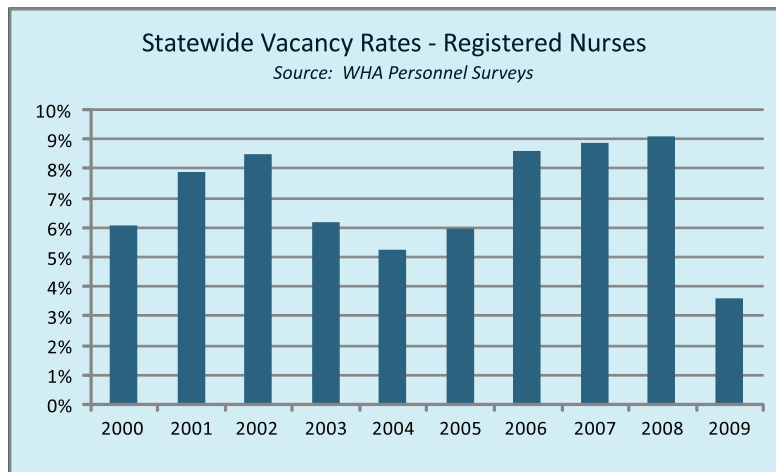


vacancy rates for 13 hospital-employed professions. While it is clear that some positions continue to be difficult to fill, for most of the occupational groups, the vacancy rate has fallen dramatically.

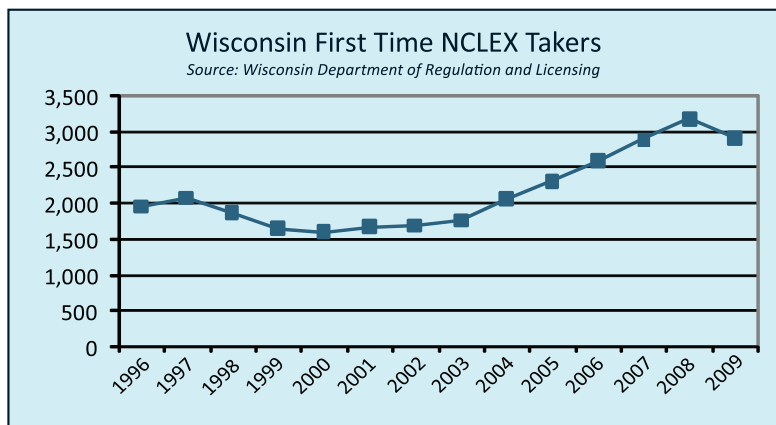
Therapist positions, which show the highest vacancy rates, are still lower now than they were in recent years.

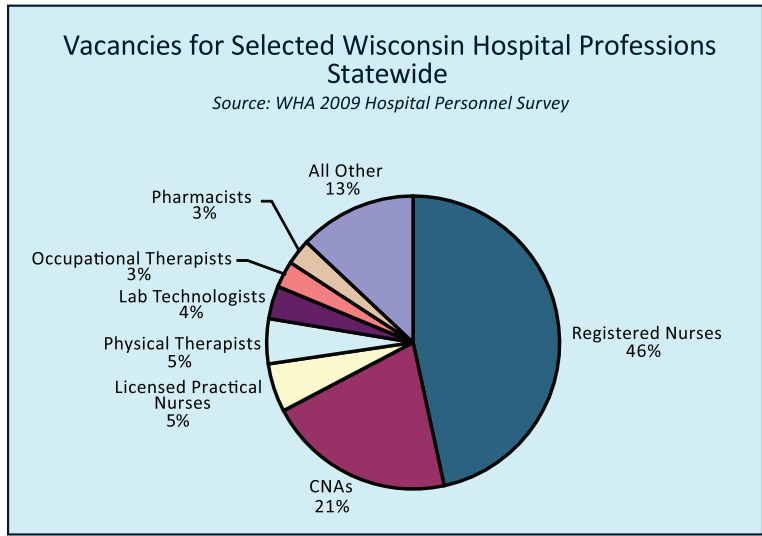


Registered nurse vacancies are the lowest they have been in at least 10 years.



These rates are dramatically different than even one year earlier. The number of new nurses taking the licensing exam also declined in 2009. The current economy could be making it harder for students to complete their education.



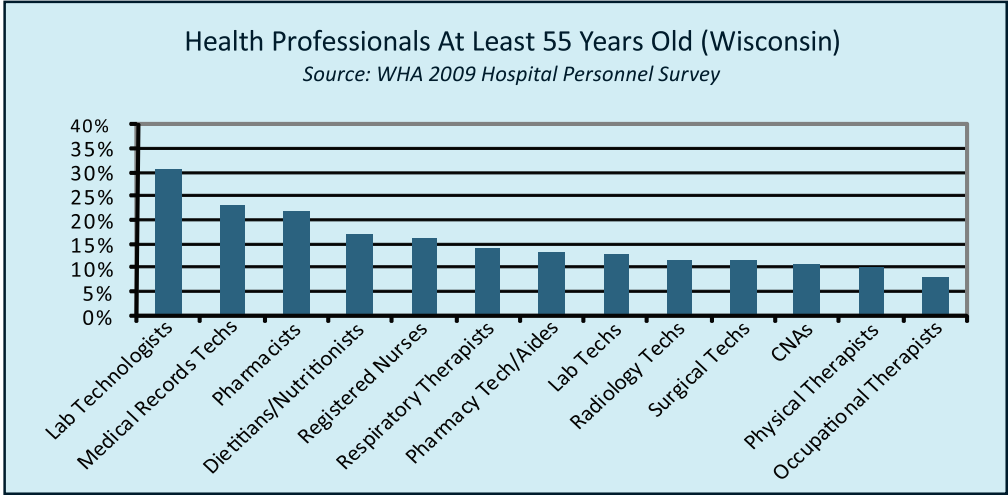


Hospitals indicate that the decreased number of vacant positions across all occupational groups is primarily caused by delayed retirements of current staff plus requests for increased hours by many existing employees that are coping with family member work hour reductions and declining retirement savings.

Health care comprises a large employer segment in Wisconsin. More than 111,000 people work in Wisconsin hospitals. Although this year hospitals reported lower vacancy rates for health care occupation groups, that does not mean there are not positions open. In fact, Wisconsin hospitals reported more than 2,500 vacancies in the 14 occupation groups selected. Registered nurses comprise the largest employed occupational group in hospitals and account for 46 percent of the total vacancies reported.

Aging in Wisconsin

Workers that have remained in the workforce have once again caused the average age to increase, and the percentage of workers over age 55—particularly in some occupations—means that an older workforce is caring for patients. Average age varies by occupational group, with some groups older than others. Laboratory technologists, medical records technicians and pharmacists are groups where over 20 percent of the current workforce is at or near the traditional retirement age.



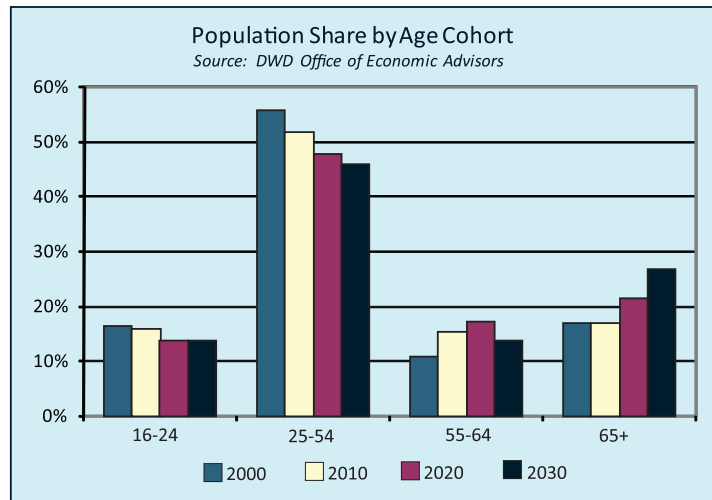
It is not only the health care workforce that is aging in Wisconsin—the entire state is aging. According to “The Impact of Population Aging on Wisconsin’s Labor Force” (DWD, Dec 2009), the average age of Wisconsin residents has advanced 6.4 years since 1970 while the average age of the total workforce has aged by 1.1 year.

In the past, Wisconsin residents not in the workforce were often younger than traditional work age; in the future, they will more likely be beyond traditional work age. By 2030, the average age in Wisconsin and the average worker age will be nearly the same.

Average Ages of Wisconsin Population and Labor Force							
	1970	1980	1990	2000	2010*	2020*	2030*
Wisconsin Population	31.7	33.8	35.5	36.4	38.1	39.6	41.0
Wisconsin Labor Force	39.1	36.6	37.4	39.3	40.4	41.2	41.3

*projected

Shown visually in this graph, the size of population groups under 65 years of age is declining. Only the 65 and over age group is growing.



Older workers and older health care consumers will have a significant impact on health care. While the population that requires health care will increase, the number of workers available to do the work will remain flat. Jobs in the future will require more knowledge and skill, meaning that some of the individuals currently in the workforce will be unable to fill more technically complex, available jobs, resulting in even fewer workers available to meet job demands. The result is as the population grows, the workforce available to care for them will decline. Dennis Winters, Office of Economic Advisors, Department of Workforce Development, says this change is 1) “Unprecedented” – we have never faced a declining workforce before; 2) Assured – demographics will change little, and; 3) Largely unalterable – demographics and migration patterns do not change abruptly (D Winters, Leg Council Study Committee on Strategic Job Creation, 2010). He adds that the ramification of this workforce change is potentially devastating.

Data to Guide Workforce Planning

Workforce planning is a complicated task. Both the supply and the demand components are difficult to measure and capture. Despite those difficulties, more data-driven planning is necessary to ensure that excesses and shortages of health care professionals do not continue to occur in regular cycles.

Wisconsin Registered Nurse Data

Some states have formalized processes for health care workforce data collection. Wisconsin does not, but some progress has been made toward the goal. Directed by the 2009-2010 Wisconsin budget bill, a survey of the registered nurse population coincided with the RN re-licensure process in 2010. The online survey was conducted by the Wisconsin Department of Workforce Development in cooperation with the Department of Regulation and Licensing and was a requirement for RN license renewal.

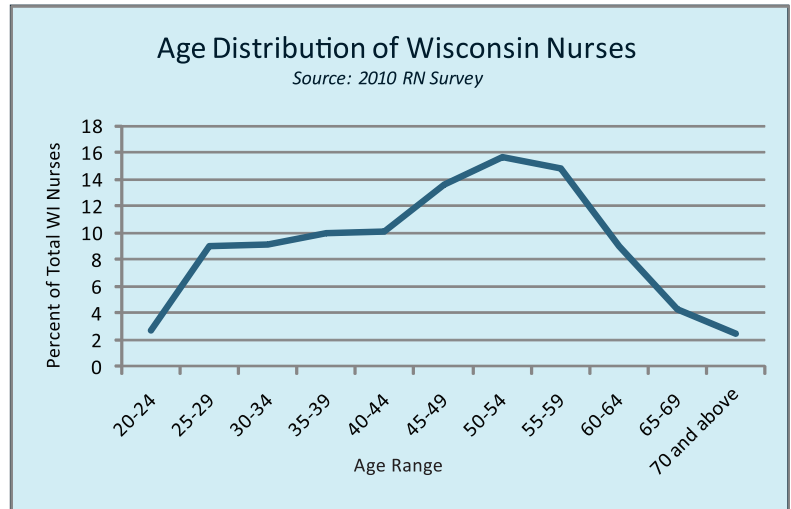
In 2010, 77,533 nurses renewed their Wisconsin license. According to biennial reports from the Department of Regulation and Licensing, the number of nurses renewing their licenses has grown in a consistent manner in the past five renewal periods.

Year	# of Registered Nurses Renewing License
2002	65,309
2004	67,507
2006	70,360
2008	74,381
2010	77,553

Among nurses renewing their licenses in 2010, 46 percent are over 50 years of age, with an average age of 46.8 years. The distribution of nurses by age emphasizes the aging phenomena in the profession. Females make up 93 percent of nurses, and 94.7 percent of nurses report their race as non-Hispanic/white.

Fifty-two percent of nurses have achieved a Bachelor's degree or higher in nursing, and 11,000 nurses report that they plan to pursue additional education in the next two years.

Some nurses who renewed their licenses were retired, but maintain a license. Some nurses hold a license, but do not work in a health care related field. They may be realtors, salespeople, or work on the family farm. Other nurses work in health care, but do not provide care to patients in their current role, for example, nurses working for insurance companies, in administrative and information technology roles. This survey had questions designed to determine the size of the direct care nursing workforce, so specific questions were asked about nurses and their current workplace. Seventy-four percent of all registered nurses (57,469), and 85 percent of employed nurses, report that they provide direct patient care in their work.



Primary Place of Work 2010	Wisconsin Nurses		Primary Place of Work 2001	Wisconsin Nurses	
	Number	Percent		Number	Percent
Hospital	30,731	49.9	Hospital	30,675	54
Ambulatory Care	8,977	14.6	Outpatient Clinic	8,548	15
Public/Community Health	2,896	4.7	Public/Community Health	5,986	11
Home Health	2,588	4.2			
Nursing/Extended Care	6,927	11.3	Nursing Home	6,074	11
Academic Education	1,406	2.3	Nursing Education	1,129	2
Other	8,017	13.0			

Nurse employment, like patient care, is shifting to non-hospital settings. In 2010, 49.9 percent of nurses report that their primary place of work is a hospital. Although this is a larger number of nurses than worked in hospitals in 2001, it is a smaller percentage of the total nursing workforce across all settings. The percentage of nurses employed in ambulatory/outpatient locations and in nursing homes/extended care have remained about the same. Other categories are hard to compare as choices changed between the two surveys.

Many other data elements were collected in the survey. They include nursing programs attended; all degrees obtained; data on first, second and even third place of work; reasons for entering, staying in or leaving the nursing field; hours of work per week; work plans for the future, and many others. Individuals with specific questions to investigate will have access to the data.

A survey of Licensed Practical Nurses will be done in 2011 at the time those licenses are renewed. The survey will be repeated with each license renewal for registered nurses and licensed practical nurses.

Wisconsin Laboratory Worker Data

Under a grant "Collaborative Response to a Growing Workforce Crisis," funded by the Healthier Wisconsin Partnership Program, a survey of clinical laboratories was conducted in 2009. Wisconsin has 3,374 CLIA-certified laboratories. The survey queried a random sample of 746 laboratories and had a 42 percent response rate.

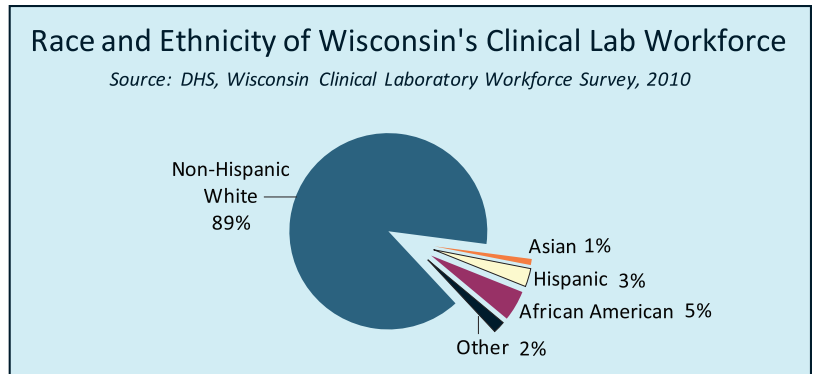
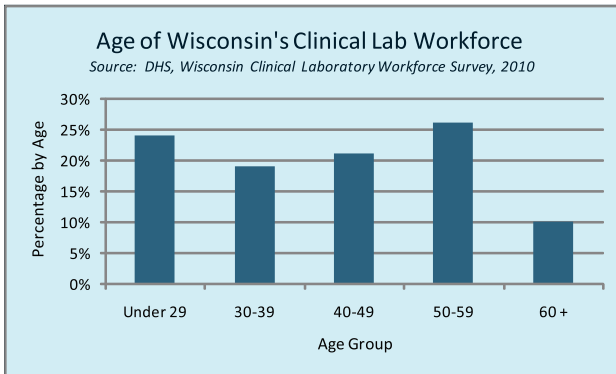
The survey included all workers within a laboratory. Survey results lead to an estimate of a laboratory workforce in excess of 51,000 with 1,726 full-time equivalent vacant positions. The table indicates that some positions have no vacancies, but that there are a significant number of FTE vacancies for laboratory professionals, specifically for certified medical technologists, certified medical laboratory technicians and phlebotomists. There are also significant vacancies for other health care workers including nurses, practical nurses and medical/nursing assistants.

Estimated Statewide Full-Time Equivalent (FTE) Laboratory Employees by Job Title, Wisconsin, 2010		
Job Title/Discipline	Estimated FTEs Statewide	Estimated FTE Vacancies, Statewide
<i>Staff with clinical laboratory professional education and training</i>		
Pathologists	737	8
Pathology Assistants	76	0
Managers/Administrators	2,917	38
Certified Medical Technologists - MT(ASCP, CLS(NCA), etc.	7,826	130
Medical Technologists (non-certified)	3,066	0
Certified Medical Laboratory Technicians - MLT(ASCP), CLT(NCA), etc.	2,981	277
Medical Laboratory Technicians	694	9
Phlebotomists	5,210	258
Histotechnologists (Bachelor of Science degree, B.S.)	303	0
Histotechnician	570	36
Cytologists	428	0
Cytogenetic Technologists	246	0
Molecular Biologists	47	0
<i>Other professionals who perform laboratory testing</i>		
Registered Nurses	4,571	108
Licensed Practical Nurses	2,986	100
CMA/MA	1,061	28
CNA/NA	8,198	280
Other	9,420	454
Total	51,337	1,726

Source: Wisconsin Department of Health Services, Wisconsin Clinical Laboratory Science Workforce Survey, 2010.

Note: Estimated statewide numbers of FTE laboratory employees by job title were based on FTEs reported by the respondent laboratories, and calculated using a multiplier of 9.5. These estimates assume that all Wisconsin laboratories have a distribution of employees by discipline similar to that of the 319 respondent laboratories that completed the survey. Formula used to calculate the multiplier: $319/3,374 \times 100 = 9.5$.

Thirty-six percent of the current laboratory workforce is over 50 years of age. Laboratories in Wisconsin have a slightly more diverse workforce than reported by the nursing study. Eighty-nine percent of these workers are non-Hispanic white. A summary of this study can be found at: <http://www.dhs.wisconsin.gov/hw2020/infrastructure/workforce/clinicallabs.pdf>.



Radiology Workforce Data

The American Society of Radiologic Technologists conducted a national workforce survey in June 2010 asking for a report on workforce as of December 2009. This national survey, directed to laboratory managers, had a response rate of 13 percent (with 51 responses from Wisconsin). Thirty percent of the responding laboratories were in a rural location, 40 percent a suburban location and 30 percent an urban location. Over half (54 percent) indicated that they had no vacant positions and 46 percent indicated that they had virtually no turnover of staff. Over the past seven years, vacancy rates for radiologic technologists have gone from 10.8 percent in 2003 to 2.1 percent in 2010.

Pharmacist Workforce Data

The Aggregate Demand Index is an ongoing project supported by the Pharmacy Manpower Project since 2000. It provides regional, state and practice setting indices of national demand for pharmacist positions. This data is posted online at <http://www.pharmacymanpower.com>. For each state, a demand index is created. With a scale of 1.0 for high surplus of pharmacists and 5.0 for a high demand for pharmacists, Wisconsin's demand index was 3.67 in June 2010. Wisconsin is now classified as moderate demand. This is much lower than reported just a year ago (when it was 4.8 and considered high demand); however, only four states have a higher demand index than Wisconsin at this time.

Concordia University School of Pharmacy admitted its first class in fall 2010. Hopefully, this new program and more than 70 new pharmacy graduates will create a better supply of pharmacists for all Wisconsin health care providers and more opportunities for Wisconsin students wishing to become pharmacists.

Other occupational group data remains a need in Wisconsin; for example, those with the highest current percentage of vacancies are physical and occupational therapy.

Advanced Practice Nurse/Physician Assistant Data

Wisconsin does not license advanced practice nurses, so it has been unclear how many nurses worked in that role or were educated to perform in advance practice roles. This year, however, advanced practice nurse data was collected as part of the RN Survey. In that survey, 3,802 nurses reported they were currently working as an advanced practice nurse. The American Nurses Association reports that 2,993 Advanced Practice Nurses in Wisconsin have a National Provider Identifier (NPI), which allows them to be identified in claims transactions.

National and Statewide Health Care Workforce Actions and Strategies

Federal health care reform legislation contained elements designed to address workforce shortages and ensure a workforce to care for an increased number of persons that are now and will be accessing the health care system in the future. The new law created a national body to plan for the future health care workforce, collect and distribute data for health care workforce planning and provide funding for both students and educational programs.

National Health Care Workforce Commission

The National Health Care Workforce Commission is charged with developing a national strategy to address workforce shortages and encourage training in key areas. The commission will be comprised of 15 individuals, representing health care employers, payers, workers and consumers, who were appointed in September, 2010. Beginning October 1, 2011, and every October 1 thereafter, the Commission will make recommendations to Congress and the Administration concerning national health care workforce priorities, goals and policies. Beginning April 1, 2011, and every April 1 thereafter, the Commission will make recommendations on a minimum of one high-priority area. The initial high-priority areas include:

- Integrated health care workforce planning;
- The nature, scopes of practice, and demands for health care workers in the enhanced information technology and management workplace;
- The alignment of Medicare and Medicaid graduate medical education policies with national workforce goals;
- The elimination of barriers to entry and retention in primary care, including provider compensation; and,
- The education and training capacity, projected demands, geographic distribution and integration with the health care delivery system of the nursing, oral health care, mental and behavioral health care, allied health and public health care, and emergency medical service workforces.

In addition, the Commission will:

- Study effective mechanisms for financing education and training for health careers;
- Recommend improvements to the safety, health and protections in the workplace for health care workers; and,
- Review the state health care workforce development grant program and other grant programs in the law.

Centers for Health Care Workforce Analysis

The National Center for Health Care Workforce Analysis and State and Regional Centers for Health Workforce Analysis are created to provide data on workforce-related issues. The national center will collaborate with federal agencies and the new state and regional centers to collect statistical workforce information.

Increasing the Supply of the Health Care Workforce

To help address critical workforce shortages, the law implements a number of loan and loan forgiveness programs to ease the financial burden of pursuing a career in health care for a wide range of occupational groups, including nursing, mental health workers, dental professionals, physicians and direct care workers.

Enhancing Health Care Workforce Education and Training

Educational programs for health occupations across many specialty areas and delivery environments will be eligible to receive grants to improve, increase, develop their ability to educate health care providers. Programs range from direct care workers to physicians, in primary care, dental care, mental health, public health and long-term care. Nurse faculty, nurse practitioners and physician assistants are specifically addressed.

State Efforts to Increase Access to Clinical Education Facilities

1. Over 15 states or regions of states have implemented web-based software programs that match students with clinical learning placements. These statewide or regional efforts aim to reduce the effort both educational programs and clinical facilities expend for these matches and to increase the number and availability of placements.

In Wisconsin, this type of program has been implemented in the La Crosse region through The Online Clinical Placement project, a collaboration of the Consortium's Nursing Education Clinical Coordination Committee, the Healthcare-Education Industry Partnership, and HealthForce Minnesota.

Working from software developed in the state of Oregon, this project has developed a real-time, online tool for academic institutions and health care providers to match up the needs and availability of clinical sites for area nursing students.

Each semester, health care institutions with clinical sites provide information about the vacancies they will have available. Academic institutions offering nursing courses can then assign their students to the clinical sites to ensure that they can complete their training.

2. Another strategy is the clinical passport.

The process of credentialing and orienting health professional students for clinical practicum experiences has become increasingly complex and resource-intensive for both the health professional schools and the health care delivery facilities. As a result, there have been initiatives in several states and some cities and/or local regions to standardize these processes to create efficiency for students, educational programs and health care facilities. In Wisconsin, the Fox Valley Health Care Alliance has developed a voluntary standardized process for health professional schools and clinical facilities that includes the assignment, credentialing, and parts of the orientation processes of student placement. That program can be viewed at <http://www.fvhca.org/StudentClinicalPlacements.html>.

A statewide program in Utah called the Statewide Student Nurse Passport Program focuses on a standardized credentialing and orientation program for students, so that the nursing schools are now responsible for ensuring that students are oriented to all the regulatory-required aspects of inpatient health care delivery, including, but limited to HIPAA, infection control, environmental safety, and the national patient safety goals. In return, the health care facilities have agreed to a standardized credentialing process that includes requirements for criminal background checks, immunizations, CPR/BLS certification, and if needed, drug testing. This makes it much simpler for schools that place their students in multiple facilities each semester. The Wisconsin Organization of Nurse Executives (W-ONE) plans to work with regional and statewide groups to create a similar statewide program in Wisconsin.

The Future Outlook for Wisconsin's Health Care Workforce

In difficult economic times, predicting the future is risky, but necessary. What is the likely future for Wisconsin's health care workforce?

- **Demand for health care will increase.** The aging population will consume more care and increased access to health insurance via both federal and state initiatives will likely create greater demand for care. Some of that care may change to other venues, but those venues all need health care workers.
- **Health care workers will be older.** The entire workforce will be comprised of older workers, but the implications for health care are a concern. Many of the jobs in health care require lifting, standing, walking, and evening and night shifts—all difficult for the older worker. When there is meaningful economic recovery, a significant number of current workers will leave the workforce or reduce their hours of work. Those retirements will trigger a new round of shortages. Even with those retirements, the remaining workers will likely be older than today.
- **Competition for the younger worker will increase.** Wisconsin and all of the country will see a smaller demographic of younger workers. Many occupations and industries will likely compete for that younger cohort. Today's health care workforce is comprised most often of women of non-Hispanic white background. Those population groups that rarely select health care careers today will be needed to attain a workforce of adequate size.
- **Reimbursement levels for hospitals and perhaps other providers will continue to be an issue.** State and federal programs today pay less than the cost of care. Growth of those programs puts all of health care in a position of providing more and more care for fewer dollars. Salaries and fringe benefits account for 48 percent of hospitals' total expenses. Government payment for care cannot decline further. Even then, all possible efficiencies will be needed to operate successfully in the health care system.
- **Work will be more technologically complex.** Individuals entering health care occupations will need to be well prepared in the sciences, have complex decision making skills, work well in teams and be comfortable in a changing environment.

Wisconsin Hospital Association Recommendations

Federal health care reform and the recession are two factors that make it difficult to forecast the future demand for medical services, which will in turn, drive the number and type of workers necessary to deliver that care. Economic conditions are likely to require thoughtful and careful use of limited resources. With those considerations in mind, the Wisconsin Hospital Association makes the following recommendations:

- **Sustain funding for hospital care delivery.** Continued or escalating reductions in payment to hospitals could radically alter access to care, the ability of hospitals to create and sustain jobs and maintain high quality care.
- **Support regional alliances that promote the shared use of resources.** Efficient use of recruitment, educational, economic and scarce clinical resources has already been demonstrated by regional workforce initiatives. Continued support of these and emerging regional groups is important for wise use of limited resources.
- **Examine practice environment for obstacles to older workforce.** The environment in which health care workers spend their time must accommodate the limitations that come with age (e.g. long hallways, limited lighting, small print)
- **Expand workforce data collection to include in-demand occupations.** Physical therapy, occupational therapy and laboratory positions have significant vacancy rates in hospitals, but are not included in current data collection efforts. Good progress has been made in collecting data and understanding some occupational groups. The work needs to continue.
- **Recruit from all segments of the population.** The health care workforce is currently mostly female and mostly white. If Wisconsin is to successfully maintain a health care workforce, all segments of the population will need to be recruited.

Health care is an important employment sector in Wisconsin valued by patients and families. In Wisconsin's current economy, it remains one, of few, industries that has added jobs during the most recent years. The health care field offers interesting and rewarding employment. Wisconsin must work to ensure that in difficult economic times, its reputation for high quality health care is assured with a well-prepared health care workforce.

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Wisconsin Hospital Association Member Hospitals

Agnesian HealthCare/St. Agnes Hospital, Fond du Lac
Amery Regional Medical Center, Amery
Appleton Medical Center, Appleton
Aspirus Wausau Hospital, Wausau
Aurora BayCare Medical Center in Green Bay, Green Bay
Aurora Lakeland Medical Center in Elkhorn, Elkhorn
Aurora Medical Center, Grafton
Aurora Medical Center in Hartford, Hartford
Aurora Medical Center in Kenosha, Kenosha
Aurora Medical Center in Oshkosh, Oshkosh
Aurora Medical Center in Two Rivers, Two Rivers
Aurora Medical Center Summit, Summit
Aurora Memorial Hospital of Burlington, Burlington
Aurora Psychiatric Hospital, Wauwatosa
Aurora Sheboygan Memorial Medical Center, Sheboygan
Aurora Sinai Medical Center, Milwaukee
Aurora St. Luke's Medical Center, Milwaukee
Aurora West Allis Medical Center, West Allis
Baldwin Area Medical Center, Baldwin
Bay Area Medical Center, Marinette
Beaver Dam Community Hospitals, Inc., Beaver Dam
Bellin Hospital, Green Bay
Bellin Psychiatric Center, Green Bay
Beloit Health System, Beloit
Berlin Memorial Hospital, Berlin
Black River Memorial Hospital, Black River Falls
Boscobel Area Health Care, Boscobel
Burnett Medical Center, Grantsburg
Calumet Medical Center, Chilton
Children's Hospital of Wisconsin, Milwaukee
Children's Hospital of Wisconsin-Fox Valley, Neenah
Chippewa Valley Hospital, Durand
Clement J. Zablocki VA Medical Center, Milwaukee
Columbia Center, Inc., Mequon
Columbia St. Mary's, Inc. - Columbia Campus, Milwaukee
Columbia St. Mary's, Inc. - Milwaukee Campus, Milwaukee
Columbia St. Mary's, Inc. - Ozaukee Campus, Mequon
Columbia St. Mary's - Sacred Heart Rehabilitation Institute, Milwaukee
Columbus Community Hospital, Columbus
Community Memorial Hospital, Menomonee Falls
Community Memorial Hospital, Oconto Falls
Cumberland Memorial Hospital, Inc., Cumberland
Divine Savior Healthcare, Portage
Edgerton Hospital and Health Services, Edgerton
Flambeau Hospital, Park Falls
Fort HealthCare, Fort Atkinson
Franciscan Skemp Healthcare-Mayo Health System, Arcadia
Franciscan Skemp Healthcare-Mayo Health System, La Crosse
Franciscan Skemp Healthcare-Mayo Health System, Sparta
Froedtert Health St. Joseph's Hospital, West Bend
Froedtert Memorial Lutheran Hospital, Milwaukee
Grant Regional Health Center, Lancaster
Gundersen Lutheran Health System, La Crosse
Hayward Area Memorial Hospital, Hayward
Holy Family Memorial, Inc., Manitowoc
Hudson Hospital & Clinics, Hudson
Indianhead Medical Center/Shell Lake, Shell Lake
Kindred Hospital Milwaukee, Greenfield
Lakeview Medical Center, Rice Lake
Lakeview Specialty Hospital & Rehab, Waterford
Langlade Hospital - An Aspirus Partner, Antigo
Luther Midelfort Chippewa Valley, Bloomer
Luther Midelfort Eau Claire, Eau Claire
Luther Midelfort Northland, Barron
Luther Midelfort Oakridge, Osseo
Memorial Health Center - An Aspirus Partner, Medford
Memorial Hospital of Lafayette Co., Darlington
Memorial Medical Center, Ashland
Memorial Medical Center, Neillsville
Mercy Health System Corporation, Janesville
Mercy Medical Center, Oshkosh
Mercy Walworth Hospital and Medical Center, Lake Geneva
Meriter Hospital, Madison
Mile Bluff Medical Center, Mauston
Ministry Door County Medical Center, Sturgeon Bay
Ministry Eagle River Memorial Hospital, Eagle River
Ministry Good Samaritan Health Center, Merrill
Ministry Health Care's Howard Young Medical Center, Woodruff
Ministry Our Lady of Victory Hospital, Stanley
Ministry Sacred Heart Hospital, Tomahawk
Ministry Saint Clare's Hospital, Weston
Ministry Saint Joseph's Hospital, Marshfield
Ministry Saint Mary's Hospital, Rhinelander
Ministry Saint Michael's Hospital, Stevens Point
Monroe Clinic, Monroe
Moundview Memorial Hospital & Clinics, Inc., Friendship
New London Family Medical Center, New London
Oconomowoc Memorial Hospital, Oconomowoc
Oconto Hospital & Medical Center, Oconto
Orthopaedic Hospital of Wisconsin, Glendale
Osceola Medical Center, Osceola
Prairie du Chien Memorial Hospital, Prairie du Chien
Red Cedar Medical Center - Mayo Health System, Menomonie
Reedsburg Area Medical Center, Reedsburg
Rehabilitation Hospital of Wisconsin, Waukesha
Ripon Medical Center, Inc., Ripon
River Falls Area Hospital, River Falls
Riverside Medical Center, Waupaca
Riverview Hospital Association, Wisconsin Rapids
Rogers Memorial Hospital, Inc., Oconomowoc
Rusk County Memorial Hospital and Nursing Home, Ladysmith
Sacred Heart Hospital, Eau Claire
Sauk Prairie Memorial Hospital, Prairie du Sac
Select Specialty Hospital-Milwaukee, West Allis
Select Specialty Hospital-Milwaukee-St. Luke's, Milwaukee
Shawano Medical Center, Shawano
Southwest Health Center, Platteville
Spooner Health System, Spooner
St. Clare Hospital & Health Services, Baraboo
St. Croix Regional Medical Center, St. Croix Falls
St. Elizabeth Hospital, Appleton
St. Joseph's Community Health Services, Hillsboro
St. Joseph's Hospital, Chippewa Falls
St. Mary's Hospital, Madison
St. Mary's Hospital Medical Center, Green Bay
St. Mary's Hospital of Superior, Superior
St. Nicholas Hospital, Sheboygan
St. Vincent Hospital, Green Bay
Stoughton Hospital Association, Stoughton
The Richland Hospital, Inc., Richland
The Wisconsin Heart Hospital, Wauwatosa
Theda Clark Medical Center, Neenah
Tomah Memorial Hospital, Tomah
Tri-County Memorial Hospital, Whitehall
Upland Hills Health, Inc., Dodgeville
UW Health Partners Watertown Regional Medical Center, Watertown
UW Hospitals and Clinics, Madison
VA Medical Center, Tomah
Vernon Memorial Healthcare, Viroqua
Waukesha Memorial Hospital, Waukesha
Waupun Memorial Hospital, Waupun
Westfields Hospital, New Richmond
Wheaton Franciscan Healthcare - All Saints, Racine
Wheaton Franciscan Healthcare-Elmbrook Memorial, Inc., Brookfield
Wheaton Franciscan Healthcare-Franklin, Franklin
Wheaton Franciscan Healthcare-St. Francis, Inc., Milwaukee
Wheaton Franciscan Healthcare-St. Joseph, Inc., Milwaukee
Wild Rose Community Memorial Hospital, Wild Rose
William S. Middleton Memorial Veterans Hospital, Madison



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