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Forecasting the Nursing Workforce in California

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Goals of this project

- Forecast the supply of nurses
- Forecast the demand for nurses
- Compare the supply to projected demand

- Based on the projected shortage/surplus, we can...
 - Understand the short-term and long-term needs for nurses in California
 - Identify strategies to address future shortages

Changes to the model

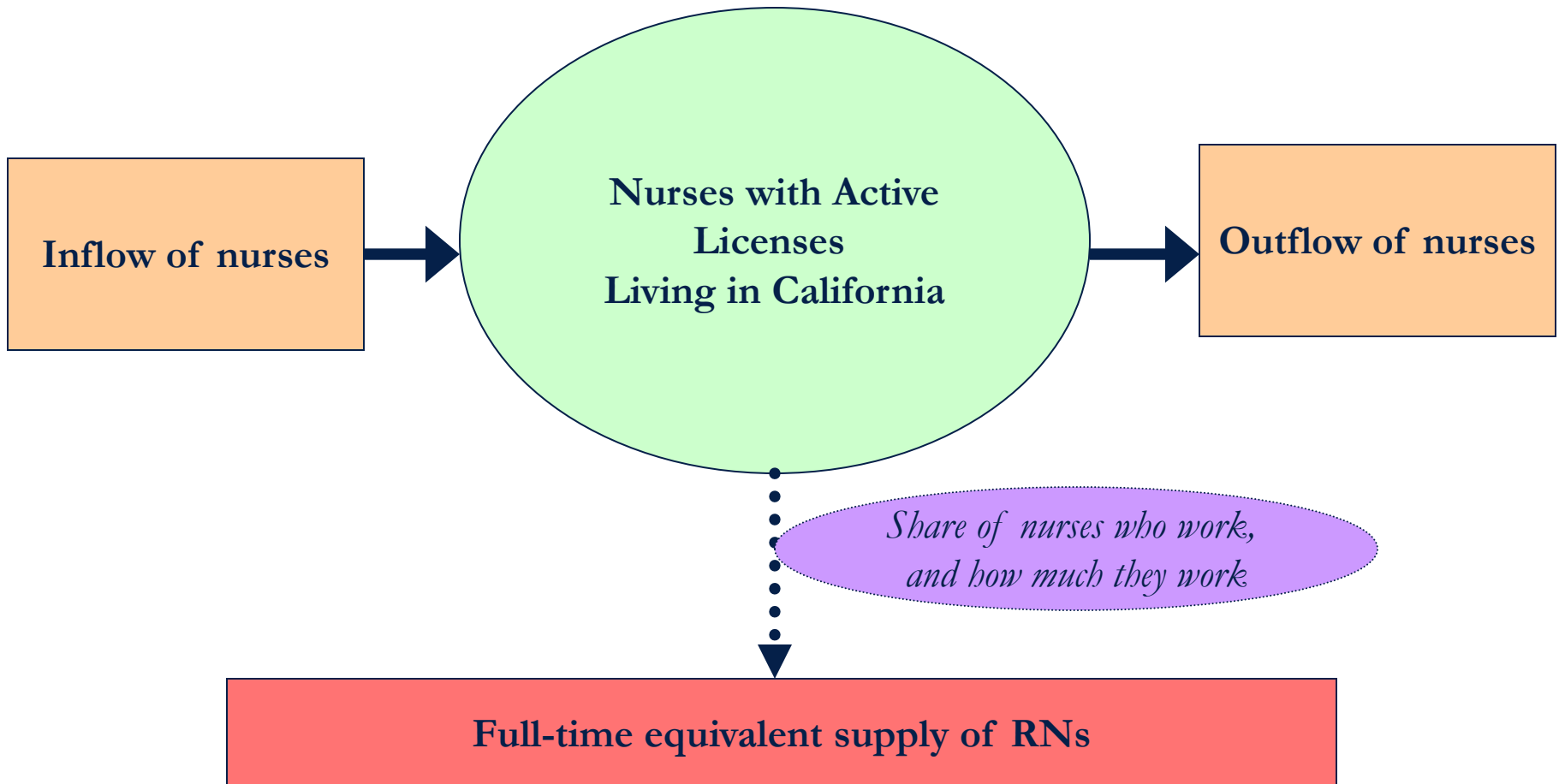
- New data

- Numbers of RNs
- Employment patterns (2016 survey)
- Graduations (2015-2016 Annual Schools Report)
- Endorsement, inactive transitions, lapsed license data 2016

Basic structure of the model

- Supply: Stock-and-flow model
- Demand: Focus on RNs per capita
 - Compared with national benchmarks
 - Compared with projections from EDD, HRSA

A model of the supply of RNs



Nurses with active licenses

- Number of nurses with active licenses and California addresses in April 2017 provided by BRN
- 5-year age groups provided by BRN

Inflows of RNs

- Graduations from California nursing programs
- Immigration from other countries
- Migration from other states
- Transition from inactive license
- Transition from lapsed license

Outflows of nurses

- Migration to other states
- Transition to inactive or lapsed license

Graduation data

- Actual data (red) from 2014-15 & 2015-16
- Projected enrollments provided by RN schools in the Annual Schools Survey
- Projected graduations (light blue) are 80.8% of enrollments from 2 years prior

	New enrollment	Projected enrollment from 1 yr	Projected enrollment from 2 yrs	Graduations
2014-2015	13,318	12,162	13,347	11,119
2015-2016	13,152	13,110	12,177	11,191
2016-2017		13,862	13,236	10,761
2017-2018			14,219	10,627
2018-2019				11,200
2019-2020				11,489

How do the numbers compare with the 2015 forecasts?

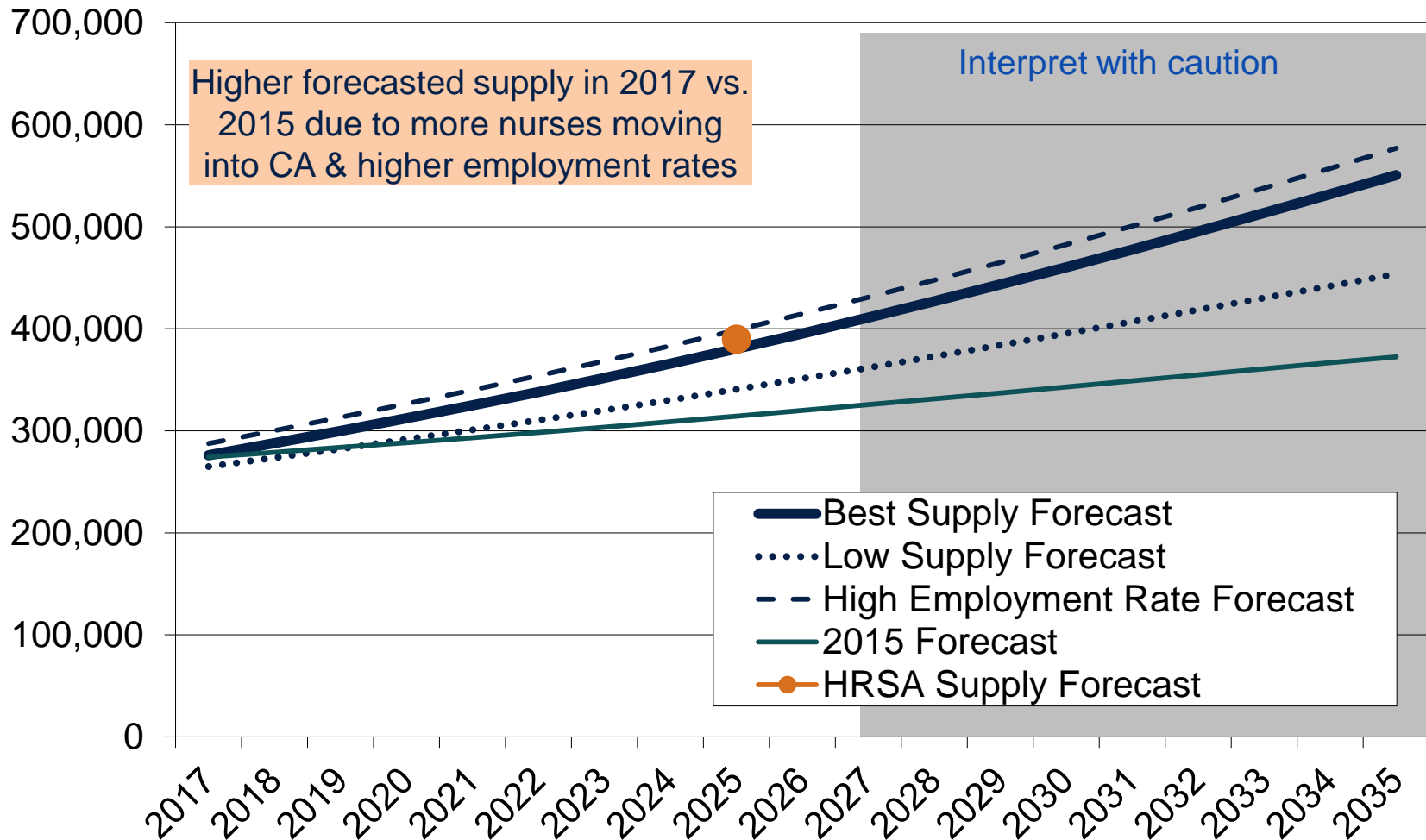
- More out-of-state graduates getting first licenses in California
- Higher rate of nurses <30 years moving into the state
- More nurses re-activating licenses
- Fewer young nurses moving out of California
- Stable rates of licenses lapsing
- Higher employment rate of younger RNs

How does the supply forecast work?

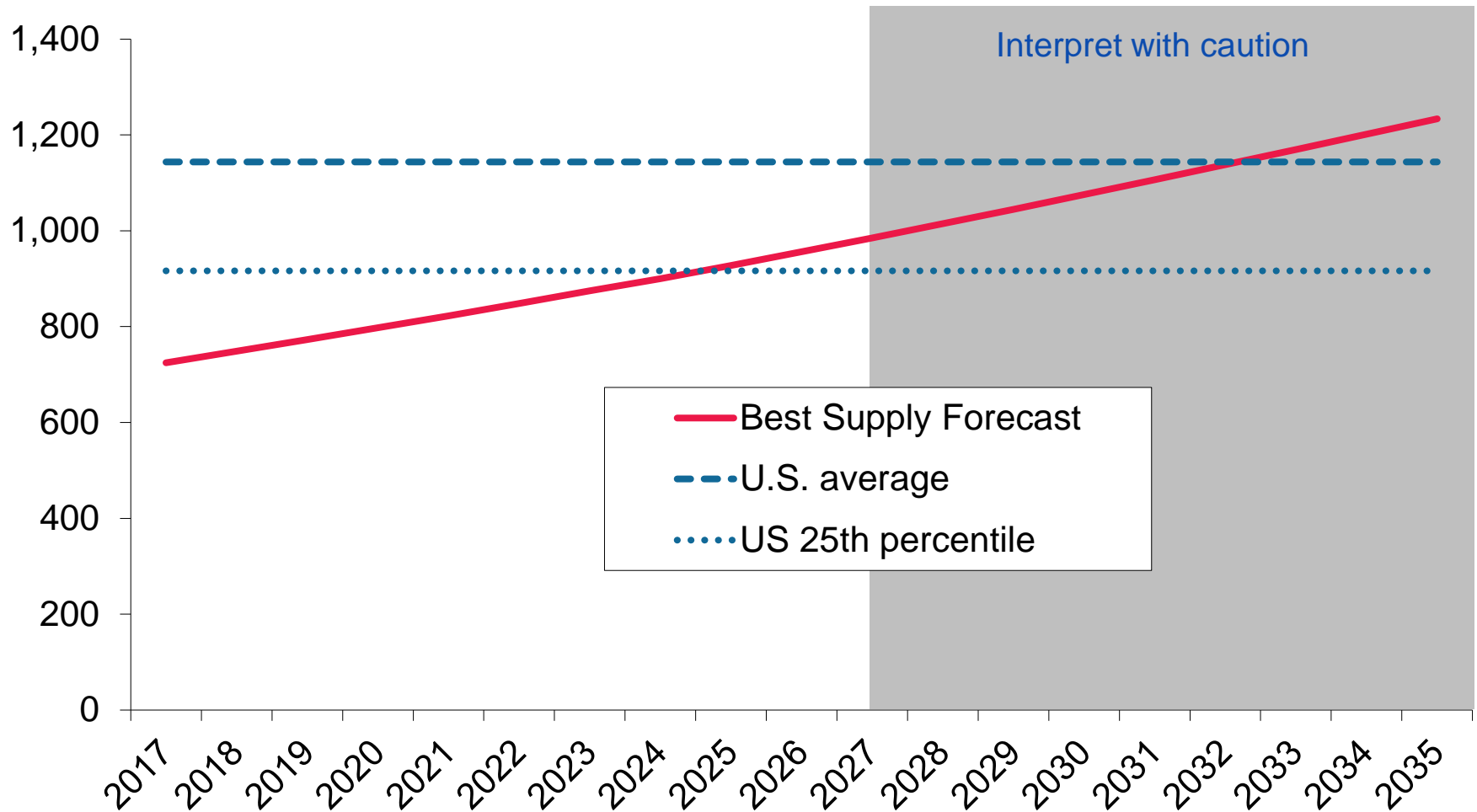
- The supply of actively licensed RNs next year for an age group will equal....
 - $\frac{4}{5}$ of the nurses in the age group ($\frac{1}{5}$ will “age up” to the next group)
 - $\frac{1}{5}$ of the nurses from the younger age group
 - Inflow of nurses in the age group
 - Outflow of nurses in the age group
- Multiply the number of actively licensed RNs by the labor-force participation data to get

Full-Time Equivalent Supply

The range of supply forecasts (RN FTEs)



Forecast of Employed RNs per 100,000 population



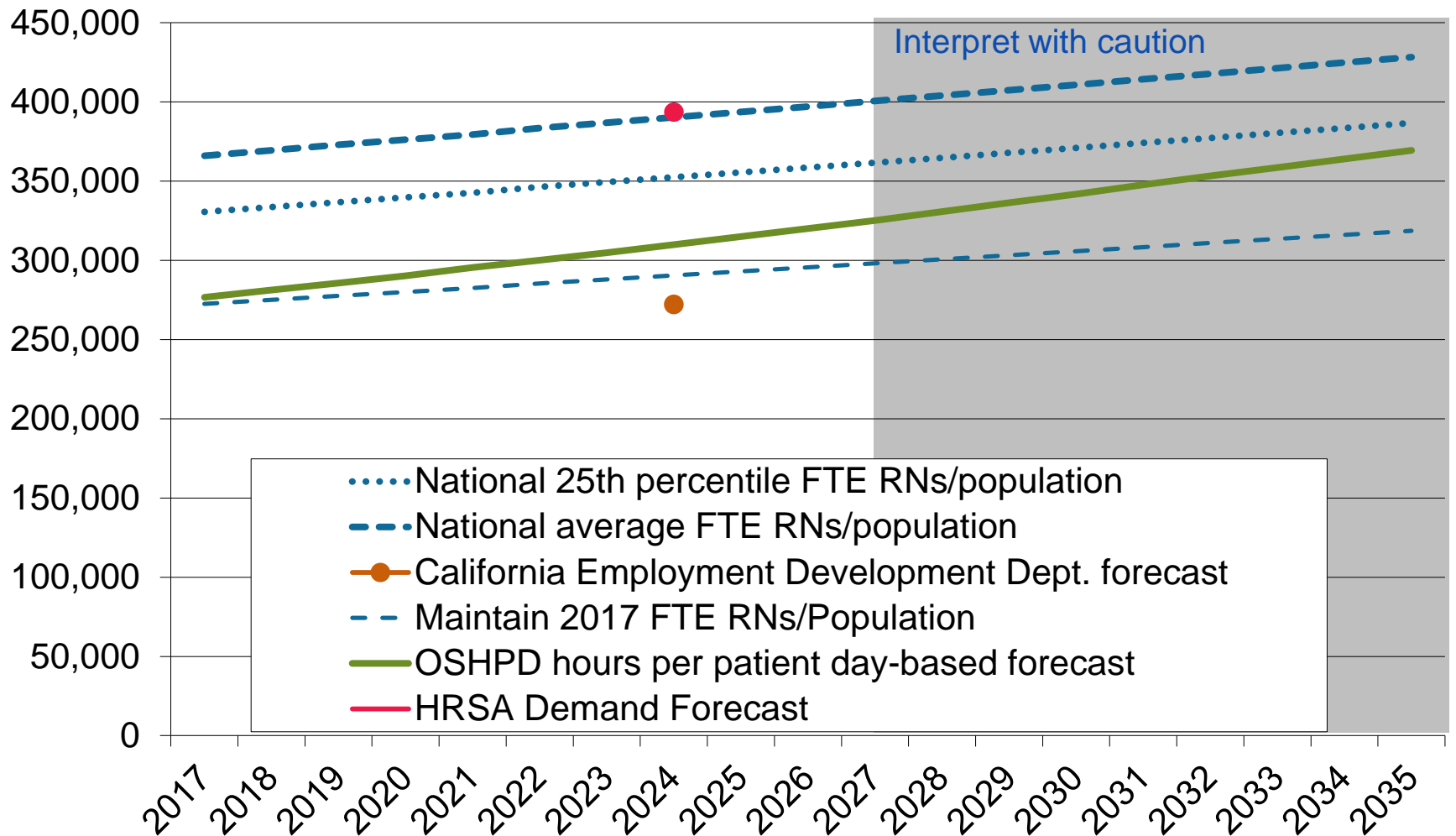
How do we compare to other states?

Working RNs per 100,000 2015 American Community Survey	
Wyoming	584
Nevada	678
Utah	771
New Mexico	774
California	809
Alaska	836

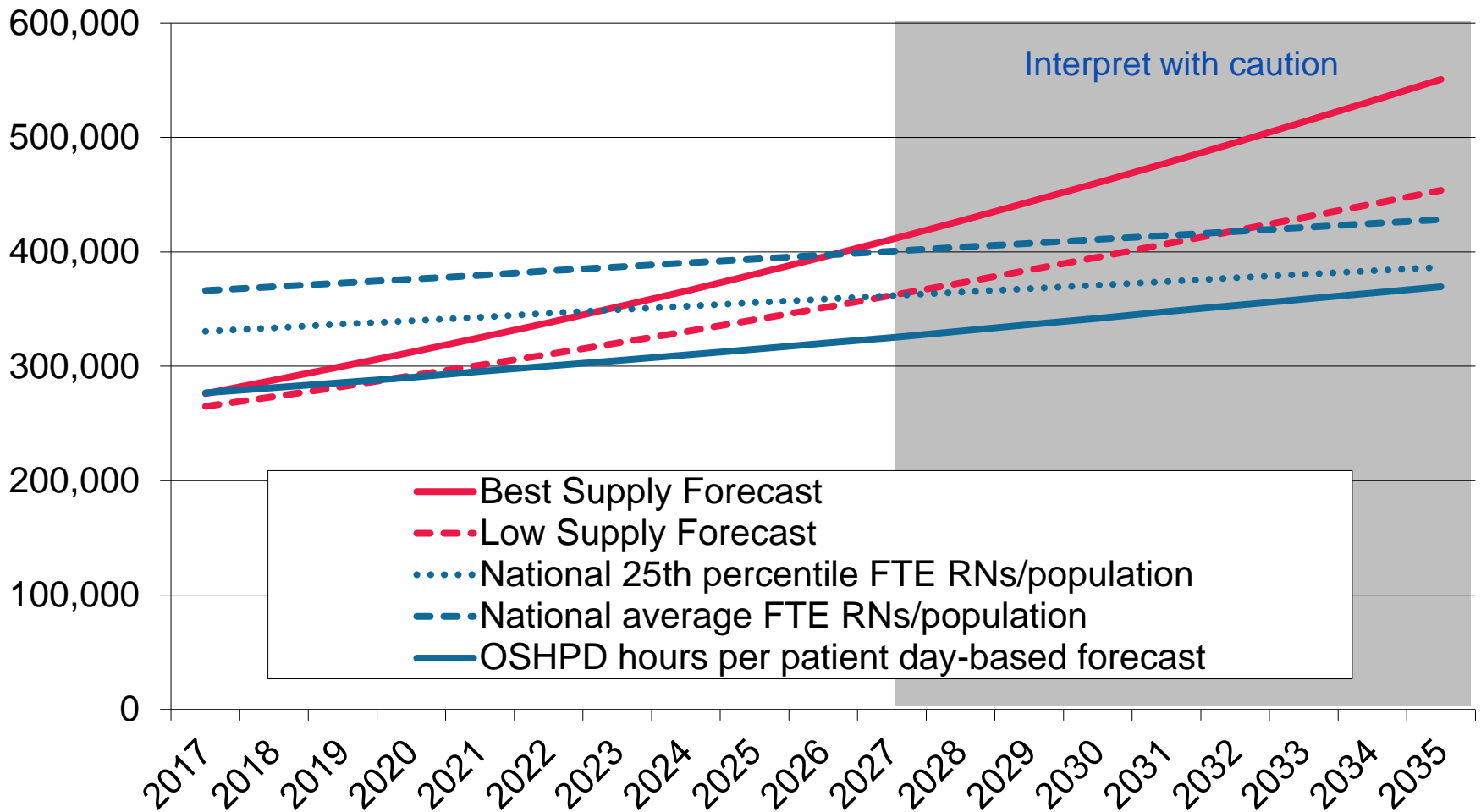
What is demand?

- National benchmarks: Employed RNs per 100,000
 - California had 809 in 2015
 - National 25th percentile: 916 per 100,000 (was 857)
 - National average: 1,038 per 100,000 (was 936)
 - These were adjusted to FTEs
- Employment Development Department, forecast of 2024 demand
 - 300,300 jobs (17.3% growth from 2014)
- Health Resources and Services Administration, forecast of 2025
 - 393,600 jobs
- RNs per patient day, 2015
 - Estimate growth in patient days based on population growth
 - Predict hospital RN demand from patient days forecast
 - Estimate overall demand as function of hospital demand

Forecasts of RN demand



Best supply and demand forecasts for RNs, 2017-2035



Implications for policy

- Supply is projected to be higher than the 2015 forecasts
 - Depends on inflow of RNs from other states, and outflow
 - Depends on employment rates – need to ensure new graduates are employed
- Demand is very hard to predict?
 - Are current employment levels adequate?
 - Should California be at the national average? 25th percentile?
 - HRSA forecast is viewed as “better” than EDD forecast
- Risks
 - Retirements of RNs & ensuring new graduates have skills for vacant positions
 - Reductions in enrollments and graduations in RN education