



Survey of Health Care Employers in Arizona: Long-Term Care Facilities, 2015

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PREFACE

Survey Background

This report summarizes the findings from a survey of long-term care employers in Arizona conducted from the summer to the fall of 2015. This is the first survey of long-term care (LTC) employers in Arizona and provides an opportunity to evaluate overall demand for health care workers in the state. The survey also collected information specific to the hiring and training of newly graduated nurses because they are at particular risk for unemployment during a weak labor market. The data obtained in this survey reveal the regional variation in the demand for health care workers across Arizona.

Summary of Findings

The occupations for which LTC facilities most often reported high demand were staff RNs (difficult to fill open positions), RNs in other roles (management, care coordination, utilization review, etc.), personal care aides, nurse practitioners, and licensed practical nurses. All LTC facilities that responded indicated that there was some shortage of respiratory therapists, and nearly all reported some shortage of physical therapists. At least 60 percent of respondents reported moderate or high demand for every occupation except social workers, for which most (75%) LTC facilities reported that demand was in balance with supply. Concerns about shortages were greater in rural areas than urban areas for nearly every occupation. Statewide, vacancy rates were highest for staff RNs (12.3%) and nurse practitioners (11.8%).

More than half of all LTC facilities reported increases for all occupations except LPNs, for which equal shares reported no change in employment and increased employment (46.2%). More than 80 percent of respondents reported employment increases for nurse practitioners, physical therapists, physical therapy assistants, occupational therapists, and social workers. Nearly 47 percent of long-term care facilities indicated they had created new job classifications in the past year. The most frequently reported new job classifications were related to care coordination, case management, and care navigator; less frequently reported was clinical documentation specialists and promotoras.

Seventy-five percent of all long-term care facilities reported that BSN-prepared nurses represent only 0-25 percent of all employed RNs in their facility. No long-term care facility reported plans to increase the share of baccalaureate trained nurses on staff, or the requirement that new hires complete a baccalaureate degree. The lack of a baccalaureate degree has no limits on promotions in nearly all long-term care facilities, with few organizations differentiating salary by degree or advanced certifications (20%).

At least 20 percent of long-term care facilities reported expectations of increased employment for every position except respiratory therapists in the next three years. The occupations for which employment increases were reported most often were RNs in non-staff roles (62.1%), social workers (61.1%), and licensed practical nurses (50.0%). The most frequently reported reasons for the expected employment changes over the next three years include: increased census, increased range of services, and increased patient acuity.

The greatest concerns of LTC facilities were reimbursement levels dropping, the impact of potential state budget cuts to Medicaid, and the changing employment goals of new workers (e.g., Millennials).

Arizona Healthcare Workforce

Long-Term Care Facilities, 2015

The University of California, San Francisco conducted the *Survey of Health Care Employers in Arizona: Long-Term Care Facilities, 2015* in the summer and fall of 2015. It elicited 35 unique responses, representing 33 out of 144 licensed long-term care facilities and 3,621 licensed beds. These totals represent 26% of the total number of licensed beds at long-term care facilities in Arizona. Yuma County was not represented in this survey, since no responses were obtained. Overall survey results indicate:

DEMAND for MEDICAL STAFF



ALL respondents revealed a high demand for:

- Registered Nurses – Staff
- Registered Nurses – Managerial
- Personal Care Aides
- Nurse Practitioners
- Licensed Practical Nurses

MOST facilities revealed a shortage for:

- Respiratory Therapists
- Physical Therapists
- Occupational Therapists
- Physical Therapy Assistants
- Certified Nursing Assistants
- Occupational Therapy Assistants

A moderate to high demand exists for all positions EXCEPT Social Workers.

RURAL facilities reported stronger demand than URBAN for Licensed Practical Nurses and Certified Nursing Assistants.

47% of facilities **CREATED NEW** position classifications in the last year

41% ANTICIPATE CREATING NEW job classifications related to case management and care coordination in the coming year.

PROJECTED EMPLOYMENT NEEDS

Regarding projected employment needs for the next three years, long-term care facilities most often expressed expected increased need for these positions:

RESPIRATORY THERAPISTS

CERTIFIED NURSING ASSISTANTS

OCCUPATIONAL THERAPY ASSISTANTS

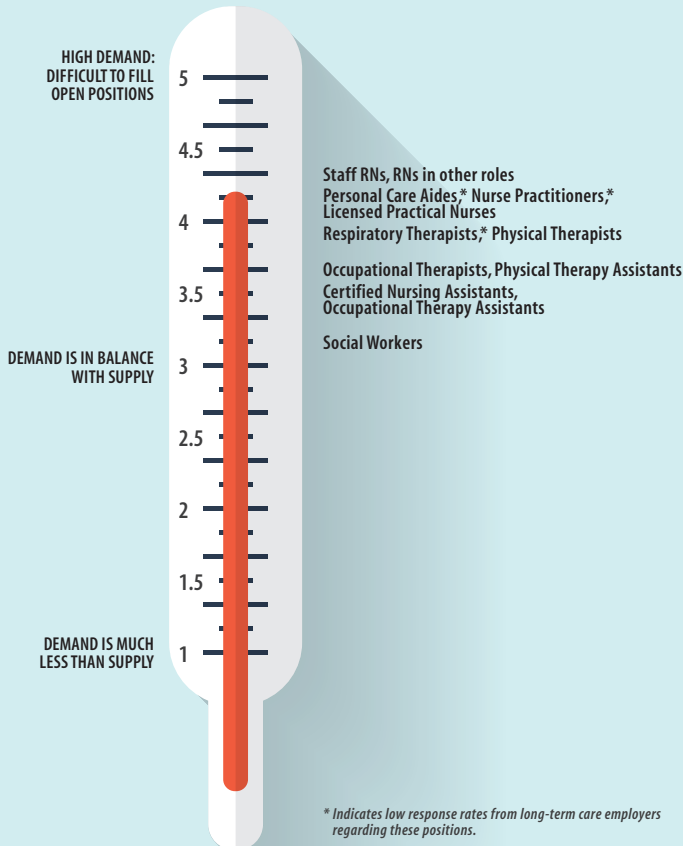
PHYSICAL THERAPISTS



MOST LIKELY TO WORK PART-TIME

- Occupational Therapists and Assistants
- Physical Therapists and Assistants
- Respiratory Therapists
- Registered Nurses – Staff

LABOR MARKET DEMAND FOR LONG-TERM CARE FACILITIES IN MARICOPA COUNTY



CONCERNS for LONG-TERM CARE FACILITIES

MANY facilities indicated substantial concern for:

- reimbursement levels dropping
- the impact of potential state budget cuts to Medicaid
- changing employment goals of new/young workers



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BACKGROUND: HEALTH WORKER DEMAND IN ARIZONA

Arizona, along with the rest of the nation, experienced a deep economic recession starting in December 2007 and a slow economic recovery since mid-2009. While the state's economy has been recovering, there have been significant changes in health care financing and delivery. The state restored and expanded Medicaid coverage, and the implementation of the Affordable Care Act (ACA) of 2010 expanded private health insurance access to thousands in the state. The ACA contains provisions that are spurring an increased emphasis on the integration of care, providing high-value care, and considering population health broadly. In addition, Arizona faces an aging population, with increasing rates of chronic conditions and disabilities.¹

These factors are driving demand growth for health care workers across the state. Over the past decade, employment grew in all the health occupations in Arizona, from 75,490 in 2004 to 135,070 in 2013.² Within long-term care facilities, nursing personnel play a central role in the delivery of services, including registered nurses, licensed practical nurses, and certified nursing assistants. Nursing shortages are a significant concern for Arizona. The U.S. Bureau of Health Workforce (BHW) projects that Arizona will need 87,200 registered nurses (RNs) by 2025, but supply will be only 59,100 RNs, producing a shortfall of 32 percent. BHW also forecasts a shortfall of 9,590 licensed practical nurses (LPNs), which is about 50 percent of anticipated demand.³ This shortfall is alarming, particularly since graduations from Arizona RN education programs grew 166 percent from 2002 to 2012.⁴

About 47,000 new jobs are expected in the allied health professions between 2013 and 2020, with the greatest growth projected for personal care aides, for whom projected demand will rise from 21,760 in 2013 to 43,967 in 2020.⁵ The Affordable Care Act's provisions also are expected to spur growth in emerging occupations that interact with long-term care, such as health and transition coaches, community health workers, and integrated care case managers.⁶

The challenge of meeting anticipated demand for health care workers is made more complex by the significant geographic variation found in Arizona. The state has one of the largest metropolitan areas in the United States and some of the most rural areas in the country.⁷ The numbers of physicians,

¹ Borns, Kristin, and VanPelt, Kim. Health Workforce, Healthy Economy. Arizona Health Futures Policy Primer, December 2014.

² Data from the Arizona Department of Administration, reported in Irvine, Jane, and William G. Johnson, Allied Health Needs Assessment. Phoenix, AZ: Maricopa Community Colleges. May 14, 2015.

³ Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services. The Future of the Nursing Workforce: National and State-Level Projections, 2012-2025. Rockville, MD: U.S. Department of Health and Human Services. December 2014.

⁴ Randolph, Pamela K. Arizona State Board of Nursing Summary and Analysis of Annual Reports from Arizona Nursing Education Programs Calendar Year 2012. Arizona State Board of Nursing. 2012.

⁵ Irvine, Jane, and William G. Johnson, Allied Health Needs Assessment. Phoenix, AZ: Maricopa Community Colleges. May 14, 2015.

⁶ Irvine, Jane, and William G. Johnson, Allied Health Needs Assessment. Phoenix, AZ: Maricopa Community Colleges. May 14, 2015.

⁷ Borns, Kristin, and VanPelt, Kim. Health Workforce, Healthy Economy. Arizona Health Futures Policy Primer, December 2014.

physician assistants, nurse practitioners, RNs, and pharmacists per 100,000 population are substantially higher in urban settings of Arizona than rural settings.⁸

To understand the impact of Arizona's aging population, growing insurance coverage, and changing delivery system on current and future needs for health care workers, the Vitalyst Health Foundation and the City of Phoenix, commissioned the University of California, San Francisco (UCSF), to survey hospitals, community health centers, long-term care facilities, and home health agencies in Arizona. Separate surveys were sent to each type of health care delivery organization, including questions about employment, vacancies, perceptions of the labor market, anticipated changes in demand, and reasons for future changes. Together, these surveys are designed to develop an accurate and up-to-date understanding of the demand for health care workers in Arizona.

⁸ Tabor, Joe, Nick Jennings, Lindsay Kohler, Bill Degnan, Howard Eng, Doug Campos-Outcalt, and Dan Derksen. Arizona Center for Rural Health 2015 Supply and Demand Study of Arizona Health Practitioners and Professionals. Tucson, AZ: University of Arizona. February 2016.

SURVEY METHODS

The Survey of Health Care Employers in Arizona: Long-Term Care Facilities was one of four survey instruments based on the questionnaire used by the University of California, San Francisco (UCSF) in the Survey of Nurse Employers. With input from an Advisory Committee convened by Vitalyst Health Foundation and the City of Phoenix, a survey instrument was designed for each setting to meet the research goals of the Foundation, and to understand current and future hiring needs of health care employers in Arizona, including hospitals, home health agencies, community clinics, and long-term care facilities. The surveys were designed to provide a snapshot of the current workforce in Arizona, and the challenges of training, recruiting, and retaining an adequate workforce. The Survey of Health Care Employers in Arizona: Long-Term Care Facilities was structured for human resources directors in long-term care settings to provide data on staffing, including current headcounts and vacancies, as well as their perceptions of the labor market and expectations for hiring.

The survey was posted online following approval by the UCSF Committee on Human Research. Survey emails were sent to all human resources directors provided by the Vitalyst Health Foundation, the City of Phoenix, and the Arizona Health Care Association. The invitation from UCSF included a link to the online version of the survey, as well as a fillable-PDF form that could be completed by the respondent and returned to UCSF via email or fax. Facilities were contacted with follow-up emails and telephone calls, both by UCSF and the Arizona Health Care Association, to encourage participation.

Survey Participation and Data Analysis

The Survey of Health Care Employers in Arizona: Long-Term Care Facilities elicited 35 unique responses, representing 33 licensed long-term care facilities and 3,621 licensed beds.⁹ These totals represent approximately 26 percent of the total number of licensed beds at long-term care facilities in Arizona.¹⁰

Throughout the report we provide the number of facility responses (N) represented by the statistics in tables and figures. The number of responses reflects the fact that in some cases the data represent multiple long-term care facilities. In some cases, a report was for multiple facilities that crossed geographic regions; these data were excluded from regional analyses.

Certain data are used to describe differences in labor market conditions across geographic regions of Arizona. Table 1 below lists the regions used in this report and the counties each region represents.

⁹ Some responding facilities are classified as outpatient treatment facilities that also provide certain long-term care services.

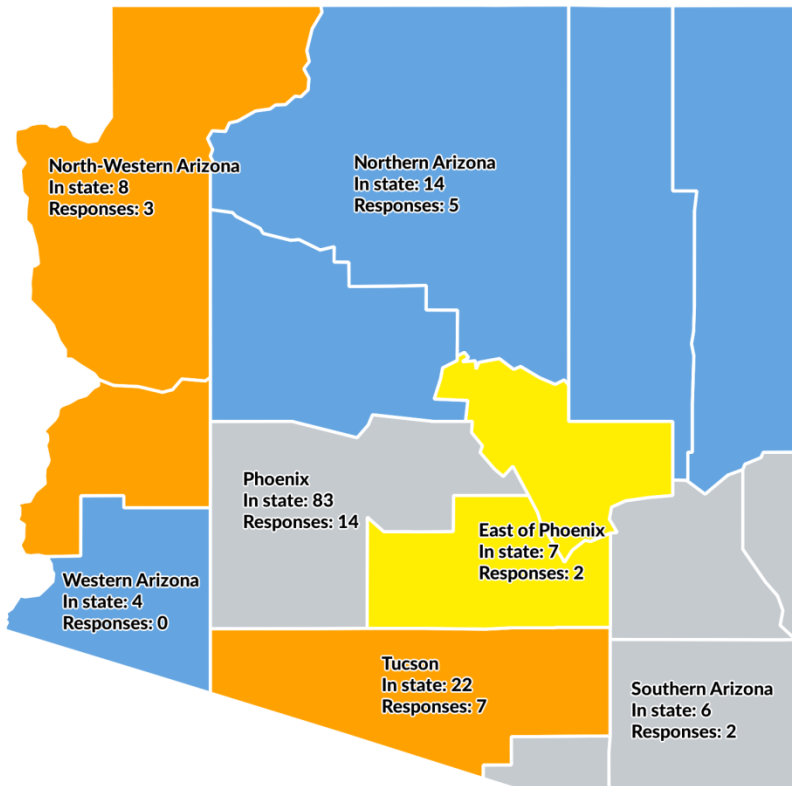
¹⁰ Long-term facilities were identified by using the Arizona Health Care Association database of long term care providers, and by using the database of the Arizona Department of Health Services.

Table 1. Geographic regions and the counties they represent, 2015

Region	Counties
Phoenix	Maricopa
Tucson	Pima
Northern Arizona	Apache, Coconino, Navajo, Yavapai
East of Phoenix	Pinal, Gila
Western Arizona	Yuma
North-Western Arizona	Mohave, La Paz
Southern Arizona	Santa Cruz, Cochise, Graham, Greenlee

Figure 1 compares the geographic distribution of long-term care (LTC) facilities that responded to the UCSF survey with the distribution of long-term care facilities across the geographic regions used in this report. In the UCSF survey, LTC facilities in Phoenix are slightly underrepresented, while facilities in the Tucson and North-West Arizona are slightly overrepresented. Western Arizona is not represented.

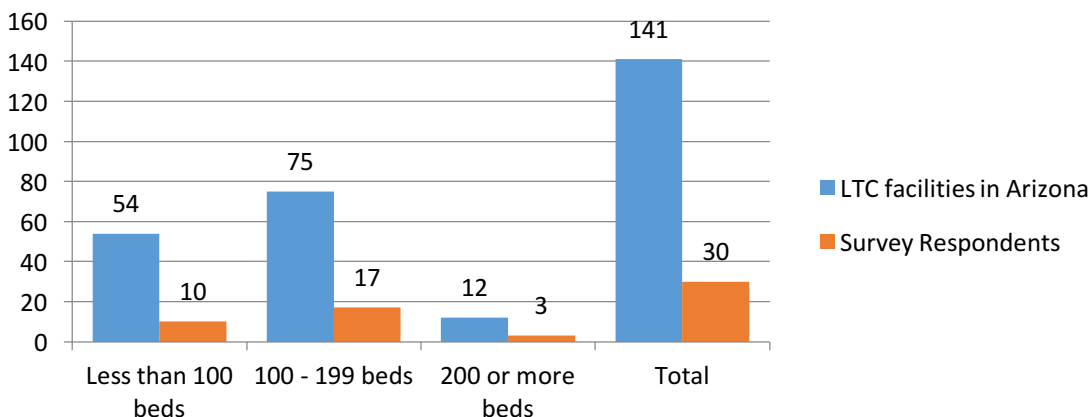
Figure 1. Distribution of responding long-term care facilities vs. long-term care facilities in Arizona, 2015



Note: Percentages may not sum to 100% due to rounding

Figure 2 compares the distribution of survey respondents with LTC facilities in Arizona, based on facility size, as measured by the total number of licensed beds. Facilities of less than 100 beds were slightly underrepresented in the UCSF survey, while facilities of 100 – 199 beds were slightly overrepresented.

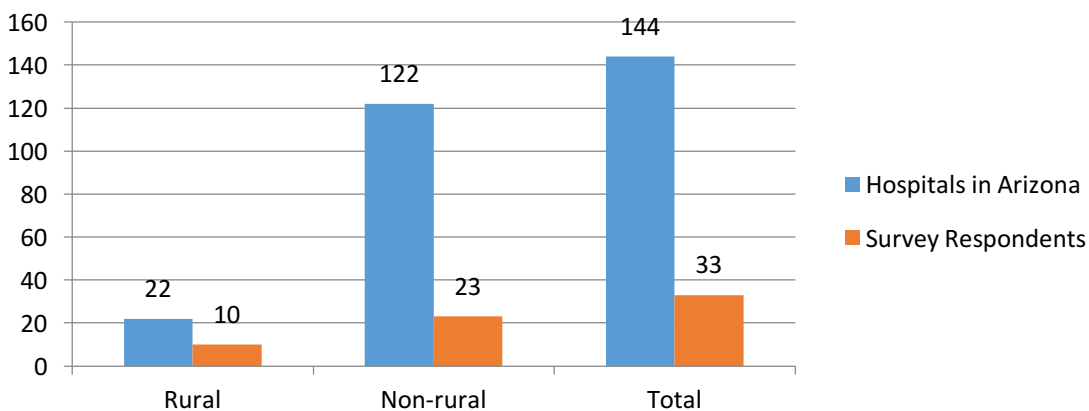
Figure 2. Distribution of responding long-term care facilities vs. long-term care facilities in Arizona, by bed size, 2015



Note: Long-term care systems that provided one report crossing multiple regions are excluded.

Figure 3 compares the distribution of survey respondents with LTC facilities in the state based on whether or not the geographic location of the facility is considered rural.¹¹ Rural facilities are overrepresented in the survey data, representing 30 percent of respondents but only 15 percent of all LTC facilities in Arizona.

Figure 3. Distribution of responding long-term care facilities vs. long term care facilities in Arizona, by rural/non-rural geographic location, 2015



Note: Long-term care systems that provided one report crossing both urban and rural regions are excluded.

¹¹ The rural vs. non-rural status of a facility was determined using the 2010 Rural-Urban Commuting Area codes and the long-term care facility's zip code. For more information see: <http://depts.washington.edu/uwruca/>

FINDINGS

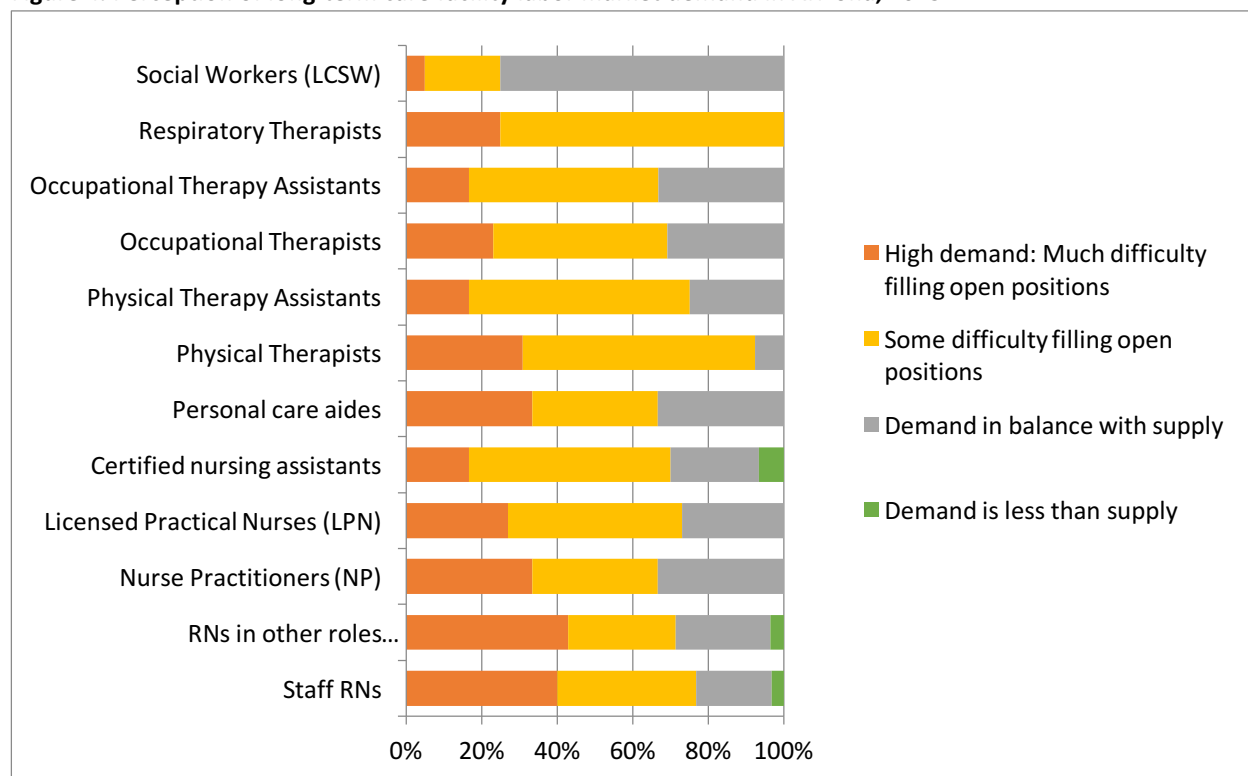
Perception of Labor Market Conditions

Long-term care facilities were asked to report their perception of labor market conditions for LTC staff in their region, using a rank order scale of 1 to 5. A score of “1” indicated that demand for staff was much less than the available supply, while a score of “5” indicated high demand for staff and difficulty filling open positions. Table 5 compares the reported results of overall labor market conditions for long-term care facility staff in fall 2015.

The occupations for which LTC facilities most often reported high demand were staff RNs (difficult to fill open positions) (40%), RNs in other roles (management, care coordination, utilization review, etc.) (42.9%), personal care aides (33.3%), nurse practitioners (33.3%), and licensed practical nurses (26.9%). All LTC facilities that responded indicated that there was some shortage of respiratory therapists, and nearly all reported some shortage of physical therapists. At least 60 percent of respondents reported moderate or high demand for every occupation except social workers, for which most (75%) LTC facilities reported that demand was in balance with supply.

No position was reported as having demand much less than supply. Two long-term care facilities (6.7%) reported that certified nursing assistants supply is somewhat greater than demand

Figure 4. Perception of long-term care facility labor market demand in Arizona, 2015



Note: No LTC facilities reported that “demand is much less than supply.”

Table 2. Perception of long-term care facility labor market demand in Arizona, 2015

Perception of labor market demand in Arizona, 2015											
Description	High demand		Some difficulty filling positions		Demand is in balance with supply		Demand is less than supply		Demand is much less than supply		Responses
	#	%	#	%	#	%	#	%	#	%	#
Staff RNs	12	40.0	11	36.7	6	20.0	1	3.3	0	0.0	30
RNs in other roles (management, care coordination, utilization review, etc.)	12	42.9	8	28.6	7	25.0	1	3.6	0	0.0	28
Nurse Practitioners (NP)	1	33.3	1	33.3	1	33.3	0	0.0	0	0.0	3
Licensed Practical Nurses (LPN)	7	26.9	12	46.2	7	26.9	0	0.0	0	0.0	26
Certified nursing assistants	5	16.7	16	53.3	7	23.3	2	6.7	0	0.0	30
Personal care aides	1	33.3	1	33.3	1	33.3	0	0.0	0	0.0	3
Physical Therapists	4	30.8	8	61.5	1	7.7	0	0.0	0	0.0	13
Physical Therapy Assistants	2	16.7	7	58.3	3	25.0	0	0.0	0	0.0	12
Occupational Therapists	3	23.1	6	46.2	4	30.8	0	0.0	0	0.0	13
Occupational Therapy Assistants	2	16.7	6	50.0	4	33.3	0	0.0	0	0.0	12
Respiratory Therapists	1	25.0	3	75.0	0	0.0	0	0.0	0	0.0	4
Social Workers (LCSW)	1	5.0	4	20.0	15	75.0	0	0.0	0	0.0	20

Note: percentages may not sum to 100% due to rounding.

Figures 5 through 8 show the average ranking of overall labor market conditions for all surveyed positions by region. Detailed data are provided in Appendix Table 1. There was only one respondent in the East of Phoenix region, so this region is not reported. The data presented are the average scores for each type of worker, with a 1 indicating low demand relative to supply, and a 5 indicating high demand relative to supply. A score of 3 would indicate a balanced labor market.

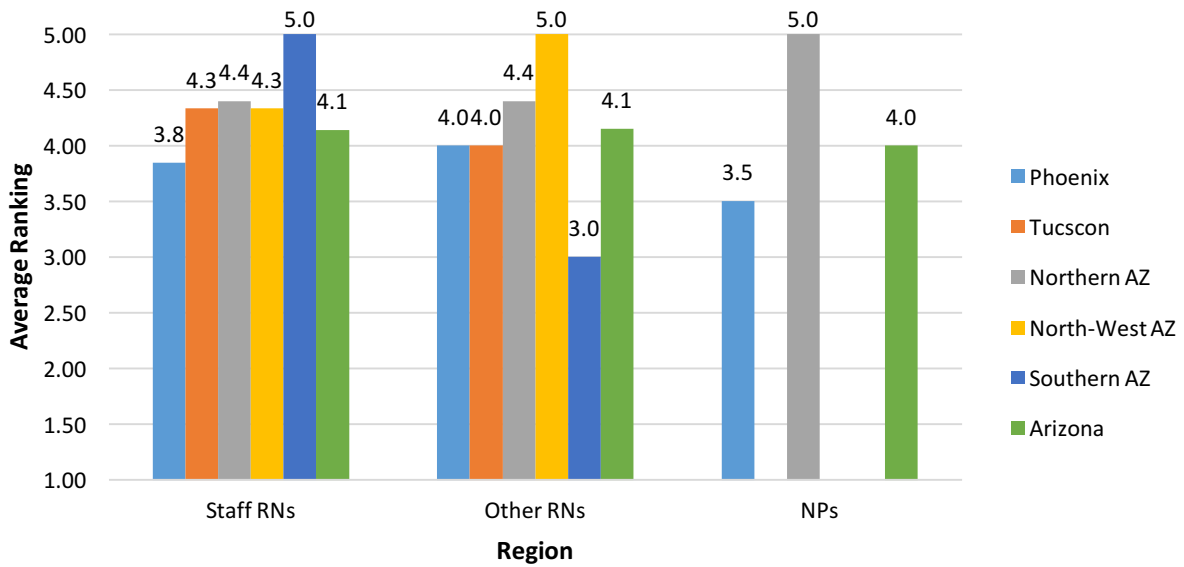
Demand for staff RNs was high across all regions of Arizona, with the most severe shortages reported for Southern Arizona, and the least severe for Phoenix (Figure 1). Demand for RNs in other roles was slightly higher than for RNs in every region except Tucson, Northern Arizona, and Southern Arizona. Some LTC facilities do not employ NPs and thus did not report labor market perceptions for them. A strong labor market was reported for NPs in the Northern Arizona region, and moderate demand was reported in Phoenix.

As seen in Figure 6, demand for licensed practical nurses (LPNs) was somewhat high relative to supply in most of Arizona, with the strongest perceptions of shortage reported for Northern and North-West Arizona. Demand for certified nursing assistants was balanced with supply in Phoenix, but a moderate shortage was reported in other parts of the state. Demand for personal care aides was very high relative to supply in Northern Arizona, but mostly balanced in Phoenix.

No LTC facilities in North-West or Southern Arizona reported perceptions of the labor market for physical therapists, physical therapy assistants, occupational therapists, or occupational therapy assistants. As seen in Figure 7, demand for these three occupations was very high relative to supply in Tucson. Moderate demand for physical therapists relative to supply was reported in Phoenix and Northern Arizona, while comparatively balanced markets were reported in these regions for physical therapy assistants, occupational therapists, and occupational therapy assistants.

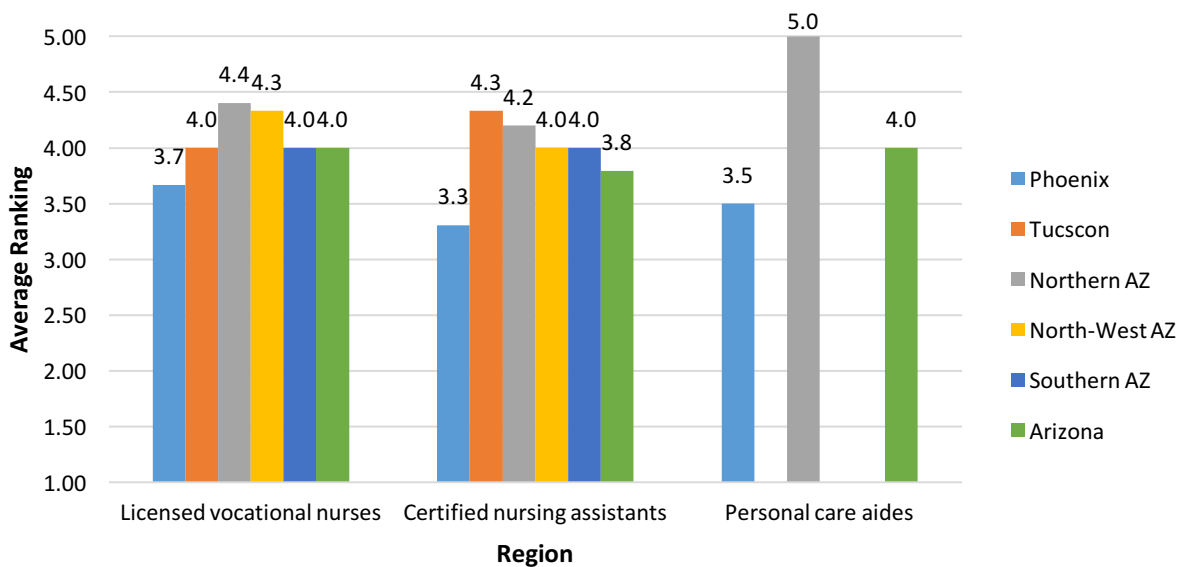
Demand for respiratory therapists was reported as very high relative to demand in Phoenix, and moderately high in Tucson and Northern Arizona (Figure 8). Demand for Social Workers was reported to generally be in balance with the supply available in all regions except Northern and North-West Arizona, where there was moderate demand relative to supply.

Figure 5. Average ranking of overall labor market demand by geographic region, 2015



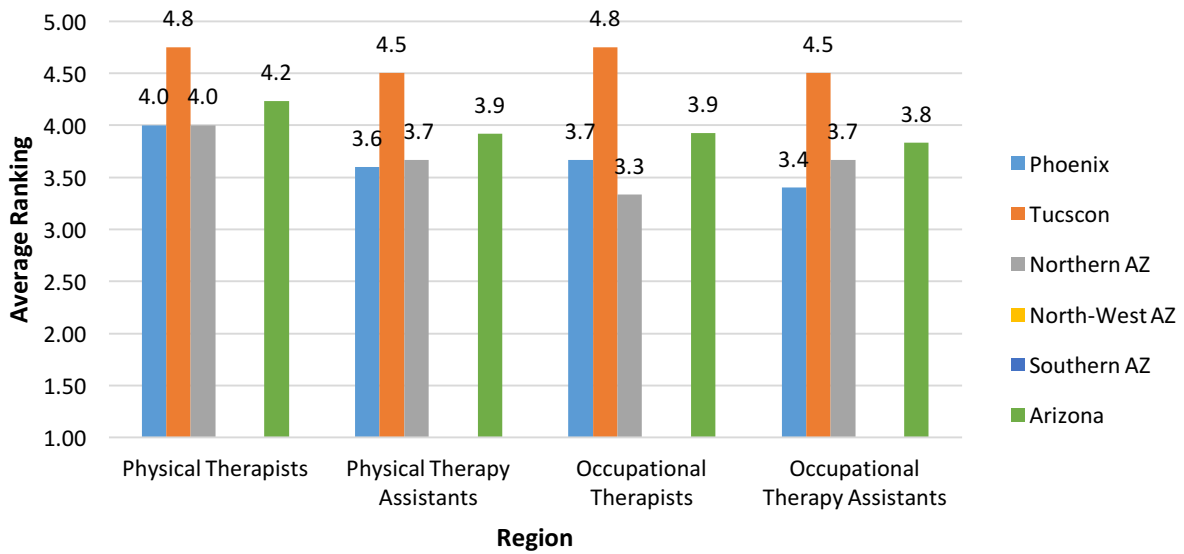
Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 6. Average ranking of overall labor market demand by geographic region, 2015



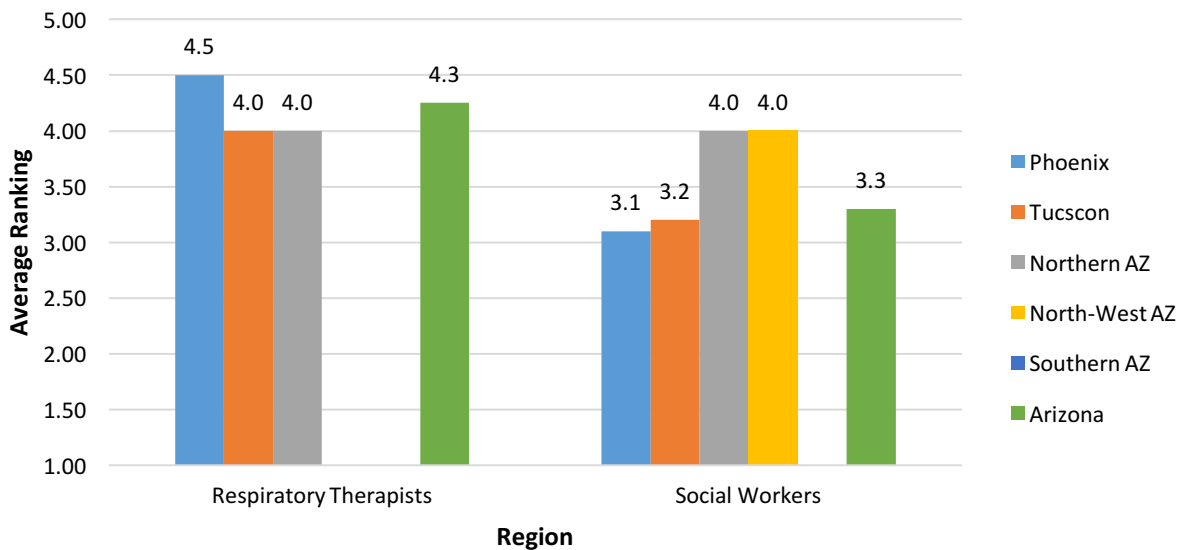
Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 7. Average ranking of overall labor market demand by geographic region, 2015



Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 8. Average ranking of overall labor market demand by geographic region, 2015



Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.).

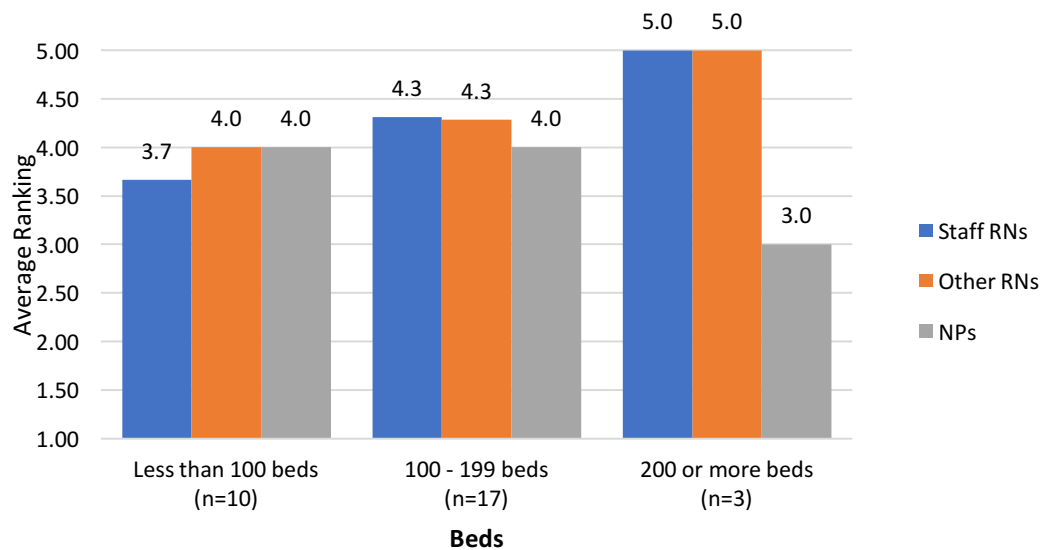
Figures 9 through 12 compare the demand for LTC staff by facility size (total number of licensed beds). These data indicate that staff RN demand is weaker in LTC facilities of less than 100 beds, and higher in facilities of 100 beds or more (Figure 9). RNs in non-staff roles were reported as being in similar demand in facilities of less than 100 beds and in facilities of 100-199 beds, but highest demand was reported in facilities of 200 or more beds.

Licensed practical nurses were reported as being in moderate demand across facilities of all sizes in Arizona (Figure 10). Certified nursing assistants were reported as being in weaker demand in facilities of less than 100 beds, and stronger in facilities of 100 or more beds. Moderate demand for personal care aides was reported only in facilities of less than 100 beds; no larger facilities reported having personal care aides on staff.

Physical therapists were reported as being in greatest demand in facilities of 200 or more beds, but moderately strong demand was reported in small facilities as well (Figure 11). Demand for physical therapy assistants was reported as greater than supply across facilities of all sizes, with slightly less demand reported in facilities of less than 100 beds. Demand for occupational therapists was also greater than supply in facilities of all sizes. Occupational therapy assistants were reported as being in moderate demand across facilities of all sizes, with highest demand reported in facilities of 200 or more beds.

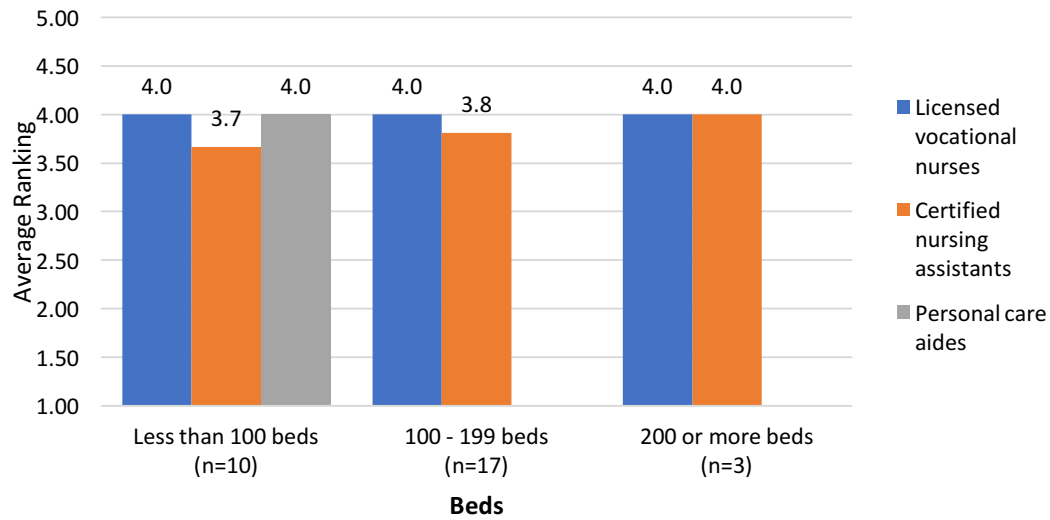
As seen in Figure 12, demand for respiratory therapists was highest in facilities of 100-199 beds, and lowest in facilities of 200 or more beds. Demand and supply for social workers were reported to be generally in balance across facilities of all sizes, with slightly weaker demand reported in facilities of 100-199 beds.

Figure 9. Average ranking of overall labor market demand by long-term care facility bed-size, 2015



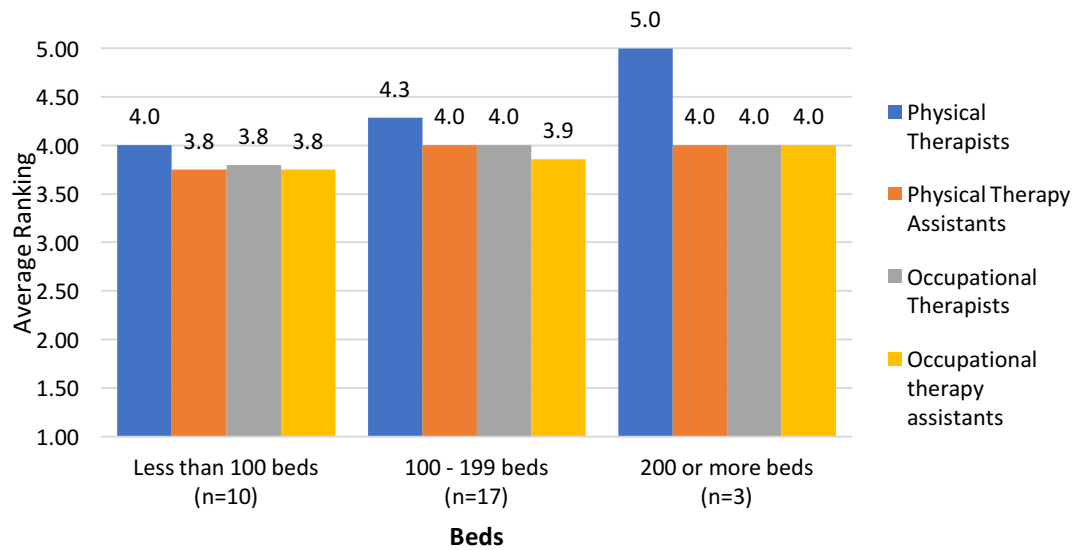
Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 10. Average ranking of overall labor market demand by long-term care facility bed-size, 2015



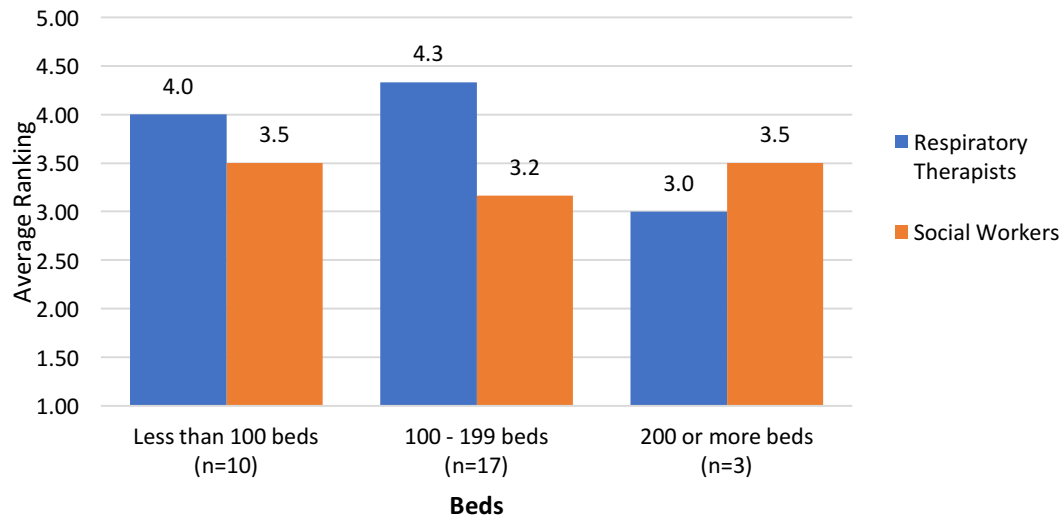
Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 11. Average ranking of overall labor market demand by long-term care facility bed-size, 2015



Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 12. Average ranking of overall labor market demand by long-term care facility bed-size, 2015



Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

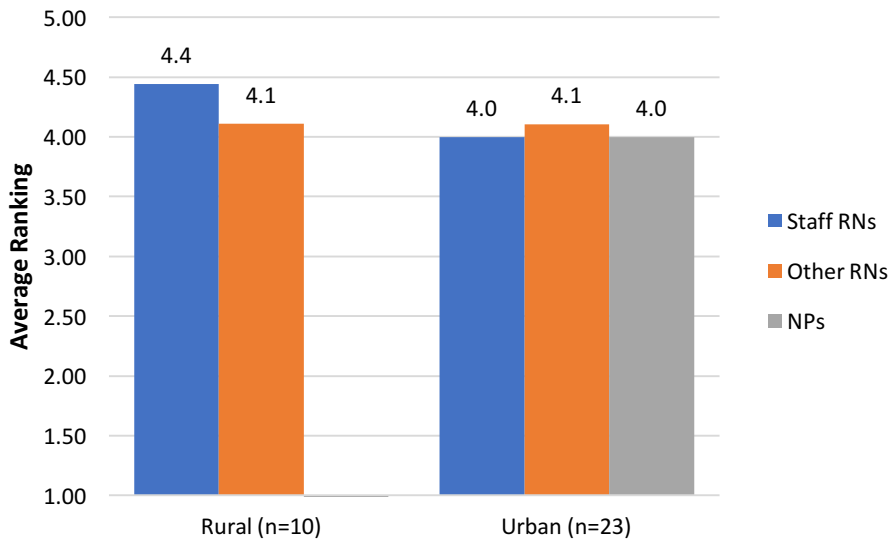
Figures 13 through 16 compare average demand for LTC staff by whether or not the long-term care facility is located in a rural area. Among rural long-term care facilities, the average score of 4.4 corresponds to a perception that demand for staff RNs is moderately to very strong, with at least some difficulty filling open positions. However, the average score of 4.0 among urban long-term care facilities indicates a weaker demand for staff RNs relative to supply (Figure 13). Other RNs were reported to be in moderate demand for both rural and urban long-term care facilities. A perception of moderate demand was reported for Nurse Practitioners in urban facilities; no rural long-term care facility reported data for Nurse Practitioners.

As seen in Figure 14, rural facilities reported stronger demand than urban facilities for licensed practical nurses and certified nursing assistants. Moderate demand was reported by urban facilities for personal care aides; no rural facilities reported data for this position.

Strong demand was reported for physical therapists by rural facilities, while urban facilities reported moderate demand (Figure 15). Moderate demand was indicated by both rural and urban facilities for physical therapy assistants, though demand was reported to be slightly weaker in urban facilities. In contrast to general trends of higher demand reported by rural facilities, these facilities reported balanced demand for occupational therapists, while urban facilities reported moderate demand. Slightly stronger demand was reported for rural occupational therapy assistants in rural facilities than reported by urban facilities.

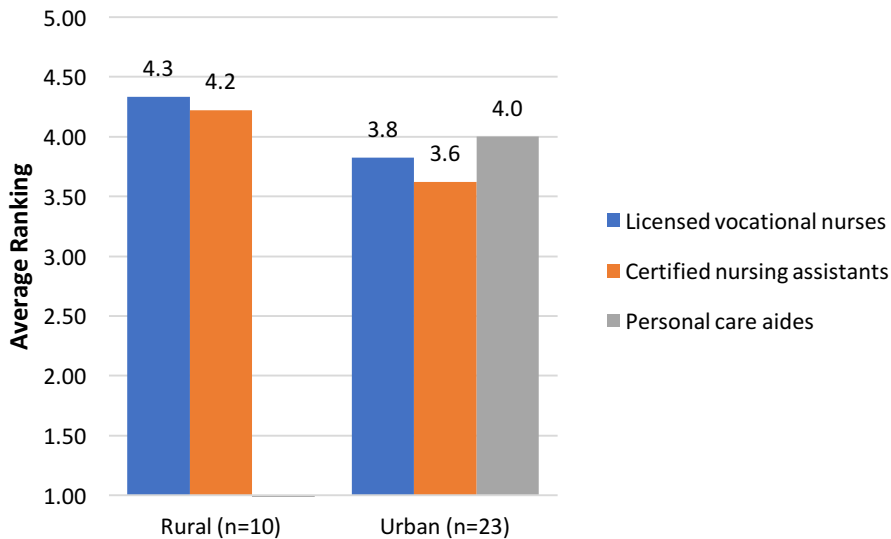
No data was reported for respiratory therapists by rural long-term care facilities, but urban facilities reported strong demand relative to supply (Figure 16). Social workers were generally reported to be in balanced-demand by both rural and urban facilities.

Figure 13. Average ranking of labor market demand by geography, 2015



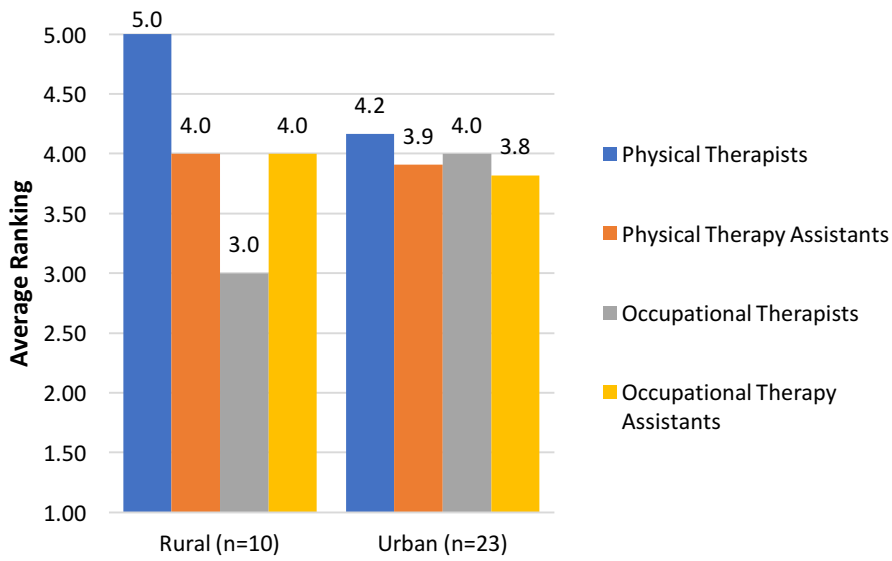
Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 14. Average ranking of labor market demand by geography, 2015



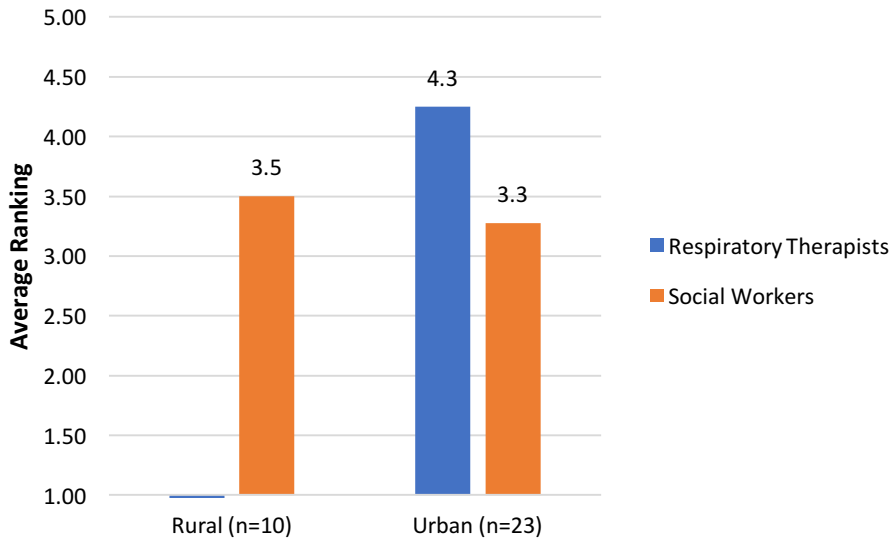
Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 15. Average ranking of labor market demand by geography, 2015



Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Figure 16. Average ranking of labor market demand by geography, 2015



Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus of nurses.)

Current Employment of Staff

Responding long-term care facilities reported total current employment of nearly 1,500 certified nursing assistants (CNAs), making this by far the largest occupational group in LTC facilities (Table 3). More than three-quarters of CNAs work full-time (76.8%). The next-largest occupational group was LPNs, of whom 82.8 percent work full-time. RNs in staff roles were the third-largest occupation, and 72.8 percent work full-time. Nearly all (95.3%) RNs in other roles, such as management and care coordination, were employed full-time.

Positions that were more likely to work part-time in LTC facilities included Occupational Therapists (49.2%), Occupational Therapy Assistants (40%), Physical Therapists (43.8%), Physical Therapy Assistants (36.4%), Respiratory Therapists (28%), and Staff RNs (27.2%).

Table 3. Number of current staff (headcount) by position, as of May 1, 2015

Description	Full-time		Part-time		Total
	Headcount	% of total	Headcount	% of total	
Staff RNs	182	72.8	68	27.2	250
RNs in other roles (management, care coordination, utilization review, etc.)	81	95.3	4	4.7	85
Nurse Practitioners (NP)	11	73.3	4	26.7	15
Licensed Practical Nurses (LPN)	433	82.8	90	17.2	523
Certified nursing assistants	1,150	76.8	348	23.2	1,498
Personal care aides	44	83.0	9	17.0	53
Physical Therapists	27	56.3	21	43.8	48
Physical Therapy Assistants	28	63.6	16	36.4	44
Occupational Therapists	31	50.8	30	49.2	61
Occupational Therapy Assistants	18	60.0	12	40.0	30
Respiratory Therapists	54	72.0	21	28.0	75
Social Workers (LCSW)	25	92.6	2	7.4	27

Current Vacancies

Figure 17 and Table 4 present vacancy rates by position as of May 1, 2015. The highest vacancy rate was reported for staff RNs, at 12.3 percent. The vacancy rate for nurse practitioners was 11.8 percent and the rate for respiratory therapists was 9.6 percent. Comparatively low vacancy rates were reported for social workers (3.6%), occupational therapists (3.2%), physical therapy assistants (4.3%), and RNs in non-staff roles (4.5%).

Figure 17. Total vacancy rates by position, May 1, 2015

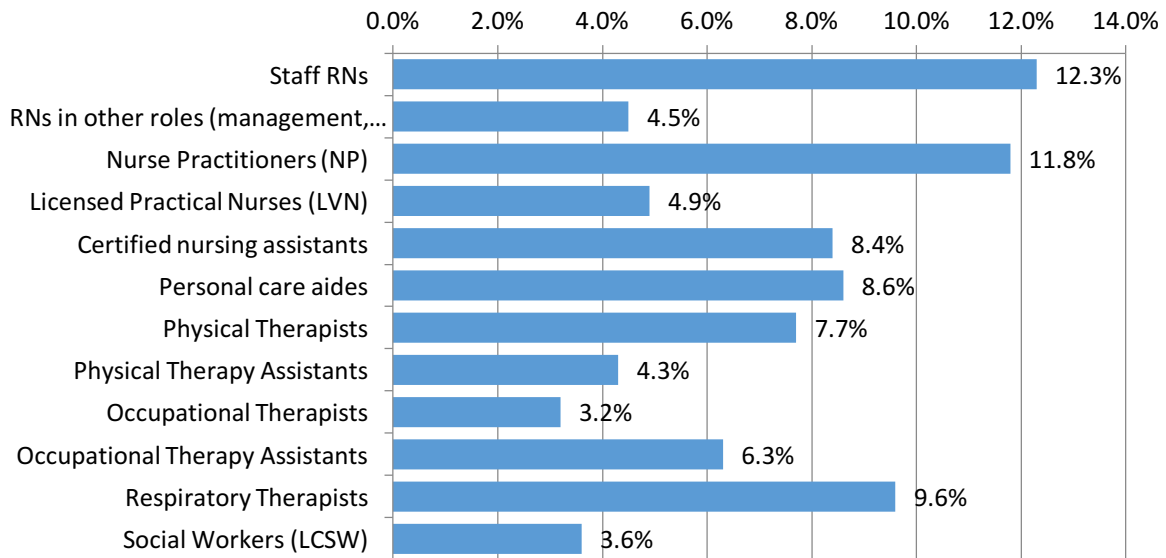


Table 4. Vacancy rates by position, May 1, 2015

Description	Full-time		Part-time		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Staff RNs	26	12.5	9	11.7	35	12.3
RNs in other roles (management, care coordination, utilization review, etc.)	2	2.4	2	33.3	4	4.5
Nurse Practitioners (NP)	2	15.4	0	0.0	2	11.8
Licensed Practical Nurses (LPN)	16	3.6	11	10.9	27	4.9
Certified nursing assistants	111	8.8	26	7.0	137	8.4
Personal care aides	4	8.3	1	10.0	5	8.6
Physical Therapists	3	10.0	1	4.5	4	7.7
Physical Therapy Assistants	2	6.7	0	0.0	2	4.3
Occupational Therapists	1	3.1	1	3.2	2	3.2
Occupational Therapy Assistants	1	5.3	1	7.7	2	6.3
Respiratory Therapists	5	8.5	3	12.5	8	9.6
Social Workers (LCSW)	1	3.8	0	0.0	1	3.6

Changes Experienced In the Past Year

Long-term care facilities were asked about changes in staff employment levels during the past year. Figure 18 and Table 5 show that more than half of LTC facilities reported increases for all occupations except LPNs, for which equal shares reported no change in employment and increased employment (46.2%). More than 80 percent of respondents reported employment increases for nurse practitioners, physical therapists, physical therapy assistants, occupational therapists, and social workers. However, these occupations are employed in smaller numbers than many other occupations in LTC facilities. A

small share of facilities reported employment declines for staff RNs, RNs in non-staff roles, LPNs, and certified nursing assistants.

Figure 18. Employment changes in the past year, by position, 2015

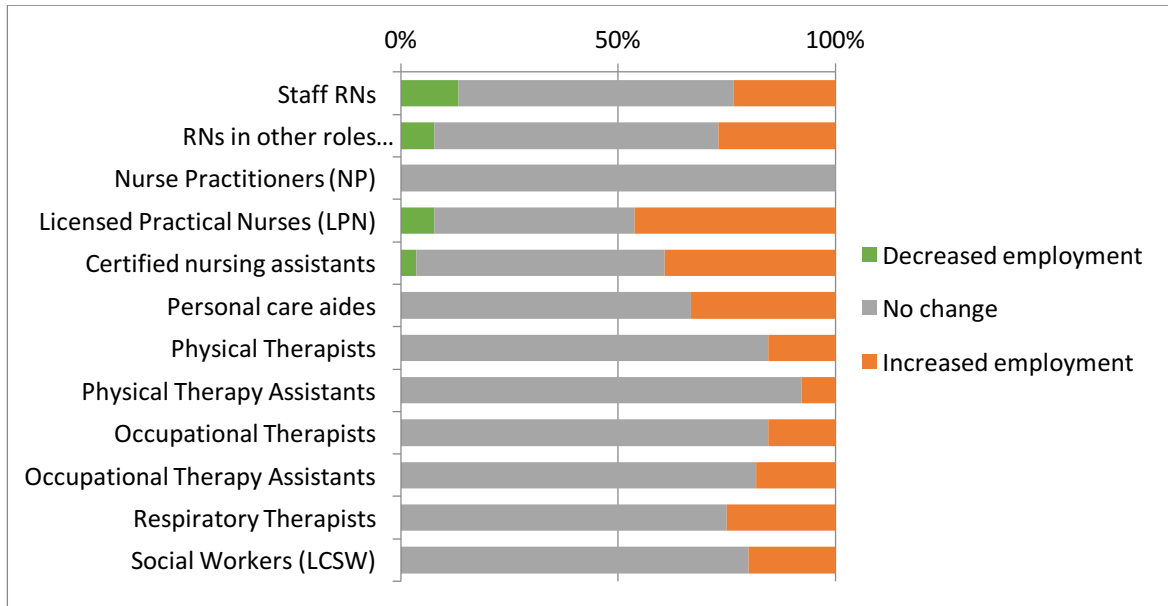


Table 5. Employment changes in the past year, by position, 2015

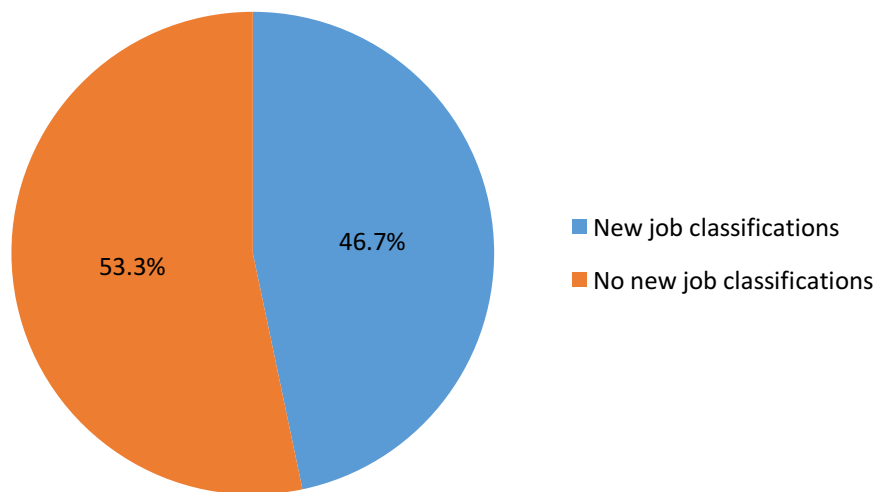
Position	Difficulty Recruiting Compared to Last Year						Responses #
	Decreased Employment		Increased Employment		No change		
	#	%	#	%	#	%	
Staff RNs	4	13.3	7	23.3	19	63.3	30
RNs in other roles (management, care coordination, utilization review, etc.)	2	7.7	7	26.9	17	65.4	26
Nurse Practitioners (NP)	0	0.0	0	0.0	4	100.0	4
Licensed Practical Nurses (LPN)	2	7.7	12	46.2	12	46.2	26
Certified nursing assistants	1	3.6	11	39.3	16	57.1	28
Personal care aides	0	0.0	1	33.3	2	66.7	3
Physical Therapists	0	0.0	2	15.4	11	84.6	13
Physical Therapy Assistants	0	0.0	1	7.7	12	92.3	13
Occupational Therapists	0	0.0	2	15.4	11	84.6	13
Occupational Therapy Assistants	0	0.0	2	18.2	9	81.8	11
Respiratory Therapists	0	0.0	1	25.0	3	75.0	4
Social Workers (LCSW)	0	0.0	4	20.0	16	80.0	20

Long-term care facilities were also asked environmental changes experienced over the past year. More than 91 percent of facilities reported facing budget constraints, 69 percent reported current staff were working more shifts, 57.6 percent noted a reduction in patient census, and over 46 percent noted an increase in patient acuity.

Long-term care facilities were asked to report whether they had created new job classifications over the past year. Figure 19 shows that in 2015, nearly 47 percent of long-term care facilities indicated they had created new job classifications in the past year. The most frequently reported new job classifications were related to care coordination, case management, and care navigation; less frequently reported were clinical documentation specialists and promotoras.

Long-term care facilities reported that the challenges associated with hiring or moving staff into these new roles include recruiting qualified staff and training new hires into these new positions. These are important factors influencing the creation of new job classifications.

Figure 19. Creation of new job classifications in the past year, 2015



Note: Number of respondents = 30.

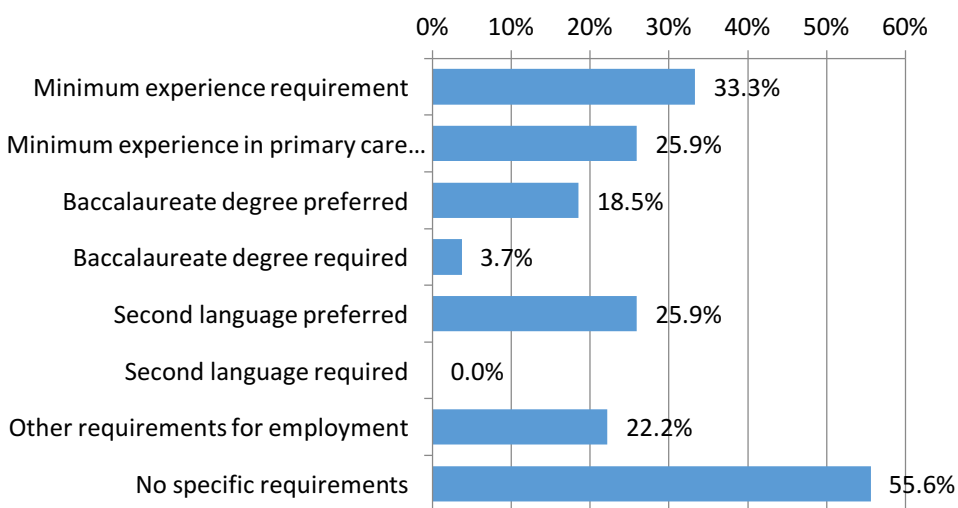
Requirements for RN Employment

A series of questions focused on RN employment, since RN shortages have been reported throughout Arizona and are a large group of workers in most long-term care facilities. As seen in Figure 20, approximately one-third percent of LTC facilities reported having a minimum experience requirement for RN hiring. Approximately 78 percent of these long-term care facilities reported having a requirement of at least 6 months of experience to be hired into a general staff RN position; the range of months of experience required ranged from 1 to 36 months. Approximately 26 percent of long-term care facilities required a minimum amount of experience in a primary/ambulatory care setting.

Nearly 19 percent of long-term care facilities have reported a preference for hiring baccalaureate trained RNs. Only one long-term facility reported *requiring* a baccalaureate degree. Long-term care facilities were asked about second language skills as a requirement for employment in 2015; no long-term care facility reported requiring a second language, but nearly 26 percent indicated that it was a preference. Of these long-term care facilities, Spanish was most often reported as the preferred language.

Long-term care facilities were given the opportunity to report other types of requirements for employment in a staff RN position. Most of the write-in responses reported basic requirements such as RN licensure in Arizona or a compact state. Over 55 percent of long-term care facilities indicated having no specific requirements for employment in a staff nursing position.

Figure 20. Requirements for registered nursing employment, 2015

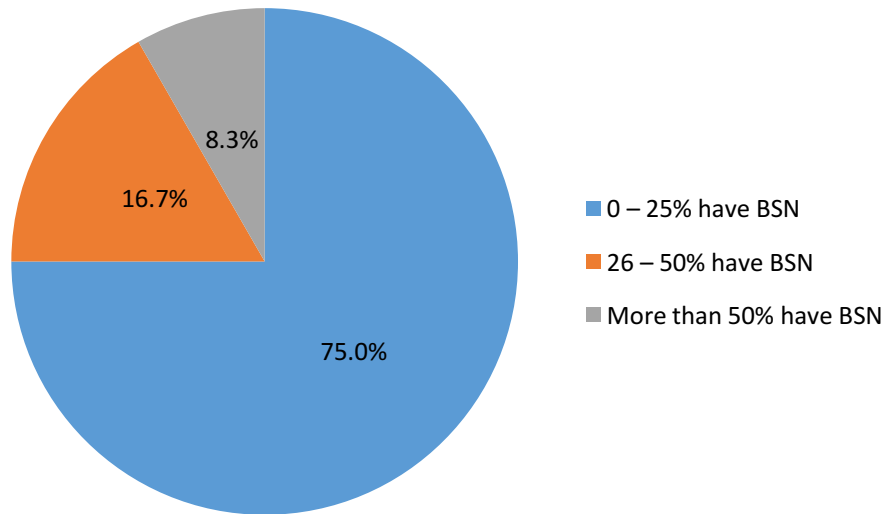


Note: Number of respondents = 27

Baccalaureate-prepared Nurses

Respondents were asked to report the share of RNs currently employed in their long-term care facility prepared at the BSN level. The response choices were presented as categories, presented in Figure 21. A majority of long-term care facilities reported that BSN-prepared nurses represent 0 to 25 percent of all employed RNs in their facility. Approximately 17 percent of respondents indicated that RNs holding a BSN degree accounted for 26 to 50 percent of their registered nursing staff. Only 8.3 percent reported that more than half their RN staff had a BSN or higher degree.

Figure 21. Currently employed BSN-prepared registered nurses, 2015

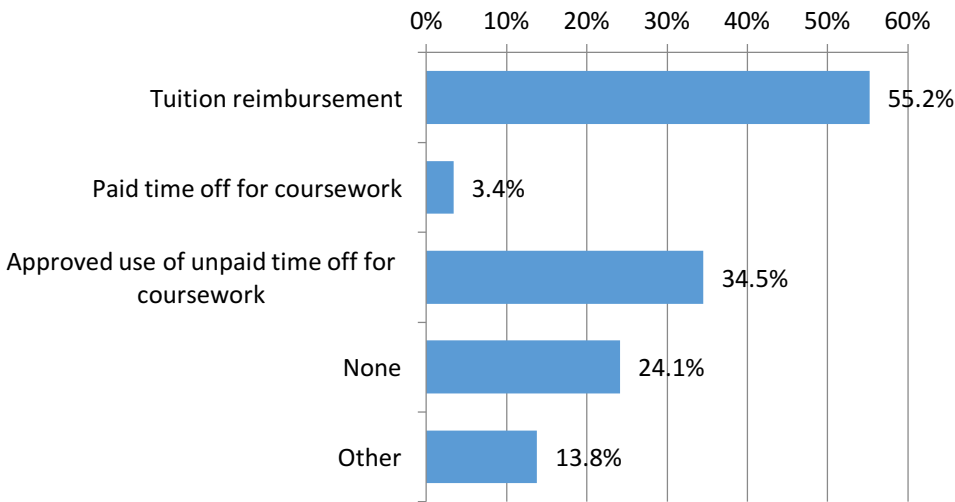


Note: Number of observations = 24

Long-term care facilities were asked to report whether or not they had goals or plans in place to increase the number of baccalaureate-prepared nurses on staff. None indicated having a plan to do so. No responding long-term care facility reported requiring newly hired employees to obtain a BSN if they did not have this degree when they were hired. Perhaps because no long-term care facility reported requiring newly hired RNs educated below the baccalaureate level to obtain a BSN, only 3.4 percent of all long-term care facilities reported that having a BSN has an effect on being promoted beyond the position of staff nurse. Only 20 percent of responding facilities indicated that they offer a higher salary to RNs who have baccalaureate degree, and 20 percent offer differential salary to those with a specialty certification.

Long-term care facilities were asked about the types of support offered to employed staff who are enrolled in a degree program, or working toward a certification (Figure 22). Over 55 percent of long-term care facilities reported they offer tuition reimbursement in support of employed staff seeking an additional degree. Less common is the provision of paid time off for coursework (3.4%). Over 34 percent of the responding long-term care facilities reported allowing current staff to take unpaid time for coursework. Long-term care facilities were given the chance to describe other types of support for RNs working toward a degree or certification. The most common responses described providing employees with flexible schedules to accommodate their degree/certification program.

Figure 22. Support for staff working toward degrees or certification, 2015



Note: Number of observations = 29

Long-term care facilities that provide tuition reimbursement were asked about the maximum benefit paid per RN per year. Table 6 shows that a plurality of long-term care facilities offer currently employed RNs between \$1,500 and \$3,000 per year in tuition reimbursement (35.7%).

Table 6. Tuition reimbursement benefits per RN per year, and per completed program, 2015

Description	Maximum per year		Maximum per completed program	
	#	%	#	%
\$0 - \$1,499	4	28.6	1	33.3
\$1,500 - \$2,999	5	35.7	1	33.3
\$3,000 - \$4,499	2	14.3	1	33.3
\$4,500 - \$5,999	1	7.1	0	0.0
Total	14	100.0	3	100.0

Long-term care facilities were asked to describe the most important competency gaps they encountered. The most common occupations with competency gaps include: registered nurses, certified nursing assistants, and licensed practical nurses. The competency gaps for these occupations include: lack of management experience, lack of technical skills, and lack of general experience with long-term care.

Employment Expectations for the Next Three Years

Long-term care facilities were asked to report on expectations for staff employment over the next three years. Figure 23 and Table 7 show that at least 20 percent of long-term care facilities reported expectations of increased employment for every position. The occupations for which employment

increases were expected most often were respiratory therapists (100.0%), certified nursing assistants (78.3%), occupational therapy assistants (72.7%), and physical therapists (71.4%).

The most frequently reported reasons for the expected employment changes over the next three years include: increased census, increased range of services, and increased patient acuity. To a lesser extent, respondents noted an increase in facility bed capacity, and the potential issue of more turnover and less retention in the next three years.

Figure 23. Expectations for RN employment in the next three years, 2015

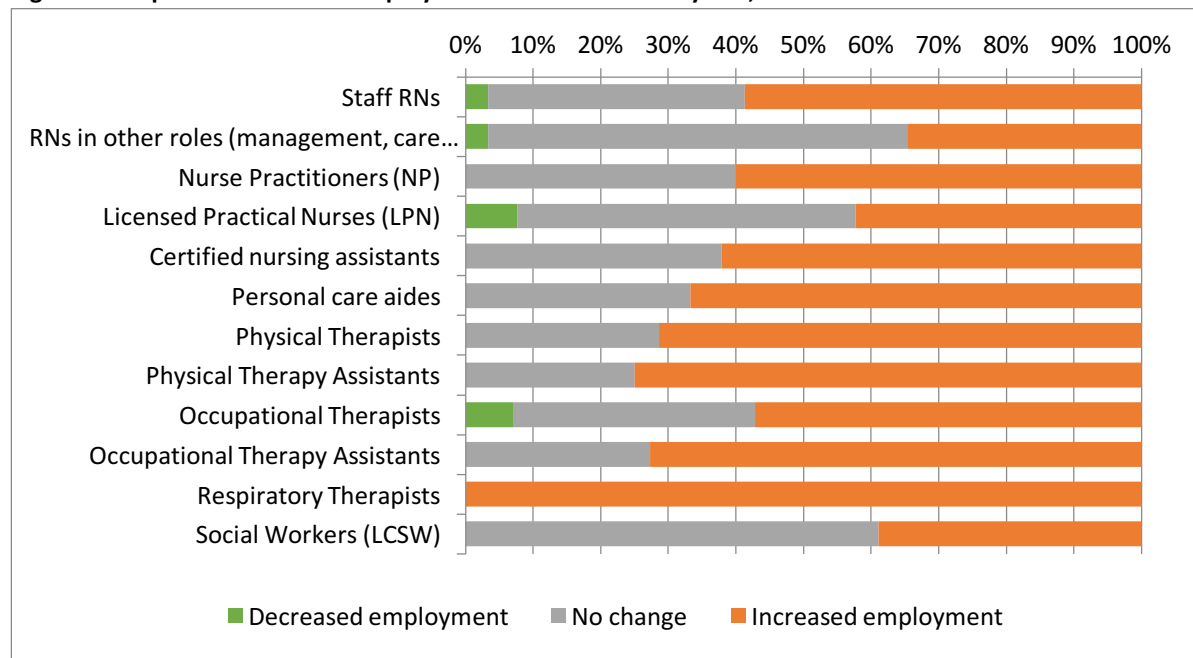
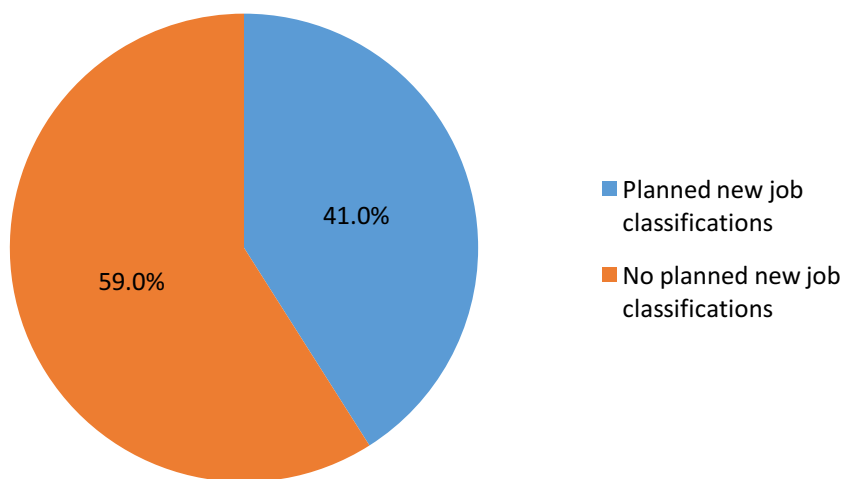


Table 7. Expectations for RN employment in the next three years, 2015

Position	Expectations for employment in the next 3 years						
	Decrease		Increased Employment		No change		Responses #
	#	%	#	%	#	%	
Staff RNs	1	3.4	17	58.6	11	37.9	29
RNs in other roles (management, care coordination, utilization review, etc.)	1	3.4	10	34.5	18	62.1	29
Nurse Practitioners (NP)	0	0.0	3	60.0	2	40.0	5
Licensed Practical Nurses (LPN)	2	7.7	11	42.3	13	50.0	26
Certified nursing assistants	0	0.0	18	78.3	11	47.8	23
Personal care aides	0	0.0	2	66.7	1	33.3	3
Physical Therapists	0	0.0	10	71.4	4	28.6	14
Physical Therapy Assistants	0	0.0	9	75.0	3	25.0	12
Occupational Therapists	1	7.1	8	57.1	5	35.7	14
Occupational Therapy Assistants	0	0.0	8	72.7	3	27.3	11
Respiratory Therapists	0	0.0	4	100.0	0	0.0	4
Social Workers (LCSW)	0	0.0	7	38.9	11	61.1	18

Figure 24 shows that 41 percent of long-term care facilities anticipate the creation of new job classifications in the next two years. Note that 46.7 percent of long-term care facilities reported that they created new job classifications over the past year. This suggests that similar shares of long-term care facilities believe that care demands require the continued creation of new job classifications in the coming years. Those that anticipate creating new job classifications in the coming year expect them to be related to case management and care coordination. Long-term care facilities plan to develop these new roles through working with universities and colleges to create programs, and by adopting similar models of success on which to base their own programs.

Figure 24. Planned new job classifications in the next two years, 2015



Note: Number of observations = 29

Long-term care facilities were asked to describe how concerned they felt about a series of statements on the adequacy of their long-term care facility's workforce (Figure 25 & Table 8). Long-term care facilities most often reported that they are extremely concerned about reimbursement levels dropping (50%), and the impact of potential state budget cuts to Medicaid (40%). The changing employment goals of new workers (e.g., Millennials) was reported as somewhat concerning to 30 percent of long-term care facilities, and slightly concerning to 31 percent of facilities. The impact of an aging workforce within a facility was reported as slightly concerning to 31 percent of long-term care facilities and not at all concerning to 48.3 percent of long-term care facilities. Directors indicated that future retirements are a concern; the positions with the highest percent of staff that may retire in the next three years were: staff RNs, directors/executives in leadership roles, and certified nursing assistants.

Figure 25. Impact on adequacy on long-term care facility's workforce, 2015

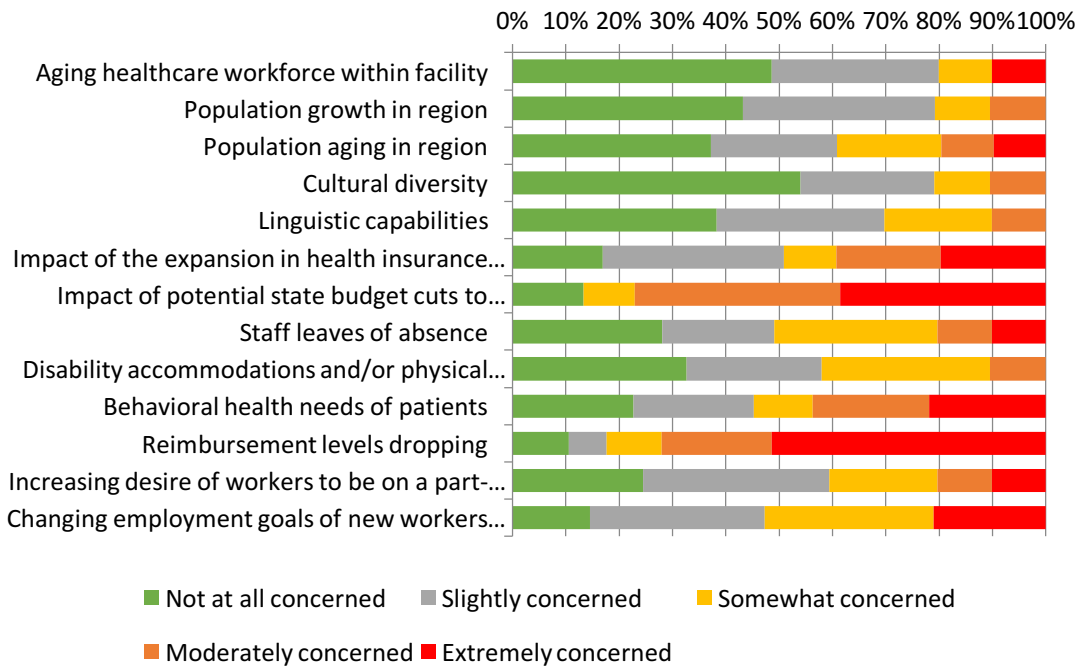


Table 8. Impact on adequacy on long-term care facility's workforce, 2015

Impact on adequacy of long-term care facility' workforce											
Description	Not at all concerned		Slightly concerned		Somewhat concerned		Moderately concerned		Extremely concerned		Responses
	#	%	#	%	#	%	#	%	#	%	#
Aging healthcare workforce within facility	14	48.3	9	31.0	3	10.0	1	0.0	2	10.0	29
Population growth in region	12	41.4	10	34.5	4	10.0	2	10.0	1	0.0	29
Population aging in region	11	37.9	7	24.1	6	20.0	2	10.0	2	10.0	29
Cultural diversity	15	51.7	7	24.1	4	10.0	2	10.0	0	0.0	29
Linguistic capabilities	11	37.9	9	31.0	7	20.0	2	10.0	0	0.0	29
Impact of the expansion in health insurance coverage	5	17.2	10	34.5	3	10.0	6	20.0	5	20.0	29
Impact of potential state budget cuts to Medicaid	4	13.8	0	0.0	2	10.0	11	40.0	12	40.0	29
Staff leaves of absence	8	27.6	6	20.7	9	30.0	3	10.0	3	10.0	29
Disability accommodations and/or physical limitations of staff	9	31.0	7	24.1	10	30.0	2	10.0	1	0.0	29
Behavioral health needs of patients	6	20.7	6	20.7	3	10.0	7	20.0	7	20.0	29
Reimbursement levels dropping	3	10.3	2	6.9	2	10.0	7	20.0	15	50.0	29
Increasing desire of workers to be on a part-time schedule	7	24.1	10	34.5	6	20.0	4	10.0	2	10.0	29
Changing employment goals of new workers (e.g., Millennials)	4	13.8	9	31.0	10	30.0	1	0.0	5	20.0	29

CONCLUSIONS

Labor market conditions faced by Arizona long-term care facilities indicate shortages in many occupations, with shortages among the certified nursing assistant workforce—the largest group within LTC facilities—being particularly notable. Facilities indicated that shortages are particularly acute for staff RNs, RNs in other roles, personal care aides, nurse practitioners, and licensed practical nurses.

LTC facilities expect growth in nearly every occupation over the next three years, particularly for nurse practitioners, physical therapists, physical therapy assistants, occupational therapists, and social workers. These occupations are important to supporting the physical health of long-term care residents, as well as offering the potential to support a return to living at home. Facilities indicated they expect to increase employment over the next year in nearly every occupation, particularly for RNs in non-staff roles and social workers.

LTC facilities indicated substantial concern about reimbursement levels dropping, the impact of potential state budget cuts to Medicaid, and the changing employment goals of new workers (e.g. Millennials).

Arizona leaders should seek to address ongoing challenges faced by LTC facilities in recruiting skilled health professionals, including RNs, nurse practitioners, and physical and occupational therapists. LTC facilities compete against hospitals and other employers for these professionals, and report that their demand is greater than the supply available. LTC facilities also should be supported in their efforts to develop new job classifications and increase employment in occupations that support successful transitions from LTC facilities to lower-intensity sites of support. A broad approach to workforce development will serve the long-term care facilities of Arizona, and those with long-term care needs, well into the future.

ACKNOWLEDGEMENTS

The collaboration of the Advisory Committee convened by Vitalyst Health Foundation, the City of Phoenix, and the Greater Phoenix Chamber of Commerce was important to the development of the survey questionnaire and conducting of the survey. We specifically thank Kathleen Collins Pagels for her assistance in promoting this survey to long-term care facilities.

This study benefitted from the work of Matthew Williams and Katie Harrar who assisted with reviewing the database, making telephone calls to increase response rates, reviewing data, and finding contact information for Arizona long term care facilities. Nachu Amah and Igor Geyn provided valuable assistance in proofreading this report.

Appendix Table 1. Labor market demand by geographic region, 2015

:	Region				
	Phoenix	Tucson	Northern AZ	North-West AZ	Southern AZ
Staff RNs	%	%	%	%	%
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	7.7	0.0	0.0	0.0	0.0
Demand is in balance with supply	38.5	0.0	20.0	0.0	0.0
Moderate demand: some difficulty filling open positions	15.4	66.7	20.0	66.7	0.0
High demand: difficult to fill open positions	38.5	33.3	60.0	33.3	100.0
Total	13	6	5	3	1
RNs in other roles					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	20.0	0.0	0.0	0.0
Demand is in balance with supply	25.0	20.0	20.0	0.0	100.0
Moderate demand: some difficulty filling open positions	50.0	0.0	20.0	0.0	0.0
High demand: difficult to fill open positions	25.0	60.0	60.0	100.0	0.0
Total	12	5	5	3	1
Nurse Practitioners (NP)					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	50.0	0.0	0.0	0.0	0.0
Moderate demand: some difficulty filling open positions	50.0	0.0	0.0	0.0	0.0
High demand: difficult to fill open positions	0.0	0.0	100.0	0.0	0.0
Total	2	0	1	0	0
Licensed Practical Nurses (LPN)	%	%	%	%	%
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	55.6	16.7	20.0	0.0	0.0
Moderate demand: some difficulty filling open positions	22.2	66.7	20.0	66.7	100.0
High demand: difficult to fill open positions	22.2	16.7	60.0	33.3	0.0
Total	9	6	5	3	1
Certified nursing assistants					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	15.4	0.0	0.0	0.0	0.0
Demand is in balance with supply	46.2	0.0	20.0	0.0	0.0
Moderate demand: some difficulty filling open positions	30.8	66.7	40.0	100.0	100.0
High demand: difficult to fill open positions	7.7	33.3	40.0	0.0	0.0
Total	13	6	5	3	1
Personal care aides					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	50.0	0.0	0.0	0.0	0.0
Moderate demand: some difficulty filling open positions	50.0	0.0	0.0	0.0	0.0
High demand: difficult to fill open positions	0.0	0.0	100.0	0.0	0.0
Total	2	0	1	0	0
Physical Therapists	%	%	%	%	%
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	0.0	0.0	33.3	0.0	0.0
Moderate demand: some difficulty filling open positions	100.0	25.0	33.3	0.0	0.0
High demand: difficult to fill open positions	0.0	75.0	33.3	0.0	0.0
Total	6	4	3	0	0
Physical Therapy Assistants					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	40.0	0.0	33.3	0.0	0.0
Moderate demand: some difficulty filling open positions	60.0	50.0	66.7	0.0	0.0
High demand: difficult to fill open positions	0.0	50.0	0.0	0.0	0.0
Total	5	4	3	0	0

:	Region				
	Phoenix	Tucson	Northern AZ	North-West AZ	Southern AZ
Occupational Therapists					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	33.3	0.0	66.7	0.0	0.0
Moderate demand: some difficulty filling open positions	66.7	25.0	33.3	0.0	0.0
High demand: difficult to fill open positions	0.0	75.0	0.0	0.0	0.0
Total	6	4	3	0	0
Occupational Therapy Assistants					
	%	%	%	%	%
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	60.0	0.0	33.3	0.0	0.0
Moderate demand: some difficulty filling open positions	40.0	50.0	66.7	0.0	0.0
High demand: difficult to fill open positions	0.0	50.0	0.0	0.0	0.0
Total	5	4	3	0	0
Respiratory Therapists					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	0.0	0.0	0.0	0.0	0.0
Moderate demand: some difficulty filling open positions	50.0	100.0	100.0	0.0	0.0
High demand: difficult to fill open positions	50.0	0.0	0.0	0.0	0.0
Total	2	1	1	0	0
Social Workers					
Demand is much less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is less than supply available	0.0	0.0	0.0	0.0	0.0
Demand is in balance with supply	90.0	80.0	33.3	100.0	0.0
Moderate demand: some difficulty filling open positions	10.0	20.0	33.3	0.0	0.0
High demand: difficult to fill open positions	0.0	0.0	33.3	0.0	0.0
Total	10	5	3	1	0