



# **C-Change**

*Collaborating to Conquer Cancer*

## ***The Cancer Workforce: Crossing the Continuum of Disease and Care***

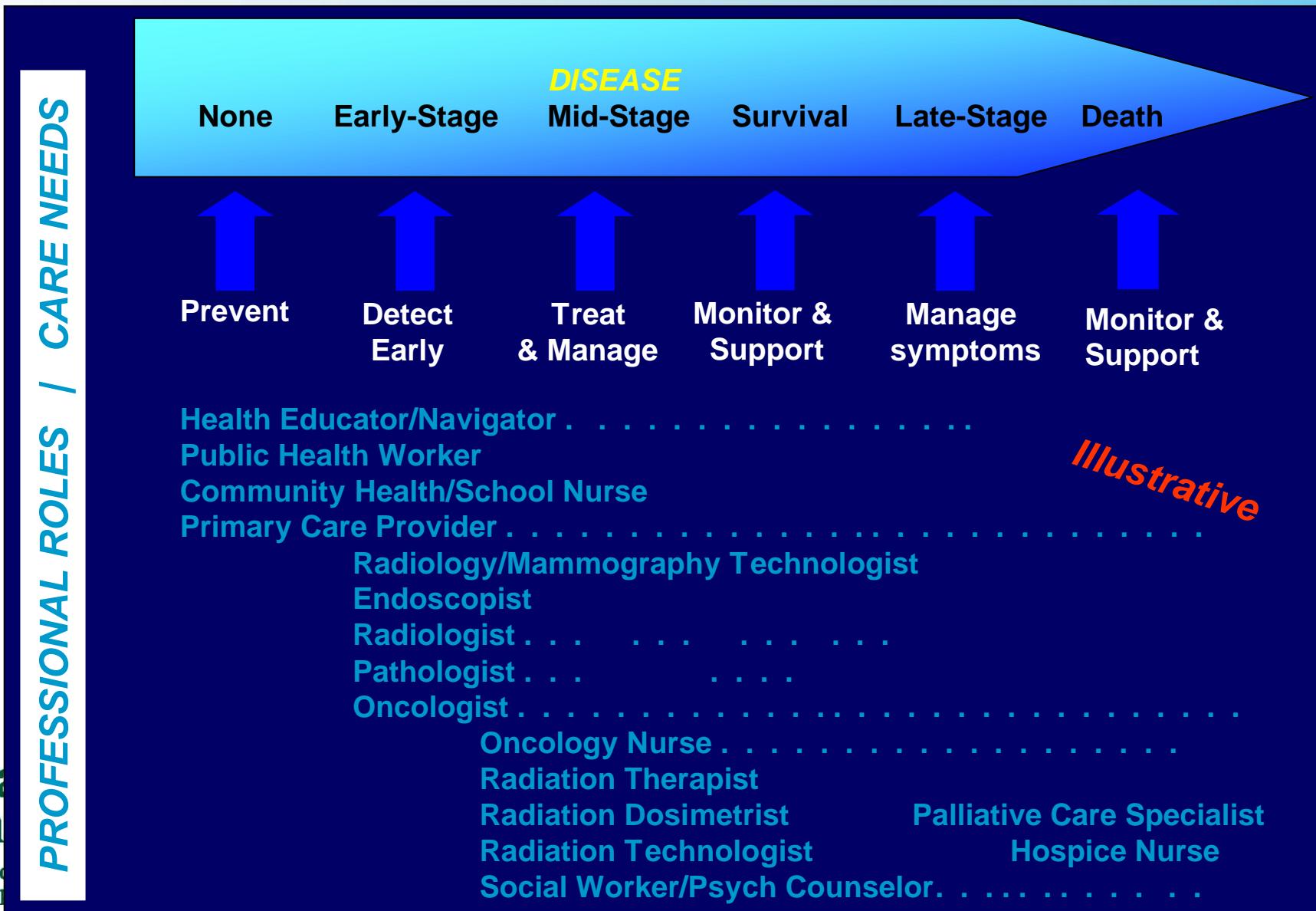
**Institute of Medicine National Cancer Policy Forum  
October 20-21, 2008**

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Tropical Medicine**

# Overview

- § The Continuum of **QUALITY** Cancer Care
- § Beyond Medicine & Nursing – Other Key Disciplines
- § Challenges & Solutions
  - § Quantity
  - § Quality of Workforce

# *The Continuum of **QUALITY** Cancer Care*



# Public Health

## Health of the Nation

### Important role in cancer

- Health education
- Screening/prevention
- Early detection
- Surveillance

### Example

Departments of Public Health

Health departments; employee wellness programs

CDC Breast & Cervical Cancer Program

CDC/State/local Health Depts.

# Public Health

## Health of the Profession

From APHA

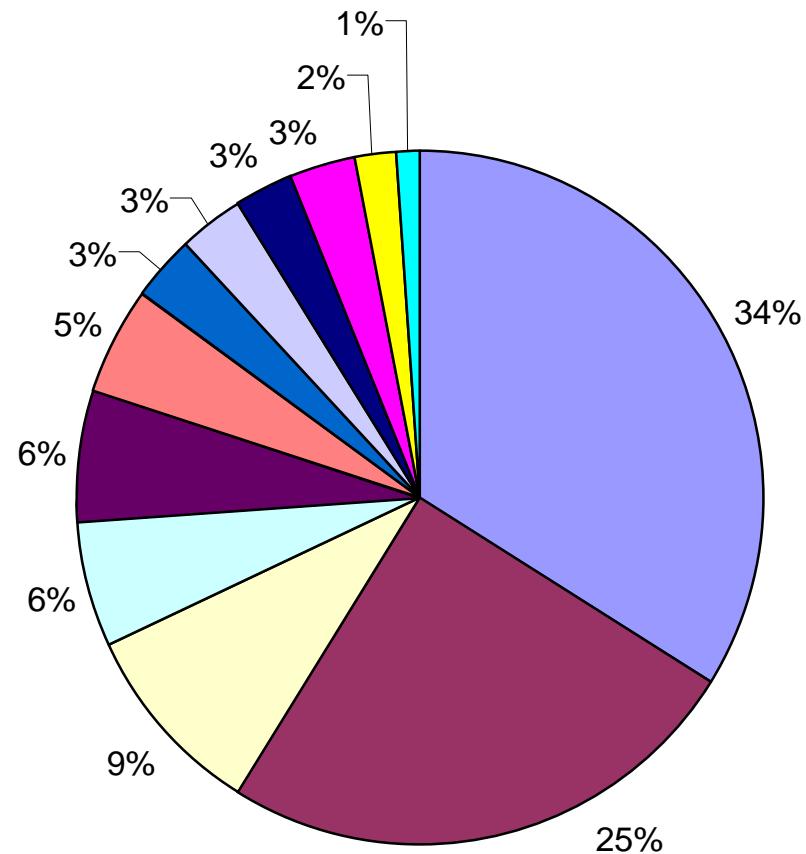
- The average age of a public health worker is 47 years; many public health agencies currently face a 20% vacancy rate

From ASPH

- 250,000 more public health workers will be needed by 2020
- The public health workforce is diminishing over time (there were 50,000 fewer public health workers in 2000 than in 1980)
- 23% of the current workforce – almost 110,000 workers – are eligible to retire by 2012
- Documented and forecasted shortages include public health physicians, public health nurses, epidemiologists, health care educators, and administrators
- To replenish the workforce and avert the crisis, schools of public health will have to train three times the current number of graduates over the next 12 years

# Public Health

## Proportion of specific occupations in state public health



- Administrative or clerical personnel
- Public health nurses
- Environmental health workers
- Laboratory workers
- Public health managers
- Social workers
- Epidemiologists
- Health educators
- Public health information systems specialists
- Nutritionists
- Public health physicians
- Public information specialists

# Social Work



## Health of the Nation

- Cancer related depression and anxiety
- Patient navigation
- Screening and assessment
- And more...

# **Health Social Work Force**

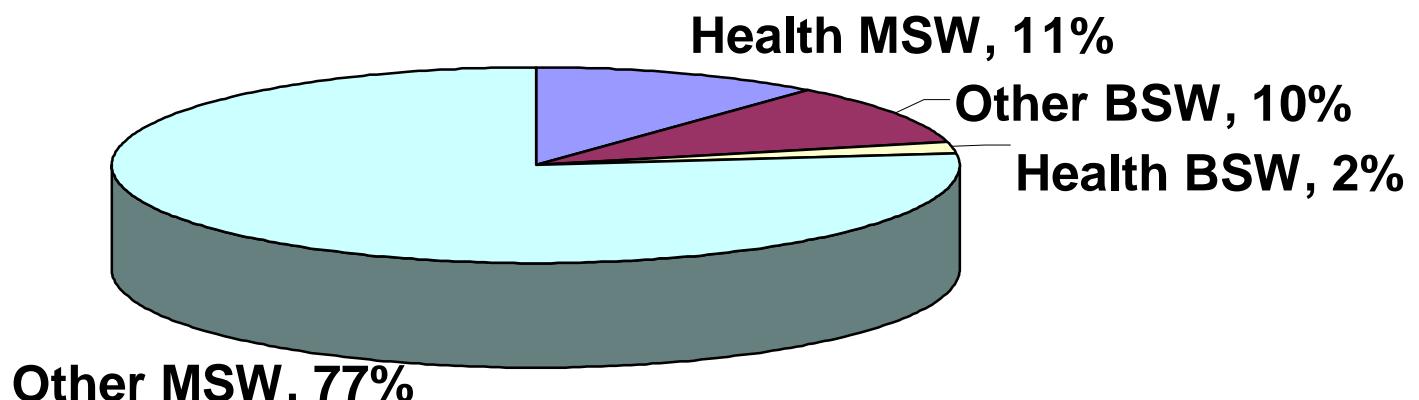
## **Health of the Profession - From NASW**

- § The social work labor force is older than most professions with nearly 30% of licensed social workers over 55 years of age
- § Social workers employed in hospices are most likely to report vacancies as common(19%), followed by those in hospitals (14%) and health clinics (8%).
- § They are more likely to serve clients of color than social workers overall (52% versus 43%).
- § increased demands in their work, but decreased resources and supports over the past two years.
- § significantly less satisfied with client access to mental health services than licensed social workers overall (43% versus 59%).
- § Those practicing in rural areas are least satisfied with access to resources
- § There are approximately 1200 oncology social workers

# Health Social Work Force

## Distribution of Licensed Social Workers by Practice Area and Degree

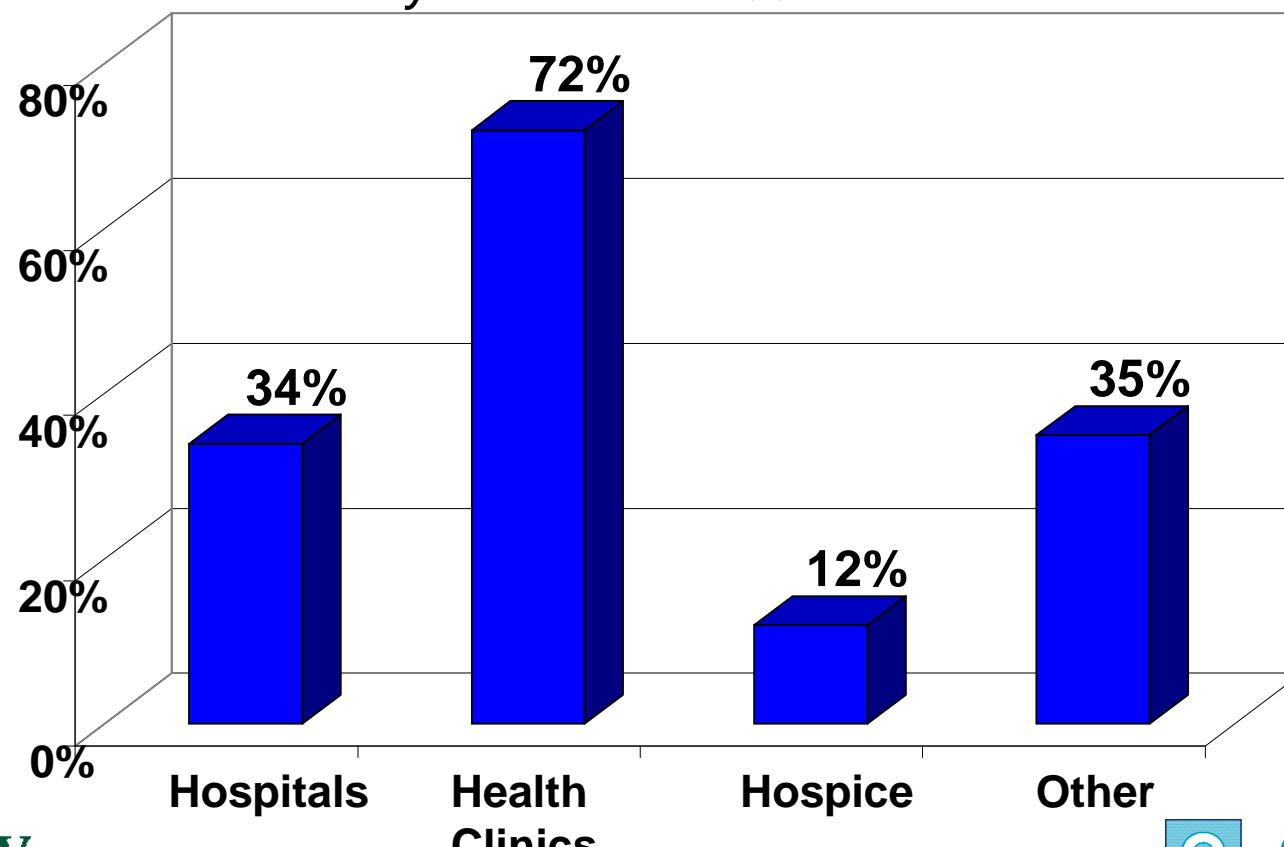
*Thirteen percent of licensed social workers are in the practice area of health*



Licensed Social Workers in Health, 2004

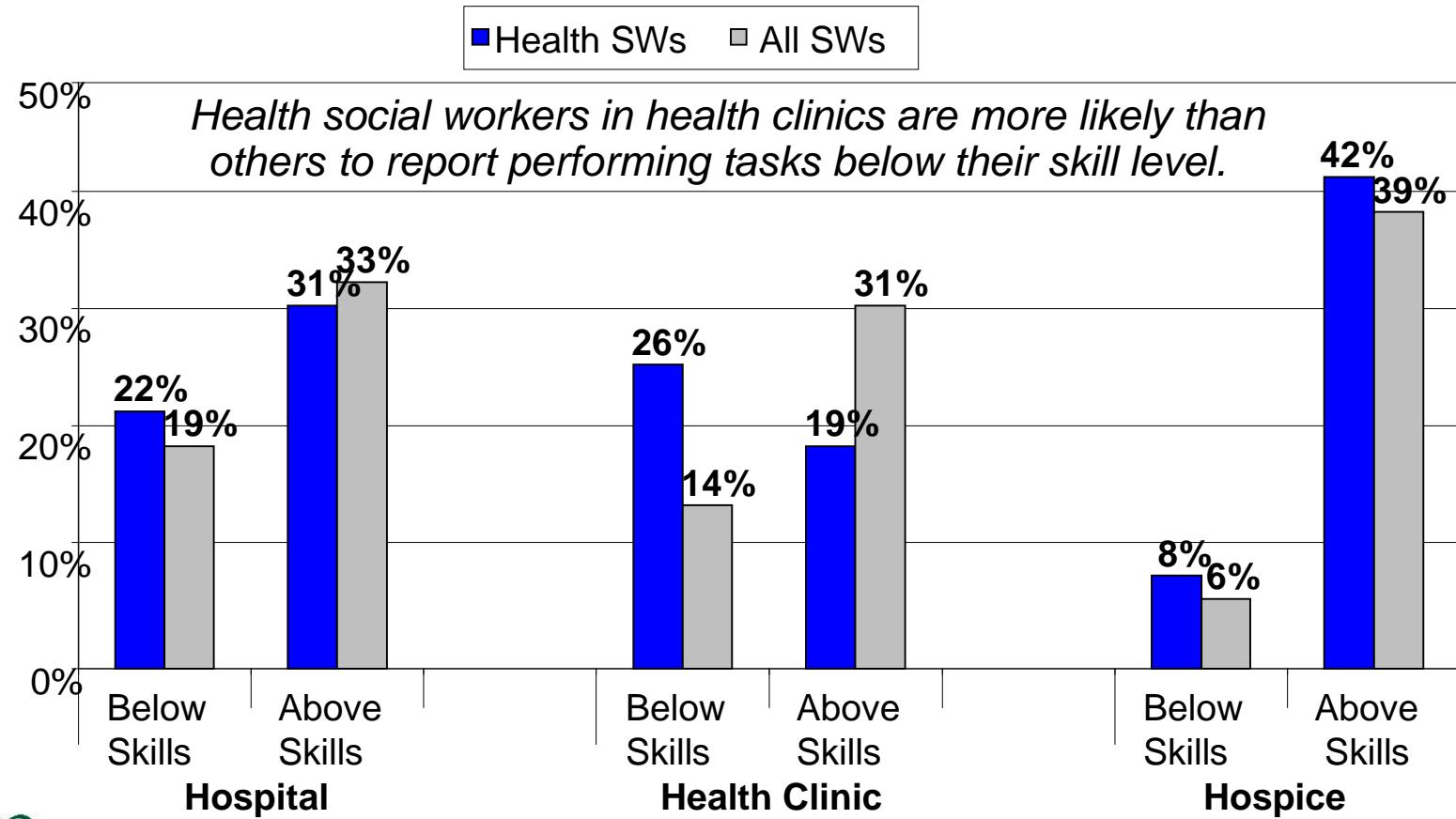
# Health Social Work Force

**Percentages of Health Social Workers  
with Primary Caseloads of 50 or More Clients, by Setting**  
*Social workers employed in health clinics are most likely  
to carry caseloads of 50 or more clients.*



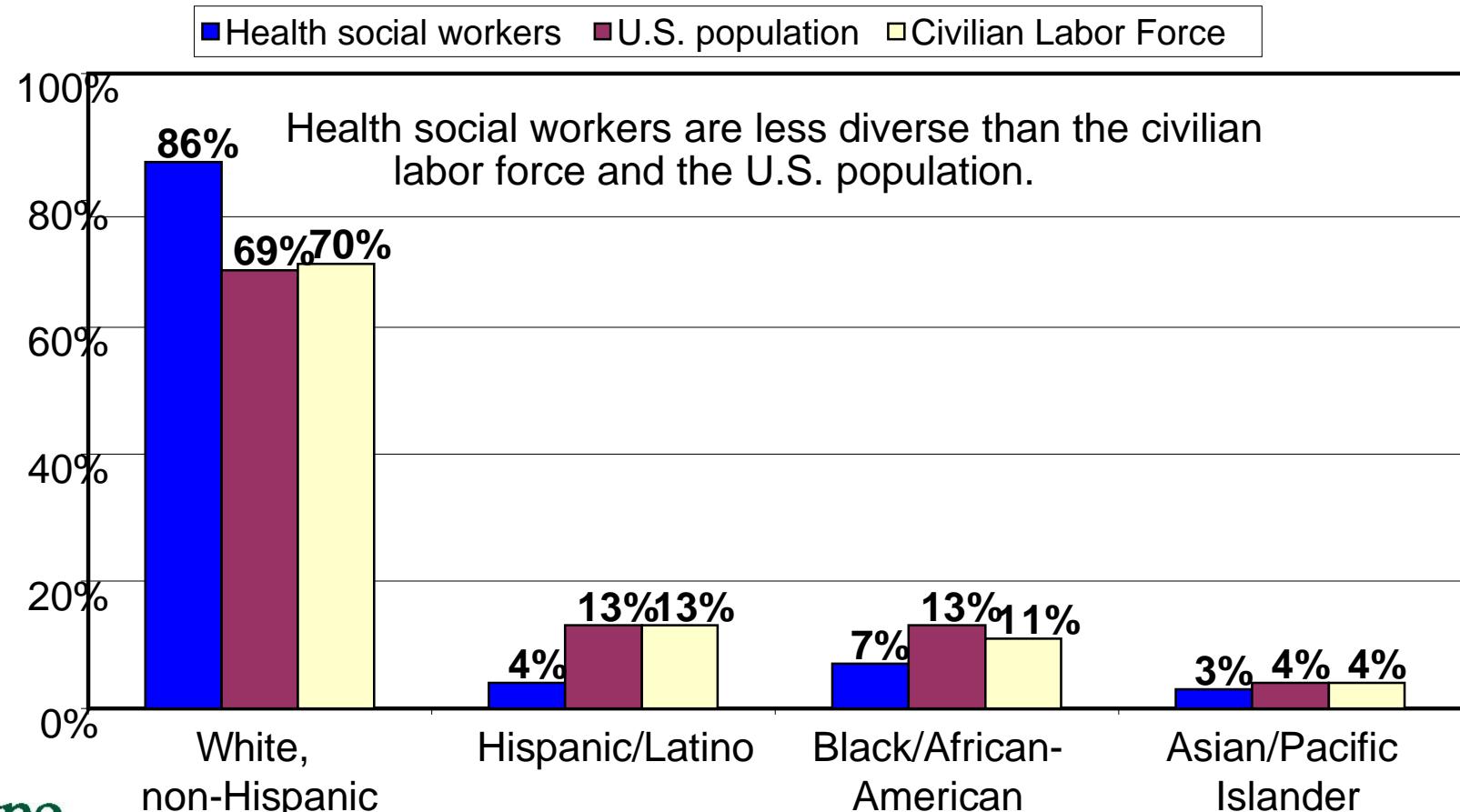
# Health Social Work Force

## Percentages of Health and All Social Workers Reporting Tasks Below or Above Their Level of Skills and Training, by Setting

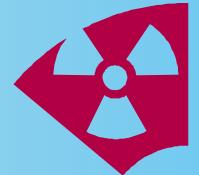


# Health Social Work Force

## Racial-Ethnic Distributions of Health Social Workers, the U.S. Population, and the U.S. Civilian Labor Force



# Radiation Oncology



## Health of the Profession - From ASTRO

- Radiation therapy vacancy rates average 18.3 percent
- Radiation therapy practices across the country are currently in need of approximately 2.6 healthcare professionals per practice
- Nearly two-thirds of all cancer patients will receive radiation therapy during their illness.
- In 2006, there were 4,424 licensed radiation oncologists in the United States.
- The number of radiation oncologists in the U.S. has been growing steadily.
- In 2006, 2,590 radiation oncologists identified themselves as white, 774 Asian, 185 Hispanic and 128 black.
- The states with the fewest radiation oncologists are Alaska (6), Wyoming (7), Vermont (8) and New Hampshire (10).

# Pharmacists



## Health of the Nation

- Chemotherapy
- Infectious complications
- Clinical trials
- Palliative care
- Education

# Pharmacists

## Health of the Profession – From ASHP

### National Pharmacist Workforce Survey

- *Intent to Leave Position:* In 2004, 86% of licensed pharmacists were actively practicing pharmacy, 23% of whom indicated they would leave within the next year
- *Intent to Retire:* A 2004 survey of 517 pharmacy directors and 489 middle managers revealed that 80% of pharmacy directors and 77% of middle managers anticipated resigning their position within the next decade.
- *Aging:* In 2000, 44% of practicing pharmacists were 40 years of age or younger, and 17% were over 55 years of age.<sup>5</sup> However, in 2004, one third of practicing pharmacists were 40 years old or younger, and 25% were over 55 years of age.
- *Vacancies:* In 2006, the pharmacist vacancy rate increased for the second year in a row, reaching 7.0%. This rate represents a statistically significant increase from the low of 5.0% reported in 2004.

# *Cancer Registrars*

## Health of the Nation

- Healthcare facility registries – reporting required by law
- Central registries – population-based by region
- Support special purpose registries – by cancer type
- Source of national cancer data and statistics
- Basis for research, priority setting, and interventions

# *Cancer Registrars*

## Health of the Profession

- § Cancer registrar vacancies remain difficult to fill in some regions of the country and demand for registrars is estimated to grow 10% in the next 15 years (NCRA, 2006)
- § Approximately, 7280 registrars are currently working; 800 new registrars needed in the next 15 years

# *Documentation of the Problems*

States, Health Systems, and Professional Societies have:

- § Documented scope of discipline-specific or regional problem
- § Defined specific recruitment and retention strategies that fall short of meeting projected demand
- § Acknowledged the growing challenge in maintaining the current or aspiring to a higher standard of care
  - e.g. evidence-base practice, interdisciplinary coordination, cultural competence
- § Acknowledged that scope of practice and reimbursement structures limit ability to meet patient needs

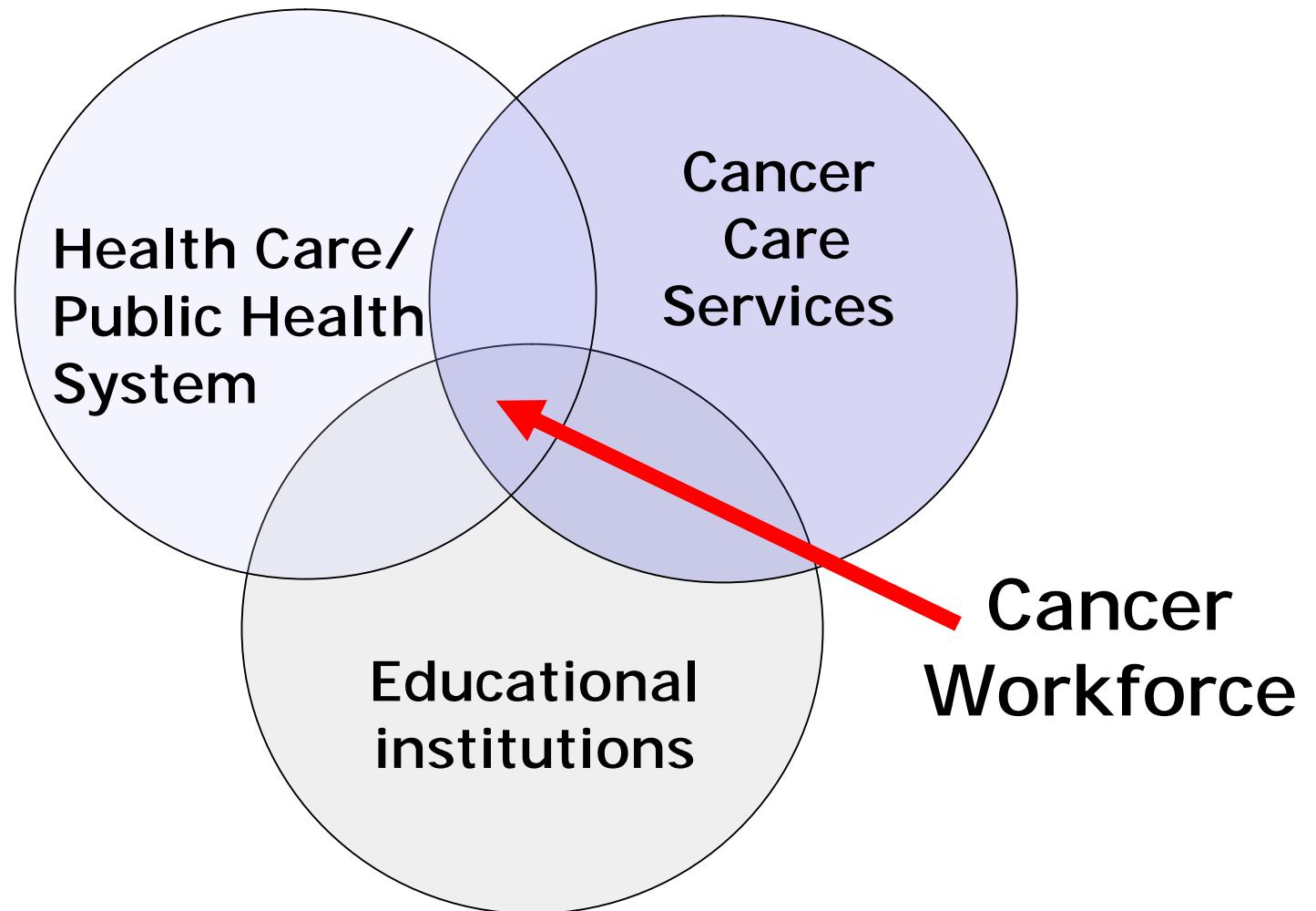
# ***Assessment Of Challenges***

- § Cancer health workforce needs are universal and wide spread across discipline, continuum of care, and geography
- § Solutions for various recruitment and retention needs are often very local or regional in nature
- § Ongoing quality management and continuing education are pre-requisite to keep pace with scientific development and social complexity of cancer
- § The workforce development pipeline spans issues of education, training, licensing, recruitment, and retention.
- § Health workforce problems and solutions are not unique to cancer, but felt more intensely in the context of an aging population

# Strategic Imperatives

- § *Eye on the prize*: Cancer-specific effort critical
- § *System over silos*: Multidisciplinary approach across disciplines and spectrum of care
- § *Quantity AND quality*: strengthen numbers and knowledge
- § *Short-term* action to create immediate surge capacity
- § *Longer-term* solutions to strengthen and fill the workforce pipeline
- § *National Policy --not “vinger in de dijk” : sustained investment to assure quality cancer care*

# *Cancer Care Workforce Determinants*



# **Determinant: Health Care/Public Health System**

- § *Efficiency*: composition and competence of the cancer care team
- § *Quality*: national benchmarks with flexible implementation
- § *Recruitment and retention*: incentives beyond \$

# ***Determinant: Cancer Care Services***

- § *Front end investment for ROI down the road:* special focus on cancer workforce providing prevention, screening and early detection services will influence the needs in disease stages
- § *Work with what is under our nose:* opportunities to educate non- oncology health workforce can alleviate the “releasable” workload for oncology specialists
- § *Tailor to the target population:* cultural competence a requirement rather than a luxury to help address health disparities

# Untapped Resources

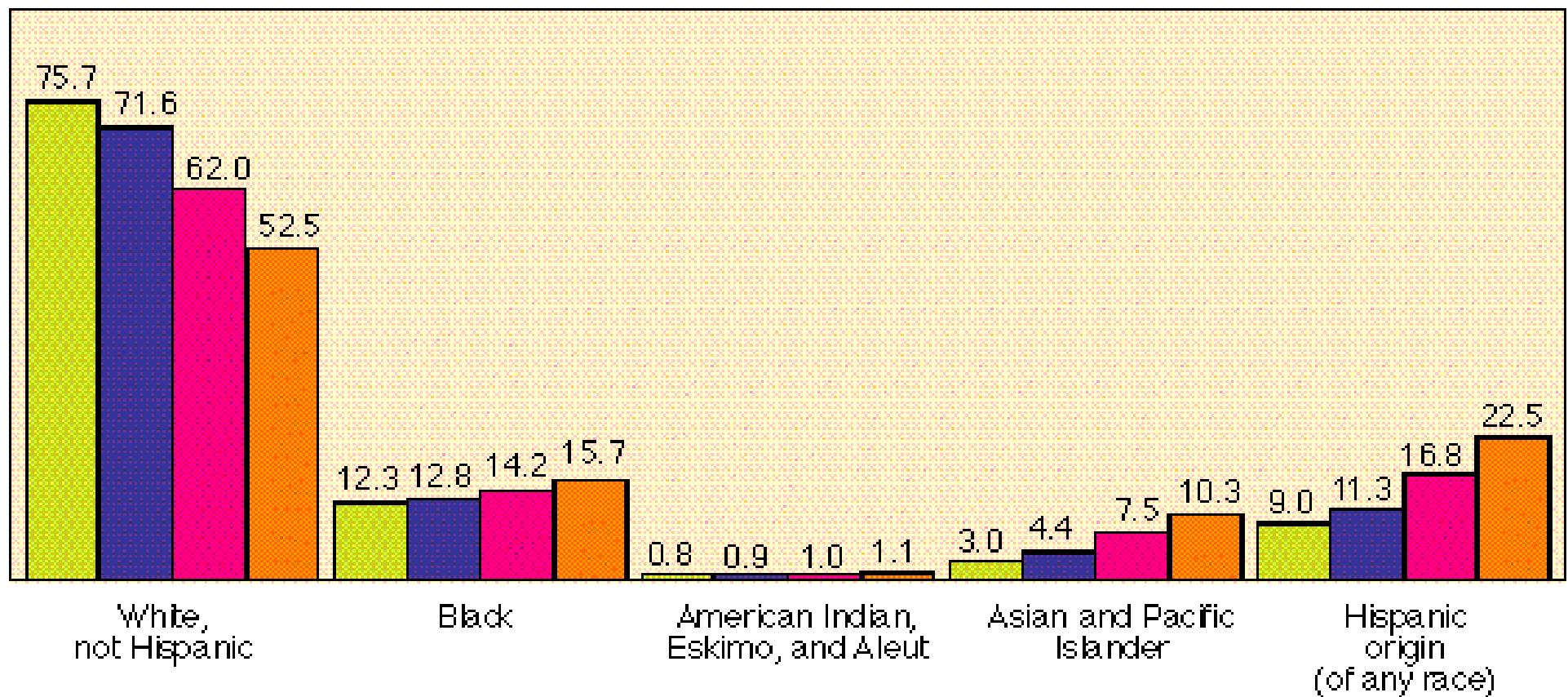
	Oncology Specialists	Generalists
Nurses	21,000 <i>Oncology certified</i>	2,000,000 <i>Registered Nurses</i>
Social Workers	1,200 <i>Association of Oncology Social Workers Members</i>	320,000 <i>Licensed Clinical Social Workers</i>

<http://c-changetogether.org/pubs/cccpp.asp>

# Why do we have to be culturally competent?

Percent of the Population, by Race and Hispanic Origin: 1990, 2000, 2025, and 2050  
(Middle-series projections)

1990  
2000  
2025  
2050



Source: U.S. Census Bureau, Population Division and Housing and Household Economic Statistics Division

and Tropical Medicine

# ***Determinant: educational institutions***

- § *Life long learning for everyone and in every cancer care setting*
- § *Do students learn what is taught? – retool yesterday's educational modalities for tomorrow's cancer workforce*
- § *Do students use what is taught? - align curriculum and faculty with practice-based needs*
- § *Does what is taught actually have an impact on cancer care?: develop, implement, link, and monitor professional, workplace, and health outcomes*

# *Fact and vision...*

## Fact:

- § Any investment in cancer care without comprehensively solving the cancer workforce crisis will ultimately fail to produce or sustain the desired outcomes

## Vision:

- § A national cancer corps sufficient and competent to address our nation's growing cancer care needs