

Higher education funding and tomorrow's health workforce

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Over the past decade, numerous reports have argued that Nevada's lack of investment in higher education undermines our state's long-term economic competitiveness and capacity to diversify. Some observers have also noted that an inadequately funded higher education system undercuts Nevada's ability to deal with its more immediate employment and revenue challenges.

The recently released Brookings Mountain West study, "Unify Regionalize Diversify: An Economic Development Agenda for Nevada," is but the latest research to conclude that a paradigm shift in workforce development is needed to support emerging industry sectors in Nevada over the next two decades, such as business IT and logistics, clean energy, and aerospace and defense – workforce improvements which will require more attention to our underperforming K-12 educational system and much greater investments in higher education.

Such thinking, of course, runs counter to the libertarian conventional wisdom and commentary guiding most public policy in Nevada. That mindset insists that greater accountability and taming educational special interests are needed, not more funding.

The Brookings report, for instance, has received largely favorable attention from the state's business community and economic development officials. Nonetheless, the idea that that more, not less, public investment in higher education is needed has drawn criticism in some quarters, including the ire of Ron Knecht, no less, a member of the Board of Regents of the Nevada System of Higher Education.

Opining recently in the RGJ, Knecht took issue with the eggheads at Brookings and their parrots in the mainstream media (who apparently got the data wrong when they weren't lying about it), asserting that "Nevada's higher education funding is in the mainstream and even high by some measures." With friends in higher education like this, who needs enemies?

In my research on health workforce supply and demand in Nevada, I have argued that a key measure of the performance of our state's higher education system is its ability to meet the current and projected workforce demands of hospitals and other health care employers. This is not only a matter of importance for economic development and the attraction of cutting-edge industries, it is an essential part of any long-term strategy to deal with the myriad public health woes that dog our state.

Another important performance measure is the extent to which publicly-supported educational opportunities are afforded to those qualified Nevada residents interested in remaining in the state to pursue health care careers. All things being equal, doctors, nurses, and health professionals who complete their education and training in Nevada are more likely to begin and end their careers in Nevada as compared to those health workers recruited from other states.

Since the early 1980s, economic expansion and rapid population have fueled enormous demand for health care and an associated need for more health professionals in Nevada. Over the past decade, state lawmakers and higher education officials stepped up to this challenge by expanding undergraduate and graduate medical education, doubling the state’s nursing programs, and funding a new dental school Las Vegas.

Likewise, private schools of pharmacy and osteopathic medicine in Las Vegas and private nursing and allied health schools in both Reno and Las Vegas opened their doors and thus new opportunities for Nevada residents over the past decade.

#### **Health Workforce in Nevada and Nevada’s Rankings Among US States**

Health Profession	Number of Health Professionals per 100,000 Residents		NV Rank Among US States
	Nevada	US	
Chiropractors	24	29	36
Dentists	51	60	29
Emergency Medical Technicians	45	71	45
Licensed Practical Nurses	82	237	48
Optometrists	5	9	48
Podiatrists	2	3	22
Pharmacists	86	87	32
Physical Therapists	48	57	41
Physician Assistants in Clinical Practice	20	24	35
Physicians, Total Allopathic or MDs	221	312	46
Physicians, Total Osteopathic or DOs	21	20	17
Physicians in Primary Care	72	98	46
Physicians in Psychiatry	7	13	45
Physicians in Surgical Specialties, Subtotal	37	53	50
Physicians in General Surgery	8	12	50
Physicians in Orthopedic Surgery	5	8	50
Registered Nurses	609	842	49

Source: Morgan, KO and S Morgan. 2011. Health Care State Rankings 2011. Washington DC: CQ Press.

Despite these expansions of educational capacity and a significant increase in “home grown” health professionals in Nevada, the most current data point to enduring workforce shortages

across a wide range of health professions, including most physician specialties, nursing, and many allied health fields. In other words, our work in Nevada is far from finished.

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The good news for current and prospective students is that the health sector has been an economic and employment mainstay, providing stability and even growth during the deepest recession in the state's history since the Great Depression. Since the beginning of the recession in 2007, Nevada employers have shed nearly 175,000 jobs. By comparison, employment in the health services sector has grown by 7.4 percent.

That growth should continue for another two decades. An improving economy, along with aging of the state's population and insurance coverage expansions associated with the Affordable Care Act will produce steady demand for additional health care professionals in Nevada for the foreseeable future.

At the end of the day, a good deal of effort remains if we're to meet Nevada's current health workforce needs and support the economic development strategies outlined by Brookings West and others. This will require greater, not less, investments in higher education and expanded opportunities for Nevadans eager to become tomorrow's health care professionals.

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