

Executive Summary

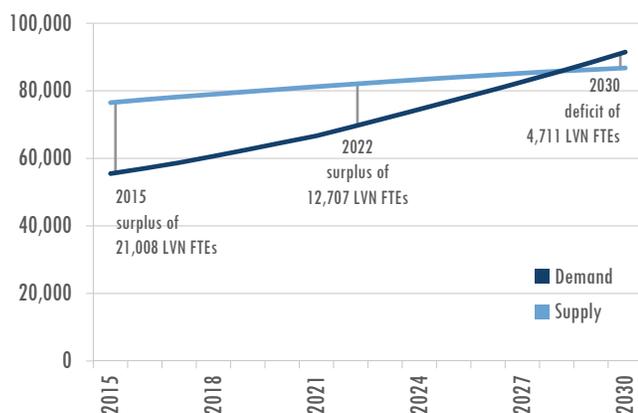
Since the release of the Health Resources and Services Administration (HRSA) report, “The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025,” the Texas Center for Nursing Workforce Studies contracted with IHS Inc. to use the same models used by HRSA to estimate nurse supply and demand, but with Texas specific data as available. These projections will be able to more accurately model the nursing workforce in our state. The following figures project the statewide supply and demand for nurse FTEs through 2030.

As you can see in the figures below, Texas will face a shortage of all nurse types by 2030. The supply of registered nurses (RNs), nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), and certified nurse-midwives (CNMs) will fall short of demand for those nurse types each year from 2015 to 2030. Based on current trends, the projected number of licensed vocational nurses (LVNs) is expected to exceed demand between 2015 and 2028. By 2029, demand for LVN FTEs will begin to exceed the supply.

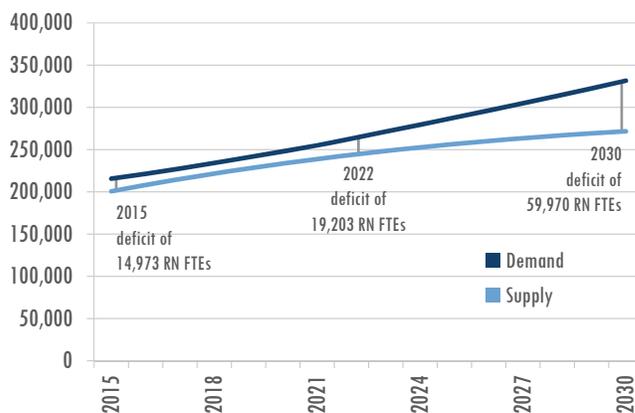
Key Findings

- The 2015 supply of LVNs is projected to be 76,496 LVN FTEs, with demand for 55,487, leading to a surplus of 21,008 LVN FTEs. By 2030, the supply of LVN FTEs is expected to grow by 13.4% to 86,760, while demand will grow 64.8% to 91,471 leading to a shortage of 4,711 LVN FTEs. Between 2015 and 2028, the state will have more than enough LVN FTEs to meet demand. By 2029, the surplus of LVN FTEs will become a deficit that will more than double by 2030.
- The supply of RNs in Texas is projected to 200,663 RN FTEs in 2015, with demand for 215,636, leaving a deficit of 14,973 RN FTEs. By 2030, the supply of RN FTEs is expected to grow by 35.4% to 271,667, while demand will grow by 53.8% to 331,638, leaving a deficit of 59,970 RN FTEs. Based on these projections, 20% of the projected demand for RNs in 2030 will not be met.
- The projected supply of NPs in Texas is expected to grow 66.7% from 9,246 NP FTEs in 2015 to 15,412 in 2030. During this same time period, demand for NPs is projected to grow 46.3% from 13,826 in 2015 to 20,227 by 2030. By 2030, approximately 25% of the demand will not be met.
- The supply of CRNAs in Texas is projected to grow from 2,981 CRNA FTEs in 2015 to 4,238 in 2030, or by 42.2%. The demand for CRNAs in Texas will grow 56.3% during this period from 3,155 CRNA FTEs to 4,932. The shortage of CRNAs is projected to grow from 174 in 2015 to 694 in 2030. 17.7% of demand will go unmet in 2030.
- The projected supply of CNMs is expected to decrease by 10.5% from 275 CNM FTEs in 2015 to 246 in 2030. Meanwhile, the demand for CNMs is projected to increase 30.9% from 904 CNM FTEs in 2015 to 1,183 in 2030. By 2030, 80% of demand will not be met.

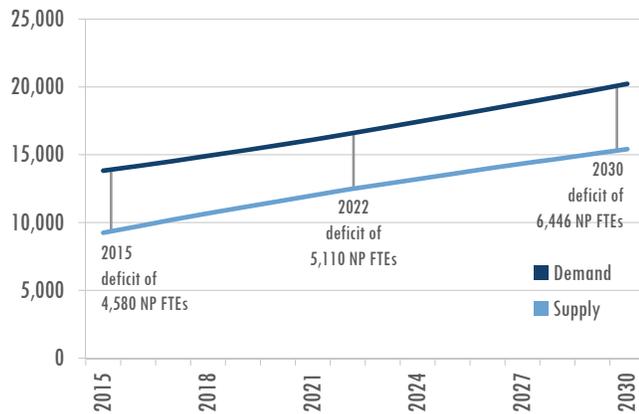
LVN FTE Supply and Demand, 2015-2030



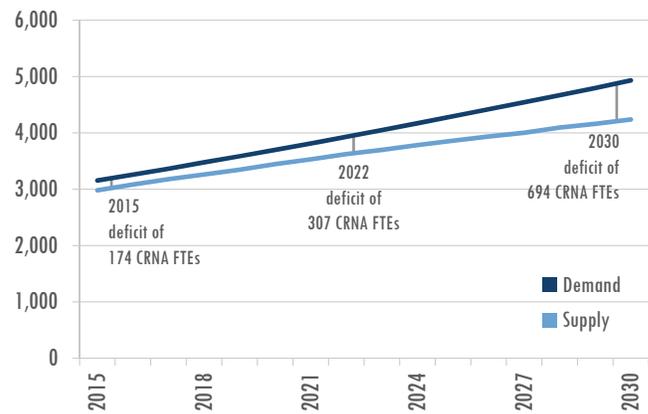
RN FTE Supply and Demand, 2015-2030



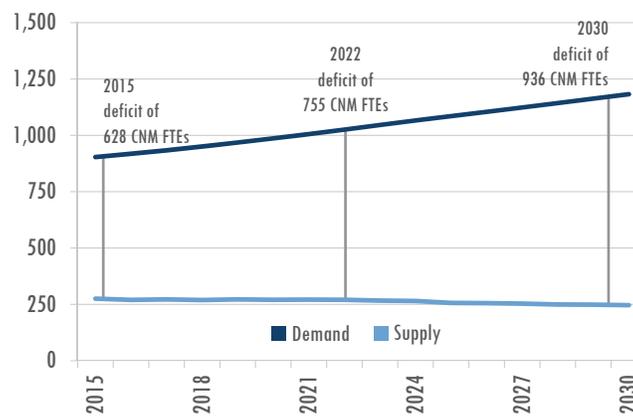
NP FTE Supply and Demand, 2015-2030



CRNA FTE Supply and Demand, 2015-2030



CNM FTE Supply and Demand, 2015-2030



Conclusion

Based on Texas-specific data that was applied to the Health Workforce Model, Texas will face a shortage of RNs, NPs, CRNAs, and CNMs in relation to projected demand for each nurse type each year between 2015 and 2030. The supply of LVNs is projected to exceed demand between 2015 and 2028 when demand begins to outpace supply of vocational nurses. Demand projections are based on current national health care use and delivery patterns. As access to care changes and models of care transform, health care use and delivery patterns may change the demand for nurses over time.

These projections are meant to be used as a planning tool for adequately preparing the future workforce to meet the needs of the Texas population. However, predicting future supply of and demand for nurses is a challenging quest. There are many factors that can influence either supply of or demand for nurses. It is important to keep in mind what the impact will be on demand for health care providers as more people gain health care coverage, as the way people use health care services evolves, as the way health care services are delivered transforms, and as disease prevalence and acuity changes. Likewise, there are a number of factors that can impact supply, such as ability to draw nurses to the workforce and train them in adequate numbers, and improvements or declines in the economic climate that may drive retirement patterns. There are also factors worth considering that extend beyond just numbers such as such ensuring diversity in the workforce in order to deliver culturally competent care and the geographical distribution of not just nurses but the right combination of nurses to meet demand for needed specializations and skillsets.

For more data and information on the methods used to create these projections, view the full-length report and technical documentation on TCNWS' website at <http://www.dshs.texas.gov/chs/cnws/publications/>.