HEALTH HUMAN RESOURCES IN THE UNITED STATES OF AMERICA

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THE SCOPE AND CONTEXT OF HUMAN RESOURCES DEVELOPMENT

The manner in which health care services are provided and financed in the United States has undergone significant change in recent years, bringing major alterations in practice settings and in ways of utilizing health professionals. For example, there has been a rapid growth in non-traditional delivery settings such as health maintenance organizations (HMOs), ambulatory surgery centers, and freestanding emergency and diagnostic centers. In the area of health care financing, the recent implementation of the Medicare prospective payment reimbursement system represents a major change whose impact on health personnel training and use has yet to be fully evaluated.

CURRENT HEALTH HUMAN RESOURCES SITUATION

Supply

The number of health personnel in all fields in the United States has continued to increase through the mid-1980s, although at a somewhat slower rate than during the 1970s. Notwithstanding this slowdown in growth over the past few years, the supplies of health personnel are greater than ever and their growth rate continues to outpace that of the population. By the year 2000, the increases in supply are projected to range from 20% (dentistry) to 105% (osteopathic medicine). Continued increases in practitioner-to-population ratios are expected.

1 This paper is based on information provided in the Fifth Report to the President and Congress on the Status of Health Personnel in the United States, March 1986. DHHS Publication HRS-P-OD-861; available through the National Technical Information Center (NTIS), US Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161.

2 Public Health Service, Department of Health and Human Services, Bureau of Health Professions, Health Resources and Services Administration, Rockville, Maryland, USA.
The number of physicians is projected to increase in nearly all specialties, with the largest increases foreseen among specialties other than primary care—on average, a 74% increase between 1981 and 2000. The primary care specialties as a group are projected to increase 53% by 2000, while the smallest increase is anticipated in the surgical specialties, where an average increase of 34% is projected by the year by 2000.

With more than 386,000 persons enrolled in schools/programs of medicine, dentistry, podiatric medicine, optometry, pharmacy, veterinary medicine, registered nursing, and public health in academic year 1983-1984, the numbers of persons training for careers in the health fields continue to be at or near their highest levels. However, within most disciplines the total number of students enrolled is either leveling off or declining. In schools of pharmacy, for example, the total number of students has been declining since the mid-1970s; a similar decline has been noted in schools of dentistry since the early 1980s. Total enrollments in allopathic medical schools dropped for the first time in 37 years in academic year 1984-1985. Thus, over the next decade, most disciplines are expected to experience declines in the number of graduates. On the other hand, the number of programs preparing nurses to serve as teachers, administrators of nursing service, and clinical specialists more than doubled between the years 1970-1971 and 1983-1984. Total enrollments in these programs have increased fourfold, although a growing percentage of these students is enrolled on a part-time basis only.

The imbalance in geographic distribution of health care providers continues to be a national concern. Wide variations between states in ratios of practitioner to population exist for most occupations, although a larger proportion of younger physicians are locating outside of the most highly populated areas. About 14 million persons, or 6% of the US resident population, remain underserved in the nation's primary care health manpower shortage areas. The percentage of primary care physicians in 1983 was slightly over 30%.

Adequacy to Health for All

Population growth, the aging of the population, and other factors are expected to increase the demand for the services of health personnel in the future. It is anticipated that in most of the health fields, supply and requirements in 1990 and 2000 will be in rough balance. The aggregate supply of physicians is expected to exceed requirements. On the other hand, the supplies of some physician specialists, practitioners in some areas of public health, and nurses prepared at baccalaureate and higher degree levels are likely to fall short of projected requirements.
EVOLUTION OF PERSONNEL IMBALANCE

The decelerated growth in the supply of health care providers largely reflects the tapering off of growth (and, in some cases, actual declines) in the numbers of persons enrolling in and graduating from health professions schools/programs.

The number of foreign-trained health professionals admitted to the US has continued to decline since the late 1970s. Foreign-trained personnel are a relatively small percentage of the supply in most health fields; for example, in 1980 it was estimated that registered nurses who obtained their basic education in foreign countries were only 3.6% of the US registered nurse population. However, Foreign Medical Graduates (FMGs) continue to constitute a significant percentage of the physician supply, maintaining their representation at approximately 21% of the total supply of MDs through 1983. The percentage of FMGs in accredited residencies, the only route of entry into fully licensed medical practice, has continued to decrease slowly during the 1980s. Approximately 18% of the residents in 1984 were FMGs compared with 20% in 1980 and 26% nearly a decade earlier in 1976. Within this group, the number of US citizen FMGs has increased substantially and, for the first time in 1983-1984, constituted the majority of FMG residents.

As a consequence of the sustained increase in the number of women students in health professions schools, both the number and percentage of women in these professions are expected to continue to grow to the end of the century.

Although recent increases in physician supply appear to be improving access for some population groups and for some areas, a variety of economic, professional, environmental, and population density factors are likely to inhibit the establishment of health care practices in many rural and urban poverty areas. Thus, some areas and population groups will continue to have difficulty in obtaining adequate medical care.

INTERVENTIONS

Corrective interventions

During the past two and a half decades, the US Government has invested substantial funds in organized programs of aid to health professions education, both in the form of assistance to teaching institutions and through support of loans, scholarships, and traineeships to students. In the early years, the primary objective was to help increase the overall number of physicians, dentists, nurses, and other key professional groups. Later, as overall supply neared more adequate levels, the focus shifted to the accomplishment of more specific goals, such as improved geographic distri-
bution, expansion of the number of primary care providers, and recruitment of an increased number of students from underrepresented minority groups. Throughout this period, the Federal Government has shared the responsibility for assuring adequate supplies of health professionals with State and local governments and a variety of private organizations and groups.

Prospective interventions

In October 1985, Congress and the President approved legislation authorizing continued, targeted Federal support for certain aspects of health professions education seen as warranting special aid to meet high priority national health care needs. Among the programs extended through 1988 were those for training in primary care, improvement of geographic distribution, educational assistance for disadvantaged students, geriatric training, special nursing education activities, and loans to health professions students. Whether or not these authorities will be fully funded and implemented will depend on actions taken to reduce the Federal deficit. The current Administration's highest priority has been to continue the operation of several existing health professions and nursing student loan programs that help financially needy students undertake and complete training.

SUMMARY

This article reviews the health manpower situation in the United States of America. It notes that there have been changes in how services are provided and financed and, concurrently, in how the professions are practiced and utilized. It indicates that the numbers of graduates in and persons practicing all the health professions have continued to rise during the eighties, although at a slower rate than in the seventies; the pattern of supply follows the same curve.

The author further mentions that, in a developed and complex society possessing the largest volume and variety of information in the world, each societal factor produces myriad effects on supply and demand in the health sector. These factors include action by the Federal Government, the influence of health insurance (Medicare), population changes, restrictions on the immigration of professionals, the presence of minorities, and the growing presence of women in the labor force.
LOS RECURSOS HUMANOS EN SALUD DE LOS ESTADOS UNIDOS DE AMERICA

Resumen

En el artículo se examinan de manera sintética los recursos humanos de salud en los Estados Unidos de América.

Se señala que el tipo de provisión de servicios y de financiamiento ha cambiado y, por esta causa, también la práctica profesional y la utilización de las profesiones. Se indica que el número de personal que ejerce y de graduados en todas las profesiones de salud continuó aumentando en el decenio de 1980, aunque el ritmo fue más lento que en el decenio de 1970; la oferta refleja esa misma curva.

En una sociedad tan desarrollada y compleja, que posee la mayor cantidad y variedad de información del mundo, cada factor de la sociedad tiene repercusiones múltiples sobre la oferta y la demanda del sector salud, que el autor menciona. Entre ellas se pueden citar las intervenciones del Gobierno Federal, la influencia del seguro de salud (Medicare), los cambios demográficos, las restricciones a la inmigración de profesionales, la presencia de grupos minoritarios, la participación creciente de la mujer en la fuerza de trabajo, etc.

RECURSOS HUMANOS DE SAÚDE NOS ESTADOS UNIDOS DA AMÉRICA

Resumo

Esse artigo examina de maneira sintética os recursos humanos de saúde nos Estados Unidos da América.

Assinala-se que o tipo de prestação de serviços e de financiamento sofreu mudanças e, portanto, também a prática profissional e a utilização das profissões. Indica-se que o número de graduados e de pessoas que exercem atividades em todos os campos da saúde continuou aumentando na década de 80, embora a um ritmo mais lento que nos anos 70; e a oferta apresenta essa mesma tendência.

Numa sociedade tão desenvolvida e complexa, que possui a maior quantidade e variedade de informações do mundo, cada fator tem repercussões múltiplas sobre a oferta e demanda do setor da saúde, que são mencionadas pelo autor. Entre os fatores, podem-se citar as intervenções do Governo Federal, a influência do seguro de saúde (Medicare), as variações demográficas, as restrições à imigração de profissionais, a presença de grupos minoritários, a participação crescente da mulher na força de trabalho, etc.
RESSOURCES EN PERSONNEL DE SANTÉ AUX ÉTATS-UNIS D'AMÉRIQUE

Résumé

Cet article examine de manière synthétique les ressources humaines dont disposent les États-Unis dans le domaine de la santé.

Il signale que la fourniture des services et le financement ont changé, en même temps que l'exercice de la profession. Il indique que le nombre de personnes qui exercent une profession médicale et le nombre des diplômés de toutes les professions du domaine de la santé ont continué d'augmenter au cours des années 80, quoique à un rythme plus lent qu'au cours des années 70; cette tendance est indicative de l'offre.

Dans une société aussi développée et aussi complexe, qui possède la plus grande quantité et la plus grande variété d'informations du monde, chaque facteur de la société a des répercussions multiples sur l'offre et la demande du secteur de la santé. Parmi ces facteurs, on peut citer les interventions du Gouvernement fédéral, l'influence de l'assurance médicale (Medicare), les changements démographiques, les restrictions imposées à l'immigration de professionnels; la présence de groupes minoritaires; la participation croissante de la femme à la population active; etc.