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Executive Summary

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- 1. Secretary of Finance, State of Delaware; Co-Chair, Workforce Subcommittee of the Delaware Healthcare Commission
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The purpose of this report is to provide an initial census of Delaware's healthcare workforce contained in the Delaware Division of Professional Regulation (DPR) licensing database known as DELPROS and provide demographic and geographic information not readily available through DELPROS. The report also highlights key public health challenges related to common chronic disease states compiled from Delaware Health Information Network (DHIN) data on insurance claims. Finally, the report provides information on primary care, dental health, and behavioral health shortage areas as reported from Delaware's Office of Primary Care and Rural Health.

Based upon June 2022 DELPROS data, this report contains information from the 19 distinct boards and commissions of practice within DPR which provide regulatory oversight of a majority of Delaware's healthcare workforce personnel and some types of institutional licensing (which is not a focus of this report). These 19 boards and commissions in turn oversee about 200 types of professional and institutional licenses. This report does not contain information on Certified Nursing Assistants and Direct Service Providers as they are not licensed by DPR nor Community Health Workers that are not registered or licensed in Delaware. Information on these professions is beyond the scope of this census data and report at this time.

As of June 2022, there were 63,123 active healthcare licenses in DELPROS. This number includes 3,529 institutional licenses (e.g., pharmacies and funeral establishments). There are also 7,760 additional licenses issued for prescribing controlled substances which are issued to both individuals and facilities. After accounting for institutions and certain duplications, there are 56,469 individual healthcare providers in DELPROS. This count includes: approximately 26,000 nursing licenses; 9,900 medical practice licenses, (e.g., physicians and physician assistants); 2,600 pharmacist licenses; 2,700 social work-related licenses; and 1,700 dentistry licenses (e.g., dentists and dental hygienists). The remaining boards each account for 1,100 or fewer licensees per board and are covered in detail in this report.

Overall, the licensed healthcare workforce in DELPROS is about 43,000 female (74%) and 15,000 male (26%). Gender is not reported for 4,566 licensees either because individuals did not disclose their gender or because the licensing database contains institutions which do not have a gender demographic. Based on year of birth (where individuals born in 1954 – 1955 are deemed by Social Security as age eligible for full Social Security benefits, we find that no less than 4,600 active licensed individuals are of full retirement age.

The purpose of this first report is not to provide recommendations. Rather this report provides the data and quantitative data analysis capacity to answer additional questions for policy makers and to begin to assess resource allocation to address health care workforce needs in our community. We thank the many institutions mentioned in this report, especially DPR, and look

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forward to further collaboration which will provide additional, robust information for future reports and a website dedicated to ongoing tracking of this critically important data.

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