

Virginia Health Workforce Overview

UPDATED JUNE 2022

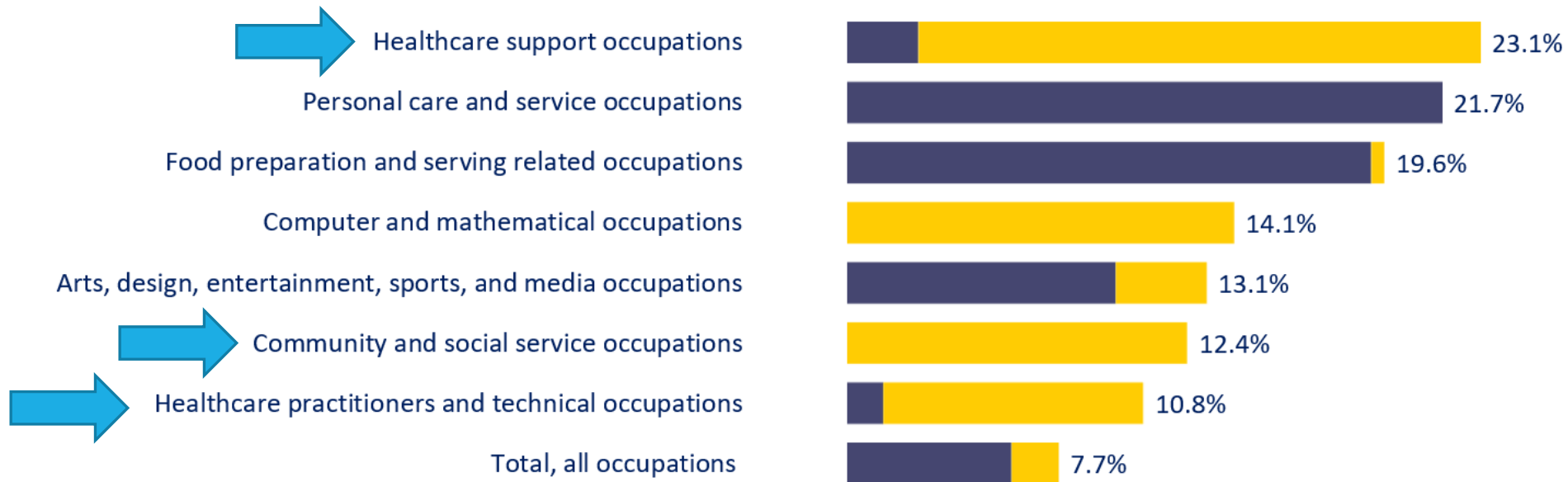
REVISED 2/15/23 TO CLARIFY DATA SOURCES



National Projected Change, 2020-30

Select Occupational Groups

Percent employment growth, projected 2020-30



■ Part of projected growth attributable to pandemic recovery



Virginia Projected Change, 2020-30

Major Health Occupational Groups

SOC	Occupation	Current Online Job Ads ³	5-Year History		1-Year Forecast				
			Empl Change	Ann %	Total Demand	Exits	Transfers	Empl Growth	Ann % Growth
31-0000	Healthcare Support Occupations	10,413	7,987	1.0%	24,634	10,551	11,258	2,825	1.7%
21-0000	Community and Social Service Occupations	8,404	1,315	0.4%	8,521	2,664	4,951	906	1.2%
29-0000	Healthcare Practitioners and Technical Occupations	34,549	13,792	1.3%	14,147	5,788	6,765	1,594	0.7%
00-0000	Total - All Occupations	352,284	53,777	0.3%	482,466	178,505	276,365	27,596	0.7%

Source: Mason Center for Health Workforce analysis of Virginia job ads from JobsEq, 2021Q4



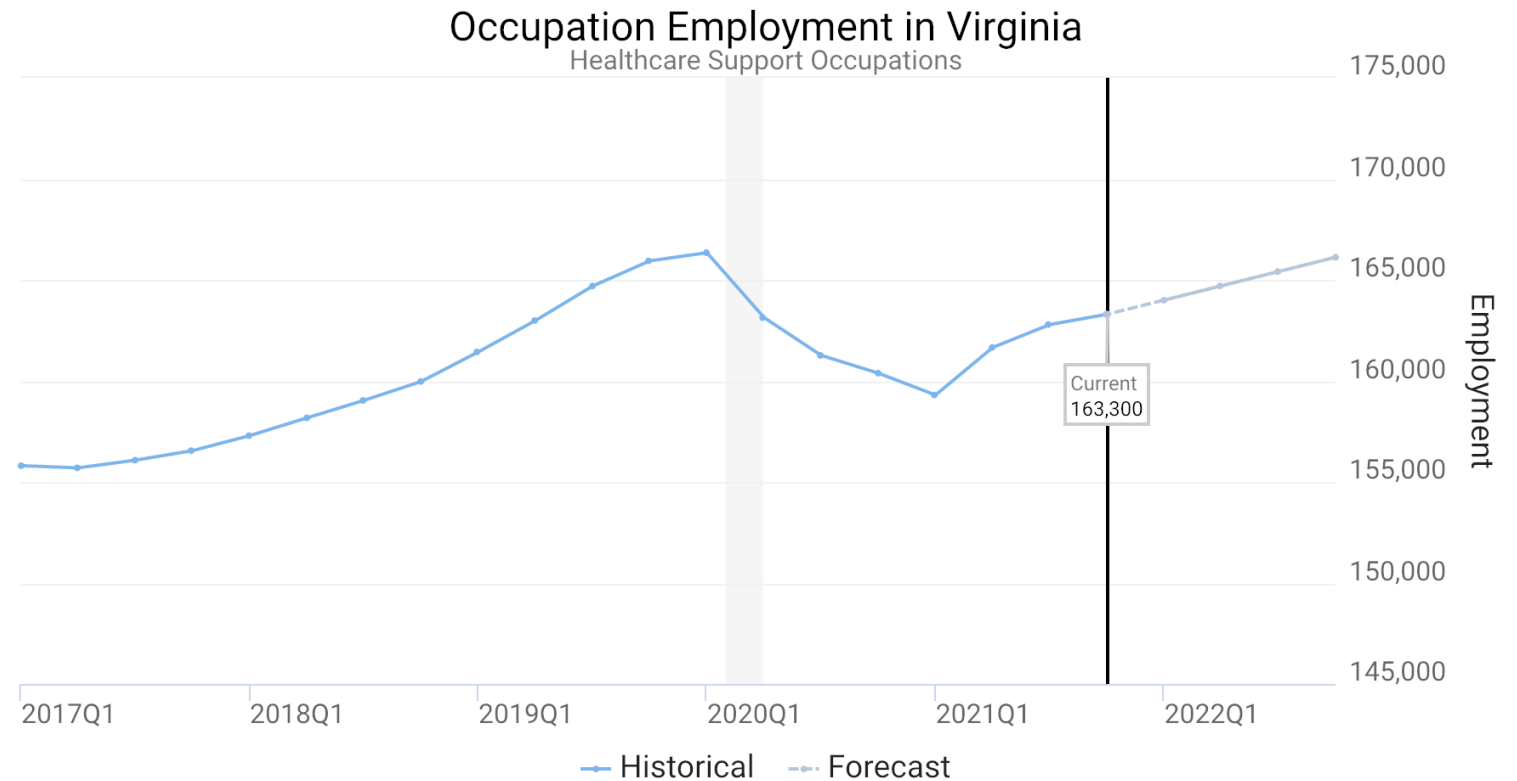
Health Support Occupations

3rd fastest growing occupation group in Virginia (1.7%); faster than all other occupations (1%)

Follows only personal care and food service occupations

Projected shortfalls over next 10 years:

Medical assistants, phlebotomists, dental assistants, nursing assistants (including psychiatric tech), occupational & physical therapy assistants



Source: JobsEQ®, Data as of 2021Q4, The shaded areas of the graph represent national recessions.

Home health aides, personal care aides, nursing assistants, psychiatric aides, occupational therapy aides, physical therapy aides, dental assistants, medical assistants, medical equipment preparers, medical transcriptionists, phlebotomists, other healthcare support workers

Source: Mason Center for Health Workforce analysis of Virginia job ads from JobsEq, 2021Q4

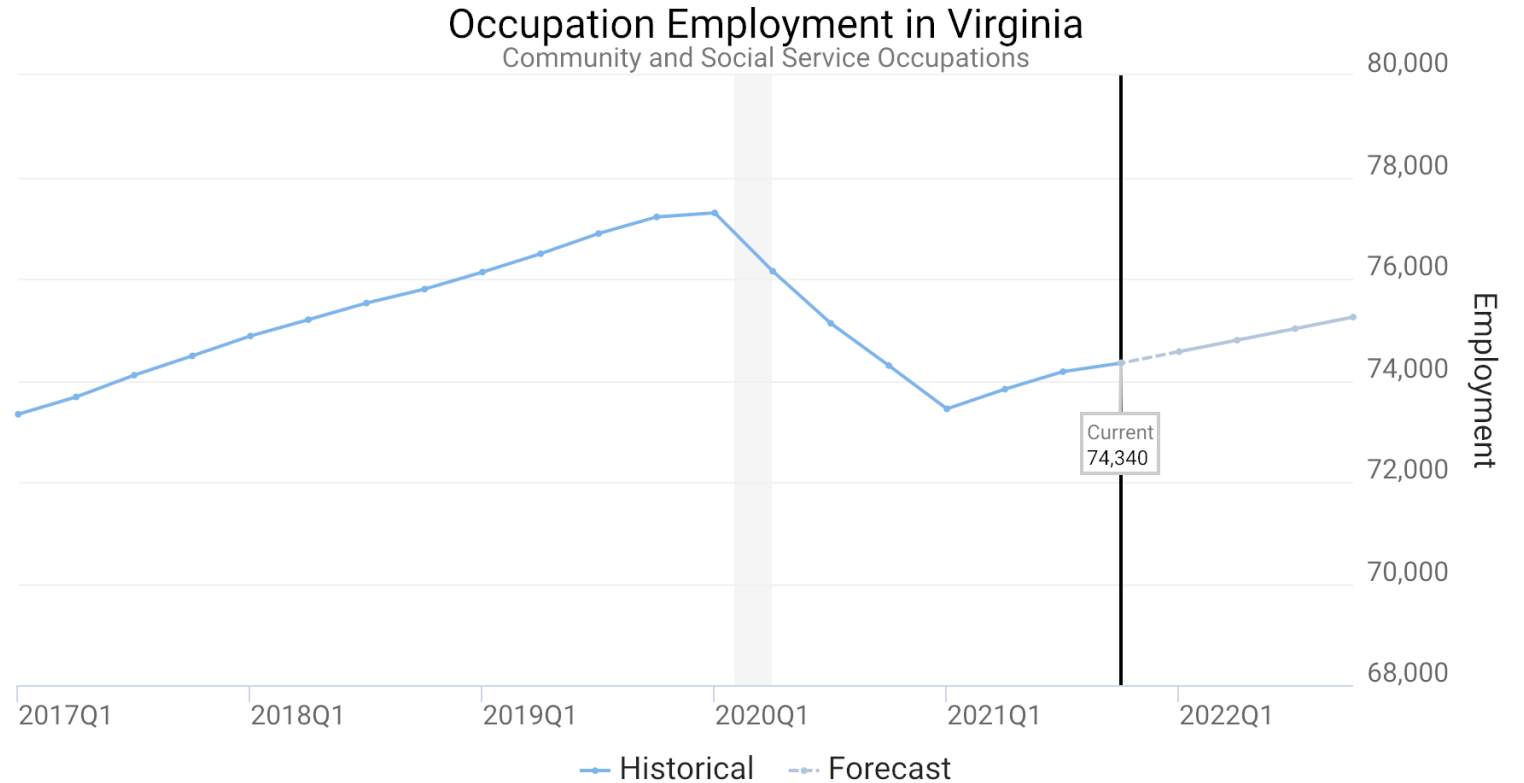
Community & Social Services Occupations

5th fastest growing occupation group in Virginia

Projected 1-year growth (1.2%) is faster than all other occupations (1%)

Projected shortfalls over next 10 years:

Counselors, social workers,



Source: JobsEQ®, Data as of 2021Q4, The shaded areas of the graph represent national recessions.

Marriage & family therapists, counselor (rehab, substance abuse, behavioral disorder, and mental health), social workers, social and human service assistants, community health workers, community and social service specialists

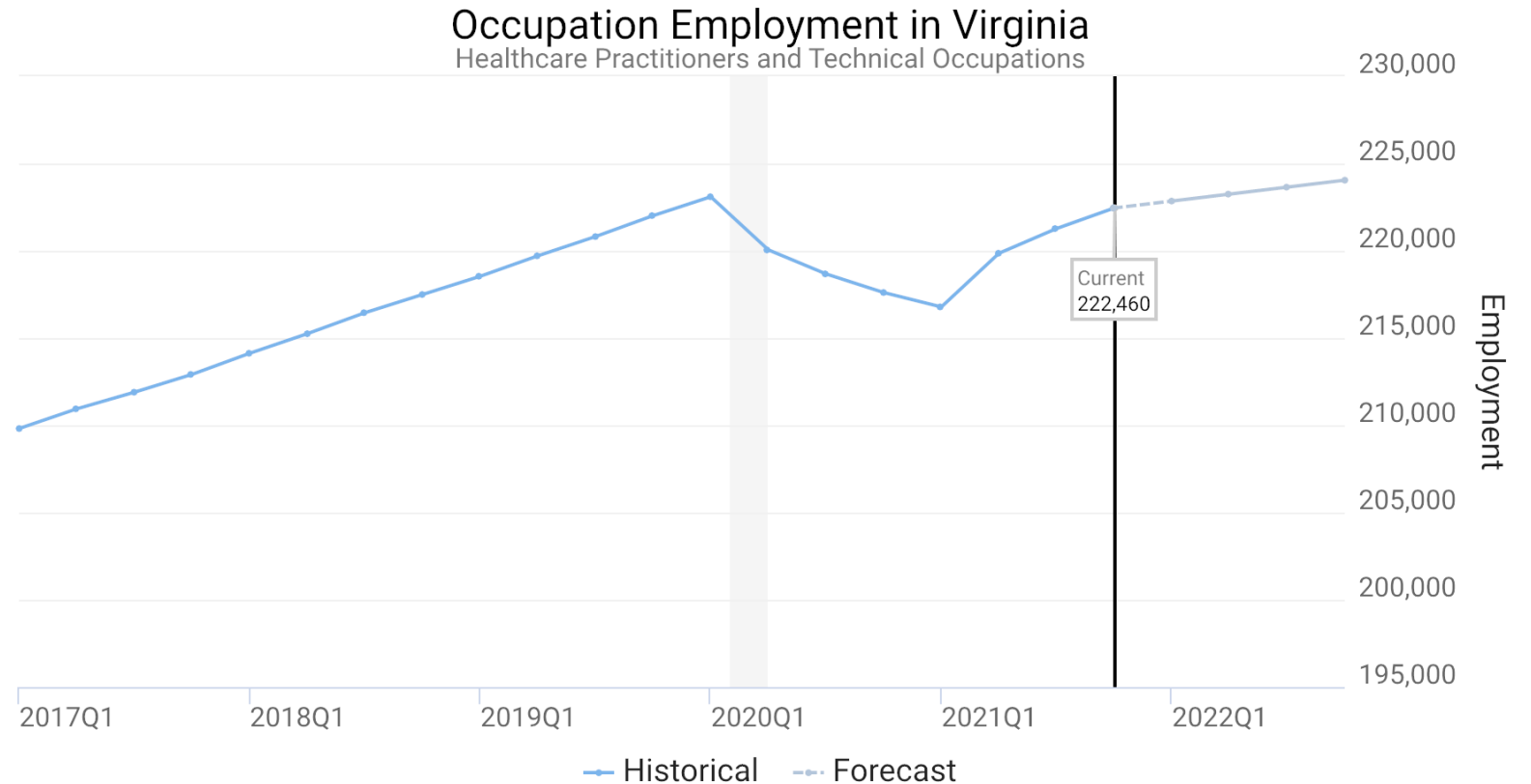
Healthcare Practitioners & Technical Occupations

Overall occupation projected to grow 1% over next 1 year

Projected shortfalls over next 10 years:

- Registered nurses, LPNs, therapists, PAs, physicians, dietitians, nurse anesthetists, optometrists, technicians (health spt, diagnostic, lab), EMT & paramedics, dispensing opticians

Source: JobsEQ, data as of 2021 Q4



Source: JobsEQ®, Data as of 2021Q4, The shaded areas of the graph represent national recessions.

Chiropractors, dentists, dietitian, optometrists, pharmacists, PAs, podiatrists, occupational therapists, respiratory therapists, registered nurses, advanced practice nurses (nurse anesthetists, nurse midwives, nurse practitioners), practical nurses, health information technologists, orthotists and prosthetists

Virginia's Health Workforce Outlook

Growing
4 times faster
than all other
occupations

Occupation	Percent Change	Annual Change	Annual Openings	Education Required
★ Personal Care Aides	36.87	1,580	8,656	Less than high school
★ Phlebotomists	35.02	124	566	Post-secondary non-degree
★ Occupational Therapy Assistants	33.55	31	149	Associate's degree
Physician Assistants	32.62	84	254	Master's degree
★ Home Health Aides	32.09	325	1,641	Less than high school
Nurse Practitioners	30.76	150	451	Master's/doctoral degree
Genetic Counselors	27.96	3	9	Master's degree
★ Physical Therapist Assistants	27.74	75	457	Associate's degree
Speech-Language Pathologists	26.1	85	281	Master's degree

Entry-level occupations make up much of this list and are essential to maintain system capacity and provide a source of new health and social service professionals.



Fastest-Growing Occupations by Demand

Occupational Therapy Assistants



4.35% growth, associates degree

Physical Therapist Aides



4.01% growth, high school equivalent

Personal Financial Advisors



3.68% growth, high school equivalent

Ambulance Drivers and Attendants,
Except Emergency Medical Technicians



3.66% growth, graduate education

Nurse Practitioners



Healthcare & Social Assistance

Industry Snapshot

NAICS	Industry	Empl	Current	5-Year History			1-Year Forecast			Ann % Growth	
			Avg Ann Wages	LQ	Empl Change	Ann %	Total Demand	Exits	Transfers		Empl Growth
624	Social Assistance	4,495,182	\$30,171	1.00	324,867	1.5%	645,697	243,601	284,298	117,798	2.6%
621	Ambulatory Health Care Services	8,451,298	\$70,215	1.00	803,503	2.0%	890,279	333,659	425,596	131,023	1.6%
623	Nursing and Residential Care Facilities	3,210,348	\$39,599	1.00	-320,762	-1.9%	398,891	173,410	194,085	31,397	1.0%
622	Hospitals	6,493,194	\$73,359	1.00	193,049	0.6%	562,121	229,684	286,178	46,259	0.7%
62	Health Care and Social Assistance	22,650,021	\$58,857	1.00	1,000,657	0.9%	2,501,294	980,159	1,189,954	331,182	1.5%
	Total - All Industries	155,135,630	\$65,055	1.00	1,947,913	0.3%	18,192,542	6,672,579	10,278,092	1,241,871	0.8%

Healthcare & Social Services

Workforce Demographics

Aging workforce is a major issue in healthcare

Largest percentage of 65+ women were newly hired to work in healthcare and social assistance jobs 4.7k and near the lowest average income (\$39.9k) compared to all other occupations.

Another 2,000 men aged 65+ were newly hired in to fill with average income \$73.5k

New Hires & Wages by Population Segment | 2020 Q2

			Employed	New Workers Hired	Wages (Annual)
Gender	Age Group	NAICS Group			
Female	45-54	Health Care and Social Assistance	18.9k	1.39k	52.7k
	65+	Health Care and Social Assistance	4.57k	376	39.9k
Male	45-54	Health Care and Social Assistance	5.62k	445	101k
	65+	Health Care and Social Assistance	2.01k	177	73.5k

Source: Virginia Career Works Dashboard, 2020 Q2 data

Health Workforce Shortages

*'According to an Institute of Medicine (IOM) report in 2008, "Retooling for an Aging America," the demand for direct-care workers will increase with population aging, but their wages tend to be low and turnover high; up to 80-90% over their first two years.'*⁵

Increased demand for health services

- Aging population – increased share of population, longevity, higher utilization¹
- Expanded health insurance coverage²

Healthcare is 10% of total employment in Virginia³

Aging health workforce (retirement)

Barriers to increasing educational capacity/supply of health workers

- Only 3% of Career & Technical Education programs in health science⁴
- Not enough qualified teachers - low paying jobs not competitive w/ health sector jobs

HS students not prepared in science and math

Entry level jobs less attractive⁵

- Competition for shrinking labor pool
- Low wages compared to other fields
- Limited career opportunities
- Lack of prestige

Pre-pandemic shortages are exacerbated due to burnout and retirements

Potential Call to Action Slides

Workforce-Specific Actions

Create a Pipeline of Talent to Fill Health Workforce Needs

Access to Health Science Education

- Increase community engagement on health sciences highway
- Streamline high school, community college & higher education
- Expand number of seats available in Career and Technical Education training in health sciences and other healthcare occupations training and education programs

Curate Hands-on Learning Opportunities

- Boost number of faculty members to support health sciences education
- Increase availability of clinical sites to support education and licensing requirements
- Improve training and mentorship programs
- Increase paid apprentice- and internships

Potential Call to Action Slides

Workforce-Specific Actions (cont.)

Create a Pipeline of Talent to Fill Health Workforce Needs

Engage Employees through Incentives

- Address disparity in wages between employed, contract, and temporary workers
- Build awareness of financial assistance programs to support education loan repayments
- Diversity benefits
- Break down at-home barriers (e.g., transportation, child/elder care, mentorship, broadband) that present challenges to workers
- Invest in improved recruiting campaigns to keep more effectively with other industry roles

Mason's Contacts for Health Workforce Planning and Analysis (Technical Assistance and Research)

Dr. P.J. Maddox, Principal Investigator
Professor and Chair, Department of Health Administration
George Mason University
pmaddox@gmu.edu

Tammie M. Jones, PhD (c), Research Manager
George Mason University
tjones48@gmu.edu