

## **U.S. Health Resources & Services Administration**

Michelle M. Washko, PhD

Director, National Center for Health Workforce Analysis, Health Resources and Services Administration, U.S. Department of Health and Human Services

In 2019, the healthcare workforce was 22 million individuals strong. This sector was one of the largest and fastest-growing in the United States, accounting for 14% of all civilian, employed workers in the U.S. The majority worked in hospital settings—about 7 million healthcare workers to be exact. Another 4 million were in outpatient and physician offices, and 3.5 million were in Skilled Nursing Facilities and Home Care settings. All in all, the healthcare workforce was large, growing, and there was a steady amount of jobs that were open, making it a very employable sector overall.

Then, the COVID-19 pandemic emerged. As we now know, its impact on healthcare cannot be understated. It changed care delivery and clearly demonstrated the need for sufficiently-sized and well-trained public health, healthcare, and health support workforces. Easy-entry, easy-exit occupations—the lowest-wage earners in healthcare—were the same groups whose employment was the most adversely impacted by COVID. In 2020 alone, total injury and illness cases decreased or remained the same in all sectors except for healthcare, which saw a 4,000% increase in employer-reported respiratory illness.

The pandemic forced states to innovate to meet the needs of their populations, and at the center of that response was the workforce. A number of strategies were implemented in response. Many focused on creating state-level regulatory flexibilities, and engaging the public health workforce. Some states modified scope of practice rules for health professionals, allowing for more autonomous practice. Others allowed health professionals licensed in other states to practice in their state. Additionally, laws and regulations were changed to support greater use of telemedicine. As our nation entered the 3rd year of the pandemic, issues surrounding health workforce capacity, resilience, training, education, and scope of practice have become front and center to moving forward from this phase of our history. While the full impact on our health workforce will not be known for some time, a number of the resulting changes are likely to be long lasting.

Despite the effects of the pandemic, there are several large, persistent policy issues that existed in 2019 and are still present today. These include: sufficiency of the workforce, mal-distribution, quality of healthcare training, and barriers to accessing services. Additionally, there are population factors that have far reaching ramifications for our nation, impacting more than just the health workforce and employment in this sector. First and foremost is the aging of our population. The current cohort of individuals ages 65 and older will continue to generate the majority of demand for healthcare and health support services, and we will need a workforce of sufficient size and distribution to meet this demand. However, this is juxtaposed against the fact that the U.S. birth rate has fallen by 20% since 2007, due to overall lower childbearing rates of current generations. Our population has shown zero growth for several years now, primarily because deaths (attributed to the aging population) exceed births (due to people not having children). Of course, these are issues affecting more than just healthcare in the U.S.

In a nutshell, the health workforce is in flux. We are still understanding the impacts of the pandemic, while having to address previously existing problems. We know that addressing shortages and mal-distributions, continuing to try to improve access to services and train individuals in a way that improves the quality of patient and population outcomes needs to happen. But we must also harness the power of this moment to address pandemic-exacerbated issues like burnout and equity in the workforce.

While it may seem like chaos, there is opportunity in times like this. Despite a low birthrate, demand from our aging population and the after-effects of the pandemic will cause employment in healthcare to grow faster than for other industries. This still allows for great opportunity to tackle the persistent policy issues, and if we follow the data, to craft a better health workforce for the future.

---

Copyright (c) 2022 Delaware Academy of Medicine / Delaware Public Health Association.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.