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EXECUTIVE SUMMARY

The Connecticut Allied Health Workforce Policy Board (AHWPB) was created as a result of P.A. 04-220 (An Act Concerning Allied Health Needs) to conduct research and planning activities related to the allied health workforce. At the end of 2011, the Board, staffed by the Office of Workforce Competitiveness (OWC), was adopted as a standing committee of the Connecticut Employment and Training Commission (CETC), the state’s Workforce Investment Board. The Board now serves in a policy advisory role to the CETC on allied health workforce needs.

The Board is required to report annually to the Public Health and Higher Education and Employment Advancement Committees of the General Assembly. This year’s annual legislative report provides a review of current labor market trends, changes affecting the allied health workforce, and recommendations for legislative consideration.

Connecticut has a strong healthcare industry with a higher share of employment compared to the rest of the U.S. and the Northeast. National employment in this industry has grown substantially over the past ten years, and because of Connecticut’s already large share of employment, the state’s growth rate was slower than the nation and the Northeast. Projections also show that the industry is expected to continue to grow at a slower rate when compared to the U.S. and the Northeast. The slow growth could be due to the fact that there was already a high healthcare employment concentration in the state and faster growth was not needed to meet the current demand. Connecticut, however, remains one of the top ten states in the nation in terms of employment in healthcare industries. In 2012, Connecticut ranked 7th in terms of its share of employment that works in the healthcare industry (12.9%).

Data from the Connecticut Department of Labor (CT DOL) indicates that the estimate of total employment for health-related occupations in 2010 was 157,850 and ten year projections estimate there will be an increase of 18% by 2020. The specific allied health occupation with the highest employment level is registered nurses with 37,404 jobs in 2010 and an estimated growth of 19% by 2020. The next two occupations with the highest levels of employment in the state include: nursing aides, orderlies, and attendants (23,304 employed in 2010 with a projected growth rate of 11%) and home health aides (10,553 employed in 2010 with a projected growth rate of 36%).

Currently in the state there are approximately 10,000 health professional degree completions a year while the 10-year occupational projections from the CT Department of Labor indicate the healthcare industry will need approximately 5,600 new employees each year to fill new positions and to replace open positions. However the following is not captured in the data reported on number of completions: 1) the number of students who obtain credentials in the state but leave for employment outside the state; 2) the number of students who attain an advanced degree but would not create an opening in the labor market (RN moving from Associate’s to Bachelor’s degree); and 3) whether the credentials being obtained are aligned with what employers are seeking in the market. Although there appears to be
more graduates than job openings and there has been slower employment growth in Connecticut compared to the nation, future policy and demographic changes indicate demand will increase in the state for allied health professions.

Several factors that will affect the allied health workforce in Connecticut are federal and state healthcare reform, the aging population of the state, increased professional requirements for various occupations, the unionization of the personal care attendant workforce, and the emergence of new occupations. Each of these factors will have a significant impact on the demand and supply of Connecticut’s health care workers. Stakeholders across the state are working hard to address these challenges and to prepare their workforce for the coming changes in healthcare delivery. The AHWPB documents this work in the AHWPB Inventory, located on the Office for Workforce Competitiveness website http://www.ctdol.state.ct.us/OWC. The Inventory is self reported and provides an overview of available public and private programs in Connecticut. This tool is a valuable resource for policy makers, employers, philanthropies and job seekers throughout the state.

Recommendations for Legislative Consideration:
The Allied Health Workforce Policy Board offers the following recommendations as a means for ensuring the allied health workforce meets current and future demands in Connecticut. These five recommendations also support recommendations contained in the Connecticut Employment and Training Commission (CETC) 2012 Annual Plan. The recommendations outlined and the investments called for will be critical to the state’s healthcare sector and the overall economy. Unmet needs experienced by Connecticut employers can lead to diminished access to healthcare services, poorer health outcomes and higher costs. The Allied Health Workforce Policy Board plans to work with the legislature and the Malloy administration to develop a budget that will support and implement the following recommendations.

1. Establish regional partnerships to support healthcare workforce pipelines

   Establish and strengthen a statewide system of regional partnerships that include employers, educators, and other key stakeholders to ensure comprehensive understanding of sector-based educational requirements, career tracks and opportunities, job preparedness, and workplace cultural competence expectations. The five regional Workforce Investment Boards (WIBs) could be called upon to lead these regional partnerships. The work and accomplishments of the regional partnerships would be overseen by the CETC with guidance from the AHWPB.

2. Develop a virtual CT Healthcare Workforce Center that provides data and workforce information

   Develop and share a clearinghouse of allied health related information in a central portal/manner. The first step should be collecting, analyzing and utilizing timely healthcare workforce data that is collected by a variety of state agencies to support planning and policy development. Secondly, the state should create an interactive portal where the healthcare workforce can access information, look for jobs, and learn about career pathways and educational opportunities.
3. Increase investments in public/private partnerships to advance incumbent workers

Expand and enhance incumbent worker training programs by increasing funding and streamlining the process to improve career advancement opportunities.

4. Expand contextualized learning opportunities that bring education and work together

Fund contextualized education options for nearly-job-ready candidates lacking core basic skills who are interested in health care employment. The Allied Health Workforce Policy Board will work with CETC to track the impact of the programs related to the healthcare workforce.

5. Expand public/private partnerships to prepare the future healthcare workforce

As part of a comprehensive career pathways system, standardize and expand internships and nurse residency programs statewide to ensure the future healthcare workforce has the technical and workplace skills necessary to meet the needs of employers.
Introduction

The Act Concerning Allied Health Needs (P.A. 04-220) established a 17-member Allied Health Workforce Policy Board (AHWPB or Board) that is required to annually report to the Public Health and Higher Education and Employment Advancement Committees of the General Assembly. The Board began meeting in March 2005, issued its first report in February 2006, and has released reports annually thereafter. The Board meets regularly to fulfill its legislative duties that include:

1. Monitoring data and trends in the allied health workforce including the future supply and demand of professionals and the capacity of higher education to train and educate students;
2. Recommending ways to form and promote economic clusters for these professions;
3. Identifying recruitment and retention strategies for both allied health employers and public and independent higher education institutions that have allied health programs;
4. Recommending ways to promote the professions’ attractiveness and promote diversity in the allied health workforce;
5. Recommending financial and other assistance for students enrolled, or thinking of enrolling, in allied health programs offered in the state;
6. Identifying recruitment and retention strategies for allied health employers;
7. Recommending ways to use and recruit retired nursing faculty members to teach or train students to be licensed practical or registered nurses; and
8. Examining nursing programs at public and independent higher education institutions and recommend ways to streamline the programs’ curricula to facilitate timely program completion.

As per the statute, “allied health workforce” and “allied health professionals” means professionals or paraprofessionals who are qualified by special training, education, skills and experience in providing health care, treatment and diagnostic services, under the supervision of or in collaboration with a licensed practitioner, and includes, but is not limited to, physician assistants, registered nurses, licensed practical nurses, certified nurse assistants, home health aides, radiological technologists and technicians, medical therapists and other qualified technologists and technicians.

At the end of 2011, the Board, still staffed by the Office of Workforce Competitiveness (OWC) was adopted as a standing committee of the Connecticut Employment and Training Commission (CETC), the state’s Workforce Investment Board. The Board now serves a policy advisory role to CETC on allied health workforce needs. In September 2012, CETC issued its annual plan, for which the Board provided recommendations concerning future needs for the allied health professions.

This year’s annual legislative report provides a review of current labor market shortage areas, changes affecting the allied health workforce, and recommendations for legislative consideration.
WORKFORCE ANALYSIS

Connecticut has a thriving healthcare industry with a higher share of employment compared to the U.S. and the Northeast. However, employment growth over the past ten years in the healthcare industry for Connecticut was slower than the nation and the Northeast. Further, the projected growth for the industry is also expected to grow at a slower rate when compared to the U.S. and the Northeast. The slow growth could be due to the fact that there was already a high healthcare employment concentration in the state and faster growth was not needed to meet the current demand.

Currently in the state there are approximately 10,000 health professional degree completions a year while the occupation projections from the CT Department of Labor indicate the healthcare industry will need approximately 5,600 new employees each year to fill new positions and also to replace open positions over the next 10 years. However the following is not captured in the data reported on number of completions: 1) the number of students who obtain credentials in the state but leave for employment outside the state; 2) the number of students who attain an advanced degree but do not add another worker to the labor market (RN moving from Associate’s to Bachelor’s degree); and 3) whether the credentials being obtained are aligned with what employers are seeking in the market.

In-Depth Analysis
The allied health workforce was analyzed from three distinct perspectives so as to provide a broad diagnostic mechanism for policy intervention and workforce alignment. Current and projected employment growth for industries involved in the larger healthcare industry was used to assess regional labor demand. The analysis then looks at the state’s occupational employment projections to understand regional labor supply. Lastly, the analysis examines recent completions from institutions of higher education in health professions in an effort to evaluate the state’s production of human capital. The combination of labor market indicators used in this analysis provides the background necessary to assess the allied health workforce in the region.

Figure 1 aggregates employment for ambulatory health care services (NAICS 621), hospital (NAICS 622), and the nursing and residential care facility (NAICS 623) industries.¹ In 2012, Connecticut had the highest percentage employment in healthcare industries when compared to the U.S. and the Northeast. However employment growth from 2002 to 2012 was slower in Connecticut than in the U.S. and the Northeast. Further, projected employment growth through 2022 is expected to only grow by 13% in Connecticut whereas the U.S. and the Northeast have predicted employment growth greater than 20%.

¹ Industry employment data was obtained from Moody’s Analytics.
Figure 1: Health Care Industry Employment

<table>
<thead>
<tr>
<th>Geography</th>
<th>2012</th>
<th>% Emp.</th>
<th>2002-12</th>
<th>% Growth</th>
<th>2012-22</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td>Emp.</td>
<td></td>
<td>Emp.</td>
<td></td>
</tr>
<tr>
<td>CT</td>
<td>210,608</td>
<td>12.9%</td>
<td>30,658</td>
<td>17.0%</td>
<td>27,565</td>
<td>13.1%</td>
</tr>
<tr>
<td>US</td>
<td>14,387,166</td>
<td>10.8%</td>
<td>2,851,539</td>
<td>24.7%</td>
<td>3,346,395</td>
<td>23.3%</td>
</tr>
<tr>
<td>Northeast (except CT)</td>
<td>2,869,408</td>
<td>12.4%</td>
<td>453,721</td>
<td>18.8%</td>
<td>587,122</td>
<td>20.5%</td>
</tr>
</tbody>
</table>


Connecticut, however, remains one of the top ten states in the nation in terms of employment in healthcare industries, as shown in Figure 2. In 2012, Connecticut ranked 7\textsuperscript{th} in terms of its share of employment that works in the healthcare industry (12.9%).

Figure 2: 10 States with the Largest Employment in Health Care Industries, 2012


As previously noted, in 2012 the healthcare industries employed 210,608 people in Connecticut. A total of 83,636 or approximately 40\% of health care employment was contained in the ambulatory and health care services industry (NAICS 621) which represented 5.1\% of overall state employment in 2012. When looking at the four-digit NAICS codes, as shown in Figure 3, hospitals (28\%), nursing care facilities (19\%), and physician’s offices (15\%) have the highest rates of employment within the healthcare industry in the state.
Figure 3: Connecticut Share of Employment in Health Care by Industry, 2012


Figure 4 shows employment growth in the health care industries. Employment in the ambulatory and health care services industry grew by 19.9% from 2002 through 2012 and is projected to grow by nearly 22.4% from 2012 to 2022 in Connecticut. Even though employment is projected to grow, ambulatory and health care services’ share of state employment is only projected to grow by 0.7% as shown in Figure 4. In 2012, its share of state employment was 5.1% and in 2022 it is anticipated to be 5.8%.

Figure 4: Connecticut Employment in Health Care Industries, 2002-22


Employment in the hospital industry and nursing and residential care industry are also projected to grow between 2012 and 2022, albeit at a slower rate than in the ambulatory and health care services industry. Employment in the hospital industry grew by 13.7% from 2002 through 2012 and is projected to grow by 7.1% from 2012 to 2022 in Connecticut. Employment in the nursing and residential care facilities industry grew by 16.8% from 2002 through 2012 and is projected to grow by 6.8% from 2012 to
2022 in Connecticut. However, as shown in Figure 4, the share of employment in these industries is not projected to change and will remain flat at around 4% of state employment.

Although not shown in Figure 4, each of the healthcare industries grew significantly faster than the 2% decline in overall employment that occurred in Connecticut from 2002 through 2012. However, only the ambulatory and health care services industry is projected to outpace the overall projected employment growth rate of 8% from 2012 to 2022.

**Occupational Projections, 2010-2020**

Data from the Connecticut Department of Labor (CT DOL) estimates that employment for health-related occupations in 2010 was 157,850, and ten year projections estimate that by 2020 there will be 186,489 employed, an increase of 18%. The allied health occupation with the highest employment level is registered nurses with 37,404 jobs in 2010 which is estimated to grow to 44,550 jobs in 2020, an increase of 19%. The next two occupations with the highest levels of employment in the state include: nursing aides, orderlies, and attendants (23,304 employed in 2010 with a projected growth rate of 11%) and home health aides (10,553 employed in 2010 with a projected growth rate of 36%).

The following are listed as ‘Hot Jobs’ (top occupations by openings and growth) among the allied health occupations: registered nurses; physical therapists; emergency medical technicians and paramedics; licensed practical and licensed vocational nurses; home health aides; nursing aides, orderlies, and attendants; and medical assistants. Figure 5 shows the occupations with the largest estimated percentage growth from 2010 to 2020 among the allied health professions. Although registered nurses are not listed in the figure below, employment is expected to grow by more than 7,000 jobs between 2010 and 2020; representing the largest number of jobs to be added in one profession within the allied health field but representing only 19% growth for the profession.

**Figure 5: Top 10 Allied Health Occupations with Highest Percentage Projected Employment Growth, 2010-2020**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>2010 emp.</th>
<th>2020 emp.</th>
<th>% growth</th>
<th># job growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Medical Sonographers</td>
<td>826</td>
<td>1,164</td>
<td>41%</td>
<td>338</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>10,533</td>
<td>14,343</td>
<td>36%</td>
<td>3,810</td>
</tr>
<tr>
<td>Occupational Therapy Assistants</td>
<td>616</td>
<td>813</td>
<td>32%</td>
<td>197</td>
</tr>
<tr>
<td>Emergency Medical Technicians and Paramedics</td>
<td>3,293</td>
<td>4,265</td>
<td>30%</td>
<td>972</td>
</tr>
<tr>
<td>Cardiovascular Technologists and Technicians</td>
<td>411</td>
<td>528</td>
<td>29%</td>
<td>117</td>
</tr>
<tr>
<td>Physical Therapy Assistants</td>
<td>436</td>
<td>562</td>
<td>29%</td>
<td>126</td>
</tr>
<tr>
<td>Physical Therapist Aides</td>
<td>555</td>
<td>703</td>
<td>27%</td>
<td>148</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>6,642</td>
<td>8,267</td>
<td>25%</td>
<td>1,625</td>
</tr>
<tr>
<td>Radiologic Technologists and Technicians</td>
<td>2,409</td>
<td>2,985</td>
<td>24%</td>
<td>576</td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>1,360</td>
<td>1,678</td>
<td>23%</td>
<td>318</td>
</tr>
</tbody>
</table>

*Source: CT Department of Labor*
Education:
Recent completions from institutions of higher education in health professions and related programs were analyzed in an effort to evaluate the state’s production of human capital. The National Center for Education Statistics (NCES) Classification of Instructional Program in Health Professions and Related Programs (CIP 51) was used as a comprehensive definition of educational credentials in allied health. The resulting indicators provide a mechanism to evaluate the state’s preparedness to meet the labor demands of the health industry. As shown in Figure 6, the total education credentials awarded in health professions and related programs across all degree levels totaled 9,669 or 19% of the total 2011 completions in Connecticut. The total completions in the aggregate of the Northeastern states excluding Connecticut were 144,411 which constituted 17.4% of overall awards. The total completions across all states were 953,590 in 2011 and constituted 20.1% of overall awards. Thus, Connecticut completions in health professional programs were higher as a percent of overall completions when compared to other northeastern states but slightly less than the nation as a whole.

Figure 6: All Health Professions and Related Program Credentials

<table>
<thead>
<tr>
<th>State</th>
<th>CIP</th>
<th>2011 Completions</th>
<th>Percent of all Comp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>51</td>
<td>9,669</td>
<td>19.0%</td>
</tr>
<tr>
<td>US</td>
<td>51</td>
<td>953,590</td>
<td>20.1%</td>
</tr>
<tr>
<td>Northeast</td>
<td>51</td>
<td>144,411</td>
<td>17.4%</td>
</tr>
</tbody>
</table>


Figure 7 displays the health professional degrees by level of degree that were completed in 2011 in Connecticut. Approximately half of all health profession and related program credentials that were completed in 2011 were for certificates requiring less than two years of study.

Figure 7: Degrees Completed in Health Professions and Related Programs

<table>
<thead>
<tr>
<th>Degree Completed</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificates less than associate’s</td>
<td>4,903</td>
</tr>
<tr>
<td>Associate’s</td>
<td>1,438</td>
</tr>
<tr>
<td>Some college</td>
<td>41</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>1,560</td>
</tr>
<tr>
<td>Post-baccalaureate certificate</td>
<td>65</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>1,038</td>
</tr>
<tr>
<td>Post-master’s certificate</td>
<td>94</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>530</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,669</strong></td>
</tr>
</tbody>
</table>


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2 Tertiary completion data was obtained from the National Center for Education Statistics Integrated Post-secondary Education Data System.
3 The full list of detailed programs included in the Health Professions and Related category found on the NCES website. (http://nces.ed.gov/HealthProfessions)
As shown in Figure 8, more than 80% of certificates requiring less than two years of study are issued by private for-profit schools in the state. On the other hand, private nonprofit higher education institutions in the state issue more Bachelor’s and master’s degrees than other higher education institutions. Almost two-thirds of associate’s degrees finished in 2011 were completed at a public higher education institution in the state.

Figure 8: Degrees Completed in Health Professions and Related Programs by Institution Type

<table>
<thead>
<tr>
<th>Degree Completed</th>
<th>Public</th>
<th>Private Nonprofit</th>
<th>Private For Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificates less than baccalaureate</td>
<td>514</td>
<td>410</td>
<td>3,979</td>
</tr>
<tr>
<td>Associate’s</td>
<td>921</td>
<td>467</td>
<td>50</td>
</tr>
<tr>
<td>Some college</td>
<td>0</td>
<td>7</td>
<td>34</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>687</td>
<td>873</td>
<td></td>
</tr>
<tr>
<td>Post-baccalaureate certificate</td>
<td>16</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Master’s degree</td>
<td>276</td>
<td>762</td>
<td></td>
</tr>
<tr>
<td>Post-master’s certificate</td>
<td>0</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>267</td>
<td>263</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,681</strong></td>
<td><strong>2,925</strong></td>
<td><strong>4,063</strong></td>
</tr>
</tbody>
</table>

*Source: Integrated Post-secondary Education Data System. National Center for Education Statistics. 2011*
As the healthcare industry continues growing and evolving, several challenges and opportunities will emerge for the allied health workforce in Connecticut. Federal reform, through the Affordable Care Act, will provide additional residents with health insurance improving preventative health coverage offered through community health centers, school-based health centers and family physician offices. Additional workers in allied health will be needed to provide services to meet the increased demand.

With an aging population, Connecticut will face the challenge of having enough workers to meet demands placed on long-term health care providers. Traditionally, spending on nursing homes has accounted for the majority of long-term care expenditures, but over the past 25 years, home and community-based spending has increased. It was estimated nationally in 2012 that the cost of a semi-private room in a nursing home was $81,030 for round-the-clock care and the annual cost for a room or apartment at an assisted living facility was $42,600.

With rising costs and a growing aging population in Connecticut, the demand for workers in long-term care will increase and families will need to determine their best options to care for elderly family members. Connecticut will need to prepare more direct care workers who are employed by agencies to meet workforce demand. Conversely, the State needs to understand and organize alternative occupations for long-term care such as Personal Care Attendants, who are often independent contractors working for one individual or family to provide day-to-day personal care and health care services.

As services and quality of technology improve, it is important to ensure that allied health training programs in Connecticut are adaptive as well. The integration of electronic medical records and increasingly sophisticated home care technology will continue, changing the skill requirements for jobs. Connecticut’s community colleges, universities and technical high schools must be prepared and make necessary curriculum changes to best prepare future allied health workers.

Additional topic-specific details on allied health challenges and opportunities are described on the following pages.

Federal and State Healthcare Reform
Since the approval of the Affordable Care Act by US Congress in 2010, planning has begun to prepare Connecticut for implementation with the full impact of health reform to occur on January 1, 2014 when the state’s health insurance exchange is scheduled to be operational. According to the Connecticut

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Health Policy Project, between 170,000 and 200,000 additional Connecticut residents will have health coverage, reducing the state’s uninsured rate by half to 5% or 6.5%.\(^6\)

When analyzing allied health occupations, employers expect to face difficulties in filling certain occupations. These shortages are expected to take place among physical and occupational therapy assistants, radiologic technicians, and other technicians. The shortages will increase if demographic changes and improved access to health care through healthcare reform raise demand for health care services.\(^7\)

Increased demand will also be seen for primary care physicians, nurse practitioners, and physician assistants where healthcare reform is expected to cause workforce shortages. In Connecticut, steps are being taken to prepare for this. Saint Francis Hospital in Hartford partnered with the University of Connecticut School of Medicine to create the Connecticut Institute for Primary Care Innovation, which aims to improve primary care education and increase the retention of primary care providers. New dedicated space opened in November 2012 and includes a simulation studio to help medical students and current physicians in primary care offices learn to maximize work flow and efficiency.\(^8\) The aim is to help increase interest in primary care and improve efficiency of primary care physicians to ease the anticipated workforce shortages.

It is projected that community health centers and school-based health centers will see more preventative visits as well as having to assist with treatment of chronic diseases. The Affordable Care Act includes $9.5 billion to expand services nationally over a five-year period and $1.5 billion to support construction and renovation projects at community health centers. In May 2012, it was announced that Connecticut received $9.7 million in grants for building capacity and facility improvements. Awards resulting from these grants include $5 million for the Community Health & Wellness Center of Greater Torrington; $3.5 million for East Hartford Community Healthcare Inc.; $485,850 for Cornell Scott Hill Health Corp. in New Haven; $500,000 for Generations Family Health Center, Inc., in Willimantic; and $232,098 for Staywell Health Care, Inc., in Waterbury.\(^9\) It is estimated by the US Department of Health and Human Services that the investments will allow these health centers to serve 8,878 new patients.

The Allied Health Workforce Policy Board is getting regular updates from key partners to obtain information regarding the implementation of federal requirements at the state level including the Health Care Cabinet and the Office of Health Care Reform and Innovation. Connecticut should allocate workforce training funding to align with public programs that will receive additional resources to ensure

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workforce shortages are avoided and expansion of access and delivery of health care does not overwhelm the state. With proper planning and alignment of resources, Connecticut could be the national model for implementation of healthcare reform.

**Increasing Home Care Services**

The demand for paid direct-care workers in Connecticut is expected to grow by 23% between 2008 and 2018, while jobs in the state overall are only expected to increase by 5%.\(^{10}\) The direct-care workers in Connecticut who are employed in the home and other community-based settings are an increasing segment of the workforce. Connecticut is currently working towards rebalancing long term services and supports, from institutional settings towards community based settings. Additionally, the Connecticut Commission on Aging states that an important component of rebalancing the long-term services and supports system and creating a continuum of care that is ready to meet the needs of Connecticut residents is helping nursing homes and other institutions develop and implement plans to diversify their services so they are able to include services such as adult day care, short-term rehab, and possibly independent apartments.\(^{11}\) The increasing demands for direct-care workers in a community-based setting will require significant recruitment and training of a direct-care workforce in Connecticut.

**Connecticut’s Aging Population**

Connecticut is the 7th oldest state in the country with a median age of 40, more than 506,000 residents over the age of 65, and home to almost 1 million baby boomers (individuals born between 1946 and 1964).\(^{12}\) By 2015 the 65+ population in Connecticut is expected to grow by 40% while the 18-64 demographic will decrease by five percent.\(^{13}\) These demographics, combined with a decreasing working-age population, will have consequences on both the paid and unpaid direct-care workforce.\(^{14}\) The increased demand on long-term health care will be significant, and Connecticut has made strides toward allowing older adults to gain the maximum independence and choice in where they live and receive services.

Currently, Connecticut spends more of its Medicaid dollars on institutional care than community-based care; however, overall Connecticut serves more people in the community than institutions.\(^{15}\) In 2009, 47% of Medicaid Long-Term Services and Supports (LTSS) consumers (representing 65% of Medicaid LTSS funding) received their supports in institutions and 53% (representing 35% of Medicaid LTSS funding) of Medicaid LTSS consumers received their supports in their homes and communities.\(^{13}\)

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Connecticut’s 2010 Long-Term Care Plan sets forth the goal that by 2025 Connecticut will serve 75% of people in their home or community and 25% in institutions.\textsuperscript{16}

Money Follows the Person (MFP) is a multi-million-dollar federal demonstration grant, received by the State Department of Social Services in 2007. It is intended to rebalance the long-term care system so that individuals have the maximum independence and freedom of choice in where they live and receive services. In January 2011, Connecticut embarked on a major expansion of the MFP project. Originally, a major goal of MFP was to transition 700 people out of nursing homes and into the community; that goal has been increased to transition 5,200 individuals by 2016. Additionally, the federal government has committed to continuing the demonstration through 2020. There are several inter-related initiatives stemming from the MFP demonstration including: workforce development; hospital discharge planning; long-term services and nursing home right-sizing.

As Connecticut aggressively pursues the Medicaid long-term care rebalancing goals set forth in the state’s 2010 Long-Term Care Plan, the need for focused efforts to recruit, train, retain and support caregivers is essential. Without a focused, coordinated approach, lack of caregivers will stall rebalancing efforts and Connecticut will fail to meet its goals.\textsuperscript{16}

**Unionization of Personal Care Attendant Workforce**

As described previously, the demand for home care for seniors and individuals with disabilities is projected to increase in Connecticut. A 2010 estimate developed by the CT Department of Social Services suggests that by 2016, there will need to be 9,000 additional home care workers.\textsuperscript{17}

Home care agencies tend to hire licensed staff such as those who have completed a Home Health Aide Certification with a minimum of 75 hours of mandatory training comprised of both theory and clinical practice.\textsuperscript{18} Unfortunately, turnover for this position is high and with increased demand, alternative methods for finding workers are needed. Personal Care Attendants have also emerged to help fill this void. Personal care assistance means supportive home care, person care, or another nonprofessional service provided to a person with a disability or an elderly person who requires assistance to (A) meet personal daily living needs, (B) ensure such person may adequately function in such person’s home, and (C) provide such person with safe access to the community.\textsuperscript{19} Currently, the Personal Care Attendant occupation is unlicensed in Connecticut and a formal system for posting and placing candidates is not in place.

Understanding the need for home care workers and the lack of organization for Personal Care Attendants, Governor Dannel P. Malloy issued Executive Order No. 10 which called for the creation of a

\textsuperscript{16} 2013 Connecticut Long-Term Care Plan.
Personal Care Attendants Working Group. This Working Group was granted several responsibilities, including:

“...recruit prospective personal care attendants; provide training and education to personal care attendants and consumers; establish or operate the PCA Registries; [...] make recommendations on the best ways to structure collective bargaining rights and relationships for designated majority representatives of personal care attendants to enable such representatives to collectively bargain the terms and conditions of the participation of personal care attendants in the PCA waiver programs.”

Since this Executive Order effectively provided PCAs the freedom to unionize, ballots were subsequently distributed to 6,700 PCAs in Connecticut, and the vote came back 1,228 to 365 in favor of forming a Union, which is called Connecticut Home Care United. A division of the Service Employees International Union, Connecticut Home Care United is the first-ever union for Connecticut PCAs, who provide Medicaid-funded services and supports. PCAs are able to receive their wages through the state but are individually employed by consumers, who hire them through a state-maintained registry. Advocates of the union state that it will effectively reduce turnover in the PCA workforce since workers will have more steady income and benefits. They argue that the union will also attract more workers to the occupation which will be essential as the state experiences growth in demand for home care workers. Additionally, many claim it will also increase the quality of the care provided because training will be standardized. Opponents of the union fear that forcing wages for personal care attendants upward will decrease services and quality unless overall funding for PCAs also increases. They worry that since the state limits how much funding each person can get to compensate PCAs, an increase in wages will reduce the hours of services PCAs are able to perform. In Connecticut, the median hourly wage for PCAs was $10.71 in 2011. For nursing aides, orderlies and attendants, jobs typically done in facilities like nursing homes and hospitals, the median hourly wage was $14.50.

The Allied Health Workforce Policy Board is monitoring activities and hiring trends of Personal Care Attendants. The need could emerge to create a formal certification process and targeted recruitment efforts for individuals to fill home care positions.

Increasing Professional Requirements

As the healthcare sector continues its growth, it is vital to ensure that professional and educational requirements for health-related occupations stay current so that the overall quality of care is not compromised. According to Moody’s Analytics, the healthcare industry is projected to experience a 23.3% growth in employment nationally and a 13.1% employment growth in Connecticut. With this

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growth, comes an increased demand for workers with higher levels of educational attainment across a variety of occupations.

In Connecticut, the amount of sub-baccalaureate, baccalaureate, and post-baccalaureate certificates and degrees are relatively evenly distributed, but a greater percentage of job postings require a bachelor’s degree or higher rather than an associate’s degree. This illustrates the increasing demand for individuals with higher levels of education to fill positions in the healthcare workforce. For example, the growing demand for healthcare services is expected to increase the number of registered nurses by 19%. It is important to note that part of the increase in demand for registered nurses is attributed to the fact that RNs are needed for roles outside the traditional hospital and ambulatory care settings because of their expertise in health information technology, a skill increasingly vital in this industry. In 2011, there were 1,479 completions for Registered Nursing, and 48% of these were bachelor’s or master’s degrees versus 52% of associate’s degrees or certificates. Jobs for the Future found that more employers are requiring a bachelor’s degree over an associate’s, and that educational institutions need to ensure their program offerings are keeping pace with the employer demand.

Although the healthcare industry is unique in that a significant amount of the occupations within it require distinct education, certification, and licensure requirements, employers tend to seek applicants that have expertise beyond the minimum requirements. For example, the limited clinical requirements of Certified Nursing Assistant (CNA) training programs are viewed as inadequate for the needs of employers. The increasing use of information technology within the healthcare sector calls for an increased need of technological skills within the workforce, a skill that is often challenging to find.

The Jobs for the Future workforce assessment reported that although several behavioral health occupations such as mental health, rehabilitation, and behavioral disorder counselors demand high levels of education and licensure, many employers are finding that even employees with master’s degrees lack the necessary skills for the job, including writing, leading and supervising groups, and various technical skills. Sixty seven percent (67%) of mental health counselors in Connecticut hold a master’s degree, and the number of jobs within this occupation is expected to increase by 24% between 2012 and 2022.

Several other occupations within this industry that are expected to face a workforce shortage require education beyond the associate and bachelor level; these shortages are expected to take place among physical and occupational therapists, primary care physicians, nurse practitioners and physician assistants.

In the home health subsector, although there are no official educational requirements for several professions, there is a need for increased skills requirements, especially since it is expected that thousands more elderly and disabled individuals will be accepting home care rather than institutionalized care. The necessary skills for home health aides include routine personal attention such as

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as changing bandages, dressing wounds, applying topical medications, and monitoring and reporting changes in health status.  

The skill gaps of clinical experience and information technology knowledge are themes seen repeatedly in the healthcare sector. Employer input in program design and continued education is vital for the healthcare sector to maintain quality throughout its growth.

**Growth Occupations**

In June 2012, the Georgetown University Center on Education and the Workforce published a healthcare report that projects education requirements linked to forecasted job growth in healthcare by state from 2010 to 2020. In terms of educational demand, 65% of healthcare professional and technical occupations will require a bachelor’s degree or more as shown in the figure below and 54% of healthcare support occupations will require an associate’s degree or higher. Nationwide, the report found that more nurses are obtaining additional education to be competitive for senior-level nursing positions. Additionally, the report states that healthcare does not have enough capacity to meet workforce demands and is reliant on foreign-born and foreign trained workers, more than any other industry sector.

**Percent of Job Openings by Education and Occupation, 2010-2020**

![Percent of Job Openings by Education and Occupation, 2010-2020](image)

**Source:** Georgetown University Center on Education and the Workforce

In addition to educational requirement growth, within the next five years alone, the Connecticut workforce will include 9,000 more direct care, home and community-based workers. Between 2008 and 2018, home health aides and personal care aides will see a significantly large occupational growth in the field. As mentioned previously, the Money Follows the Person initiative has plans to move 5,200 people out of institutions within the next four years, and to increase funds to community long-term

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care, which will serve to further increase the demand for these occupations.\textsuperscript{29} Due to the projected increase in these home healthcare occupations, workforce development professionals must shift from the traditional focus on recruitment, training, and career ladder development in healthcare environments such as nursing facilities and hospitals. An increase in the focus on training and developing the workforce for home and community-based environments will be integral to successfully growing this field.\textsuperscript{30}

Certain emerging occupations within this sector that are expected to grow in Connecticut are outlined below. These occupations include Patient Navigation and Health Information Technology.

### Patient Navigation

A patient navigator, also referred to as a patient representative, case manager, patient advocate, and service coordinator, among other terms, is responsible for the coordination of communication between patients, family, medical and administrative staff, or regulatory agencies. They must know the healthcare landscape and policies, and have significant knowledge of the community resources available to their patients.

### Educational Requirements

Patient Navigation is a growth occupation relatively new to the sector, and for this reason there is no nationally recognized education requirement and no accreditation organization or licensing body for patient navigators. In Connecticut, discussions about how to use patient navigators vary. Some see patient navigators as lay people, without healthcare experience or degrees, who help individuals to manage their interactions with the healthcare system. Others see patient navigators as healthcare providers such as nurses or medical assistants who provide care coordination. Because of the newness of the field and the lack of reimbursement for the services provided by this position, this variability is likely to continue. However, many organizations and universities have developed certification programs in patient advocacy.

<table>
<thead>
<tr>
<th>National 2012 Educational Attainment of Patient Representatives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's Degree</td>
<td>9%</td>
</tr>
<tr>
<td>Post-Baccalaureate Certificate</td>
<td>9%</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>62%</td>
</tr>
<tr>
<td>Associate's Degree (or other 2-year degree)</td>
<td>9%</td>
</tr>
<tr>
<td>Some College Courses</td>
<td>7%</td>
</tr>
<tr>
<td>Post-Secondary Certificate</td>
<td>2%</td>
</tr>
<tr>
<td>Less than a High School Diploma</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Source: EMSI*

\textsuperscript{29} Lambert, D. (June 1, 2011). Money Follows the Person Rebalancing Demonstration: Impact on Workforce Development. \textit{Connecticut Department of Social Services}.

Health Information Technology (Health IT)

Health IT is going to increasingly permeate throughout the majority of occupations within the healthcare system. The increased use of the exchange of health information electronically will improve the quality of health care because it will help to prevent errors, reduce operating and healthcare costs, decrease paperwork and inefficiencies, and the online marketplace exchange will expand access to affordable health care for millions. Medical records and health information technicians organize and manage health information data by ensuring its quality, accuracy, accessibility, and security in both paper and electronic systems. They use various classification systems to code and categorize patient information for reimbursement purposes, for databases and registries, and to maintain patients’ medical and treatment histories.\(^\text{31}\)

Educational Requirements

An associate’s degree in Health Information Management is most typically needed for a position within the Health IT field. Clinical knowledge and experience is vital to a career in this field, and many employers prefer to hire those with this added experience. Demand for health information technology workers is expected to increase over the next three to five years. Many healthcare stakeholders feel that the lack of formal training programs in the area of health IT is problematic, because it requires significant employer training time.\(^\text{32}\)

Anticipated Openings and Salary

Reports from Economic Modeling Specialists state that there will be an increase of 12% in Medical Records and Health Information Technician jobs in Connecticut between 2012 and 2022. The median hourly wage for this occupation is $18.44.\(^\text{33}\) However it is important to note that as work on and implementation of the Connecticut Health Insurance Exchange continues and the healthcare system becomes increasingly technologically focused, the number of positions within the sector that will demand health IT skills is going to increase.

The growth occupations outlined above are consistently monitored by the Allied Health Workforce Policy Board to ensure that the recruitment, retention, and training of these occupations are keeping pace with the uptick in demand.

Bioscience Connecticut Initiative

Bioscience Connecticut, a component of Governor Dannel P. Malloy’s plan to ignite the state’s economy, has recently made strides towards its objective of generating construction-related and biomedical jobs within the bioscience research sector. Another pillar of this program is to maximize the state’s


\(^{33}\) EMSI Data. (2012).
advantages in bioscience research, innovation, and entrepreneurship. In early 2013, construction for the Jackson Laboratory for Genomic Medicine will begin, a project expected to create 300 jobs within the first ten years of operation and 600 jobs by the end of 20 years.\textsuperscript{34} Many of these new jobs will be for senior scientists and research technicians, and in addition, the lab has the ability to generate thousands of indirect spinoff jobs. The research facility will be built on state-owned property at UConn’s Farmington campus, and it will be leased to the Jackson Laboratory for $1 per year. Once Jackson has created 600 jobs in Connecticut at 125 percent of the state’s average wage, they will be guaranteed ownership for $1.\textsuperscript{35} The Jackson Laboratory for Genomic Medicine plans to enable Connecticut to assume a position of global leadership in developing new medical treatments tailored to each patient’s genetic makeup.\textsuperscript{36}

The Allied Health Workforce Policy Board plans to link with this initiative and the Jackson Laboratory for Genomic Medicine project through the CETC’s Industry Sector Committee to monitor its effect on the biomedical workforce in the state as well as the healthcare sector as a whole.


RECOMMENDATIONS FOR LEGISLATIVE CONSIDERATION

The following is a list of recommendations the Allied Health Workforce Policy Board offers as a means for ensuring the allied health workforce meets current and future demands in Connecticut. These five recommendations also support recommendations contained in the Connecticut Employment and Training Commission (CETC) 2012 Annual Plan. The recommendations outlined and the investments called for will be critical to the state’s healthcare sector and the overall economy. Unmet needs experienced by Connecticut employers can lead to diminished access to healthcare services, poorer health outcomes and higher costs. The Allied Health Workforce Policy Board plans to work with the legislature and the Malloy administration to develop a budget that will support and implement the following recommendations.

1. Establish regional partnerships to support healthcare workforce pipelines

In 2011, Jobs for the Future completed an assessment of Connecticut’s healthcare workforce entitled CT Health Care Workforce Assessment. The report found that in general, the state overall has very few regional workforce partnerships that bring together healthcare employers, educators, and other stakeholders. Major sectors of the healthcare industry face common workforce challenges that call for collaborative action and there is room for linked efforts that address cross-sector challenges. As occupations change to meet new skill requirements, it is critical for employers and educators to communicate about needed changes to education and work experience programs.

As previously noted, demand for health information technology workers is expected to increase over the next three to five years as health information technology increasingly permeates throughout the majority of occupations within the healthcare system. Further, employers are seeking candidates with higher levels of education and new fields are emerging in allied health such as the patient navigator. In addition, as Connecticut works to rebalance long-term services and supports from institutional settings towards community-based settings there will be a need to prepare more home health aides and personal care aides. Since the healthcare sector continues to evolve and change, it requires an increased need for collaboration between employers, educators, and other stakeholders to help alter existing programs or develop new programs to fulfill the changing needs of residents.

Recommendation: Establish and strengthen a statewide system of regional partnerships that include employers, educational institutions, and other key stakeholders to ensure comprehensive understanding of sector-based educational requirements, career tracks and opportunities, job preparedness, and workplace cultural competence expectations. The five regional Workforce Investment Boards (WIBs) could be called upon to lead these regional partnerships. The work and accomplishments of the regional partnerships would be overseen by the CETC with guidance from the AHWPB.
2. Develop a virtual CT Healthcare Workforce Center that provides data and workforce information

Currently there are many sources of health workforce information that are not coordinated in a manner that supports complete analysis or strategy development. For example, the departments of Labor and Public Health, Consumer Protection, Board of Regents, as well as other public and private institutions maintain data systems that are not integrated. Further, there is currently a lack of real-time labor market information. As the sector continues evolving, workforce information must be readily available in order for the workforce to find employment, for employers to efficiently fill their workforce needs, and for Connecticut residents considering a position within the healthcare industry to anticipate the educational and professional requirements that will be necessary for them to obtain employment. This real-time labor market information is also vital for policy makers to access so they are able to make informed and smart decisions about where to invest resources in education and training.

Several states have already taken the lead in creating portals that provide information for all constituents: employers, the workforce, and policy planners. For example, Michigan Healthcare Workforce Center is a portal maintained by the state’s Department of Labor that provides reliable workforce related data and information and also assists individuals and agencies in their efforts to address current and future workforce needs. In Connecticut, the future portal for healthcare workforce information could contain, but is not limited to, the following:

- Department of Labor data: Quarterly Census of Employment and Wages (QCEW) Updated Quarterly; Local Employment Dynamics (LED) Updated Quarterly; Occupational Employment Statistics (OES) Updated Annually; Occupational Employment Projections Updated every 2 years; Unemployment Insurance Claimants Data; Real Time LMI Updated Weekly Statewide
- Board of Regents and Office of Higher Education: Data from the Integrated Post Secondary Data System (IPEDS) that provides statewide higher education data by institution
- CT Department of Public Health: Licensure and Certification Data

Recommendation: Develop and share a clearinghouse of allied health related information in a central portal/manner. The first step should be collecting, analyzing and utilizing timely healthcare workforce data to support planning and policy development. Secondly, the state should create an interactive portal where the healthcare workforce can access information, look for jobs, and learn about career pathways and educational opportunities.

3. Increase investments in public/private partnerships to advance incumbent workers

Incumbent worker training funds help employers meet the need to upgrade the skills of their existing workforce. By helping to upgrade and advance the skills of the existing workers, the state also helps foster opportunities for new workers to join companies at entry and middle skill positions. Employers match every dollar the state invests, thus forming a true public-private partnership.
Although the current program is highly successful, with 94% of workers reporting that they are satisfied or very satisfied, many employers get turned away once the $900,000 in state funding is expended. About ten years ago the state’s investment was $3 million dollars, ranking second highest in the Northeast, but in FY 2011 it was $0.9 million, less than Rhode Island ($1.7 million), Vermont ($2 million), and Massachusetts ($19.9 million).

There is wide recognition that the state needs to consolidate various state-supported incumbent worker training efforts into a single program, with consistent administrative oversight provided by the CT Department of Labor (DOL). It should also be business-friendly and targeted to key sectors in the state, one of which is healthcare. The program should also allow for the flexibility to provide support services to those in need of childcare or transportation assistance to take advantage of the training programs.

Further, as noted in the Connecticut Health Care Workforce Assessment completed by Jobs for the Future, there is an increasing demand for individuals with higher levels of education to fill positions in the healthcare workforce, and employers tend to seek applicants that have expertise beyond the minimum requirements. The report also noted that the increasing use of information technology within the healthcare sector calls for a greater need of technological skills within the workforce, a skill that is often challenging to find. Therefore, the healthcare market is demanding more of its workers and there is a need to upgrade many of the skills of the current workforce in order for them to remain productively employed in healthcare.

Recommendation: Expand and enhance incumbent worker training programs by increasing funding and streamlining the process to improve career advancement opportunities.

4. Expand contextualized learning opportunities that bring education and work together

Adults with limited skills cannot afford to spend years in education and training programs prior to finding employment. Therefore, in order to expedite the process from skills training to the workforce, Connecticut should adopt models that foster an accelerated pathway to employment.

Both employers and educators support the contextualized learning model because it more closely ties basic skills instruction to the skills needed for employment. Local and national foundations have supported this model of learning through increasing investments that assist disadvantaged populations. CETC also included this recommendation in its plan.

For example, the I-BEST (Integrated Basic Education and Skills Training) model, which was originally developed in Washington State and has gained attention nationally for its apparent success, includes comprehensive support services, hands-on work experience, direct connections to career path employment, and career navigation services. In Connecticut, a number of adult workforce education programs have implemented several adaptations of the contextualized learning model. As mentioned previously in the report, there is an increased demand across several occupations for employees with

37 According to an unpublished survey conducted by DOL
significantly more clinical experience in addition to their education. Creating contextualized educational options will satisfy this need by providing hands-on educational opportunities to the workforce.

Recommendation: Fund contextualized education options for nearly-job-ready candidates lacking core basic skills who are interested in health care employment. The Allied Health Workforce Policy Board will work with CETC to track the impact of the programs related to the healthcare workforce.

5. Expand public/private partnerships to prepare the future healthcare workforce

The AHWPB continues to hear from employers that graduating students are not prepared and ready to work. There is a need in the state for formal internship and nurse residency opportunities that provide opportunities for students that are consistent with real work demands. Connecticut needs to promote job shadowing, internships, nurse residency, hands-on/workplace-based and on-the-job training (OJT) opportunities for healthcare students that are culturally and linguistically competent, interdisciplinary in nature and provide increasing levels of exposure, training, and responsibility starting with entry level employees through graduate professionals.\textsuperscript{38}

The Bioscience Connecticut initiative provides an opportunity to expand the current public/private partnership with Jackson Laboratories and the University of Connecticut and develop more internship, hands-on/workplace-based, and on-the-job training opportunities. The Connecticut Institute for Primary Care Innovation is another initiative currently underway that is helping to prepare the future and current primary care workforce, including nurse practitioners and physician assistants. Expanding this model to other areas of the state, creating internship opportunities and hands-on learning opportunities could help meet the increasing demand for primary care services as a result of the federal health care reform.

Recommendation: As part of a comprehensive career pathways system, standardize and expand internships and nurse residency programs statewide to ensure the future healthcare workforce has the technical and workplace skills necessary to meet the needs of employers.

\textsuperscript{38} 2011 Allied Health Workforce Policy Board Annual Legislative Report
CONCLUSION

The Allied Health Workforce Policy Board has identified and continues to observe the variety of changes that are occurring within the healthcare industry in Connecticut, as well as dynamics nation-wide that have a significant effect on the state. By positioning itself to collaborate with state agencies, colleges and universities, Workforce Investment Boards, and employers, the AHWPB’s goal is to strengthen the allied health workforce and, in so doing, the entire healthcare sector in the state of Connecticut. The AHWPB has identified the data surrounding current labor market trends, demographic changes, and the federal and state changes in healthcare and continues to focus on how these factors affect the allied health workforce. We urge the legislature’s consideration of the report’s recommendations and look forward to working together to ensure a strong healthcare workforce.