

CAPITAL REGION

ECONOMIC DEVELOPMENT COUNCIL:

HEALTHCARE INDUSTRY WORKGROUP 2023 WORKFORCE DEVELOPMENT STRATEGY



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Training Institution Abbreviations

ACPHS	Albany College of Pharmacy and Health Sciences
Albany Med	Albany Medical College
Belanger	Belanger School of Nursing
Bryant & Stratton	Bryant & Stratton College
Capital Region BOCES	Capital Region Board of Cooperative Serves
C-GCC	Columbia-Greene Community College
Excelsior	Excelsior College
F-MCC	Fulton-Montgomery Community College
HVCC/EOC	Hudson Valley Community College/Educational Opportunity Center
Maria College	Maria College of Albany
Mildred Elley	Mildred Elley - Albany, NY Campus
Questar III	Questar III
Sage	Russell Sage
Samaritan	Samaritan Hospital School of Nursing
Siena	Siena College
St. Peter's	St. Peter's Hospital College of Nursing
St. Rose	The College of Saint Rose
SUNY ADK	SUNY Adirondack
SUNY Empire	SUNY Empire State College
SUNY Schenectady	SUNY Schenectady
UAlbany	University at Albany
WSWHE BOCES	Washington-Saratoga-Warren-Hamilton-Essex Board of Cooperative Serves

A male surgeon is shown in profile, facing right, in an operating room. He is wearing a blue bouffant cap, a clear face shield, a white surgical mask, and blue sterile gloves. He is dressed in blue surgical scrubs. He is holding a long, thin surgical instrument with both hands, which is inserted into a patient's body. The patient is lying on a table, and the surgical site is illuminated. In the background, there is a large monitor displaying a bright orange and yellow image, likely a fluoroscopic or endoscopic view. The overall scene is a clinical, sterile environment.

Executive Summary

Dear CREDC co chairs,

The healthcare industry is the Capital Region's largest employment. Between the summer of 2019 and 2022, the number of jobs at hospitals, nursing home facilities and ambulatory care facilities declined by more than 4,400. That was a greater loss than any other sector in the region. And the healthcare workforce outlook will only become more dire if left unabated. McKinsey & Company estimates that by 2025 the nation will see a shortage of 200,000 to 450,000 nurses for direct patient care. The Association of American Medical Colleges also projects a physician shortfall as high as 120,000 by 2034.

Study

A worker shortage in the healthcare industry, prompted in part by talent pipeline disruptions, retirements and competition from rapidly growing and higher-paying industries, is leading to a reliance on costly contract agencies, longer waits for critical care and reduced operations. Recognizing the threat this workforce shortage poses to not only the health of the region's residents but also to its economy, the Healthcare Industry Workgroup of the Capital Region Economic Development Council (CREDC) tasked Empire State Development (ESD), with support from the Center for Economic Growth (CEG), to conduct a study and develop a healthcare workforce development strategy.

For this study, CEG interviewed representatives from 17 Capital Region healthcare employers and training institutions to better understand how the workforce shortage is impacting them, what they are doing to address those challenges, and what positions they are struggling to fill. CEG also analyzed employment and job openings data to identify trends and in-demand occupations.

The healthcare employers and training institutions who participated in this study included the following:

Albany College of Pharmacy and Health Sciences
Albany Medical Center
Albany Medical College
Capital Region Workforce Development Board
Capital Region BOCES
Community Care Physicians
CDPHP
Columbia Memorial Hospital
Daughters of Sarah
Ellis Hospital
Fulton-Montgomery Community College
Hudson Valley Community College

Maria College
Russell Sage College
SUNY Adirondack
SUNY Schenectady
University at Albany School of Social Welfare

Findings

Key findings from CEG's State of the Healthcare Workforce data analysis include:

- By the second quarter of 2022, the healthcare sector's employment situation was as severe as it was at the lowest point of the pandemic, with marginal improvement in the third quarter.
- During the pandemic, there was a massive shift of jobs from hospitals to ambulatory healthcare services.
- Between 2019 and 2021 in the Albany-Schenectady Troy metro area, male employment in healthcare occupations increased by 8 percent while female employment declined by 6.2 percent.
- During the same period, healthcare industry employment was down 10.2 percent for blacks/ African Americans but up 1.2 percent for Hispanics and Latinos.
- Far fewer workers are flowing to the Albany metro area's healthcare sector from the accommodation and food services sector.
- Between the 2020-2021 and 2021-2022 periods, the number of contract workers reported at six large Capital Region hospitals increased by 110 percent.
- Three Capital Region hospitals also ranked among New York's top 15 for longest average time that patients spent in the emergency departments before leaving from the visit.
- The Capital Region healthcare occupations with the most job openings in 2021 were home health and personal care aids (1,992), RNs (646), nursing assistants (620), LPNs (232), and medical assistants (207).
- Capital Region traditional colleges and universities in 2021 awarded 2.6 percent more degrees in the health professions and related programs field, but there were steep declines in year-over awards for MDs, PharmDs, medical assistants and sonographers.
- In 2021, Capital Region traditional institution RN associate's degree awards climbed to a five-year high and RN bachelor's degree awards reached a record high.
- Capital Region nursing instructors have a median annual wage below that of RNs.



Neonatal therapists Christa Dijstelbergen, PT (left); Erin Savage, OT - Albany Medical Center

Priority Occupations

Based on insights from the State of the Healthcare Workforce data analysis and feedback from interviewed healthcare employers, the CREDC Healthcare Industry Workgroup has identified eight priority healthcare occupations with recommendations for building out their talent pipelines:

1. Position: **Certified Nursing Assistant**

a. *Sample Recommendation:* Create more rapidly accessible and clearer pathways for CNAs to higher-paying, mid-level positions, particularly LPNs and medical assistants/ phlebotomists. Funding for CNA certification programs may be contingent on their direct connection to a pathway leading to a higher-paying career, such as LPN, phlebotomist or medical assistant.

2. Position: **Licensed Practical Nurse**

a. *Sample Recommendation:* Develop an LPN talent pipeline that serves hospital and nursing home facilities in the Capital Region's southern rural counties: Greene and Columbia.

3. Position: **Registered Nurse**

a. *Sample Recommendation:* Create an accelerated LPN-RN programs and offer more weekend RN programs. Also, to attract more EMTs from across

the state into the region's nursing talent pool, create an accelerated paramedic-RN pipeline with a critical care transport microcredential that prepares prospective flight nurses for advanced professional certification exams for the following credentials: Certified Flight Paramedic (FP-C), Certified Critical Care Paramedic (CCP-C), Certified Flight Nurse (CFRN), Certified Transport Nurse (CTRN), Certified Emergency Nurse (CEN).

4. Position: **Nursing Instructor**

a. *Sample Recommendation:* Establish a healthcare facility pooled fund that would enable training institutions to offer enhanced nursing instructor salaries and increase their output of RNs to funding partners.

5. Position: **Certified Medical Assistant**

a. *Sample Recommendation:* Create a medical assistant apprenticeship program primarily for CNAs and phlebotomists.

6. Position: **Clinical Laboratory Technologist**

a. *Sample Recommendation:* Develop a clear, stackable career pathway from medical laboratory technology assistant to clinical laboratory technician to clinical laboratory technologist.

7. Position: **Radiologic Technician**

a. *Sample Recommendation:* Create a new, or expand an existing, radiologic technician associate's program that primarily serves the Capital Region's northern half, particularly Saratoga and Warren counties.

8. Position: **Social Worker (LMSW/LCSW)**

a. *Sample Recommendation:* Attract more MSWs to hospital internships by offering them stipends, similar to UAlbany's social worker training programs for students in aging and students in mental health.

Other workgroup recommendations include:

- **ER Department Strain Reduction** through the expansion of crisis stabilization centers, ER process engineering consulting, deployment of behavioral health specialists in ERs, and support of telemedicine and other healthcare software solution startups that target conditions and serve populations that significantly contribute to ER Department demand.
- **Modernize scheduling** procedures with automated scheduling software that equitably assigns weekend shifts and considers nurses' work preferences (based on childcare and other personal/family needs) as well as specified nurse-patient ratios.
- **Increased partnership with the One Stop Career Center/Workforce Development Boards**
- **Conduct focus groups with One Stop customers**
- **Focus on underserved populations and recruit from underutilized talent**

Physician Attraction

The healthcare workforce shortage extends beyond nursing and is engulfing the practitioner field. While the previously mentioned recommendations will help relieve pressures on physicians, additional steps are needed to ensure the Capital Region's practitioner pipeline can meet demand and deliver the high level of care that is critical to regional industry and talent attraction efforts.

The four practitioner occupations that regional workforce development efforts should concentrate on are anesthesiologists, emergency medicine physicians, family medicine physicians, and pharmacists, based on job opening and loss data.

Key considerations for these occupations include:

- The region's output of MDs and PharmDs is well below 10-year averages.
- Physician shortages are most severe in the rural Columbia, Greene and Washington counties, where population-to-primary-care-physician ratios are more than double the statewide average.
- Office of physician employment has plunged in Greene and Washington counties to 13 and 48 jobs, respectively.
- Among the 10 economic development region's the Capital region has the lowest annual average wages for family medicine physicians, emergency medicine physicians and pharmacists.

Strategies for improving practitioner recruitment should be centered on 1. work/life balance, 2. regional branding and 3. competitive compensation and benefits. Solutions may include:

- **Medical Scribe Force:** To help physicians achieve work/life balance and to make the Capital Region a premier destination for first-year attending and veteran physicians, the region should build a pool of artificial intelligence (AI)-enhanced, freelance medical scribes whom hospital systems and medical groups can assign to new hires and cover their costs on a sliding scale
 - ◇ This medical scribe force, which would have no equivalent in upstate, would require:
 - ◆ An online or in-person certification program targeting high school students and adult learners, especially journalists and other writers displaced by AI services such as Chat GTP.
 - ◆ A third-party administrator for the freelance scribe pool.
- **Enhanced Virtual Crisis Stabilization:** Create a work-at-home option for new physician hires who can rotate onto a virtual crisis stabilization center that provides telemedicine services to patients with non-life-threatening ailments and in Emergency Department waiting rooms.

- Encourage New York to join the Interstate Medical Licensing Compact to streamline the process by which out-of-state physicians can be licensed in the state and provide telemedicine service to in-state patients, especially those in rural and other areas with healthcare practitioner shortages.
- Regional Branding: Add a physician recruitment component to the CapNY regional branding campaign.
- Competitive Wages: Offer practitioners wages that are more competitive with those surrounding regions by using new revenues from the virtual crisis stabilization centers that serve hospitals and by using cost savings realized through systemwide improvements recommended by process or systems engineers.

The CREDC looks optimistically at Governor Kathy Hochul's formation of a Workforce Development arm under Empire State Development. In the Appendix of this report, we have identified potential funding opportunities for healthcare workforce projects from

this new entity as well as several others. To further help the healthcare community identify potential training partners, the Appendix also includes a crosswalk of Capital Region certificate and degree programs for dozens of healthcare professions.

We want to reiterate that the focus of this report is on evaluating workforce shortages through all of healthcare delivery and access in our region and developing recommendations that, if carried out, can save lives. Workforce demands in areas further down the care regimen, from hospitalists to billing clerks, may be worth further study.

The health of the Capital Region's economy hinges on its healthcare industry. Our industry saw the region through the pandemic, and we will lead it to recovery.

Shirish Parikh co-chair Community Care Physicians

James Barba, J.D. co-chair Albany Medical Center

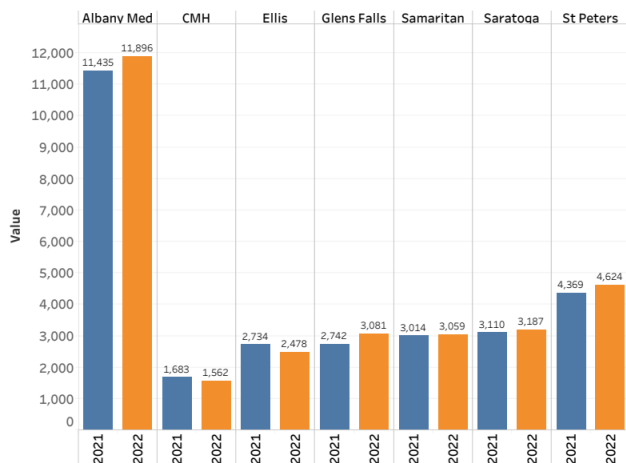


STATE OF THE CAPITAL REGION'S HEALTHCARE WORKFORCE

I. EMPLOYMENT

Total Employment: The Capital Region healthcare industry's employment situation was almost as severe in second quarter of 2022 as it was at the height of the pandemic. In Q2 2022, there 58,760 jobs in the eight-county region's healthcare industry, compared to 58,678 in Q2 2020. By Q3 2022, employment was up only 1.3 percent from the pandemic low. However, employment was down more than 4,400 jobs from it's pre-pandemic level in Q3 2019. *Source: NYS DOL, QCEW.*

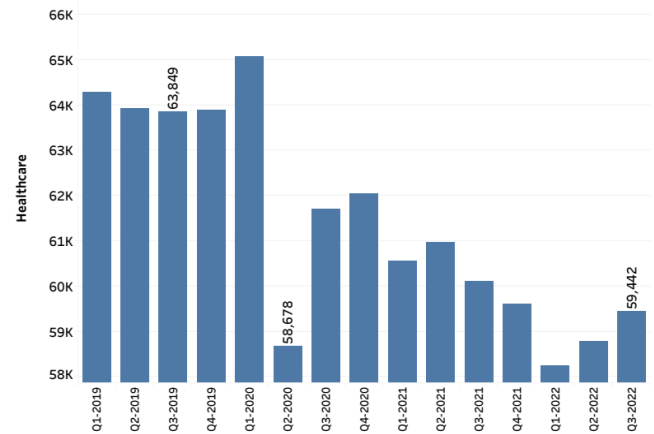
Hospital Employment as of 2nd Tuesday of October



Shift to Outpatient: While Capital Region average employment for the first half (1H) of 2022 was down significantly from pre-COVID levels (1H 2019) in the hospitals (-3,651) and nursing and residential care facilities (-2,824), ambulatory health care services has grown (+881). *Source: NYS DOL, QCEW.*

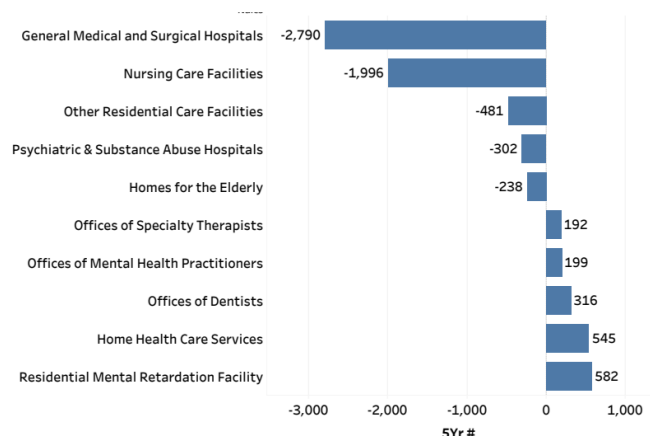
Capital Region Healthcare Employment

Hospitals, Nursing & Rehabilitation Facilities & Outpatient Medical Offices



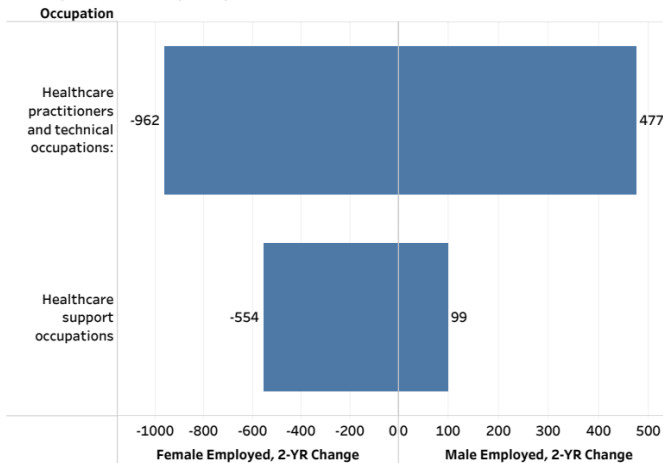
Hospital Employment: As of Oct. 11, 2022, Ellis and Columbia Memorial were the only major Capital Region hospitals to have fewer employees than a year earlier (-9.4 percent and -7.2 percent, respectively). Employment gains were as high as 12.4 percent at Glens Falls Hospital, 5.8 percent at St. Peter's Hospital and 4 percent at Albany Medical Center. *Source: NYS DOH, New York State Statewide Hospital Staff COVID-19 Vaccinations.*

Capital Region Top Healthcare Industries for Employment Gains/Losses, 2017-2021



Healthcare Occupation Growth by Sex, 2019-2021

Albany-Schenectady-Troy MSA

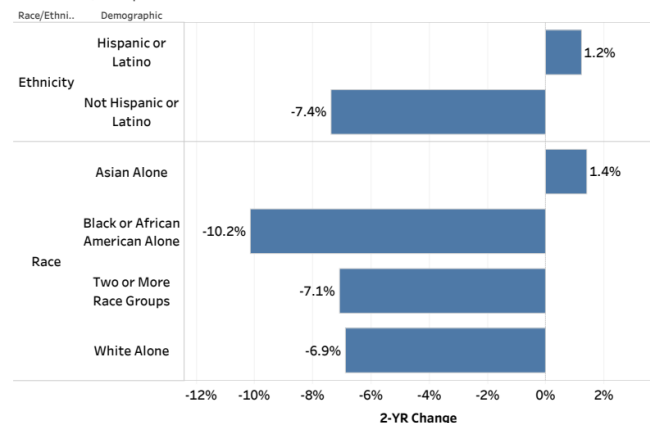


Mixed Minority Recovery: Racial minorities (non-whites) accounted for nearly a quarter of the Albany-Schenectady-Troy MSA healthcare industry's employment in 2021. Between 2019 and 2021, healthcare employment was down among Blacks and African Americans (-10.2 percent) and people with two or more races (-7.1 percent) but up among Asians (+1.4 percent). Hispanic and Latino employment was also up (+1.2 percent). *Source: U.S. Census Bureau, QWI Explorer.*

More Men, Fewer Women: While men account for a quarter of the Albany-Schenectady-Troy metro area's 30,762 healthcare practitioners, technical and support occupations, their ranks have grown these fields by 8 percent (+576) between 2019 and 2021 in the Albany-Schenectady-Troy MSA. In contrast, there are 6.2 percent fewer women in these occupations (-1,516). *Source: U.S. Census Bureau, American Community Survey, Occupation by Sex for the Civilian Employed Population (S2401), 2016-2020.*

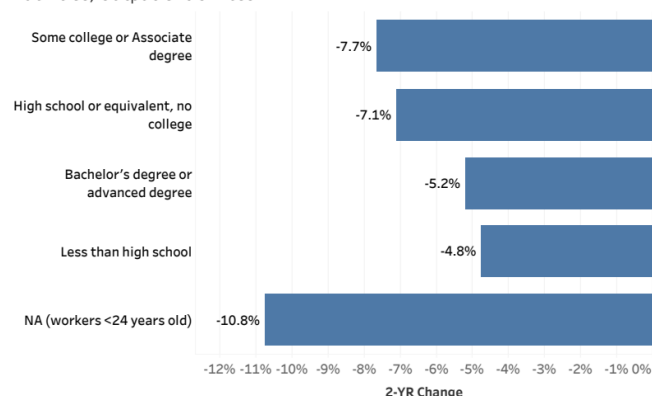
Healthcare Employment Growth by Race and Ethnicity, 2019-2021

Albany-Schenectady-Troy MSA: Hospitals, Nursing and Rehabilitation Facilities, Outpatient Offices



Healthcare Employment Growth by Educational Attainment, 2019-2021

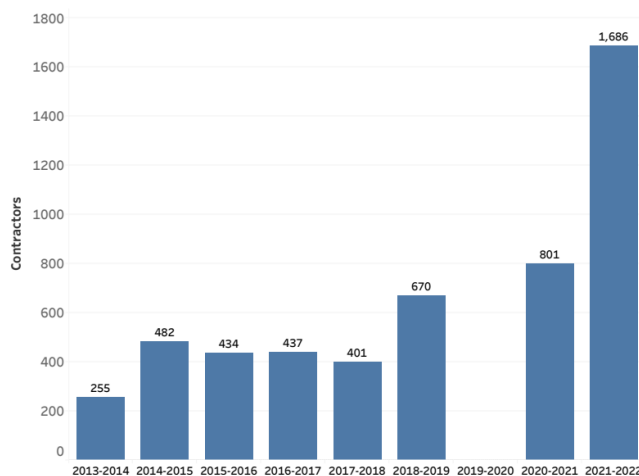
Albany-Schenectady-Troy MSA: Hospitals, Nursing and Rehabilitation Facilities, Outpatient Offices



Education Drain: Healthcare job losses were steepest between 2019 and 2021 among workers with high school diplomas (-7.1 percent) and some college (-7.7 percent) in the Albany-Schenectady-Troy MSA. The group closest to returning to its pre-pandemic employment level was less than high school (-4.8 percent). *Source: U.S. Census Bureau, QWI Explorer.*

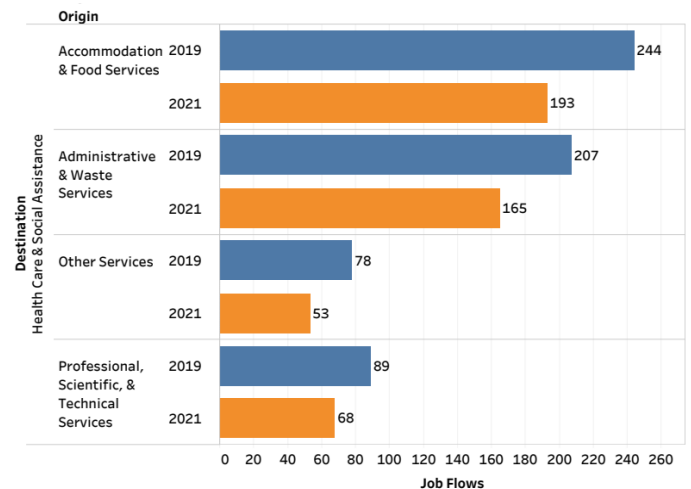
Slower Job in-Flows: In 2021, the sectors that provided the Albany- Schenectady-Troy MSA's healthcare and social assistance sector with the most average quarterly job flows were retail trade (250), accommodation and food services (193), and administrative and waste services (265). However, compared to 2019, average quarterly job flows were significantly down from accommodation and food services (-51) and administrative and waste services (-42). *Sources: U.S. Census Bureau, J2J Explorer.*

Contractors at 6 Major Capital Region Hospitals



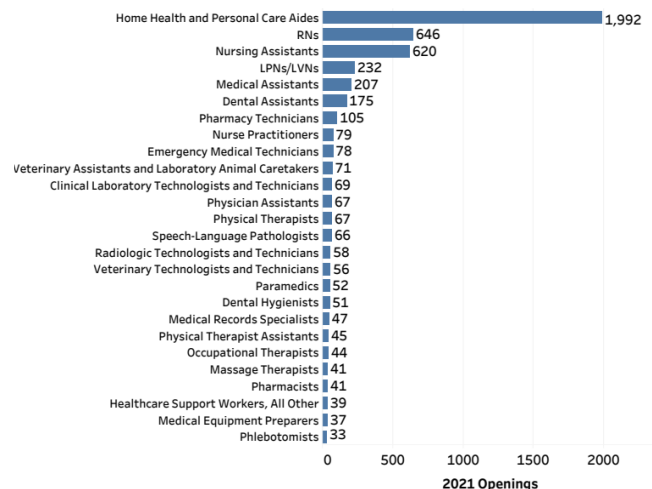
Aide Shortage: In 2021, there were three times more Capital Region job postings for home health and personal care aids (1,192) than any other healthcare occupation in the region. *Source: Lightcast.*

Albany Metro Sectors with Fewer Job Flows to Healthcare

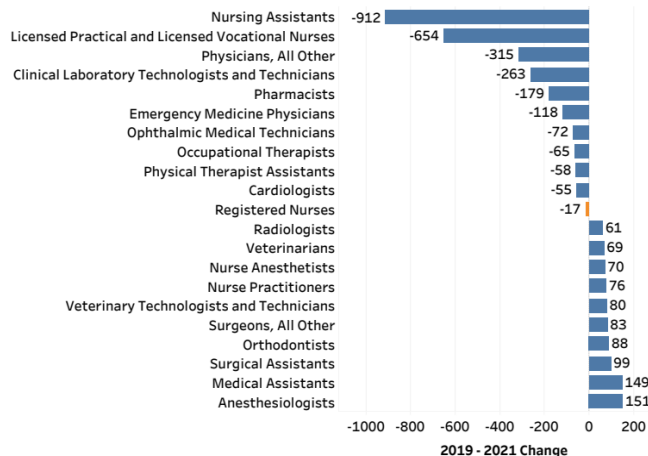


Costly Contracts: Due to challenges in filling critical positions, the number of contract workers at six major Capital Region hospital more than doubled (151.6 percent), from 670 in 2018-2019 to 1,686 in 2021-2022. These contract workers come at a great cost. In the Capital Region, the annual salary for travel nurses is highest in Columbia County (\$113,037), followed by Greene (\$112,992) and Albany (\$112,384) counties. Capital Region hospitals reporting the most contract workers (not exclusively nurses) in 2021-2022 were St. Peter's (563) and Samaritan Hospital (409). The six hospitals are Albany Medical Center, St. Peter's Hospital, Saratoga Hospital, Glens Falls Hospital, and Columbia-Memorial Hospital. *Sources: NYS DOH, Influenza Vaccination Rates for Health Care Personnel; Zippia, Traveling Nurse Demographics and Statistics in the U.S.*

Capital Region Annual Healthcare Job Openings



Biggest Gains/Losses of the Capital Region Healthcare Occupations, 2019-2021

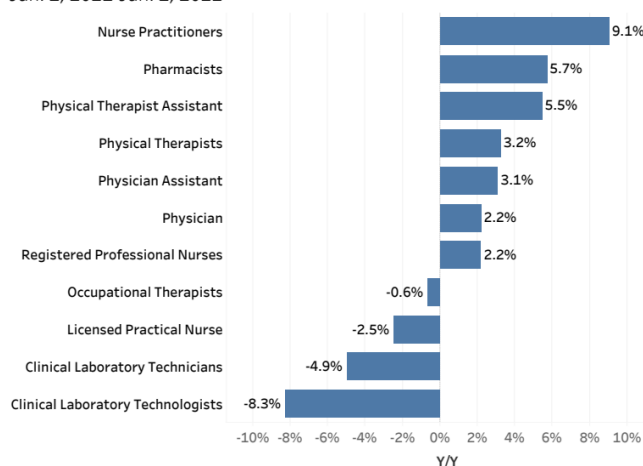


II. EDUCATION

Healthcare Degree Growth: Capital Region colleges and universities awarded greater numbers of degrees in the health professions and related programs field. In 2021, they awarded 2.6 percent more degrees over the year to 1,941. However, they awarded far fewer degrees in critical fields, such as MDs (-15.5 percent), PharmDs (-10 percent), medical assistants (-24.5 percent), and sonographer/ultrasound technician (-26.3 percent). *Source: IPEDS.*

Licensed Healthcare Professionals Living in the Capital Region

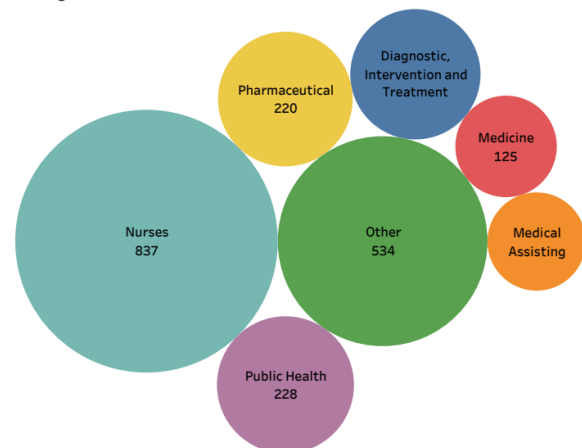
Jan. 1, 2021-Jan. 1, 2022



Nursing shortage: After home health and personal care aids, the Capital Region healthcare occupations with the most job postings in 2021 were registered nurses (646), nursing assistants (620) and licensed practical and vocational nurses (232). These high-volume postings reflect the sharp declines in employment between 2019 and 2021, particularly among nursing assistants (-912) and LPNs (-654). However, declines were far fewer among RNs (-17). *Source: Lightcast*

Capital Region Healthcare and Related Professions Awards

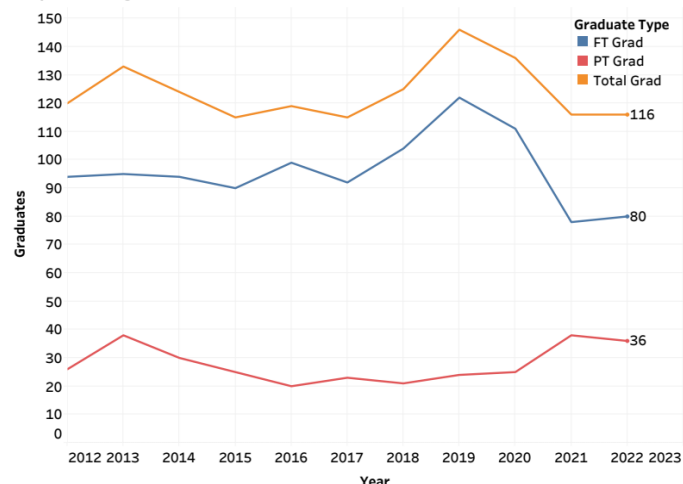
2,276 Degrees and Certifications in 2021



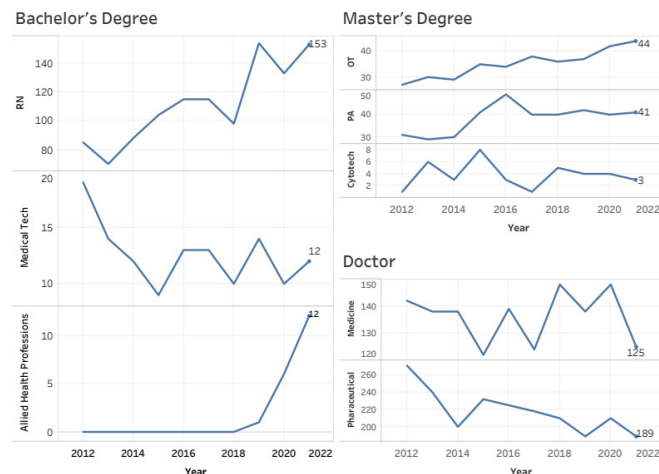
Resident Licensees: The number of licensed healthcare professionals living in the Capital Region fluctuated between Jan. 1, 2021 and Jan. 1, 2022. While there were declines in the number of locally licensed LPNs (-2.5 percent) and clinical laboratory technologists (-8.3 percent), there were increases in the ranks of locally licensed RNs (2.2 percent), nurse practitioners (9.1 percent) and MDs (2.2 percent). *Sources: NYS DOE, Office of Professions, License Statistics.*

Tighter LPN Pipeline: While Capital Region schools have increased their awards in RN associate's and bachelor's degrees, the number of LPN awards were markedly down in 2021. Community college LPN awards were down 84.2 percent from their 2017 peak. Capital Region BOCES LPN graduates (full- and part-time) were down 20.5 percent from their 2019 peak. *Sources: IPEDS, Capital Region BOCES.*

Capital Region BOCES Adult Practical Nurse Graduates



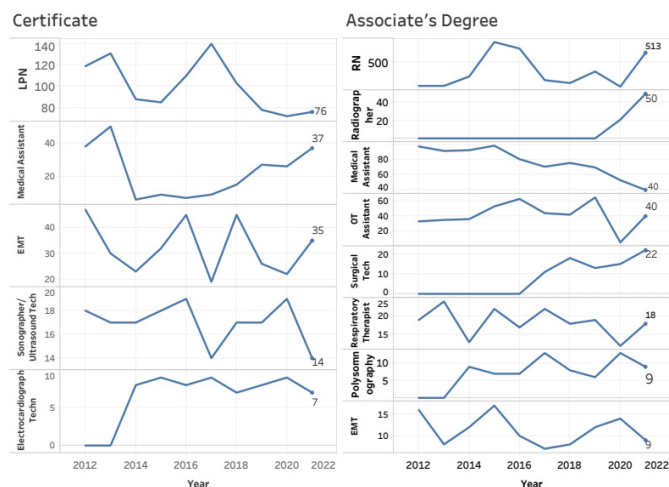
Capital Region Healthcare Degree Awards



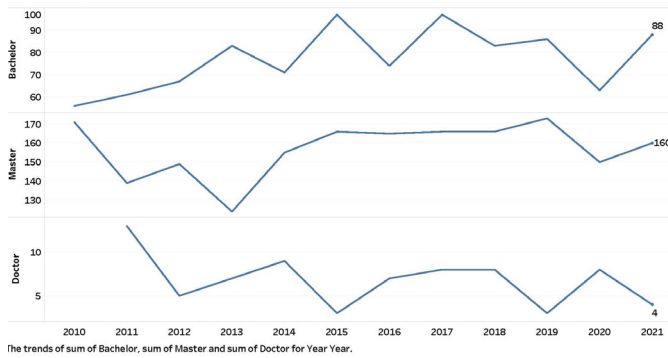
Resurging RN Degrees: In 2021, Capital Region colleges awarded 666 RN degrees, up 11.2 percent from 2020's total. Out of those 666 degrees, 513 were associate's degrees – the most in five years. Bachelor's degrees accounted for 153 of those RN degrees – the most in two years. Since 2019, the number of RN associate's degrees awarded by the region's two distance learning institutions (SUNY Empire State College and Excelsior College) have increased by 52.4 percent to 1,522, though during that same period their RN bachelor's degree awards have declined by 42.7 percent to 235. *Source: IPEDS.*

Low-Volume Technician Awards: While the number of Capital Region technician awards has almost doubled over the last five years to 161 across eight fields, the degree/certificate volumes for several positions such as sonographer/ultrasound technicians, electrocardiograph technicians and polysomnography remain in the single or low double digits and are declining. Exceptions, at least in terms of growth trends, are surgical technicians (+46.7 percent to 22) and radiographers (+138.1 percent to 50). *Source: IPEDS.*

Capital Region Healthcare Profession Degree Awards



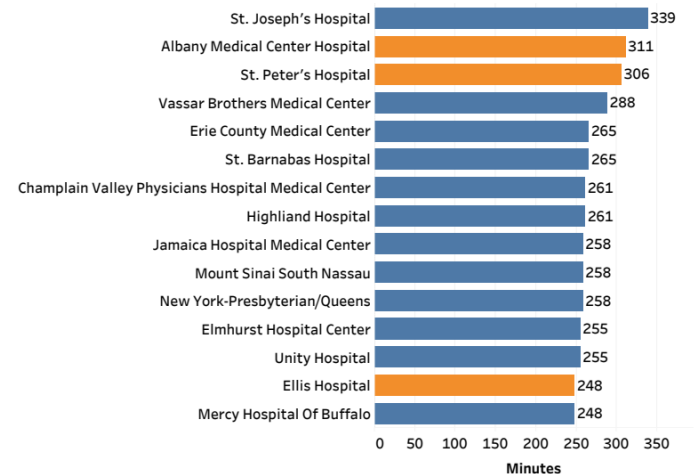
Capital Region Social Worker Degree Awards



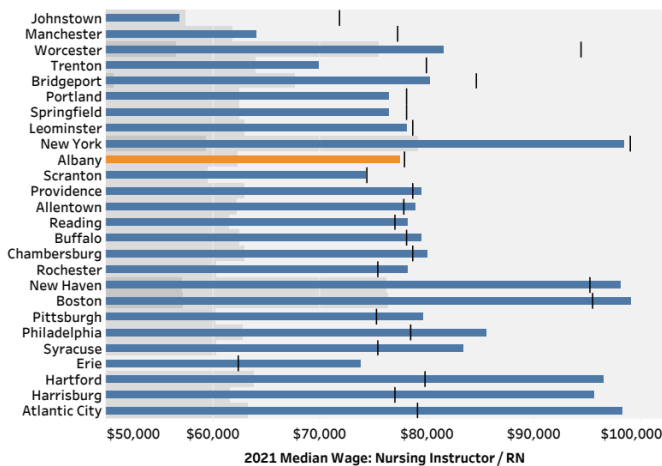
Long ER Wait Times: In 2020-2021, Albany Medical Center and St. Peter's Hospital had the second and third longest average times among all hospitals statewide that patients spent in the emergency department before leaving from the visit (311 and 306 minutes, respectively). Shortages in technicians and social workers may have played major roles in these wait times and caused delays in patient testing, hospital floor admission and ER discharges. *Source: Centers for Medicare & Medicaid Services, Hospital Quality Reporting: Emergency Room Departments.*

Social Workers: While Capital Region social worker degree awards have remained steady, hospitals report not enough new graduates enter the healthcare field. As of 2021, the region had 1,120 healthcare social workers. *Source: IPEDS, NYSDOL.*

NYS Hospital with Longest Median Time Patients Spent in ER Before Leaving



Northeast Metros Where Nursing Instructors Have Annual Median Wages Below RN's



Not Enough Nursing Instructors: In 2021, the Albany-Schenectady-Troy metro had 240 postsecondary nursing instructors and teachers. That means there are about 23 nursing instructors for every 1,000 RNs in the Albany metro, compared to Rochester's rate of 43 instructors per 1,000 RNs. In the Albany metro, the median annual wage for nursing instructors was \$77,450, or \$440 (0.6 percent) less than RN's annual median wage. In contrast, the median wage of Rochester nursing instructors is \$2,370 more (3.5 percent) than that of RNs, and it is \$7,920 more (9.5 percent) more in Syracuse. *Source: U.S. Bureau of Labor Statistics*



Priority Healthcare Occupations

II. PRIORITY HEALTHCARE OCCUPATIONS

Outreach

Between November 2022 and March 2023, CEG and ESD conducted meetings with seven healthcare employers and 10 training organizations. It also included interviews with representatives from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HSRA). Throughout their discussions with these healthcare representatives, CEG and ESD queried them on which positions are most needed to maintain the continuing operation of quality healthcare services and to save lives, especially in emergency department settings.

Job Postings

CEG also surveyed job postings at the region's three hospital systems and largest physician's group. In the survey, CEG focused on occupations referenced during interviews.

CAPITAL REGION HOSPITAL SYSTEM AND PHYSICIAN GROUP JOB POSTINGS (December 2022)

Type	Institution	Albany Med	St. Peter's	Ellis	CCP	Total
	Total	1,661	1,047	440	129	3,277
Clinical Non-Nursing	Patient Care Technician/Associate ¹	100	43	53		196
	CNA ¹	85	16	7		108
	ED Technician/ED Patient Care Tech ²	21	4	11		36
	Phlebotomist		3	4	4	11
	Polysomnography	1	1			2
	EEG Tech		2			2
	Medical Assistant	8	23	5	13	49
	Surgical Technologist	30	13	9		52
	Sterile Processing Technician/Equipment Tech	11	1	3		15
Nursing	LPN	42	25	35	21	123
	RN	540	209	103	24	876
Imaging	CT Technologist	2	6	4		12
	Ultrasound Technologist/Ultrasonographer	8	8	8	1	25
	Radiologic Technologist/Medical Imaging Tech	21	20	11	4	56
Testing	Medical Laboratory Technician			2		2
	Lab Assistant/Laboratory Information Technician ³	9	3	5		17
	Clinical Lab Technician	1		1		2
	Medical Technologist/Clinical Laboratory Technologist/Histologist	22	14	20		56
Social Worker	LMSW/Case Worker/Psychiatric Social Worker	11	20	9	2	42
	LCSW/Case Manager	1	18	4	3	26

¹ Albany Med Patient Care Associates specify CAN is preferred. Patient Care Technician at St. Peter's and Ellis

² Albany Med ED Technicians provide more higher level of nursing support than ED Patient Care Techs

³ Ellis Medical Assistant IIs before basic lab work

Regulations

On top of the labor force pressures reviewed in the previous section, healthcare employers face additional challenges from new standard nursing home staffing levels. Under a law enacted in 2021, nursing homes are required to maintain daily average staffing hours equal to 3.5 hours of care per resident per day by nurses. Of that level of care, at least 2.2 hours of care per resident per day must be provided by a CNA or nurse aide and at least 1.1 hours of care per resident per day must be provided by an RN or LPN.

Under a separate law also enacted in 2021, general hospitals are required develop, oversee and implement clinical staffing plans with guidelines or ratios, matrices, or grids that show “how many patients are assigned to each nurse and the number of ancillary staff in each unit.”

Magnet

Three Capital Region hospitals (Saratoga, Glens Falls, St. Peter's) are designate Magnet facilities by the American Nurses Credentialing Center (ANCC). Magnet accreditations require hospitals to maintain staffing levels within which at least 80 percent of nurses have a bachelor's degree or higher in nursing. This staffing goal does disincentivize Magnet hospitals' utilization of LPNs.

Priorities

Based on employer feedback as well as employment and job posting data, the CREDC should prioritize workforce development initiatives for the following positions:

1. Certified Nursing Assistant
2. Licensed Practical Nurse
3. Registered Nurse
4. Nursing Instructor
5. Medical Assistant
6. Clinical Laboratory Technologist
7. Radiologic Technician
8. Healthcare Social Worker (LMSW/LCSW)





Priority Healthcare Overview

III. PRIORITY OCCUPATIONAL OVERVIEW

1. Nurse Aide, Certified Nursing Assistant (CNA)

Jobs: 4,940

Average Annual Job Openings: 792

Entry Wage: \$31,196 (\$15.00/hr)

Median Wage: \$32,392 (\$15.58/hr)

Experienced Wage: \$37,780 (18.17/hr)

Approved Training Programs: Albany City Schools District, Capital Region BOCES, Questar III, WSWHE BOCES, Mildred-Elley, F-MCC, SUNY ADK, SUNY Schenectady

Why

- Hospital representatives said filling these nursing assistant positions is critical to reducing the burdens on RNs that lead to burnout and heavy turnover.
- At the three main hospital systems, the entry-level, non-medical patient care position is the Patient Care Tech (Ellis, St. Peter's) or Patient Care Associate (Albany Med). There is no uniformity for these entry-level position care positions between hospital systems.
- Albany Med does not have any job postings specifically for CNAs; instead, its postings for Patient Care Associates say a CNA is preferred.
- In contrast, St. Peter's and Ellis have separate listings for Patient Care Techs and CNAs with the CNA posts list more duties/responsibilities.
- Nursing homes statewide are now required to have CNAs or nurse aides provide at least 2.2 hours of care per resident per day.

Challenges

- By mid-December, the region's three hospital systems had nearly 200 Patient Care Tech/Associate openings, with almost half of them stating a CNA is preferred. There were an addition 23 CNA-specific job The region's CNA pipeline was severely limited during the pandemic, partly because of the utilization of temporary nurse aides, but, it had been shrinking prior to the pandemic.

- Staffing agency opportunities for CNAs are contributing to staffing shortages and/or scheduling challenges.
- Between 2019 and 2021, the number of nursing assistants employed in the Capital Region declined by 905 (-15 percent).
- Whereas Capital Region BOCES graduated 60 CNAs in 2014, the number fell to eight in 2019 due to the loss of grant funding to subsidize student tuition. Applicants are traditionally from low-income families and will not enroll due to lack of funds.
- During the pandemic, Capital Region BOCES had to close its CNA program, in part because of executive orders barring non-certified personnel from working in nursing home settings. While those orders were lifted, Capital Region BOCES cannot market the CNA program until a new testing site is approved by the testing company, which is expected by spring 2023.
- School representatives identified the COVID vaccine requirement as a barrier to getting more students enrolled in their CNA programs.
- CNA positions face increased wage competition from the fast food and warehousing industries. A CNA's entry wage (\$31,200) is only \$1,670 more than that of a fast food worker and \$950 more than a warehouse laborer.
- COVID vaccine requirements are limiting CNA and other entry-level position candidate pools. One nursing home estimated half of its CNA candidates are disqualified by the vaccine requirement.

2. Licensed Practical Nurse (LPN)

Jobs: 2,780

Average Annual Job Openings: 232

Entry Wage: \$42,569 (\$20.46/hr)

Median Wage: \$48,868 (23.89/hr)

Experienced Wage: \$53,297 (\$25.62/hr)

Requirements: degree; third-party exam, continuing education

Approved Training Programs: Maria College, Mildred Elley, Samaritan, Capital Region BOCES

Why

- Nursing homes statewide are now required to have LPNs or RNs provide at least 1.1 hours of care per resident per day. However, hospitals are reportedly increasingly utilizing LPNs amid the RN shortage and that is redirecting talent away from nursing homes.

Challenges

- As of mid-December, the region's three hospital systems had 102 LPN job openings.
- Between 2019 and 2021, the number of LPNs employed in the Capital Region declined by 650 (-19 percent).
- LPN awards are down 46 percent at the region's post-secondary institutions, though they have remained stable at Capital Region BOCES.
- Questar III in recent years discontinued its LPN program due to the costs as well as the number of similar training programs offered elsewhere in the region.
- Capital Region BOCES had to discontinue its Schoharie LPN program due to challenges in securing an instructor.
- Magnet-designated hospitals prioritize employment of nurses with bachelor's degrees over LPNs.
- Between Jan. 1, 2021 and Jan. 1, 2022, the number of LPNs living in the Capital Region with active licenses declined by 2.5 percent.
- Capital Region Hospital Staffing Plans mostly lack requirements for LPNs and instead more heavily rely on patient care technicians/associates.

3. Registered Nurse

Jobs: 11,590

Average Annual Job Openings: 830

Entry Wage: \$60,421 (29.05)

Median Wage: \$80,248 (\$38.58)

Experienced Wage: \$88,503 (\$42.55)

Requirements: Associate's in nursing for practice, bachelor's in nursing within 10 years, state exam, continuing education

Approved Training Programs: Associate's: Belanger, C-GCC, Excelsior, F-MCC, Maria, Samaritan, St. Peter's, SUNY ADK; Bachelor's: Maria College, Sage, Siena, UAlbany

Why

- RN is by far the most in-demand occupation in healthcare. The shortage of RNs has driven up costs at hospitals through an overreliance on travel nurses and contributed to high staff burnout and turnover. Nursing homes are now required to provide at least 1.1 hours of care per resident per day which must be provided by an RN or LPN, and Capital Region hospital staffing plans hold facilities to having high RN-patient ratios. Under these requirements, area hospitals have reported the need to suspend or reorganize departments to meet staffing ratios.

Challenges

- By mid-December, the region's three hospital systems and largest physician's group had 876 RN job postings.
- More RNs are reportedly opting to take intrastate contract/travel jobs instead of hospital/nursing home staff jobs.
- Despite the shortage hospitals are experiencing, the number of RNs with active licensing living in the Capital Region increased by 2.2 percent between Jan. 1, 2021 and Jan. 1, 2022.
- In 2021, Capital Region RN associate's degree awards at traditional institutions totaled 513, up 10 percent from the previous year and just short of 2015's peak of 528.

- In 2021, Capital Region RN bachelor's degree awards at traditional institutions totaled 153, up 15 percent from the previous year and a regional record.
- RN associate's degree growth was exceptionally strong with distance learning at Excelsior College, totaling 1,152 in 2021, up 43 percent from the previous year and the most since 2011.
- Training institutions reported a lack of space and faculty is limiting their ability to train more RNs.

4. Postsecondary Nursing Instructor

Jobs: 260

Annual Average Job Postings: 13

Entry Wage: \$49,891

Median Wage: \$80,655

Experienced Wage: \$92,217

Education Required: Baccalaureate level instruction: master's prepared; Master's level instruction: doctorally prepared or for nurse practitioner programs have earned a minimum of a master's degree and must hold current national certification (i.e. ANCC or AANP) in the track taught.

Local Talent Pipeline (Master programs): Excelsior College, Russell Sage College, Maria College

Why

- Several training institutions asserted they could ramp up the number of nurses they train if they could attract and retain more nursing instructors. Capital Region BOCES had to close its secondary school nurse training program in Schoharie due to difficulties in finding a teacher.

Challenges

- There are about 23 nursing instructors for every 1,000 RNs in the Albany metro, compared to Rochester's rate of 43 instructors per 1,000 RNs.
- Training institutions identified nursing instructor compensation as the biggest challenge to recruiting and retaining postsecondary nursing instructors.
- The median wage for a postsecondary nursing instructor is \$80,248. That is only \$407 more than the median wage of an RN in the region.

- In contrast, postsecondary nursing instructor median wages were even greater than those for RNs in Central New York (\$6,456), Finger Lakes (\$3,691), Long Island (\$1,262), New York City (\$5,172) and Southern Tier (\$2,916).

5. Medical Assistants

Jobs: 1,503

Average Annual Job Openings: 245

Entry Wage: \$31,765 (15.28/hr)

Median Wage: \$39,793 (\$18.81/hr)

Experienced Wage: \$42,783 (\$23.89/hr)

Education Required: optional certification

Approved Training Programs: Bryant & Stratton, C-GCC, Mildred Elley, SUNY Schenectady (planned)

Why

- Medical assistant is an unlicensed profession that offers higher earning potential and less physically rigorous work than nurse assisting.

Challenges

- Medical assisting is a growth field, with the number of Capital Region medical assistants increasing by 151 (+12 percent) between 2019 and 2021.
- The number of medical assistant certificates awarded in the region (at Mildred Elley) has quadrupled over the last five years.
- As of mid-December, the three hospital systems and largest physicians' group had 49 medical assistant job openings.

6. Clinical Laboratory Technologist and Technician

Jobs: 1,503

Average Annual Job Openings: 245

Entry Wage: \$39,476 (18.98/hr)

Median Wage: \$62,098 (\$29.86/hr)

Experienced Wage: \$73,336 (\$35.25/hr)

Requirements: Technologist: Degree in a registered clinical laboratory technology licensure program, or the substantial equivalent; or bachelor's or higher degree in biology, chemistry, or the physical sciences AND an advanced certificate in clinical laboratory technology. **Technician:** Bachelor's or higher degree in clinical laboratory technology; or bachelor's or higher degree from a program with a major in biology, chemistry, or the physical sciences, plus certification.

Approved Training Programs: Technologist: ACPHS, St. Rose (BS only); Technician: NA

Why

- Shortages of clinical laboratory technologists, also referred to as medical technologists, contribute to delays in testing and processing patients.

Challenges

- Annually the region graduates an average 20 clinical laboratory technologists (8 BS, 12 MA)
- By mid-December, the region's three hospital systems and largest physicians group had 56 job postings for clinical laboratory technologists/medical technologists/histologist.
- The Capital Region lacks a clinical laboratory technician associate's level program. In contrast, such programs exist in the New York City, Long Island, Hudson Valley, Finger Lakes, Southern Tier and Western New York Regions.
- The Capital Region also lacks a training program for entry-level clinical laboratory positions, such as lab assistant (St. Peter's), laboratory information technician (Albany Med), and medical assistant II (Ellis).

7. Radiologic Technologist/Technician

Jobs: 781

Average Annual Job Openings: 72

Entry Wage: \$51,312 (\$24.67/hr)

Median Wage: \$64,510 (\$31.02/hr)

Experienced Wage: \$76,804 (\$36.92/hr)

Requirements: associate's degree in radiologic technology, third-party exam, continuing education

Approved Training Programs: HVCC

Why

- Shortages of imaging technicians are contributing to longer ED patient processing and reduced operation of satellite ambulatory centers.

Challenges

- In 2021, 50 radiologic technology associate's degrees were awarded in the Capital Region, plus 17 radiology therapist awards at F-MCC.
- In 2021, there were an average 74 job openings for radiologic technologists and technicians, with 56 being in Albany, Columbia, Greene, Rensselaer and Schenectady counties.
- That means the region's radiology technology pipeline is generating a level of awards almost equal to the demand in the region's five southernmost counties. However, there were an additional 18 openings in Saratoga, Warren and Washington Counties. Those three northernmost counties also house more than a quarter (27 percent) of the region's 226 registered healthcare-focused X-Ray facilities.

CAPITAL REGION REGISTERED HEALTHCARE X-RAY FACILITIES

County	Bone Densitometer	Chiropractor	Clinic	Hospital	Physician	Podiatrist	Mammography	Total	Radiologic Technologists and Technicians	
									AVG Annual Openings	Resident Workers
Albany	2	4	14	4	30	13	0	67	33	249
Columbia	0	0	4	2	1	4	0	11	4	47
Greene	0	0	4	0	5	2	0	11	1	22
Rensselaer	0	1	4	1	9	5	2	22	9	111
Saratoga	1	3	15	1	20	6	2	48	10	148
Schenectady	1	4	15	3	22	6	0	51	9	132
Warren	0	2	6	1	4	0	0	13	8	40
Washington	0	0			1	2	0	3	0	33
Capital Region	4	14	62	12	92	38	4	226	74	782
Southern 5 Counties	3	9	41	10	67	30	2	162	56	561
Northern 3 Counties	1	5	21	2	24	6	2	61	18	221
Sources: NYS DOH, Lightcast										

8. Healthcare Social Worker

Jobs: 1,120

Average Annual Job Openings: 209

Entry Wage: \$39,228 (\$18.86/hr)

Median Wage: \$51,348 (\$24.69/hr)

Experienced Wage: \$65,536 (\$31.50/hr)

Requirements: Master's degree, third-party examination, 900 clock hours in social work, continuing education

Approved Training Programs: Siena, Skidmore, UAlbany, St. Rose

Why

- Hospitals and nursing homes reported a dire need for more healthcare social workers (LMSWs and LCSWs) who can provide support in discharging and reducing patient wait times, especially in Emergency Room Departments. Healthcare social workers can also play a greater role in mitigating stress on ER Departments by educating community members of their healthcare options and assisting with non-medical needs, such as housing and food insecurity and healthcare financing.

Challenges

- Hospitals do not employ enough social workers who can supervise interns, thereby limiting the training pipeline.
- Temporary licenses, awarded after graduating from a social worker program, expire after one year and cannot be renewed. If social workers with a temporary license fail the licensing exam, they will not be able to remain employed unless the test is retaken and passed within the expiration period. Several other professions have three-year temporary licenses.
- While the number of LMSWs and LCSWs living in the Capital Region increased between 2021 and 2022 by 5.1 percent and 3.6 percent, respectively, healthcare employers report many social workers are opting to go in other fields, such as criminal justice or insurance. During the same period, awards of social worker bachelor's degrees were up 39.7 percent and up 0.7 percent for master's degrees.



Career Pathways Recommendations

IV. CAREER PATHWAYS RECOMMENDATIONS

The region should strive to build out pathways to create incentives for more workers to enter entry-level clinical non-nursing occupations with the potential of attaining higher-paying jobs. The region should develop clear career pathways across several in-demand nursing, clinical non-nursing, technical and social services fields. In particular, the region needs strategies to create a pipeline of CNAs, and their uncertified counterparts: patient care technicians. Several successful models exist in the Capital Region, though to meet the demand for skilled workers these programs would need to be replicated and scaled to train more individuals each year.

The Ellis Promise is one such model. This innovative partnership between Ellis Hospital and SUNY Schenectady is funded via Key Bank and Mather Cabrini. The program serves to ensure that upon graduation, all Schenectady High School students are eligible for work at Ellis Hospital. From select entry-level roles students can go on to take courses in the health services or nutrition programs at SUNY Schenectady. If successful, they have support to continue to the nursing program at Belanger School of Nursing. Students are not only provided with training, but with additional resources like coaches to support student success and program completion. This \$1.2 million initiative also targets and supports unemployed and underemployed older workers for select entry-level positions.

The Health Professions Opportunity Grant (HPOG), administered by SUNY Schenectady, reinforces these key strategies. HPOG was a federally funded program which used control-testing to show that wraparound support and tuition assistance are critical for success when it comes to training healthcare workers. The program provides tuition-free training, wraparound services such as transportation and childcare, and assistance with job placement. Key partners included community colleges and community action partners. The funding for this grant ended in 2021, but it could be reinvigorated with new funding streams.

One of the successes of HPOG was the ability to fund courses not via individual tuition but by occurrence. This funding model allows training providers to run classes for a small number of students. For example, a course may normally require a certain number of students in order to break even. Enrollment below

that minimum would be cancelled. If funded via the occurrence model, the course could still run with fewer students because the provider costs are covered. Ultimately, this shift would allow for more students to access training and enter the workforce.

A partnership between HVCC and Shenendehowa High School demonstrates methods for building a healthcare career pipeline in the region. Shenendehowa students who are 17 years old or older are eligible to participate in the *Saratoga County EMT Career Pathway*. The program is free and gives students the opportunity to earn seven college credits, which includes lecture, labs, and observation time. Upon completion, students can work as EMTs while finishing their high school degrees. This not only helps meet a critical need for EMTs but also allows students to earn while they learn.

Taken as whole, these programs demonstrate the need to remove barriers when it comes to healthcare training. Key recommendations include tuition-free courses, access to success coaches, coordinated wraparound services, clearly defined career progression and clear pathways to additional training. Aside from regional training providers, programs such as the Healthy Alliance and Unite Us, Community Action Partnerships, and the Employer Resource Network are critical partners in this work.

Pathways must also be built in reverse, too, especially for technical occupations. One of the region's most in-demand healthcare tech occupations is in clinical laboratory technology. For example, while the ACPHS and St. Rose both have clinical technologist training programs, the eight counties lack a clinical laboratory technician associate's level program. In contrast, such programs exist in the New York City, Long Island, Hudson Valley, Finger Lakes, Southern Tier, and Western New York Regions. The Capital Region also lacks a training program for entry-level clinical laboratory positions, such as lab assistants or laboratory information technicians. This technician training gap also has implications on healthcare imaging services in the North Country region.

Position	What's Happening	What's Recommended
CNA	<p>CMS in August 2022 started phasing out temporary nurse aide (TNA) waivers and NYS DOH launched a four-month TNA-CNA training initiative.</p> <p>Daughters of Sarah launched an in-house CNA training initiative in March 2021 that is separate from the TNA-CNA initiative.</p> <p>Capital Region BOCES is looking to begin offering CNA courses in 2023 for the first time since the pandemic began.</p> <p>The Nurses Middle College Charter High School – Capital Region is opening in Albany with the objective of training up to 500 9th to 12th graders for careers in nursing and healthcare. Students will be able to earn college credits and entry-level patient care certifications.</p>	<p>Create more rapidly accessible and clearer pathways for CNAs to higher-paying, mid-level positions, particularly LPNs and medical assistants/phlebotomists. Funding for CNA certification programs may be contingent on their direct connection to a pathway leading to a higher-paying career, such as LPN, phlebotomist or medical assistant.</p> <p>Launch a PSA campaign geared toward reinvigorating the inflow of workers to healthcare industries from accommodation and food services and administrative and waste services.</p> <p>Establish more scholarships for low-income students for CNA training.</p> <p>Offer entry-level wages for CNAs that are more competitive with the fast food and warehousing industries.</p> <p>Lift or loosen COVID vaccine requirements for healthcare workers and/or more vaccine education for healthcare workers and rewards for getting vaccinated and returning to work in a healthcare setting.</p>
Medical Assistant	<p>Capital Region BOCES is launching a certified phlebotomy program – with clinical placements – at its CTE facility in summer 2023.</p> <p>SUNY Schenectady is launching a medical assistant program and is exploring apprenticeship opportunities.</p>	<p>Introduce a phlebotomist and ECG/EKG technician micro-credential that is stackable to a medical assisting A.A.S., benchmarked on Erie County Community College.</p> <p>Develop a medical assistant apprenticeship program primarily for CNAs and phlebotomists.</p> <p>Develop a formal, third-party-facilitated clinical placement arrangement for graduates of phlebotomy programs that need placement support.</p>
LPN	<p>Capital Region BOCES is looking to more than double its output of LPNs (125 more) by creating a new training space for them.</p> <p>C-GCC is looking to expand its nursing program, including LPNs.</p>	<p>Establish an LPN talent pipeline that serves hospital and nursing home facilities in the Capital Region's southern rural counties: Greene and Columbia.</p>

Position	What's Happening	What's Recommended
RN	<p>Utica College in 2022 launched an accelerated bachelor of science in nursing program at a Latham satellite site.</p> <p>In 2021, Excelsior College launched an LPN-BSN program.</p> <p>HVCC saw a 53% increase in enrollment by offering a weekend RN program.</p> <p>Siena is expanding its nursing program.</p> <p>Maria College is acquiring a virtual reality nursing simulation that will teach real-life skills to students.</p> <p>The University at Albany, in partnership with HVCC, will be launching new undergraduate and graduate nursing programs.</p>	<p>Develop special entry pathway to RN for LPNs that follows the NY Coalition for Educational Mobility Articulation Model, similar to what is offered at LaGuardia Community College and Rockland Community College. (Mildred Elley and Excelsior do have an LPN-AS/AAS RN transfer agreement).</p> <p>Develop a medical assistant-RN bridge program.</p> <p>To attract more EMTs into the nursing talent pool, create an accelerated paramedic-RN program with a microcredential that prepares prospective flight nurses for advanced professional certification exams for the following credentials: Certified Flight Paramedic (FP-C), Certified Critical Care Paramedic (CCP-C), Certified Flight Nurse (CFRN), Certified Transport Nurse (CTRN), Certified Emergency Nurse (CEN).</p> <p>Offer RN programs on non-traditional schedules, including weekends and evenings. Also expand online training options where possible.</p> <p>Hospitals and nursing facilities should establish rotation arrangements with National Health Service Corps.-approved Clinical Shortage Facility (CSF) and Substance Use Disorder (SUD) facilities for RNs who participated in HRSA loan repayment programs and are required to work at those facilities for a set period. After that period, those RNs can rotate to larger non-NHSC-approved facilities, where there are more opportunities for career advancement and wage growth. The non-NHSC-approved facilities can in turn support their entry-level staff skill up by helping them participate in an HRSA loan forgiveness program and fulfill their service obligations at those CSF and SUD facilities.</p> <p>Encourage the passage of legislation limiting travel nurse contracts to out-of-state RNs, modelled on program restrictions put in place in states such as New Jersey.</p>

Clinical Laboratory Technician	<p>ACPHS is exploring options for expanding its clinical laboratory technologist programming.</p> <p>At a CEG roundtable, Capital Region BOCES said it should be able to create a medical laboratory technology assistant training program.</p>	<p>Develop a clear, stackable career pathway from medical laboratory technology assistant to clinical laboratory technician to clinical laboratory technologist.</p> <p>Develop a high school-level training program for medical laboratory technology assistants.</p> <p>Develop a clinical laboratory technician associate's program.</p> <p>Develop a clinical laboratory technologist advanced certificate program for biologists/chemists and physicists with master's degrees.</p>
Radiologic Technician	<p>HVCC has a radiologic technician program and F-MCC has one for radiation therapy.</p>	<p>Develop a new, or expand an existing, radiologic technician associate's program that would primarily serve the Capital Region's northern half, particularly Saratoga and Warren counties (and the North Country).</p>
Healthcare Social Worker	<p>UAlbany and St. Rose have MSW programs.</p> <p>These institutions also have bachelor's level social work programs, as do Siena and Skidmore.</p>	<p>Encourage hospitals to not only hire more social workers in ER Departments but to have these professionals supervise more graduate student interns, who are commonly good candidates for new hires.</p> <p>Support legislation to extend temporary LMSW licenses from one year to three, affording social work graduates more time to remain employed and retake the exam in case they do not pass it on their first attempt.</p> <p>Expand hospital internship opportunities for MSWs through the offering of student stipends and deployment of dedicated staff, similar to UAlbany's training programs for students in aging and students in mental health.</p>
Nursing Instructor	N/A	<p>Develop a shared, full-time nursing instructor position shared by several RN training institution.</p> <p>Create a healthcare facility pooled fund that would enable training institutions to offer enhanced nursing instructor salaries and increase their output of RNs to funders.</p> <p>Support wide marketing or advertising, especially in and around Health Professional Shortage Areas, of HRSA healthcare profession instructor grant and loan programs.</p>



Administrative/Operational Recommendations Needing Regulatory Changes

Ellis Medicine

V. ADMINISTRATIVE/OPERATIONAL RECOMMENDATIONS NEEDING REGULATORY CHANGES

- Allow practitioners once again to delegate the authority to RNs to renew noncontrolled substance prescriptions on their behalf.
- Allow single-signature authorization or single electronic signatures – instead of signing every page – on visiting nurse association (VNA) care plans.
- Accelerate self (electronic) scheduling and check in/check out.
- Merge the New York State Immunization Information System (NYSIIS) with current electronic health records (EHRs) so that information flows both ways.
- Make all communications electronic only instead of faxes and electronic.
- One human (patient) should have only one, electronic health chart.
- Acknowledge pharmacists working in a non-hospital affiliated setting (e.g., physician practice) can perform collaborative drug therapy management (CDTM). Current rules exclude practice settings, even though some pharmacists have credentials for such therapy management.
- Allow appropriately trained and supervised medical assistants to administer vaccinations and other injectables pursuant to a patient specific doctor's order. New York and Connecticut are the only two states that do not allow this practice.
- Move to universal patient consent for access to health information exchange (HIE) data.
- Nurse practitioners (NPs) and physician assistants (PAs) effectiveness in the ICU is an established model of care for providing care for acute and critically ill patients. Supervised NP's and PA's could be utilized in the ER to expedite discharge and managing the patient pipeline.

VI. OTHER RECOMMENDATIONS

Success Coaches/Navigators: Utilize success coaches to support new hires in key entry-level positions, especially in communicating with co-workers and supervisors; practicing good hygiene; and identifying opportunities for vertical or lateral career opportunities. For companies who don't have the capacity to provide their own success coaches, coaches are available via the Capital Region Employer Resource Network. Navigators can also be used to aid new hires and employees and career advancement programs overcome obstacles, such as transportation, child care, housing and food insecurity. The new Ellis Promise initiative utilizes both Success Coaches and Navigators.

Flexibility: Modernize scheduling procedures with automated scheduling software that equitably assigns weekend shifts and considers nurses' work preferences (based on childcare and other personal/family needs) as well as specified nurse-patient ratios.

ER Demand Mitigation: To reduce strain on the thinly stretched healthcare workforce, actions are needed to mitigate demands on doctors and nurses, especially those in emergency departments.

- Utilization of process and systems engineers in ER Departments to eliminate redundancies, improve throughout and help nurses be more focused on patient care.
- Population health technologies that leverage machine learning and/or artificial intelligence should also be utilized to identify and alert nursing staff to adverse patient health conditions before they reach crisis levels that can further strain ER Department staff and resources.
- Deployment of behavioral health specialists in ER Departments to support the processing and support of patients suffering from mental illness.
- Regionwide expansion of crisis stabilization centers, modelled after CDPHP-Ellis Medicine's Living Room. Such centers would offer an ER alternative with mental health providers and services for under-resourced and underserved populations. A startup should be encouraged to create a telehealth app for this regionwide crisis stabilization initiative that utilizes social workers, similarly to how Aptihealth and UCM Healthcare

leverage physicians for online personalized care. Patients in ER Department waiting rooms should be able to scan a QR code that connects them via the app with a healthcare social worker who can remotely assess them whether they have access to food or medication, money for prescriptions, a primary care physician, and depression or anxiety. The social worker's assessment could then be delivered to ER Department staff for further action.

- Support startups in the Capital Region, such as UCM Digital Health, that provide telemedicine services and offer healthcare software solutions that target conditions and populations that significantly contribute to ER Department demand. In its 2021 Strategic Update, the CREDC already identified the "potential for a health technology cluster micro hub to emerge in the region." The micro cluster already includes startups such as UCM Digital Health, Levrx, Aptihealth, ZephyRx, UTM: Healthcare, Sommel Health, and MyLÚA Health.
- To help nurses focus more on patient care, hospitals should install inventory sensors that facilitate a pull system in ER supply rooms. When the sensor detects a shortage, it orders additional supplies via a DoorDash-like app. The app notifies nursing assistants that certain supplies in the ER need to be replenished.

Increased partnership with the One Stop Career Center/Workforce Development Boards

The Workforce Development Boards not only provide individual support to job seekers, but also offer a suite of services available to businesses. For individuals, they provide customized career planning services, workshops, and job recruitment events. Employers can utilize their business services to connect with job seekers, provide assistance with candidate recruitment and screening, and access on the job training and wage reimbursements. These programs allow companies to connect with job seekers while providing additional support for recruitment and retention efforts. One benefit to this relationship can be direct feedback from job seekers, which can improve the application process and retention once hired.

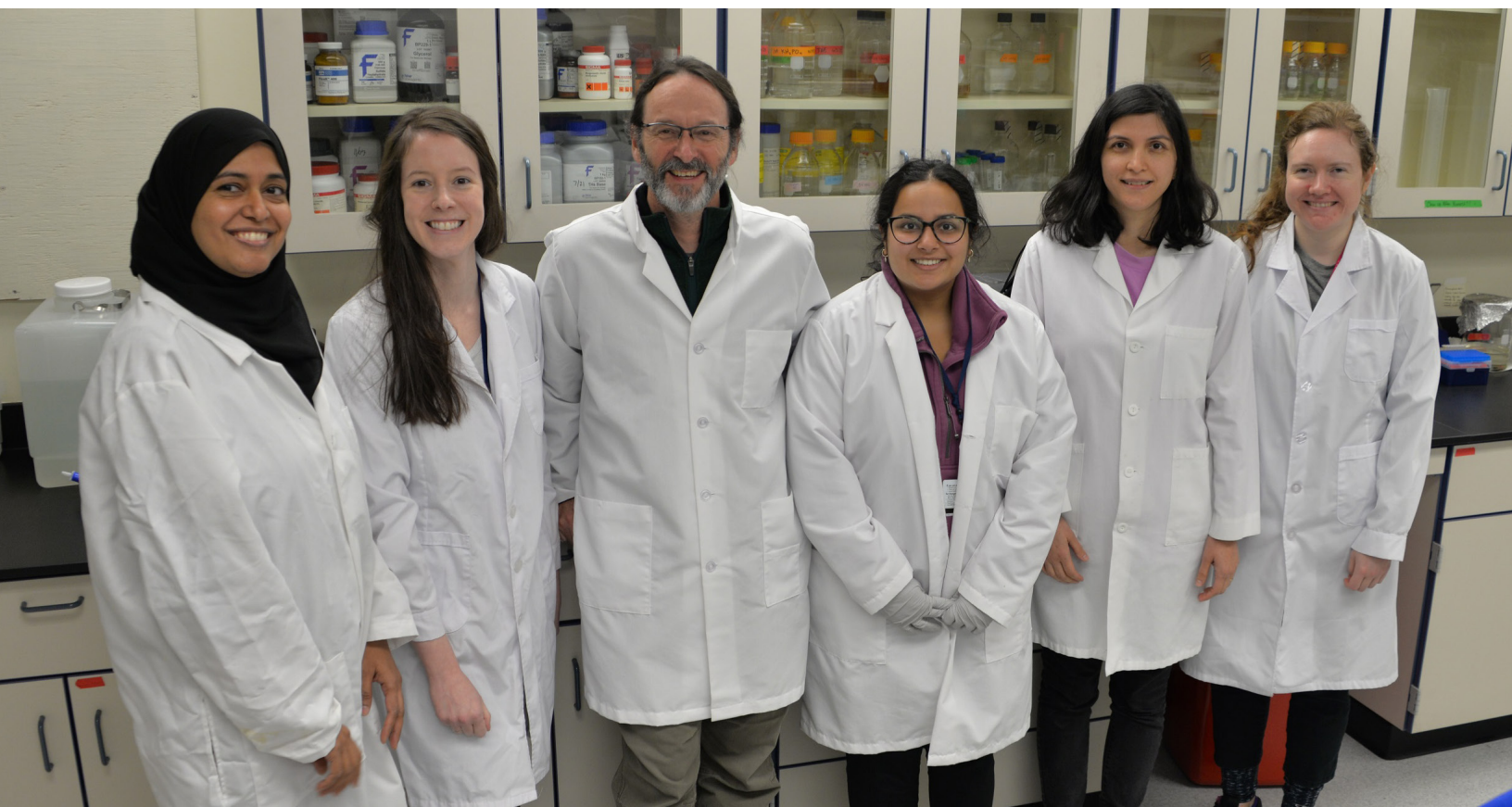
Focus Groups with One Stop customers

Conduct focus groups with customers from the regional Career Centers. Explore accessibility, clarity, and unintended barriers created by the application, interview, and onboarding processes. Suggested questions and areas of exploration include:

- How did you access the application (personal desktop/laptop computer, personal phone, public computer)? Was the application easy to use from that device?
- Did you encounter any problem with the application? If so, what was it and how did you navigate the problem?
- Did you have a clear point of contact during the application and interview process. Who could you have gone to with questions or problems?
- If offered the job, was the paperwork easy to complete? Do you know where to go for your first day? Is parking/transportation information easily available?
- What made it hard to apply for, interview for, or start this job? What could make it easier?

Focus on underserved populations and recruit from underutilized talent

Create and implement thoughtfully designed programs to reach traditionally underutilized talent pools. There are pools of talent within our region that have been historically left out of work. With training and wraparound supports, these individuals could be employed in a variety of healthcare positions. Examples include, people with disabilities, immigrants and refugees, and justice-involved individuals. Through partnerships with agencies who specialize in working with these special populations, the region can address both high unemployment rates within these populations and the critical vacancies in the healthcare industry.



Ken Norman, PhD and his lab team, Albany Medical College



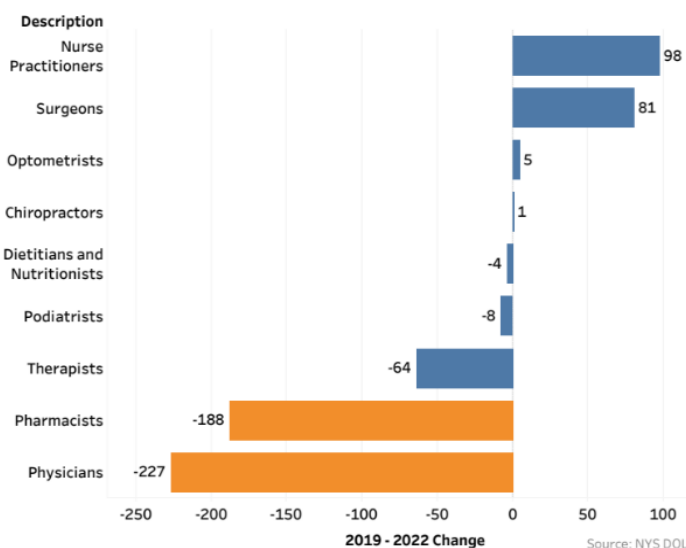
Provider Attraction

Ishani Choksi, PhD.

VII. PROVIDER ATTRACTION

A physician shortage is currently contributing to longer wait times at the primary care level, which threatens to further stress hospitals' emergency departments if health problems are not timely addressed. The types of practitioners that have seen the heaviest job losses in the Capital Region since the pandemic (2019-2022) are pharmacists (-188) and emergency medicine physicians (-121). Meanwhile, the types of practitioners with the most average annual job postings are anesthesiologists (54), pharmacists (47) and family medicine physicians (33).

Capital Region Change in Practitioner Jobs, 2019-2022



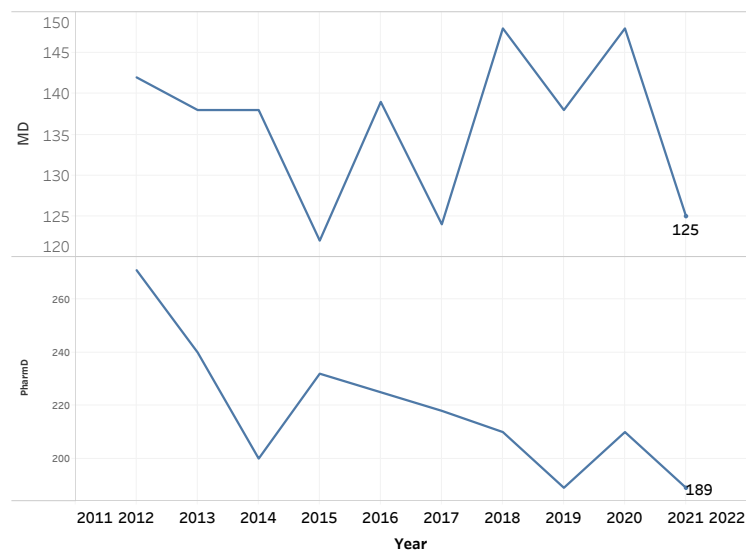
Given these job losses and openings, as well as feedback from healthcare leaders, regional workforce development efforts should focus on these four types of practitioners:

1. Anesthesiologists
2. Emergency Medicine Physicians
3. Family Medicine physicians
4. Pharmacists

Talent Pipeline

The region's talent pipeline for these occupations underperformed in 2021, likely due to COVID-related training challenges. For example, 189 PharmDs were awarded at ACPHC in 2021, down from the 10-year average of 218. Likewise, there were 125 MD awards at Albany Medical College, down from the 10-year average of 136.

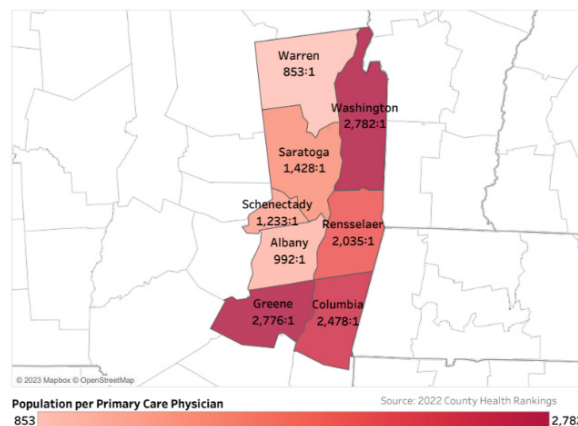
Capital Region MD and PharmD Awards



Rural Counties

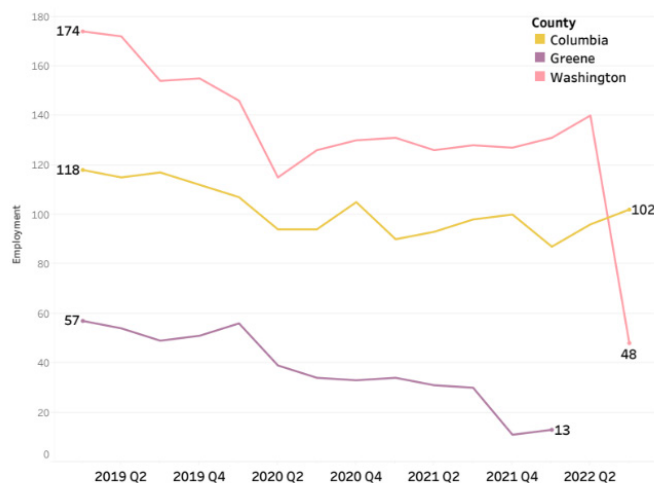
The physician shortage is especially dire in the Capital Region's rural counties. The primary care physician ratios (population per physician) for Columbia (2,478:1), Greene (2,776:1) and Washington (2,782:1) counties are more than double the statewide average. The ratios are only below that statewide average in Albany (992:1) and Warren (853:1) counties.

Capital Region County Primary Care Physician Ratios



While office of physician employment has increased from pre-pandemic levels (Q3 2019-Q3 2022) in Albany (6.2 percent), Rensselaer (9.9 percent) and Saratoga (22 percent) counties, it has precipitously dropped in the rural counties as well as Schenectady County (-18.6 percent). Columbia County office of physician employment was down 12.8 percent to 102 and Washington County's industry was down 68.8 percent to 48. From Q1 2019 to Q1 2022, Greene County office of physician employment was down 77.2 percent to 13.

Capital Region Rural County Office of Physician Employment

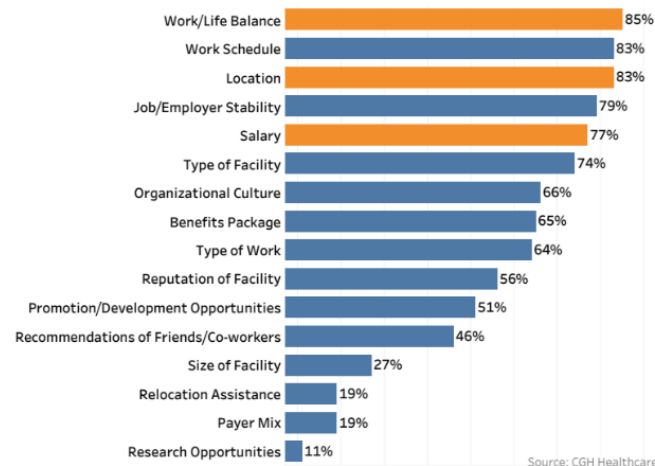


Recruitment Strategies

The capacity limitations of Albany Med and ACPHS, as well as the expended training periods these professions demand, largely shifts workforce development efforts to out-of-region talent attraction. Critical to this attraction effort will be addressing concerns surrounding 1. work/life balance, 2. regional branding and 3. competitive compensation and benefits. It is further noted that the actions recommended in the previous sections are also critical to physician recruitment, because they will guard against the inadequate staffing levels that threaten to increase the stress faced by practitioners.

Due to limitations on the portability of medical licenses across state lines, NY relies heavily on its medical schools to produce an adequate supply of physician to meet demand. Additional study should be given to increasing enrollment and expansion of regional medical schools.

Important Factors in Physician's First Job Selection After Residencies



Work/Life Balance

Challenge: A 2022 CHG Healthcare survey of 145 physicians who had been out of residency for two to three years found that work/life balance (85 percent) and work schedule (83 percent) were the top two factors for selecting their first job.

Solution: 1. The formation of a freelance, AI-enhanced medical scribe force – unprecedented in size in upstate New York – could turn the Capital Region into the premier destination for first-year attending and veteran physicians. This force would help physicians achieve the work/life balance they prioritize. Hospital systems and medical groups could offer this scribe benefit as a recruitment tool. Every new hire physician gets a scribe assigned to him or her, with all expenses paid by the employer for the first year of employment. For year two, the employer could cover 50 percent, and for year three, the physician would pay for the scribe (as is customary), but the employer could award a scribe stipend based on performance. Physicians should also be offered easy access to medical dictation and transcription services for the parts of their shifts for which the employer does not pay for a scribe or when one is not available to work.

There are no medical scribe certification programs in the Capital Region, let alone any offered in the SUNY system. Although SUNY Oneonta offers an uncertified medical scribe program. Such certification programs are offered in neighboring states, such as William Paterson University's six-month, online medical scribe certification program. The program includes instruction on medical terminology, electronic medical records, and medical reports for analysis and coding. Additional training on AI transcription technologies should be considered.

Hospital systems and medical groups could consider hiring a third-party administrator of the freelance medical scribe force. Scribe annual wages average about \$30,000. Scribes could skill up to a Certified Medical Administrative Assistant, with an average annual wage of about \$38,000. Healthcare employers could offer the medical scribe benefit to level the field with surrounding regions with higher average annual wages for physicians (detailed below).

2. The rollout of virtual crisis stabilization centers staffed by medical social workers is recommended in the previous section (page 31). Using an app, hospitals could utilize this service to connect patients in emergency department waiting rooms with the medical social workers and address unmet needs underlying their visit.

Hospital systems and medical groups should consider pursuing independently or as a joint venture supplemental services to these virtual crisis stabilization centers that leverage their own physicians. Healthcare employers could offer new and existing practitioners a rotation onto the virtual crisis stabilization center that would enable them to work from home once or twice a week or for longer blocks of time of up to one month. This model will also require a telemedicine/triage nurse who works in the ED waiting room, preliminarily accesses patients and coordinates with the virtual crisis stabilization center. In addition to providing physicians with work/life balance and reducing provider burnout, this venture could create a new revenue stream that could support more competitive wages, as detailed below. Hospitals can likewise dedicate increased revenues realized through the greater ED throughput of higher value care services.

The virtual crisis stabilization center app should include a patient portal that incoming ED patients or others with them can access while en route to, or upon entering, the hospital. Through the portal, the virtual center and ED can 1. collect patient information; 2. update visitors with queuing information such as wait times and the number of people ahead of them; 3 support secure messaging via text with the telemedicine/triaging nurse staffing the waiting room; 4. trigger special patient protocols (i.e., predetermined treatment paths) when information entered into the app indicates major illnesses such as abdominal pain, chest pain, or head injuries; and 5. utilize smartphone cameras to preliminarily collect patient temperature and heart rate.

To ensure these virtual crisis stabilization centers are adequately and continuously supported by physicians, out-of-state telemedicine services may be needed. To streamline the process by which out-of-state practitioners can provide telemedicine services to patients in New York, lawmakers should consider passing legislation to include the state in the Interstate Medical Licensing Compact (IMLC). Thirty-seven states are currently part of the compact, which streamlines the licensing processes by which physicians can provide telemedicine service in multiple states, particularly in rural areas. Such legislation has already been introduced in the New York State Legislature (S2216). Physicians can be licensed under the IMLC so long as: 1. their primary residence is in the state of primary license (SPL); 2. at least 25 percent of their practice of medicine occurs in the SPL; 3. they are employed to practice medicine by a person, business or organization in the SPL; and 4. they use the SPL as their state of residence for U.S. federal income tax purposes.

Compensation and Benefits

Challenge: In the CGH survey, salary ranked as the fourth top concern among physicians searching for their first job. Among New York's 10 economic development regions, the Capital Region ranks last for the average annual wages of family medicine physicians (\$203,495) and emergency medicine physicians (\$241,899) and seventh for pharmacists (\$127,480). However, the region's entry wages for these occupations are a little more competitive, ranking fourth for family medicine physicians (\$117,149) and seventh for emergency medicine physicians (\$86,242), pharmacists (\$93,197) and anesthesiologists (\$166,287).

Solution: In the "Other Recommendations" section (page 31), hospitals are encouraged to utilize process and systems engineers in ER Departments to eliminate redundancies, improve throughput and help nurses be more focused on patient care. Hospital systems and physician groups should consider more systemwide utilization of these engineers and use savings realized through their recommended improvements to make physician wages more competitive with those of surrounding metropolitan areas, as detailed below.

Location

Challenge: In the CHG survey, location tied work schedule as the second most important factor in physicians' decision for selecting their first jobs (83 percent). Local healthcare employer representatives reported a lack of regional awareness among practitioner job candidates as a deterrent to their recruitment.

Solution: To increase awareness and appeal of the Capital Region among new practitioners, hospital systems and physician groups should incorporate the Center for Economic Growth's CapNY regional branding campaign and web site (www.gocapny.com) in their talent attraction efforts. While the CapNY campaign has primarily focused on attracting young professionals in technology-oriented fields in the New York City and Boston markets, content geared toward new practitioners could be developed and included in advertising campaigns in and around medical schools. The campaign could highlight the Capital Region's lower cost of living, proximity to major metro areas and recreational options.

Region/Metro	Average Annual Wage			
	Family Medicine Physicians	Emergency Medicine Physicians	Pharmacists	Anesthesiologists
Capital Region	\$203,495	\$241,899	\$127,480	\$309,524
Central New York	\$277,037	\$319,370	\$128,888	
Finger Lakes	\$205,114	\$314,993	\$121,046	\$246,761
Hudson Valley	\$249,022	\$313,055	\$134,765	
Long Island	\$228,491	\$273,503	\$136,070	\$347,059
Mohawk Valley	\$251,216	\$354,667	\$126,806	
New York City	\$220,051	\$270,047	\$135,728	\$283,925
North Country	\$248,558	\$366,272	\$133,183	
Southern Tier	\$205,430	\$295,316	\$131,714	
Western New York	\$237,222	\$332,814	\$123,641	
Pittsfield Metro	\$208,140		\$112,190	
Worcester Metro	\$241,780	\$274,100	\$121,840	\$243,200
Burlington Metro	\$198,730		\$133,770	
Trenton Metro	\$218,440		\$122,640	
Scranton Metro	\$240,690		\$113,640	
Allentown Metro	\$273,920	\$278,930	\$120,740	\$343,790
Sources: NYS DOL, US BLS				

Appendix

1. POTENTIAL HEALTHCARE WORKFORCE GRANT/LOAN RESOURCES

Grantor	Program Name	Description*	Eligible Applicant*
AMSNY	Diversity in Medical Education in New York State	<ul style="list-style-type: none"> Provides a pipeline for students from underrepresented backgrounds to enter medical school. 	<ul style="list-style-type: none"> 12-month post-baccalaureate program is for students who meet certain demographic criteria and have not received acceptance to any medical schools.
HRSA	Behavioral or Mental Health Grants	<ul style="list-style-type: none"> Behavioral Health Workforce Education and Training (BHWET) Program Graduate Psychology Education (GPE) Program Opioid Workforce Expansion Programs (OWEP) for Professionals and Paraprofessionals Health Workforce Resiliency Training Behavioral Health Workforce Development Technical Assistance and Evaluation (BHWDTAE) Program Opioid-Impacted Family Support Program (OIFSP) 	For schools
HRSA	Apply to the Faculty Loan Repayment Program	<p>Faculty member repayment of a portion of health professional student loan debt.</p> <p>2-year commitment</p> <ul style="list-style-type: none"> May apply for an additional contract after completion of initial 2-year contract. 	<ul style="list-style-type: none"> Must come from a disadvantaged background. Have an eligible health professions degree or certificate. Are a faculty member at an approved health professions school with contract for 2 years or more.
HRSA	Geriatrics Grants	<ul style="list-style-type: none"> Geriatrics Workforce Enhancement Program (GWEP) Geriatrics Academic Career Award Program (GACA) 	For schools
HRSA	Health Careers Grants	<ul style="list-style-type: none"> Area Health Education Centers (AHEC) Centers of Excellence Program (COE) The National HCOP Academies Scholarships for Disadvantaged Students (SDS) Program 	For schools
HRSA	Health Careers Opportunity Program (HCOP) Deadline 3/14/2023	<p>Assists individuals from disadvantaged backgrounds to enter a health profession through the development of academies that will support and guide them through the educational pipeline.</p> <p>HCOPs will explore cutting-edge technology, such as data analytics, artificial intelligence and machine learning to advance health equity and population health.</p>	<ul style="list-style-type: none"> Private institutions of higher education Public and State controlled institutions of higher education

HRSA	Medicine Grants	<ul style="list-style-type: none"> • Children's Hospitals Graduate Medical Education Payment (CHGME) Program • Preventive Medicine Residency (PMR) Program • Primary Care Training and Enhancement (PCTE) Programs • Teaching Health Center Graduate Medical Education Program (THCGME) • Rural Residency Planning and Development Program • Medical Student Education (MSE) Program • Addiction Medicine Fellowship Program • Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant • Integrated Substance Use Disorder Training Program (ISTP) • Teaching Health Center Planning and Development 	For schools
HRSA	NHSC Loan Repayment Program	<p>Licensed primary care clinicians in eligible disciplines can receive loan repayment assistance.</p> <p>In exchange for loan repayment, provider must serve at least 2 years of service at an NHSC-approved HPSA.</p>	<p>Clinicians who provide patient care under the following disciplines and specialties:</p> <ul style="list-style-type: none"> • Physician (MD, DO): Family Medicine, General Internal Medicine, General Pediatrics, Obstetrics/Gynecology, Geriatrics, Psychiatry (Child and Adolescent Psychiatrists are eligible) • Physician Assistant (PA) and Nurse Practitioner (NP): Adult, Family, Pediatric, Women's Health, Geriatrics, Mental Health and Psychiatry • Certified Nurse-Midwives (CNM): N/A • Health Service Psychologists (HSP) • Licensed Clinical Social Workers (LCSW) • Psychiatric Nurse Specialists (PNS) • Marriage and Family Therapists (MFT) • Licensed Professional Counselors (LPC)
HRSA	NHSC Rural Community Loan Repayment Program	<p>Makes loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) to provide SUD treatment, assist in recovery, and to prevent overdose deaths in rural communities across the nation.</p> <p>3 years of full- or half-time service at a rural NHSC-approved SUD treatment facility located in a HPSA.</p>	<ul style="list-style-type: none"> • Physicians • Nurse Practitioners • Certified Nurse Midwives • Physician Assistants • Behavioral Health Professionals • Substance Use Disorder Counselors • Registered Nurses • Pharmacists • Certified Registered Nurse Anesthetists
HRSA	NHSC Scholarship Program	<p>Scholarships to students pursuing eligible primary care health professions training.</p> <p>1-year service commitment per scholarship year or partial scholarship year; 2-year minimum and 4-year maximum.</p>	<p>Enrolled or accepted in the following primary health care disciplines in an eligible degree program:</p> <ul style="list-style-type: none"> • Primary Care Physician (MD or DO) • Dentist (DDS or DMD) • Nurse Practitioner (NP) • Certified Nurse-Midwife (CNM) • Physician Assistant (PA)

HRSA	NHSC Students to Service Loan Repayment Program	<p>Loan repayment awards to students in their last year of school pursuing a degree in nurse practitioner, certified nurse midwife, physician assistant, and dental degree programs.</p> <p>2-year minimum service commitment for 1–2 years of scholarship support (full-time status)</p> <ul style="list-style-type: none"> • 1-year additional service commitment per scholarship year for full-time students who need scholarship support for more than 2 years (4 years maximum support). • Full-time status: Minimum of 32 hours per week, for at least 45 weeks per year. 26 hours must be spent providing clinical services to patients. 	<p>Accepted or enrolled in a nursing degree program at an accredited school of nursing:</p> <ul style="list-style-type: none"> • Diploma School of Nursing • Associate Degree School of Nursing (ADN) • Collegiate School of Nursing (BSN, graduate degree) • Graduate-Level Nurse Practitioner • Nursing Bridge Program (RN to BSN, RN to MSN-NP, Direct Entry MSN-NP)
HRSA	NHSC Substance Use Disorder Workforce Loan Repayment Program	<p>Offers health care clinicians the opportunity to have their qualifying student loans repaid in exchange for serving at an NHSC-approved Substance Use Disorder (SUD) treatment facility.</p> <p>3 years of full- or half-time service at an NHSC-approved SUD.</p>	<ul style="list-style-type: none"> • Physicians • Nurse Practitioners • Certified Nurse Midwives • Physician Assistants • Behavioral Health Professionals • Substance Use Disorder Counselors • Registered Nurses • Pharmacists
HRSA	Nurse Corps Loan Repayment Program	<p>Loan repayment to RN and Advanced Practice Registered Nurses (APRN) working in Critical Shortage Facility (CSF) OR Nurse Faculty employed at an eligible school of nursing.</p> <p>2-year minimum with an optional third year at an NHSC-approved CSF.</p>	<ul style="list-style-type: none"> • U.S. citizen, U.S. national, or lawful permanent resident • Have a current, full, permanent, unencumbered, unrestricted license • Have earned a diploma, associate, baccalaureate, graduate or doctorate degree in nursing and have outstanding nursing educational loans • Be employed as a full-time RN or APRN working at least 32 hours per week at an eligible CSF or an eligible school of nursing
HRSA	Nurse Corps Scholarship Program	<p>Financial support to students enrolled in nursing degree programs in exchange for a commitment to serve in high-need areas across the country.</p> <p>2-year minimum service commitment for 1–2 years of scholarship support (full-time status)</p> <ul style="list-style-type: none"> • 1-year additional service commitment per scholarship year for full-time students who need scholarship support for more than 2 years (4 years maximum support). • Full-time status: Minimum of 32 hours per week, for at least 45 weeks per year. 26 hours must be spent providing clinical services to patients. 	<ul style="list-style-type: none"> • U.S. citizen • Accepted or enrolled student in a nursing degree program • Begin classes no later than September 30 • Don't have any federal judgment liens • Don't have an existing service commitment • Aren't overdue on a federal debt

HRSA	Nursing Grants	<ul style="list-style-type: none"> • Advanced Nursing Education Workforce (ANEW) • Advanced Nursing Education (ANE) • Advanced Nursing Education - Sexual Assault Nurse Examiners (ANE-SANE) • Advanced Nursing Education – Nurse Practitioner Residency (ANE-NPR) • Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP) • Nurse Anesthetist Traineeship (NAT) • Nurse Education, Practice, Quality and Retention (NEPQR) • Nurse Faculty Loan Program (NFLP) • Nursing Workforce Diversity (NWD) 	For schools
HRSA	Public Health Grant	Public Health Training Centers (PHTC) Community Health Worker Training Program (CHWTP) Public Health Scholarship Program (PHSP)	For schools
HRSA	State Loan Repayment Program (SLRP)	Cost-sharing grants to states for the repayment of loans to primary medical, mental/behavioral, and dental healthcare clinicians in HPSAs.	For states
HRSA	Workforce Loan Programs	4 long-term, low-interest loan programs to schools, which then offer loans to students in need who pursue a health professions degree. PCL students must <ul style="list-style-type: none"> • Enter and complete residency training in primary care within four years after they graduate. • Practice primary care for ten years or until they pay off the loan in full, whichever occurs first. 	Eligible schools must of degrees in: Health Professions Student Loans (HPSL) <ul style="list-style-type: none"> • Allopathic/Osteopathic, Podiatry, Dentistry, Optometry, Pharmacy, Veterinary Loans for Disadvantaged Students (LDS) <ul style="list-style-type: none"> • Doctor of Allopathic Medicine, Doctor of Osteopathic Medicine, Doctor of Dentistry, Bachelor or Doctor of Science in Pharmacy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Veterinary Medicine Nursing Student Loans (NSL) <ul style="list-style-type: none"> • Associate degree, baccalaureate degree, graduate degree Primary Care Loans (PCL) <ul style="list-style-type: none"> • Allopathic medicine, or Osteopathic medicine
National Grid	Power Quality Enhancements Program	Incentives for installation of power quality mitigation equipment and services. Eligible projects may include work on the customer and /or utility sides of the meter.	<ul style="list-style-type: none"> • Owner of qualifying businesses in National Grid service territory • National Grid electric service classification SC3, SC3A, and SC4 customer

National Grid	Strategic Economic Development	Regional workforce development projects such as training initiatives, talent attraction, and workforce development plans.	<ul style="list-style-type: none"> • State or regional economic development entity in National Grid's New York service territory. • County economic development entity with a project of regional scope.
National Grid	Urban Center / Commercialization District Revitalization	Medical complexes undertaking major neighborhood revitalization projects in urban centers. Projects may include preconstruction drawings to advance urban redesign for lighting improvements, and alternative fuel transportation infrastructure if planned as part of a larger revitalization initiative.	<ul style="list-style-type: none"> • A municipality and/or its authorized development corporation. • A 501(c)3 or 501(c)6, university, or medical complex with the endorsement of the authorized municipality where the project is taking place.
NYS Workforce Development	Caregiver Flexibility for Direct Care Workers	This initiative will facilitate the creation of a model for training "universal" long term care workers who want to move across caregiving roles, ensuring that long term care providers experiencing workforce shortages can identify and deploy trained workers in a timely and efficient manner.	TBA
NYS Workforce Development	Financial Burden Relief for Health Care Workers	Direct financial support for the education of health care professionals, provided that they work in New York State for a specified period after obtaining their credentials. The plan will offer free tuition, cover instructional costs for high demand health occupations, and provide stipends to make up for lost income while in school.	TBA
NYS Workforce Development	Training Capacity Expansion for Statewide Institutions	Funding to increase the training capacity of medical institutions. This initiative will identify and fund a range of projects to advance this goal, which may include establishing new training programs, developing innovative training approaches and techniques, and providing compensation for workers to train full-time support staff and in doing so expand overall training capacity.	TBA
SUNY	Pre-Medical Opportunities Program	Provides academic support, mentoring, clinical exposure, shadowing and research opportunities, workshops, financial assistance, and application guidance to EOP students who have demonstrated potential to succeed in careers in medicine.	Open to SUNY students in the Educational Opportunity Program.

USDOL	Nursing Expansion Grant Program (closed, reopening TBD)	<ul style="list-style-type: none"> • Nurse Education Professional Track: for training new or upskilling experienced current or former nurses (including retired nurses) into advanced postsecondary credentialing necessary for nurses to become nursing instructors and educators. • Nursing Career Pathways Track: for training participants as frontline healthcare professionals and paraprofessionals, including direct care workers, to advance along a career pathway and attain postsecondary credentials needed for middle- to high-skilled nursing occupations during the grant period of performance. 	Eligible lead applicants include nonprofit healthcare organizations affiliated with hospitals and other medical facilities; nonprofit trade, industry, or employer associations representing the target populations in the nurse education professional occupations and nursing occupations; community-based organizations; labor unions, labor-management organizations, and worker organizations representing the target populations in the nurse education professional occupations and nursing occupations; education/training providers
WDI	Interactive Grants Program	<p>Examples of WDI healthcare-related programs include:</p> <ul style="list-style-type: none"> • Apprenticeships (e.g., Certified Central • Sterile Processing Technicians) • Career Education Days for healthcare pilot coaching program (erg, home health aides) Training on proper PPE use 	WDI is flexible and looks at each project individually. The outcomes of the project would have to be that the project positively impacts the workforce. Meaning the employees would get increases in pay and skill training and/or the employer would be hiring more people.
Primary Care Development Corp.	Community Investment Programs	Provide financing that is tailored to transforming and expanding primary care, including, wherever possible, the co-location of medical, dental, and behavioral health services.	<p>Primarily serves and finances:</p> <p>Federally Qualified Health Centers (FQHCs) and other community health centers</p> <ul style="list-style-type: none"> • Behavioral health institutions including mental health centers and substance use treatment facilities • AIDS Service Organizations (ASOs) • PACE (Program of All-Inclusive Care for the Elderly) programs • Safety net hospitals including ambulatory care and outpatient centers
*Description and eligibility content from organization web sites.			

2. HEALTHCARE TRAINING CROSSWALK

Certificate/License											
Institution Name	Belanger	HVCC/EOC	Mildred Elley	Samaritan	SUNY Schenectady	Maria College	ACPHS	Capital Region BOCES	Questar III	WSWHE BOCES	Russell Sage
Addiction Counseling					X						
CNA		X						X	X	X	
Electrocardiograph Technician		X									
EMT		X							X		
Histotechnician							X				
Home Health Aide								X		X	
LPN			X	X		X		X			
Medical Clinical Assistants			X		X						
Phlebotomy Technician		X			X			X			
Dietetic Internship (Advanced Certificate)											x
Sterile Processing Technician								X			

Associate's													
Institution Name	Belanger	Bryant & Stratton	C-GCC	F-MCC	HVCC/EOC	Mildred Elley	Samaritan	SUNY Schenectady	St. Peter's	SUNY ADK	Excelsior	Maria College	Russell Sage
Community Health Services					X			X					
EMT					X								
Health Services				X									
Hospital Management													X
Medical Administration		X		X	X								
Medical Clinical Assistant		X	X			X		X					
OT Assistant												X	
Polysomnography					X								
Radiation Therapist				X									
Radiological Technician					X								
Respiratory Care Therapist					X								
RN	X		X	X	X		X		X	X	X	X	
Sonography					X								
Addiction Counseling				X	X			X		X			
Surgical Technician					X								

Bachelor's										
Institution Name	SUNY ADK	Excelsior	Maria College	Russell Sage	Siena	Skidmore	SUNY Empire	ACPHS	UAlbany	St. Rose
Allied Health Diagnostics							X			
Clinical Counseling		X								X
Clinical Laboratory Technologist								X		X
Healthcare Administration		X	X							
Medical Technician	X							X		X
Microbiology and Immunology								X		
RN		X	X	X	X		X			
Social Worker					X	X			X	X

Master's							
Institution Name	Excelsior	Maria College	Russell Sage	ACPHS	Albany Med	UAlbany	St. Rose
Biomedical Sciences				X		X	
Clinical Counseling						X	X
Clinical Laboratory Technologist				X			
Cytotechnician				X			
Mental Health Counseling			X			X	
Nurse Practitioner	X		X				
OT Therapist		X	X				
Physicians Assistant					X		
Registered Dietician			X				

Doctor's					
Institution Name	Russell Sage	ACPHS	Albany Med	UAlbany	St. Rose
Clinical Counseling				X	
MD			X		
PharmD		X			
Physical Therapist	X				
Social Worker				X	

3. SAMPLE CREDC CFA PROJECTS

HVCC (HVCC North: Expanding STEM and Healthcare Workforce Development Education)

Year: 2021

Award Type: ESD Grant

Amount: \$2,500,000

Albany College of Pharmacy and Health Services (Stack Family Center for Biopharmaceutical Education and Training)

Year: 2021

Award Type: ESD Grant

Amount: \$1,750,000

The Sage Colleges (Health Sciences & Nursing Simulation Lab Expansion)

Year: 2019

Award Type: ESD Grant

Amount: \$40,000

HVCC (Nursing Program Expansion)

Year: 2019

Award Type: ESD Grant

Amount: \$200,000

Maria College (Nursing Building Expansion)

Year: 2018

Award Type: ESD Grant

Amount: \$250,000

Anderson Center for Autism (Latham Autism Spectrum Disorders Clinic)

Year: 2022

Award Type: ESD Grant

Amount: \$235,000

Northeast Health Foundation (Certified Nurse Aides Training Program)

Year: 2017

Award Type: DOL Unemployed Worker Training Program Grant

Amount: \$36,744

Capital Region BOCES (CTE Health Careers Program)

Year: 2017

Award Type: DOL Unemployed Worker Training Program

Amount: \$99,700

Schenectady Community Action Program (Advanced Healthcare Skills Training)

Year: 2017

Award Type: DOL Unemployed Worker Training Program Grant

Amount: \$79,985

Hudson Headwaters Health Network (Women's Wellness Center)

Year: 2016

Award Type: ESD Grant

Amount: \$250,000

Wesley Health Care Center (Certified Nurse Aide Training Program)

Year: 2016

Award Type: DOL Unemployed Worker Training Program Grant

Amount: \$83,688

Questar III (Certified Nurse Aide Special Populations Training)

Year: 2016

Award Type: DOL Unemployed Worker Training Program Grant

Amount: \$5,052

Washington County (Pleasant Valley Nursing Home Fire Prevention Project)

Year: 2013

Award Type: DOL Special Populations Training Program

Amount: \$750,000

Albany Community Action Partnership (Healthcare Aide, Driving and Hospitality Training)

Year: 2013

Award Type: DOL Unemployed Worker Training Program Grant

Amount: \$23,690

Warren County (Warrensburg Health Center)

Year: 2012

Award Type: HCR CDBG

Amount: \$400,000



**Regional Economic
Development Councils**