



The Business Council  
of Fairfield County

*Strengthening Businesses. Strengthening Communities.*

# Health Care Delivery in Fairfield County: Supply and Demand

Norwalk Community College Forum  
June 14, 2007

# Who We Are and What We Need

- Connecticut in 2007
- Wealthy, with great disparities
- Demographics
  - Getting older, and younger
- Health and health care
  - By US standards: Excellent
  - By international standards: Troubled

# Who We Are and What We Need

- Fairfield County in 2007
- Demographics
- Health Care Issues and Trends (selected)
- Report Findings

# Fairfield County in 2007: The Facts

- Expensive, affluent, older, Metro NY influence
  - Median price Fairfield Co. Home \$530,000
  - County residents with a bachelor's or higher 41%
- Ethnically diverse, and increasingly so through immigration
  - Almost 1 out of 5 County residents are foreign-born
- Impact of financial services on regional economy
  - 10% of jobs
  - 23% of wages

# Fairfield County in 2007: The Implications

- Knowledge-based economy and working longer
- Family/household formation slower because of housing cost
- Record number of boomers entering peak health care consumption years

# Health Care in CT in 2007

- Our state's health care system cannot efficiently meet the needs of all residents.
- Fairfield County is blessed with plentiful providers - but faces serious challenges to access, cost and quality.
- Current trends are in the direction of access constraints, higher costs and threatened quality.

# Why we care

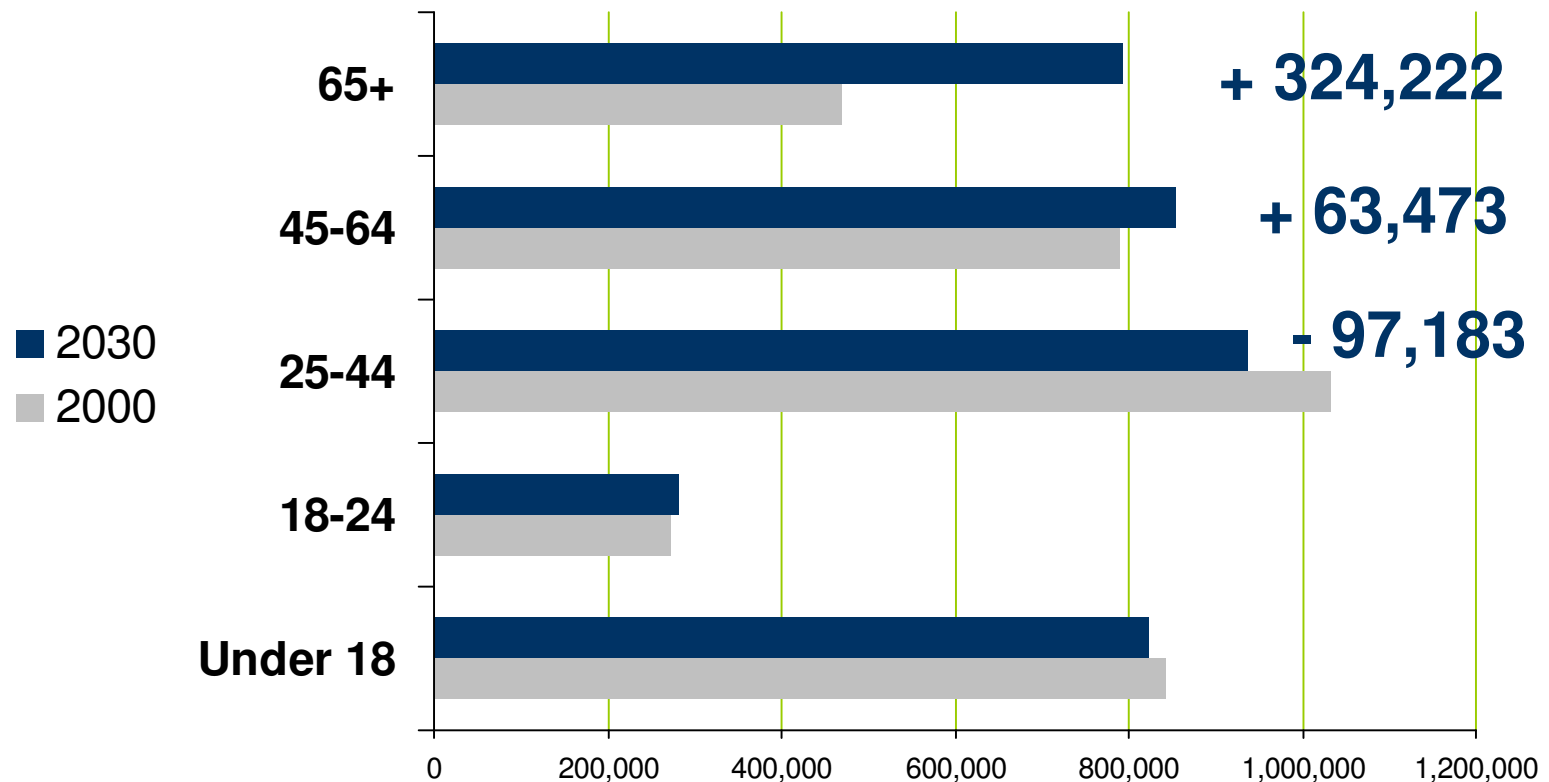
- High cost / high value business region requires high quality of life and availability of all services valued by population.

# Supply and Demand

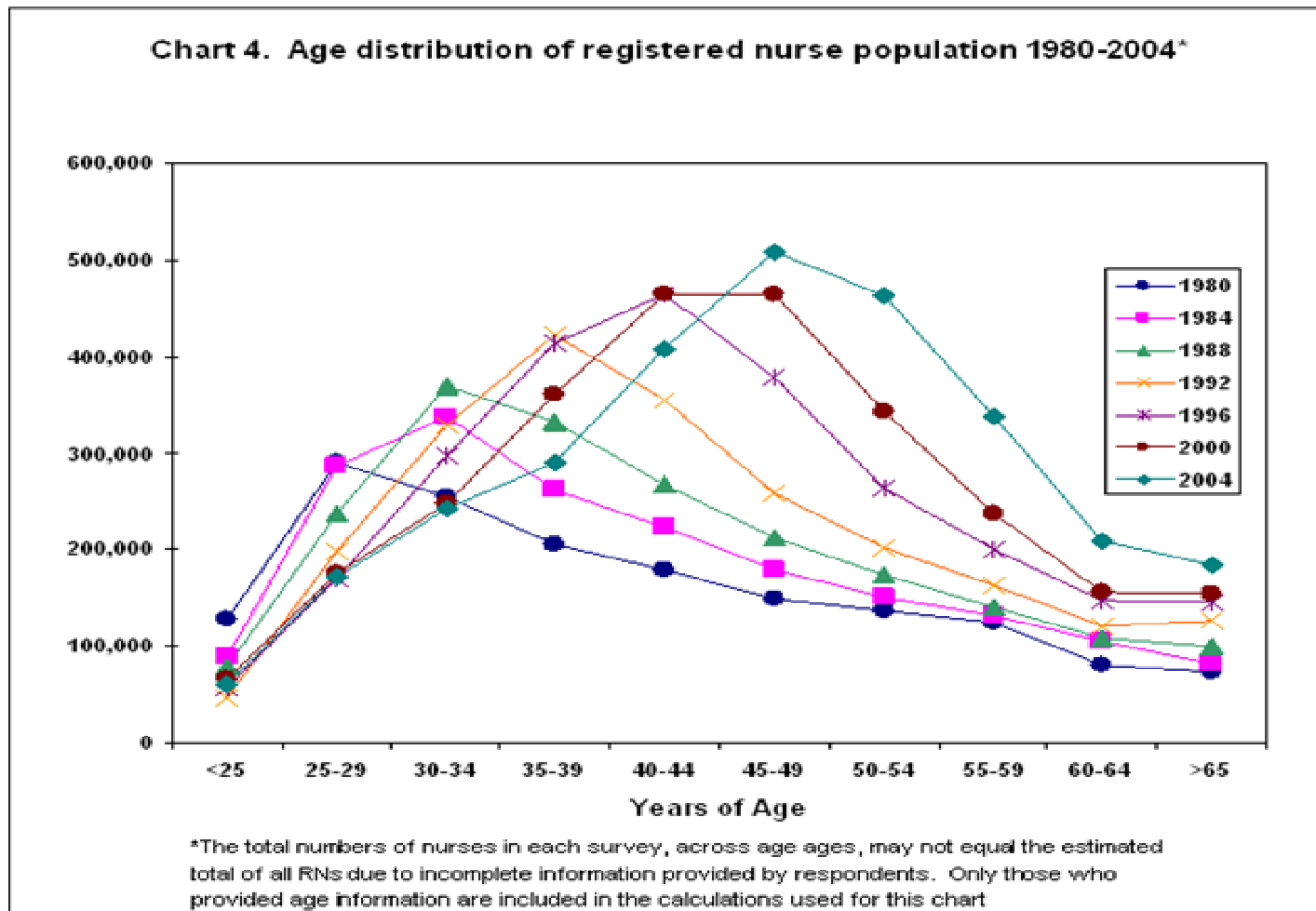
- CT is 8<sup>th</sup> oldest state in US, median 39.3 – more than 3 yrs older than US
- Fairfield County is 39.1, but projections show aging faster than state
- 2005-2010 pop > 45 will grow by over 10% with those < 45 declining

# Exploding Demand for Health Care

State Population Projections to 2030



# AND Increasing Number of Nurses Reaching Retirement



# Rx

- Somebody needs to do something

# Who, what?

- Many issues, many constituencies
- Scan of Health Public Policy Groups
  - 19 state wide groups with a diverse range of goals and priorities but focusing on cost, access and/or quality

# The Business Council's goal

- Make CT the healthiest state in the nation that has quality health care delivered by most effective, efficient, safe, timely, patient-centered and equitable health care system
- Created Health Care Leadership Council in 2004
- Commissioned Health Care Industry Cluster Study in Fall 2006

# Findings: Projected Job Growth in Industry

- Health Care Cluster Steering Committee:

*“The growing workforce shortage is the most important issue affecting the prospects of the region’s health care industry.”*

- Shortage of health care professionals coupled with an aging population

# Findings:

## CT Health Care Vacancies

- CT projected to have second greatest decline in nurse supply in US from 2000-2020
- Our region faces potential shortage of 5,000 (registered) nurses by 2020
- Study revealed additional shortages with radiologic technologist, CT and MRI techs, pharmacists and pharmacy techs, physical therapist, MAs and occupational therapists

# Economic Opportunity

- Major source of employment – 15% of all jobs in One Coast region – with over 45,000 workers at 3,000 health sector firms
- Nationally: 2001-06 health sector added 1.6 million jobs when rest of economy flat
- Regionally: 1.2% increase from 2002-05 with non-health related jobs dropping 1.2%

# Projected Regional Employment by Occupation, 2002-2012

Occupational Title	2002	2012	Change in Employment		Annual Openings
			Net	%	
Healthcare Practitioners and Technical Occupations	18,380	20,930	2,550	13.9%	596
Healthcare Support Occupations	9,910	11,500	1,590	16.1%	320
Rest of the Economy	350,850	380,780	29,930	8.5%	11,791

Source: "Connecticut Employment Forecast: 2002-2012," Connecticut Department of Labor

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# Health Care Shortage Factors

- Faculty shortages
  - Over 2,000 qualified candidates turned away from CT nursing program over last 2 yrs
- Lack of clinical placements
- Class and Lab space
- Student preparedness
- Aging workforce
  - Avg age RN in CT was 46 yrs
- Lack of infrastructure to train immigrants

# Next Steps

- Improve the health of the population, with urgent attention to boomers.
- Reorient health system to promote wellness and enable effective condition management.
- Re-engineer health delivery system to increase efficiency and improve quality.
- Produce more health care professionals.

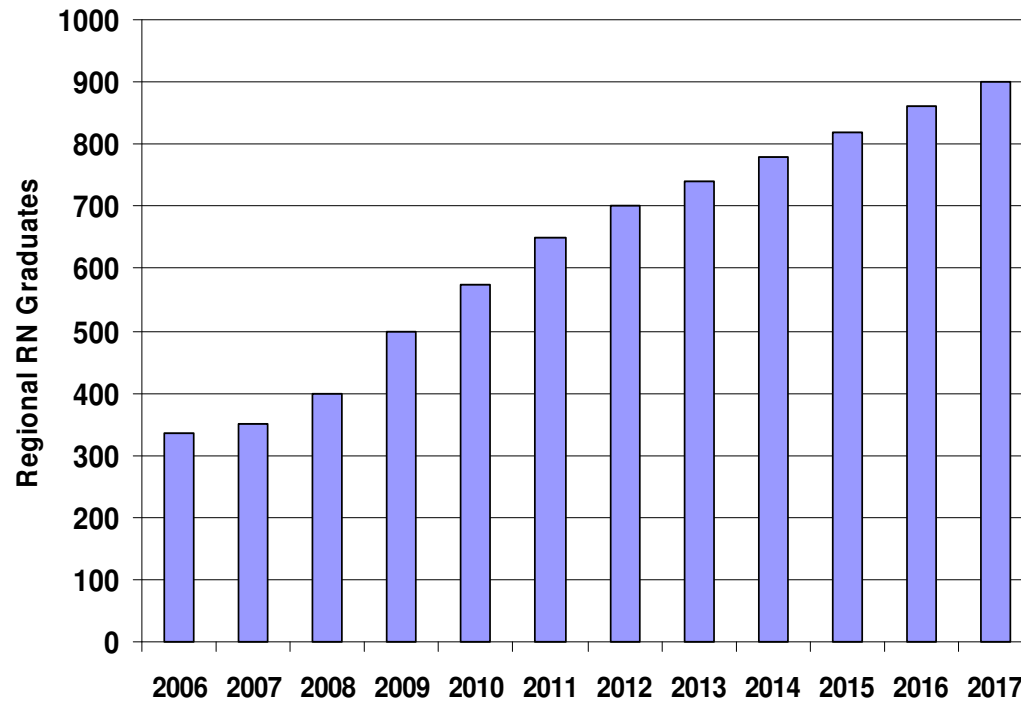
# Next Steps

- Health Care Workforce –Initiatives begun to implement strategies to address current and projected shortages

# Next Steps

- Increase annual production of RN grads from 350 to 700 by 2012

Figure 6  
Proposed Goal for Increase in Regional RN Graduates:  
700 in Five Years and 900 in 10 years



# Next Steps

- Increase worker access to health occupations and increase mobility within the field
  - Career Ladders
  - Improve PreK-12 student preparation to increase nursing and allied health program success rates and reduce completion times

# Next Steps

- Improve services to bring more English-proficient immigrant workers into the field
  - Expand ESL capacity and accessibility
  - Support health care students with tailored ESL

# Next Steps

- Process
  - Personal responsibility
  - Individual leadership by key institutions
  - Partnerships among providers, policy makers, and payers