



# 2017 Arkansas Health Workforce Report

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#### **Executive Summary**

Key outcomes from this third annual report of diversity in the Arkansas health care workforce include:

- The majority of workers in health occupations are female. Dental hygienists, for example, were 99 percent female, specialty surgeons were 95 percent male, and speech therapists were 96 percent female. Pharmacists, specialty nurses and physical therapists enjoyed the most equity in terms of gender.
- Each profession was predominately white. In fact, there were only three professions (i.e., general nurses, specialty nurses and social workers) in which the proportion of white workers was less than 90 percent. Optometrists were 98 percent white, making them the least diverse profession with respect to race, whereas social workers were 79 percent white and 17 percent African American, making them the most diverse group in 2016. Race was not available for dental assistants or dietitians.
- Geographic distribution followed a similar pattern for most professions. The highest concentration of workers tended to be in the central, northwest and northeast regions of the state (i.e., the more urban areas of the state). Some professions were absent in a large number of counties. Specialty surgeons, for example, lacked active professionals in 45 counties, and general surgeons lack professionals from 34 counties. Other professions enjoyed much greater dispersion. For example, dental assistants, general physicians, nurses, pharmacists and physical therapists appeared to be active in all 75 counties.
- Despite the legislative mandate requiring licensing boards to capture and report data on demographic characteristics of those licensed in Arkansas, data were not consistently provided. Four of the seventeen healthcare professions covered in this report failed to report some or all of the required demographic data, compared to 7/17 in 2015.

#### Introduction

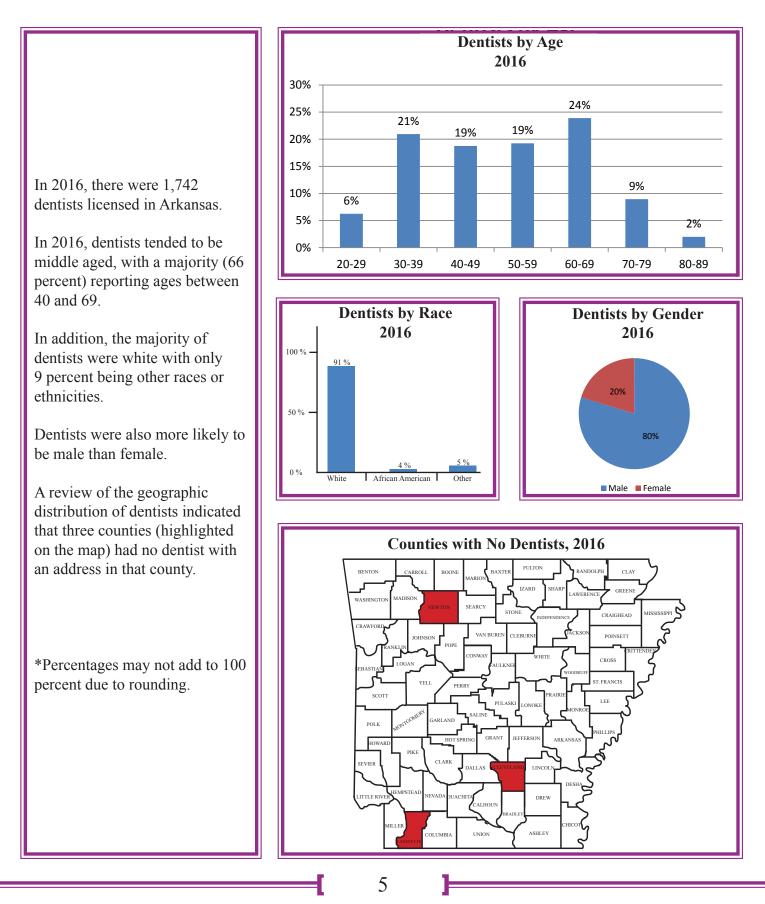
Monitoring the healthcare workforce is necessary to ensure it is large enough and skilled enough to deliver the vital public health services to the population. Observation provides data regarding the impact of investment; advocating for additional resources; evaluating gaps in workforce development; and developing recruitment and retention methods.<sup>1</sup> An adequate supply and distribution of well-prepared health workers is imperative to guarantee health care needs of the population. In accordance with the population of Arkansas, a diverse workforce is extremely important to ensure accessible, affordable and quality health care.<sup>2</sup> Diversity in healthcare allows for increased cultural competence,<sup>3</sup> and increasing trust and communication between professionals and patients. In addition, because healthcare careers generally provide greater economic benefits in relation to other career paths, greater representation in the field leads to benefits for a wider range of individuals, families and communities.

In order to understand more clearly where Arkansas stands with regard to diversity in the healthcare workforce, examination of current data is necessary. This examination is made possible by Arkansas Act 1489 of 2009,<sup>4</sup> which requires state agencies, boards and commissions that license health professionals in the state to provide demographic data on licensees yearly. This report was developed utilizing this information, and incorporates the most recent data provided for selected health professionals in Arkansas, with a focus on race, age, gender and geographic distribution.

All data were obtained from Arkansas' professional licensing boards through the Arkansas Minority Health Commission.

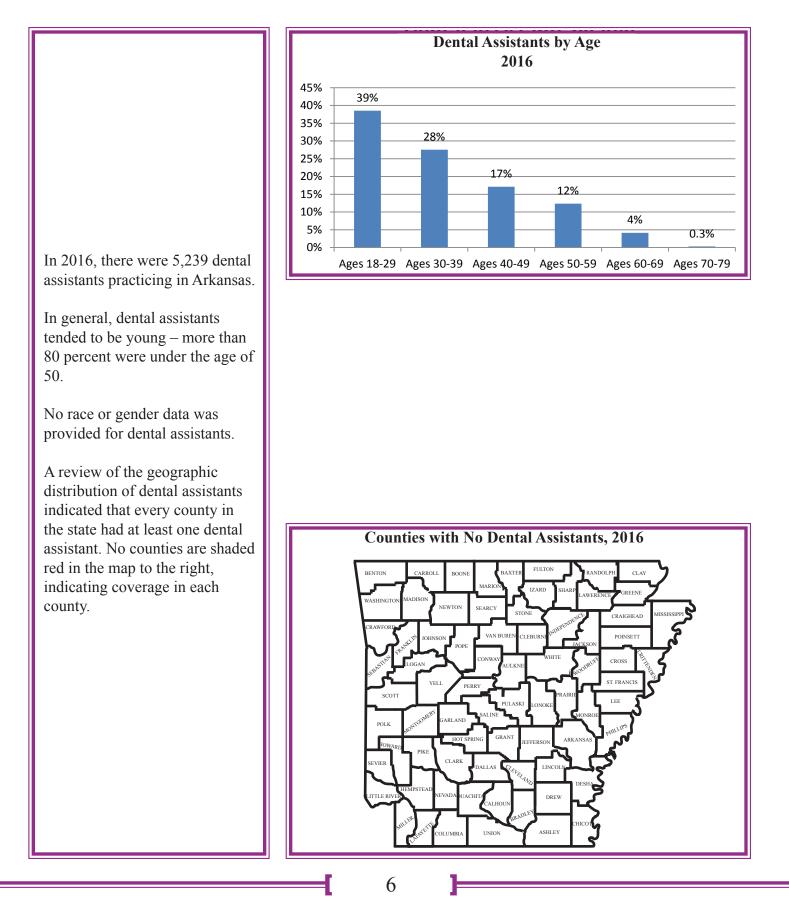
## Dentists

Source: Arkansas Board of Dental Examiners



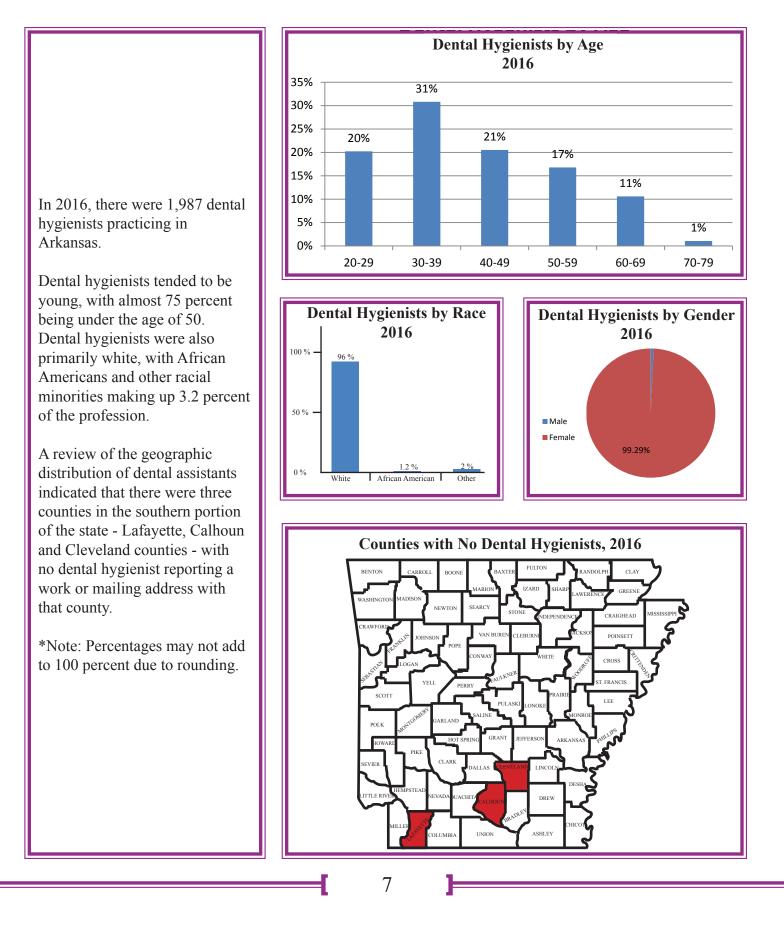
#### **Dental Assistants**

Source: Arkansas Board of Dental Examiners



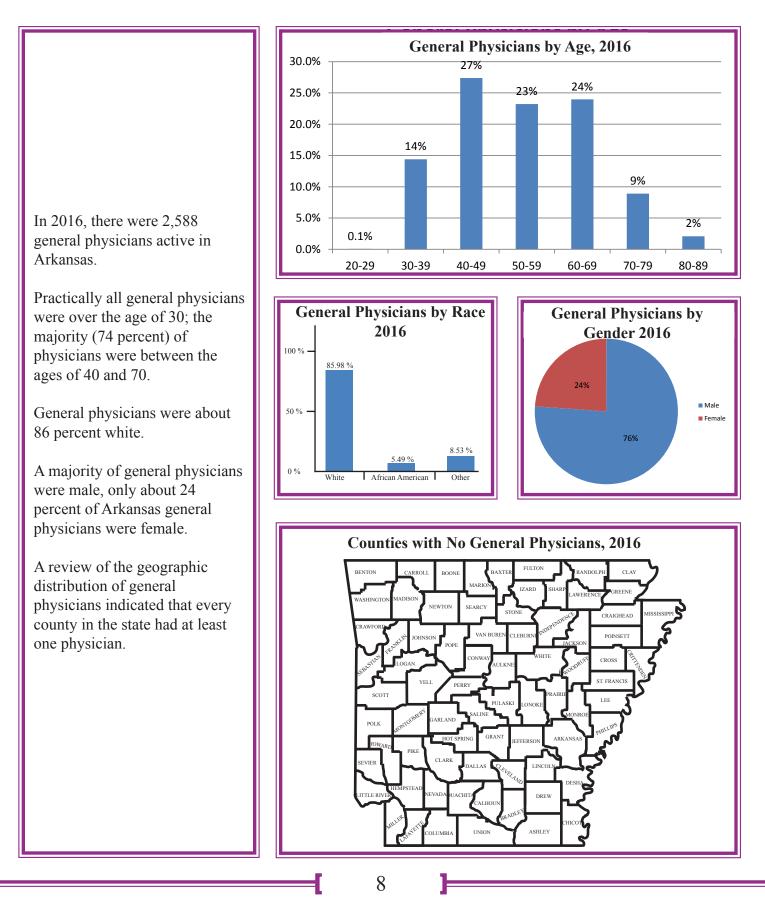
## **Dental Hygienists**

Source: Arkansas Board of Dental Examiners



# **General Physicians**

Source: Arkansas Medical Board



## **Specialty Physicians**

Source: Arkansas Medical Board

In 2016, there were 3,621 specialty physicians active in Arkansas.

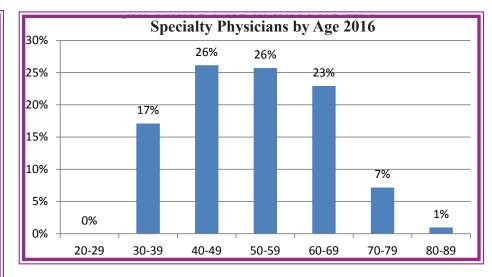
No specialty physicians were under the age of 30, presumably because of the additional training needed for specialty practice. The majority (75 percent) were between the ages of 40 and 69.

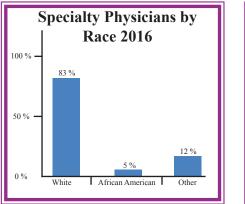
Specialty physicians were predominately white, but about 17 percent identified with other races.

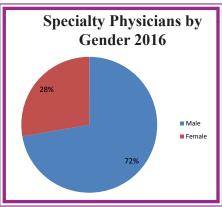
A majority of specialty physicians were male, only about 28 percent of Arkansas specialty physicians were female.

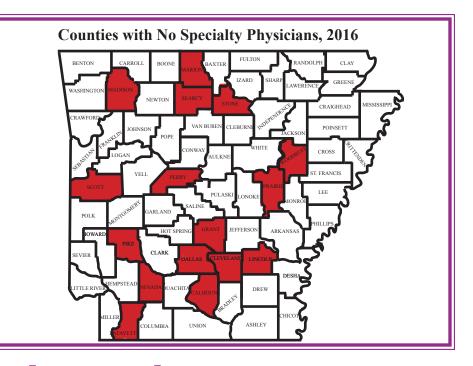
A review of the geographic distribution of specialty physicians indicated that 16 counties in the state had no specialty physician providing either a work or home address within that county (indicated in red on the map to the right).

\*Note percentages may not add to 100% due to rounding.



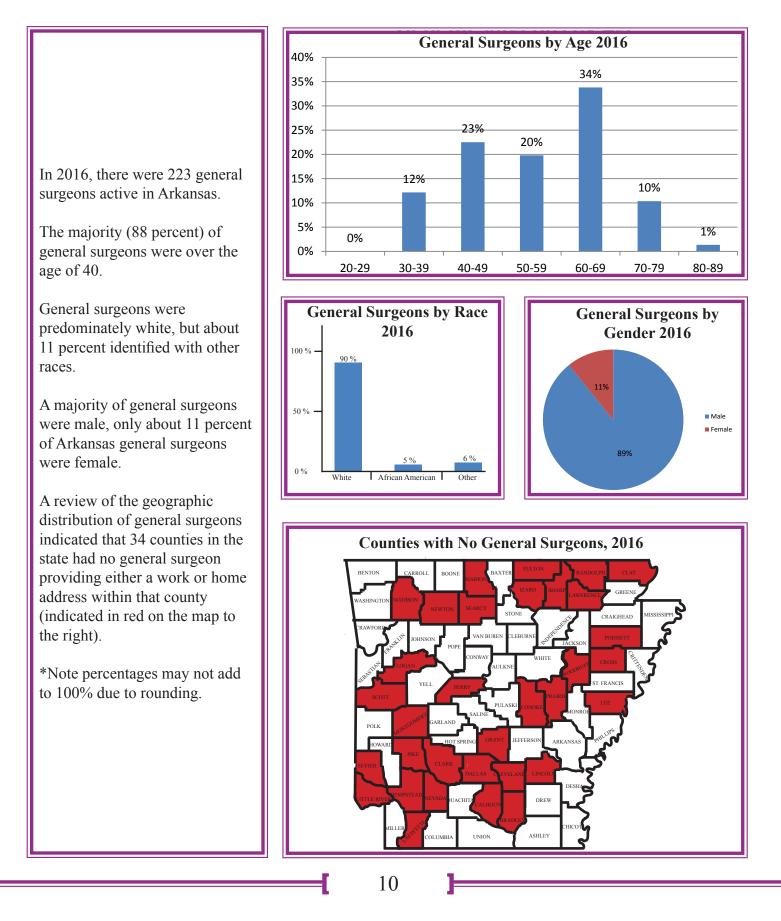






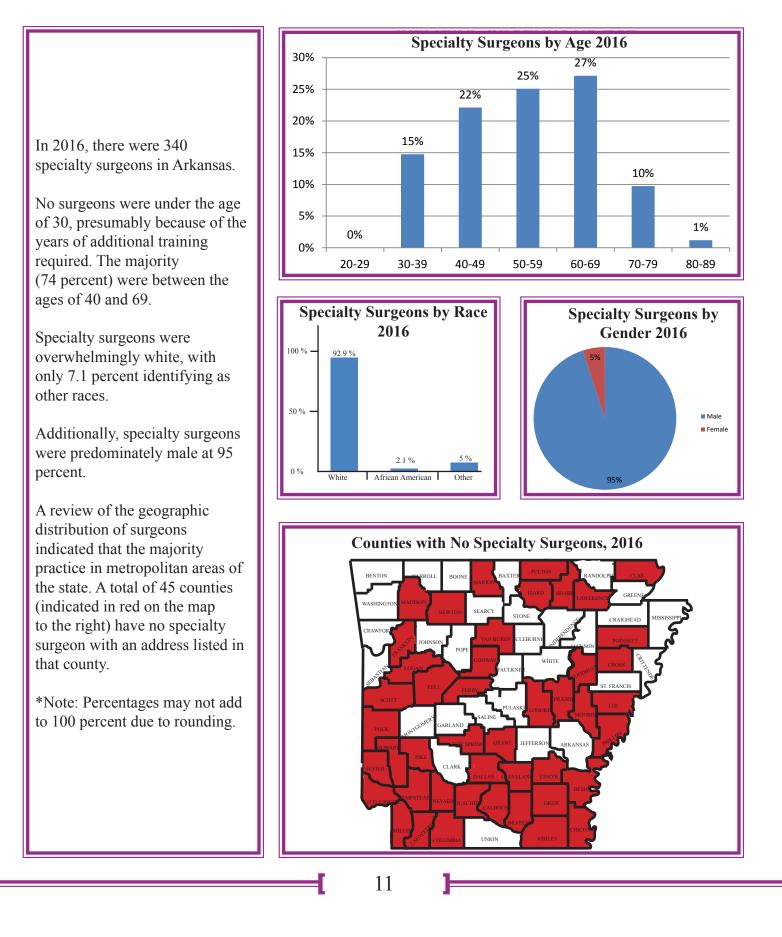
# **General Surgeons**

Source: Arkansas Medical Board



# **Specialty Surgeons**

Source: Arkansas Medical Board



#### Nurses

Source: Arkansas Nursing Board

In 2016, there were 56,520 active nurses in Arkansas.

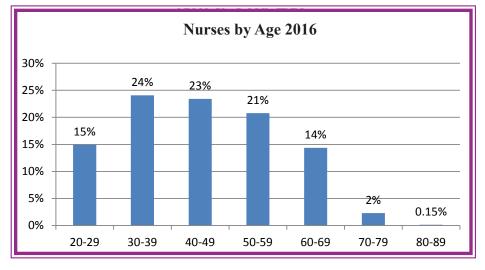
Generally, nurses tended to be younger, with 62 percent being under the age of 50 and more than 15 percent under the age of 30.

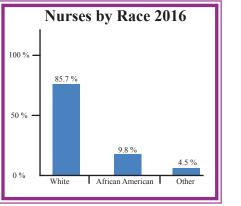
Nurses tended to be white, but nearly 10 percent were African American, a proportion higher than that found in many other health professions in the state.

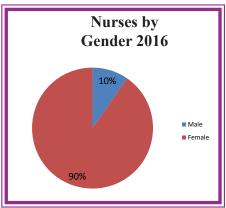
Nurses tended to be female, making up 90 percent of the active nurses in the state.

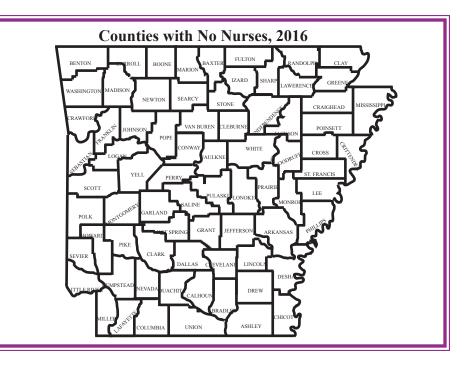
A review of the geographic distribution of nurses indicated that there are no counties without at least one nurse having an address in that county.

\*Note: These data may include duplicate licenses as nurses may hold multiple licenses in different specialties. Percentages may not add to 100 percent due to rounding.









#### **Nurses - Selected Nursing Specialties**

Source: Arkansas Nursing Board

In 2016, there were 4,195 active specialty nurses (including certified nursing midwives and registered nurse anesthesiologists) in Arkansas.

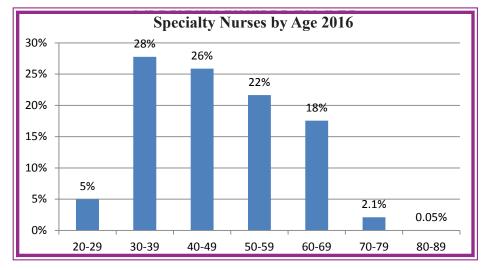
Specialized nurses tended to be a little older, with nearly half (48 percent) between the ages of 40 and 59 and another 18 percent between 60 and 69 years.

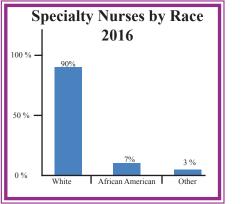
Specialty nurses were generally white, with about 10 percent making up other races.

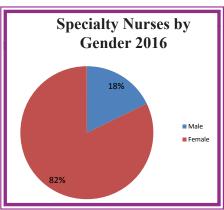
Specialty nurses tended to be female, making up 82 percent of the active nurses in the state.

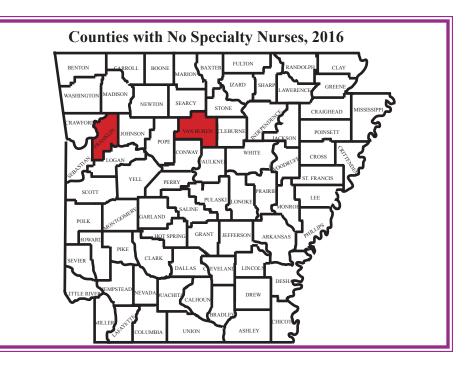
A review of the geographic distribution of specialty nurses indicated that there were two counties in the state (indicated in red on the map) with no specialty nurse listing an address for that county, Franklin and Van Buren counties.

\*Note: These data may include duplicate licenses as nurses may hold multiple licenses in different specialties. Percentages may not add to 100 percent due to rounding.



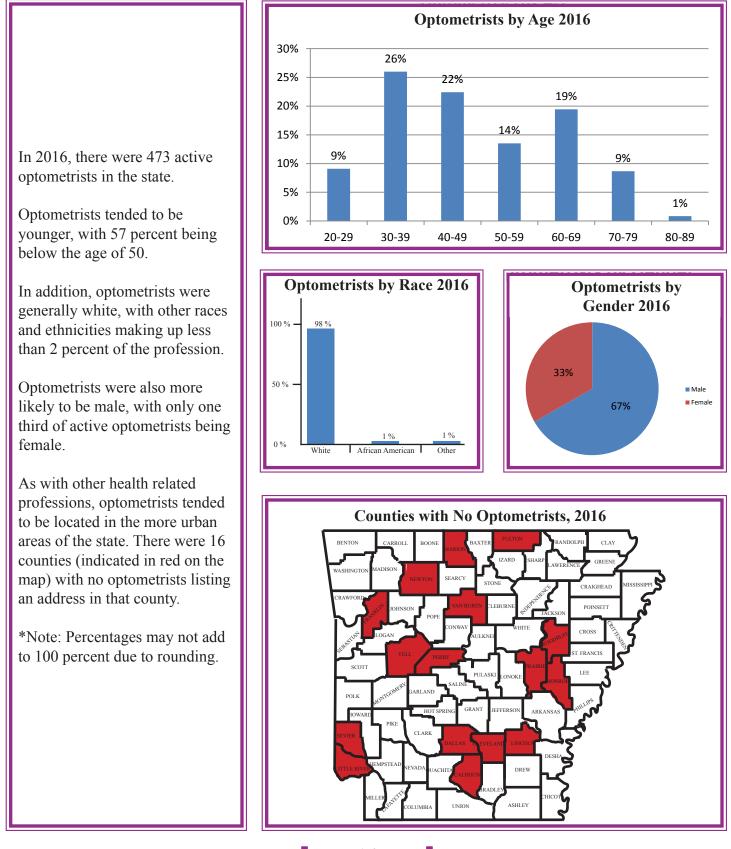






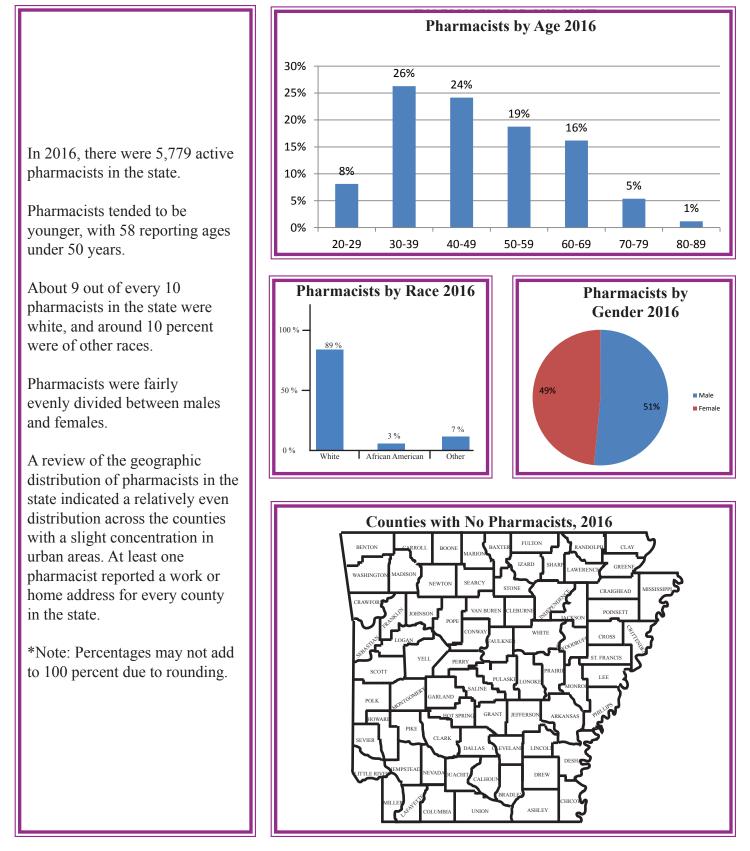
## **Optometrists**

Source: Arkansas Optometry Licensing Board



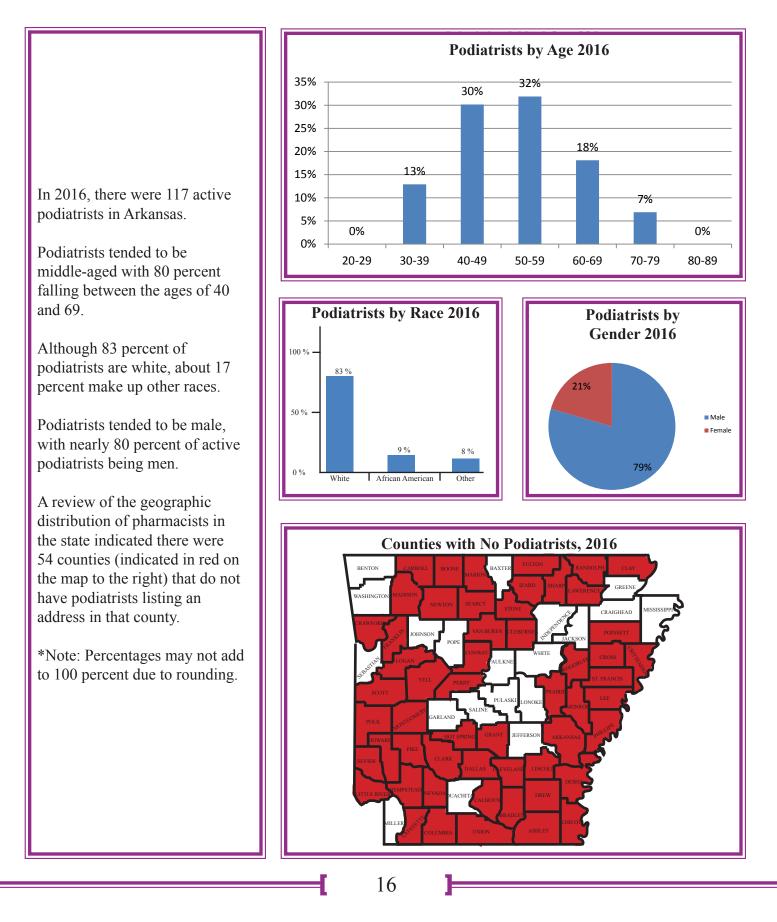
#### **Pharmacists**

Source: Arkansas Board of Pharmacy



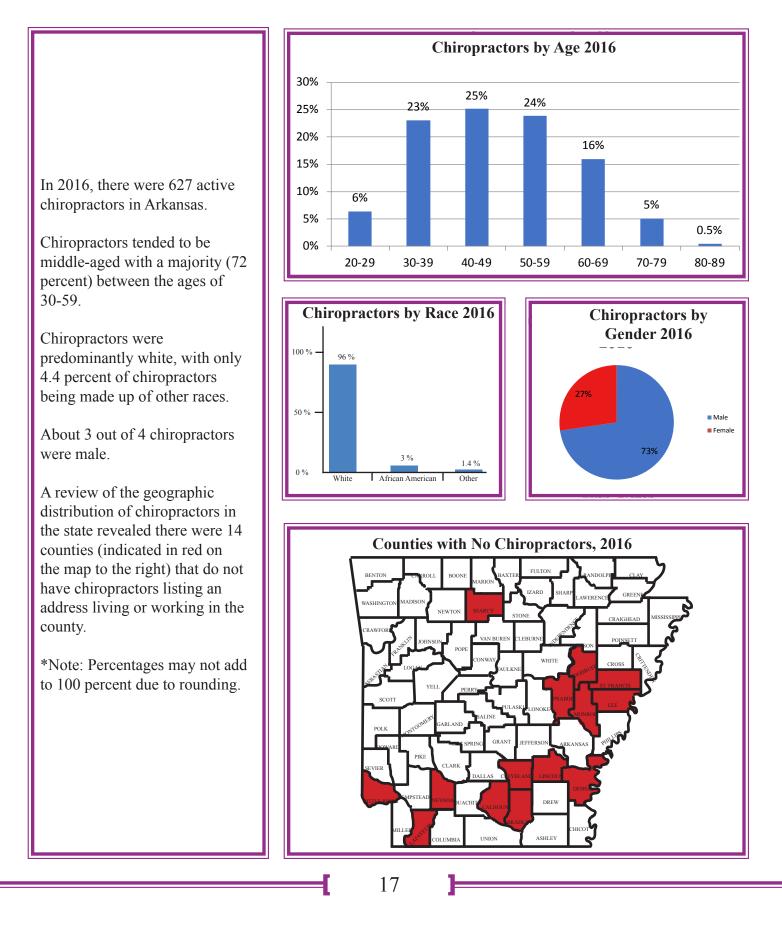
## **Podiatrists**

Source: Arkansas State Board of Podiatry Examiners



## Chiropractors

Source: Arkansas Board of Chiropractic Examiners



#### Dietitians

Source: Arkansas Dietetics Licensing Board

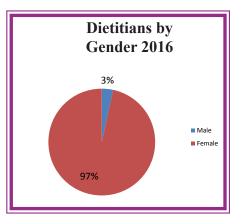
In 2016, there were 790 active dietitians in the state.

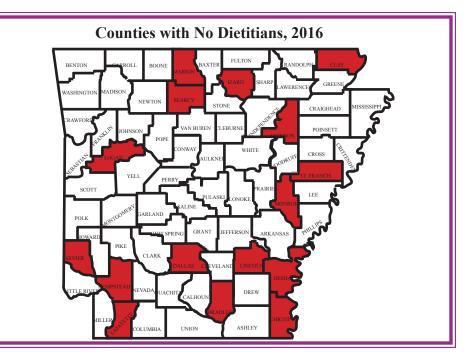
No age or race data were provided for dietitians in 2016.

Dietitians were overwhelmingly female, with only 3 percent male.

A review of the geographic distribution of dietitians in the state revealed there were 16 counties (indicated in red on the map to the right) that do not have dietitians listing an address living or working in the county.

\*Note: Percentages may not add to 100 percent due to rounding.

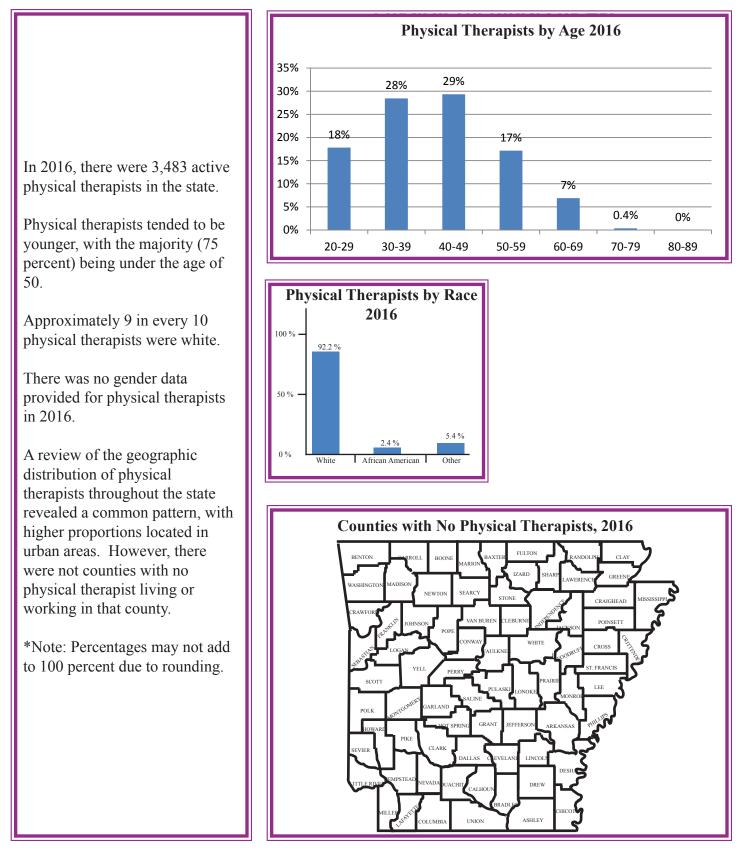




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# **Physical Therapists**

Source: Arkansas Board of Physical Therapy

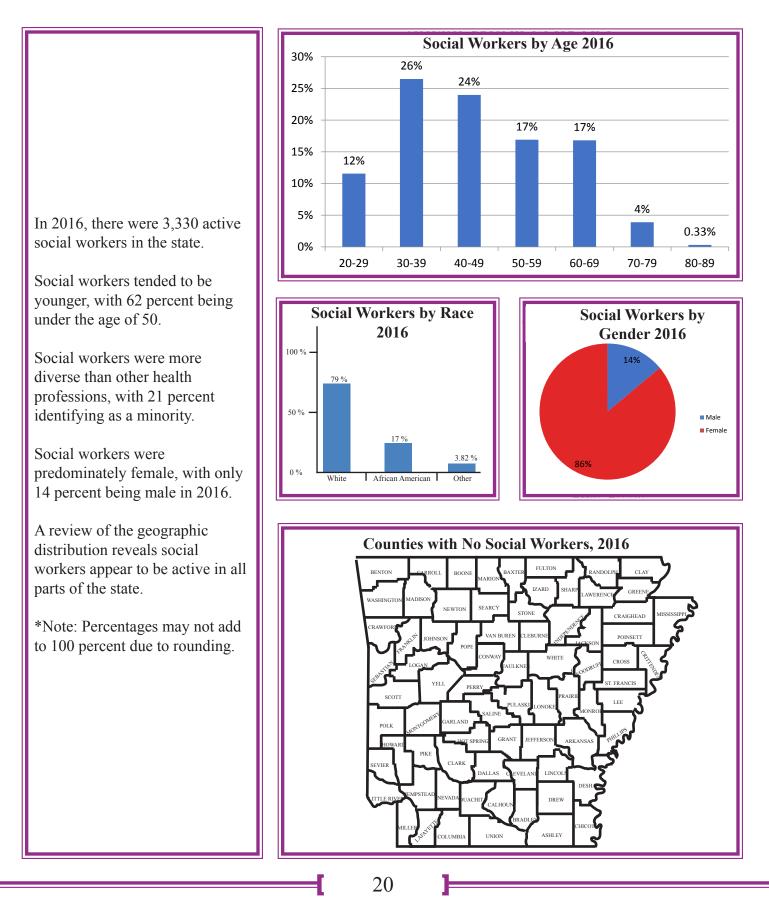


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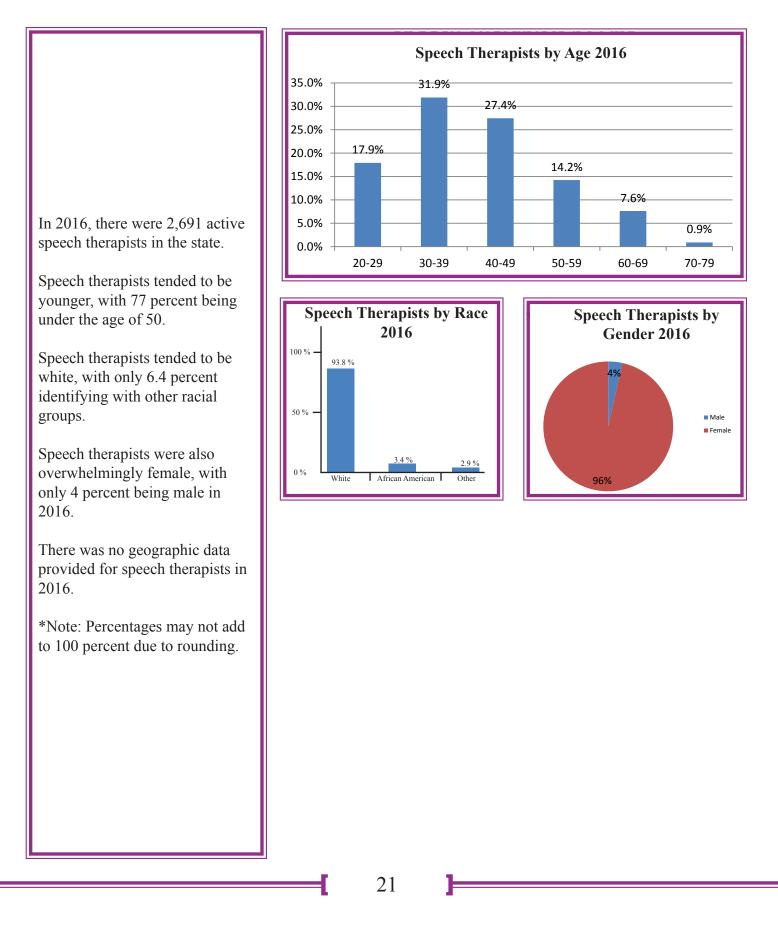
#### **Social Workers**

Source: Arkansas Social Work Licensing Board



# **Speech Therapists**

Source: Arkansas Speech Pathology and Audiology Board



# Conclusions

Increased diversity in the state's healthcare workforce could have positive effects on both the health of minority populations and the quality of care in Arkansas. This report examines demographic data provided by the state's various healthcare workforce licensing boards to the Arkansas Department of Health, and seeks to illustrate age, race, gender and geographic disparities found within various segments of the workforce. This report was made possible by the Arkansas General Assembly's 2009 mandate that required all licensing boards to provide this information on its licensees.

Despite Act 1489, some 2016 data were missing, preventing a complete analysis of workforce characteristics. Of the 17 professions reporting data for examination, two were missing race data, one was missing age data, one was missing gender data, and one was missing county data. However, this is an improvement over previous years.

Racial disparities are a reality in Arkansas' workforce. The racial and ethnic diversity found in the state's population is not necessarily reflected in the healthcare system. Gender and age disparities are evident, as well.

Healthcare professionals are not, in many cases, equitably distributed throughout the state. While it is not unexpected that professionals would be clustered in the population centers found in the central and northwestern parts of the state, it is of some concern that some counties (for example, Lafayette and Calhoun counties) were consistently lacking active professionals. Such geographic disparities can be harmful when they prevent an individual or family from accessing needed care.

Few differences were evident between the data obtained this year and those obtained last year. While some professions may have improved or declined in terms of diversity, any differences were slight and possibly due to chance. To see true development and improvement (or decline) over time, frequent and complete reporting is required over a long period to allow for policy changes to manifest in workforce improvements.

This report highlights important issues in workforce diversity in Arkansas. While awareness is important in the early stages of demographic data collection and can form the basis of future development, systematic and ongoing demographic data collection, it is imperative to maintain momentum in understanding our changing workforce.

#### References

References

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4.State of Arkansas - General Assembly - Act 1489. (2009). Available from http://www.arkleg.state.ar.us/assembly/2009/R/Acts/Act1489.pdf