Executive Summary: Northwest AHEC

Survey summary: In February 2024, the North Carolina Health Talent Alliance, a project of the NC Center on the Workforce for Health and NC Chamber Foundation, distributed an annual workforce demand survey to NC health care employers. The surveys focused primarily on registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants (CNAs), and medical assistants (MAs). The demand survey sought to understand health care employers' current, former, and future workforce information, by profession and by geography. The supply survey sought to understand the flow of students from interest (applications) to completion (graduation) in NC education programs related to the professions of interest. These insights are being used to drive regional action led by health employers in collaboration with health educators and workforce entities through the Talent Pipeline Management® (TPM) framework.

212 unique health care organizations provided 435 responses to the spring 2024 HTA survey across the state. The statewide rates of open positions and churn are shown in the table below. As this is the inaugural year of the survey, benchmarks do not yet exist. When possible, regional reports use industry standards to help provide context. When existing standards are not appropriate, regional rates are compared to states rates shown in the table below.

State-Wide Summary Results for HTA Survey Respondents – Spring 2024		
Position	Open Position Rate	Churn Rate
	Proportion of Open Positions Compared to Filled in Jan. 2024	No. of hires and exits compared to no. employed in the year 2023
Registered Nurse (RN)	15%	50%
Licensed Practical Nurse (LPN)	24%	48%
Certified Nurse Assistant (CNA)	16%	80%
Medical Assistant (MA)	14%	52%

Main trends and takeaways for NW AHEC:

- The **rate of open nurse positions** is lower than state averages for survey respondents in this area: RN (8%), LPN (13%), CNA (8%), and MA (9%). Open position rates reflect the comparison of filled versus open for a 2-week period in January 2024.

- **Churn rates**. Churn rates are slightly smaller than state rates: RNs (38%), LPNs (42%), CNAs (71%), and MA (49%). However, despite mirroring state rates, churn likely is still challenging for employers and costly. Churn represents the total number of employees hired and total number that left organizations for any reason other than retirement, compared to the total number of employees in 2023.

- **Other professions** needed in the area other than nurses include physical therapist, social workers, home health and personal care aides, and psychologists.

- The **educational infrastructure** in this area is robust for all nursing degree programs.

- Market data related to job postings paired with NC Board of Nursing licensure passage data and HTA survey data suggest NW AHEC's potential talent supply coverage is moderate for RNs (57%) and LPNs (59%).

A supply survey also went to NC higher education institutions to quantify the flow of students through nursing programs. All UNC system institutions responded. Nearly all community colleges and private colleges and universities also participated. Supply information is included in regional reports as well to help better understand the workforce regionally.

The NC Center for the Workforce for Health will continue to distribute survey results while a workstream within the Center called the NC Health Talent Alliance is working to implement local collaborative initiatives through a process called Talent Pipeline Management. The goal of these efforts is to enable local employers and educators to better support the development and employment of the health care workforce. To read more or become part of these efforts, go here.

Table of Contents

Definitions and Terms

Churn Rate: The report refers to the movement of employees into and out of an organization in 2023 as churn. It is represented as a rate or percentage. Specifically, the survey questions asked respondents to provide the total number of employees hired in 2023 and the total number of employees that left the organization for any reason other than retirement. These numbers were added together and divided by the total number of employees the organization reported for 2023. In this report, churn is sometimes used synonymously with the term *turnover.* However, the report chose to lead with the term churn as turnover sometimes means something within the human resource management sector that it may not mean here.

Demand: For the purposes of the HTA survey and this report, health care workforce demand represents an organization's current filled and open positions. This definition differs from an organization's need for workers or what an adequate staffing level would or could be. The study selected this definition of demand to represent reality as closely as it is presently. Understanding how the workforce should look to operate in an improved way is important, but the survey and report focused on the current workforce as it stands from an organizational perspective.

Open Position Rate: The report refers to the percent open positions representing total positions by profession for an organization. It is represented as a rate or percentage. The survey asked respondents to provide the total number of positions filled and open for a two-week period in January of 2024. In the report, open position rate is sometimes used synonymously with the term *vacancy rate.* However, the report chose to lead with the term open position rate as vacancy sometimes means something within the human resource management sector that it may not mean here.

Positions: In relation to this definition of demand, filled and open positions were defined as follows:

- A **filled position** represents a defined FTE occupied by a single person (it may vary in hours per week).
- An **open position** represents a defined FTE that your organization has approved and budgeted but not currently occupied. Some organizations may refer to these as vacant positions.

In this way, the intent was to capture full-time positions occupied by a singular person. However, organizations conceive and plan around workforce in different ways including FTE, positions, people, full and part-time work, contract and permanent work. The survey tried to use a term broad enough to encompass as much information as possible.

Talent Pipeline Management® (TPM): TPM is a demand-driven, employer led approach to closing skill gaps and building pathways of talent aligned to dynamic employer needs. It was created by the U.S. Chamber Foundation and can be deployed within states using the same framework in diverse workforce sectors.

Nursing Professions within Report

Certified Nurse Assistant (CNA): Nursing assistants provide basic care and help patients with activities of daily living. Orderlies transport patients and clean treatment areas.[1] Nurse Assistants fall under the category of "unlicensed assistant personnel" (UAPs) that include CNAs among other types of positions. In NC, there are the following categories related to nurse aides: Nurse Aide 1, Nurse Aide II, and Nurse Aide 1+4. The survey used the term CNA to capture these groups and therefore the report does as well. However, it is important to note the way in which survey takers interpreted the meaning in relation to the types may have varied.

Per the NC Board of Nursing website, "The Division of Health Service Regulation (DHSR) approves the Educational Programs for the Nurse Aide I (NA I) and Medication Aide and develops the curriculum for the Nurse Aide I. The North Carolina Board of Nursing (NCBON) approves Nurse Aide II (NA II) Educational Programs and develops the curriculum for Nurse Aide II training. In addition, the North Carolina Board of Nursing approves the faculty for Medication Aide Programs.

The Division of Health Service Regulation maintains the Nurse Aide I and the Medication Aides Registries. The North Carolina Board of Nursing maintains the Nurse Aide II Registry, however, all concerns/complaints regarding Nurse Aides (I or II) or Medication Aides are made to the Division of Health Service Regulation."[2]

Licensed Practical Nurse (LPN): Licensed practical nurses (LPNs) and licensed vocational nurses (LVNs) provide basic medical care.[3] NC describes and defines the activities of LPNs in the Nursing Practice Act, Article 90-171.20 (8). The NC Board of Nursing regulates LPNs in the state of NC by defining and interpreting their scope of practice, evaluating, issuing, and renewing licenses, and facilitating and investigating disciplinary actions of LPNs that violate laws or regulations. The NC Board of Nursing also defines maximum capacity for LPN programs based on the program's resources available to provide curriculum.

Medical Assistant (MA): Medical assistants complete administrative and clinical tasks, such as scheduling appointments and taking patients' vital signs. [4] The NC Medical Board oversees medical assistant curriculum and programs including their capacity. These professionals are not licensed.

Registered Nurse (RN): Registered nurses (RNs) provide and coordinate patient care and educate patients and the public about various health conditions.[5] NC describes and defines the activities of RNs in the Nursing Practice Act, Article 90-171.20 (7). The NC Board of Nursing regulates RNs in the state of NC. Primarily, they evaluate, issue, and renew licenses. They also facilitate the investigation and disciplinary action of RNs that violate laws or regulations. Finally, the NC Board of Nursing defines maximum capacity of nursing programs based on the respective program's resources available to provide nursing curriculum.

---

[1] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Nursing Assistants and Orderlies, at https://www.bls.gov/ooh/healthcare/nursing-assistants.htm (visited *July 24, 2024*).

[2] NC Board of Nursing. *Nurse Aide, General Guidelines.* https://www.ncbon.com/general-information-nurse-aides.

[3] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Licensed Practical and Licensed Vocational Nurses, at https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm (visited *August 03, 2024*).

[4] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical Assistants, at https://www.bls.gov/ooh/healthcare/medical-assistants.htm (visited *August 08, 2024*).

[5] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Registered Nurses, at https://www.bls.gov/ooh/healthcare/registered-nurses.htm (visited *July 12, 2024*).

Demand: NC Employer Demand for Nurses

HTA Employer Survey Data Summary – Northwest AHEC Region

Survey Response Descriptives

- **Response Count:** 32 unique organizations provided 61 responses.
  - A response represents an organization's workforce by county, which is why there are more responses than unique organizations.

- **Position Count:** 16,158 total nursing positions (filled+open) are represented in the survey data responses.
  - 9,151 RN positions
  - 1,240 LPN positions
  - 4,319 CNA positions
  - 1,448 MA positions

- **Facility Count:** 120 facilities (estimated) represented in the survey responses.

- **Facility Types:** The survey responses represent different facility types, categorized below. Respondents were able to select a facility type from a drop-down menu or provide an answer in an open-ended box. For the purposes of the data dashboard and this report, facility types were placed in larger categories to protect organizations' identities. A list of the types of facilities represented within the categories in the table below are available in **Appendix A.**

NW AHEC, HTA Spring 2024 Responses by Facility Type	
Facility Type	**Percent of Responses Represented by Facility Type**
Behavioral Health Facilities	16%
Clinics	1%
Health or Hospital Systems – Multiple Facility Types*	33%
Primary Care or Family Medical Facilities	3%
Public Facilities	16%
Skilled Nursing Facilities	30%

Health or Hospital Systems are entities that manage or operate multiple facilities that often include a hospital. Survey takers could select this category. Additionally, to help with data suppression and accuracy, the study placed all entities that selected hospital only in this category after researching the entity and determining it does operate multiple facility types. Further, according to the NC Health Association, only 10 of the 113 acute care hospitals are considered independent to some extent.

- **Responses by County:** The responses for the Northwest AHEC region by county are shown below. More densely populated counties have a higher response count.

Responses By County	
County	**Percent Survey Response Represented by County**
Alexander	2%
Alleghany	2%
Ashe	2%
Avery	2%
Burke	12%
Caldwell	3%
Catawba	5%
Davidson	9%
Davie	5%
Forsyth	19%
Iredell	5%
Rowan	9%
Surry	12%
Watauga	3%
Wilkes	5%
Yadkin	5%

Current Workforce Information from HTA Survey

Survey respondents were asked to provide the number of currently filled positions and open positions, by profession, for a given time period in January.

Current Workforce January 15-26, 2024 Northwest AHEC, HTA Survey Responses				
Profession	**Filled Positions**	**Open Positions via HTA Survey**	**Open Position Percent of Total**	**Response Number**
RN	8,392	759	8%	56
LPN	1,077	163	13%	48
CNA	3,968	351	8%	38
MA	1,319	129	9%	31

The *rate of open positions is relatively low in this region*, particularly compared to the rate of churn shown below in the table of Former Workforce data. This may indicate that turnover is more of an issue for survey respondents than positions remaining open for large periods of time in the Northwest AHEC Region. It may also reflect the way the question was asked. The time period reflected in this question is about 2 weeks, which was done purposefully. However, it may be possible that some portions of the year are busier for some organization types than others. So, if the open positions percent per profession does not seem to reflect the lived experience of a given organization or organization(s) there could be a few of the reasons why.

To what extent do the HTA survey responses on open positions reflect job posts at the same point in time?

The table below compares the survey open position data to the JobsEQ real-time labor market data. Comparing the two enables us to understand the extent to which HTA survey responses reflect the open positions in NW AHEC. The differences in the two data sources reflect the survey being a *sample* of employers in the region, and not the entire market of employers. RN and LPN survey data related to open positions is about a quarter of job postings. CNA open position data is a little less than half of the job posting data and MA open positions are about 40% of MA data. Although the JobsEQ data de-duplicates job postings, it is also important to note this data reflects position postings, not people. A given job may be posted several times a year for example. Therefore, this data comparison is an approximation versus a direct match. But it helps give an estimate of the extent to which survey responses represent the job market.

HTA Survey Open Position Data Compared to JobsEQ For January 15-26, 2024		
Profession	Open Positions via HTA Survey	Open Positions via Real-Time Labor Market Data
RN	759	3,033
LPN	163	698
CNA	351	813
MA	129	361

Current Workforce Information from HTA Survey – Large Organizations

It is also possible that different types of organizations may experience and report open positions differently. Organizational staff size is one type of difference that can be assessed to see if and how organizations workforce patterns differ. Below, organizations that employ more than 200 employees are compared to those with fewer than 200 employees.

Current Workforce January 15-26, 2024 Separating Organizations with 200+ Employees from All Other Organizations NW AHEC, HTA Survey Responses			
Profession	Open Position Percent of Total		
	All Responses	200+ Employee Organization Responses Only	Less than 200 Employee Organization Responses
RN	8%	8%	33%
LPN	13%	12%	30%
CNA	8%	7%	25%
MA	9%	9%	9%

Larger organizations have lower levels of open positions than smaller organizations. This may mean they are more able to fill positions due to their access to resources or because more people seek acute care settings that are often in larger organizations. It could also be due to other reasons not yet known. It is not good or bad that organizations of different sizes display different patterns of open positions. However, it may be important to consider while crafting solutions.

The survey also asked respondents to provide information on their nursing workforce in 2023, including how many people were hired, how many exited the organization for any reason other than retirement, and how many people the organization employed at the end of the year. Respondents were also asked about retirement numbers, but these data were widely incomplete with over half missing.

Former Workforce Information from HTA Survey

Former Workforce 2023 – HTA NW AHEC					
Profession	Total Hires 2023	Total Exits Non-Retirement 2023	Total Number Employees on Dec. 31, 2023	% Churn Hiring+Exiting of Total Staff 2023	Response Number
RN	2,045	1,749	10,002	38%	51
LPN	418	381	1,913	42%	46
CNA	1,905	1,619	4,974	71%	33
MA	400	338	1,504	49%	28

The churn rates for nursing positions in NW AHEC are lower than state rates but all above 40%, indicating nursing *turnover is likely an issue for most survey respondents in NW AHEC*. The number of hires and exits are similar in count for all profession types. The similar numbers do not have inherent meaning but again indicates a lot of people are coming and going from organizations within one year.

Future Workforce Information from HTA Survey

NW AHEC 2024 Survey Response – Future Data Projections Data Completion Rates Across Nursing Professions		
	Future 2024	**Future 2025**
Missing	45%	48%
Zero (future projection numbers were the # zero)	35%	32%
Non-Zero Responses	20%	20%

About half of the future projection data for 2024 and 2025 was missing or contained a response of 0 for NW AHEC. The lack of future data or future data containing zeros occurred in all areas of the state. As such, collaboratives can decide if they want to use the responses that contain numbers and zeros and/or use support from additional data like JobsEQ, which is a purchasable dataset that scrapes the internet for job postings by region. Projections from this data are provided below.

Less data for future projections may be due to some of the following: current shortages, changing ratios, varying planning approaches, or other factors where organizations do not know or cannot project forward. The responses still tell a story – projecting forward may be a challenge and/or may not be the immediate priority.

Critical Positions Noted in HTA Survey

The HTA asked all respondents about RNs, LPNs, CNAs, and MAs because they were identified in research and practice as chronically challenging. But the survey also asked respondents to provide information on other critical positions that are chronically challenging to staff. Respondents could select four additional positions from a drop-down menu pre-populated with approximately 40 jobs from the Bureau of Labor Statistics Standard Occupational Codes.

32 of the 61 responses provided critical position responses, meaning about half did not answer this question for NW AHEC. Potential reasons for not answering the critical jobs question include 1) employers do not employ other challenging occupations to staff, 2) respondents wanted to emphasize the need for nursing programs, or 3) other.

The frequency of critical position responses cannot be compared directly with the frequency of nurse responses because nursing was asked of everyone while the critical positions was a self-selected question. However, this data helps us understand what positions outside of nursing are surfacing as difficult for survey takers in the area to employ.

HTA Survey Results for Critical Positions	
Profession	**Frequency Noted Critical**
Physical Therapist (PTs)	9
Social Workers	8
Home Health and Personal Care Aides	7
Psychologists - Adult Patients	7
Case or Care Coordinators/Managers	6
Counselors	6
Dentists	5
Health Technologists	5

Workforce Recruitment and Retention – Challenges and Potential Solutions

Top Three Hiring Sources in NW AHEC

1. Employee Referrals,
2. Community Colleges,
3. Social Media

Top Challenges Impacting Recruitment and Retention – Statewide and in NW AHEC

1. Ability to offer competitive salary and benefits
2. Finding candidates who remain in the hiring process and if offered a job, accept, and come to work
3. Finding new graduates with the substantive knowledge and the ability to work in a professional setting

Potential Policy Solutions (local, state or, federal)

1. Adjustments to any levers that enable organizations to pay staff higher wages (e.g. adjusting federal reimbursement rates, adjusting state pay rates, adjusting organizational compensation packages).
2. Regulating staffing agencies in various ways (e.g. setting maximum billing rates, staffing maximum rates or ratios for contract workers versus the whole organization).
3. Adjusting federal policies around reimbursement and regulation to offer more autonomy at the local level.
4. Student and educational support and training – financially or through wraparound services.

Top Organizational Changes for Workforce Improvement

1. Ability to offer training, classes, or support for current employees to seek training and education externally.
2. Ability to offer competitive wages and benefits.
3. Creating a workplace culture that encourages wellness, flexibility, and support.

Providing Context for Survey Responses

Response Counts

First, it is important to note the response numbers for a given variable of interest, which are provided in the tables above. Overall, there were 61 responses. But not all responses pertain to all professions. For example, a behavioral health organization in a given county may not employ any RNs so that organization's response would not include any RN information. This phenomenon results in response counts that are below 61 for specific professions or questions.

Some questions related to a profession may not have been answered by a given response, even if that organization employs them. This would be considered "missing data."

Survey Responses' Proportionality of Northwest Workforce

The data from the HTA survey is a sample of the full population of health care employers in the Northwest AHEC region. The survey was voluntary as were all questions within it. It was distributed through health care associations, AHEC TPM regional coordinators, the Sheps' Workforce newsletter, and word of mouth. The following data is to help approximate the proportion of the workforce survey responses may represent.

The North Carolina Health Professions Data System (HPDS) collects and disseminates descriptive information on specific licensed health professionals in North Carolina. It is maintained by the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill in collaboration with the North Carolina Area Health Education Centers Program (AHEC), and the state's independent health professional licensing boards. With annual files dating back to 1979, the HPDS is the oldest continuous state health workforce data system in the country. Data represents the licensed population of a given profession as of Oct. 31 of the year selected. For the purpose of this HTA summary that focuses on nurses, the HPDS data on RNs and LPNs are derived from the North Carolina Board of Nursing. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on U.S. Census data.

The citation for the HPDS and link to the data visual are here: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created May 27, 2024 at https://nchealthworkforce.unc.edu/interactive/supply/.

HPDS and HTA Survey Response Comparison for Northwest AHEC

- **RNs**

    - 17,755 licensed RNs lived in Northwest AHEC region as of Oct. 31, 2022. Licensed does not mean a person is working, but it means they maintain their license. The number of licensed RNs living in NW AHEC has likely grown in the last 1.5 years, but likely not more than 100-150 RNs.

    - The organizations that responded to the HTA survey account for 9,151 RNs. ***This indicates the employers that responded to the survey employ or seek to employ about half of the RNs licensed in the region.***

    - The rate of RNs per 10k people in NW AHEC is 108. The state rate of RNs per 10k people is 104.

- **LPNs**

    - 2,750 licensed LPNs live in this region as of Oct. 31, 2022. The number of LPNs has been slowly declining in the region since 2000. Therefore, the 2024 numbers are likely slightly less than 2,750.

    - The organizations that responded to the HTA survey account for 1,240 LPN positions. ***This indicates the employers that responded to the survey employ or seek to employ about half of the available licensed LPNs living in the area.*** As a reminder, someone holding an LPN license does not necessarily work, but does live in the area.

- The rate of LPNs per 10k people in the Northwest AHEC region is 16.7. The state average of LPNs per 10k people is 16.1.

Hiring Demand Measured by Job Posting Projection Information

This report also provides an overview of job projections in North Carolina using secondary data. The analysis is based on job posting data from JobsEQ, which offers insights into the current and future landscape of the health care workforce. This data helps fill gaps that remain after the HTA survey was completed as well as provide context and insights generally.

Methodology

JobsEQ is purchasable labor market research software that uses data from a variety of sources listed below. Chmura Economics & Analytics uses the JobsEQ software to provide insights into employer needs and trends. Job postings are sourced from over 45,000 websites and are de-duplicated. All data sources included in JobsEQ include:

- The Bureau of Economic Analysis
- The Bureau of Labor Statistics
- The US Census Bureau
- O*NET
- National Center for Education Statistics
- Over 45,000 sources for job ads and resumes

The following section uses original analysis conducted using JobsEQ data as well as resulting analysis from JobsEQ and Chmura Economics and Analytics.

Job Demand Projections

Analytical Techniques

An ETS forecasting model was developed with support from the NC Chamber Foundation by the TPM team to project hiring demand for key health care roles using job posting data. As more data is collected over time, the model will continue to be updated and refined. Historical job posting data from July 2017 onwards were used, reflecting hiring demand through job postings across various platforms. Stated plainly, monthly historic job posting information from JobsEQ was run through an ETS model to predict future job post demand.

ETS (Error, Trend, Seasonal) Model

The Exponential Smoothing (ETS) model was applied to enhance forecasting accuracy by accounting for random fluctuations, long-term trends, and seasonal patterns in the data. This statistical technique is advantageous for several reasons:

- **Handling Seasonality**: ETS is particularly effective in capturing and projecting seasonal patterns in job postings, which is crucial for accurately forecasting demand in roles with periodic fluctuations.

- **Adaptability to Trends**: The model adapts to changes in trends over time, allowing for more accurate predictions as the job market evolves.

- **Incorporating Random Fluctuations**: ETS considers random variations in the data, improving the robustness and reliability of the forecast.

Data Limitations

- **Digital Representation**: Firms and regions that are not as digitally transformed may be underrepresented.

- **Internal Hires**: Internal hires are likely underrepresented as some firms prioritize internal candidates without posting jobs externally.

ETS Model Outcomes

By the end of 2026, the approximate hiring demand for various health care roles based on job posting data and the NC Chamber Foundation model is projected as follows:

Annual Demand for Health Care Positions JobsEQ Data – NC Chamber Foundation Model				
Year	RN Demand	LPN Demand	CNA Demand	CMA Demand
2024	6,520	1,364	2,446	1,315
2025	7,498	1,615	2,767	1,478
2026	8,389	1,834	3,087	1,612

Note: These figures are directionally significant but should be considered approximations. Variations may occur due to unforeseen factors and data limitations.

In addition to providing future projections of nurses, the JobsEQ data and analysis details which job posts appear due to new growth versus increased demand due to separations including transfers and exits. As shown below, ***demand numbers due to separations are larger than those of new growth***. This indicates that retention efforts may be helpful in decreasing the size of demand from employers. The first table shows the counts by profession and year. The second table displays the percent of job demand attributable to a given reason across professions in 2024.

JobsEQ Data: Factors Driving Hiring Demand Demand Numbers Represented as Counts - RN & LPN				
	RN		**LPN**	
Year	**Demand Due to Growth (New Jobs)**	**Demand Due to Separations**	**Demand Due to Growth**	**Demand Due to Separations**
2024	106	963	18	210
2025	107	971	18	211
2026	108	971	18	211

JobsEQ Data: Factors Driving Hiring Demand Demand Numbers Represented as Counts - CNA & MA				
	CNA		**MA**	
Year	**Demand Due to Growth**	**CNA Demand Due to Separations**	**Demand Due to Growth**	**Demand Due to Separations**
2024	51	1,363	43	389
2025	52	1,372	44	396
2026	52	1,372	44	396

Totaling the above tables, the below table displays total ***replacement demand*** needed annually and over a three-year period to account for exits and new growth. The replacement demand calculation was made by JobsEQ and Chmura Economics and Analytics Insights and is proprietary to their business. However, the data sources are listed in the introduction of this section and the definitions of relevant categories are listed below:

Demand - Total (Forecast) - The sum of Separations and Growth
Demand - Growth (Forecast) - The projected number of new jobs
Demand - Separations (Forecast) - The sum of Exits and Occupational Transfers
Demand - Exits (Forecast) - The number of workers projected to leave the labor force
Demand - Occ Transfers (Forecast) - The number of workers projected to transfer into another occupation

Demand - Growth Rate (Forecast) - The total projected growth percentage, can be specified from 1 to 10 years

JobsEQ Data: Annual Replacement Demand Due to Growth and Separations Only				
Year	RN Demand	LPN Demand	CNA Demand	MA Demand
2024	1,070	227	1,414	432
2025	1,078	229	1,424	440
2026	1,079	229	1,424	440
3-year total estimate (rounded)	3,226	686	4,262	1,311

JobsEQ data also enables users to understand the percent of job posts attributable to staffing agencies versus those posted by organizations for full or part-time work. The table below indicates that most nurse positions are not posted by staffing agencies.

JobsEQ Data: Percent of Jobs Posted by Non-Staffing Agencies				
Position	Percent of job ads due to non-staffing agencies	Percent of job ads due to staffing agencies	Percent of job ads for full time positions	Percent of job ads for part time positions
RN	67%	33%	59%	18%
LPN	71%	29%	65%	21%
MA	100%	0%	85%	10%
CNA	89%	11%	72%	25%

Data in this section from the ETS model and JobsEQ analysis will continue to be updated, refined and optimized. These projections are directionally significant. They demonstrate the magnitude and scale of talent challenges. However, the following factors, among other externalities, could impact demand projections:

- **Policy Changes:** Policies, like Medicaid expansion in NC and the CMS minimum staffing mandate, are likely to increase job demand. These policy shifts aim to improve health care access and quality, thereby creating additional staffing needs.

- **Staffing Model & Technological Changes:** Innovations in staffing models and technological advancements, though still in early stages, show promise for future impact. These innovations may enhance efficiency and alter demand dynamics over time.

- **Shifts in the economy:** Economic fluctuations can influence job demand in the health care sector.

Supply: NC Higher Education Production of Nurses

HTA Data Collection Summary

In February 2024, NC HTA partners distributed an annual talent supply survey to NC public and private educational institutions. Across the state, responses were robust. The NC Department of Public Instruction, NC Community College System, UNC System, and NC Independent Colleges and Universities, and Regional AHECs were highly committed partners who ensured strong participation across North Carolina's educational landscape.

All respondents were asked to report key talent pipeline data on health care programs during the 2022-2023 Academic Year. Among the Department of Public Instruction institutions and districts, Career & Technical Education (CTE) Directors were asked to provide data on various health care CTE programming, work-based learning, career exploration, career development, and extracurricular activities. Community Colleges were asked to provide talent pipeline data on ADN, LPN, CNA, and CMA programs. Among North Carolina's private colleges and universities and UNC System institutions, respondents were asked a series of questions to quantify key nursing program data points.

All institutions were asked to provide whether they were considering program expansions or contractions. If so, respondents were asked to provide the status of their program change planning.

Notes

- Job placement rate estimates in the survey summary reports for graduates are based on one broad data point, so further refinement of job placement rate figures is recommended.

- Several educational institutions have multiple cohorts of learners running simultaneously with different program lengths. This can make talent pipeline program-level data (as opposed to cohort-specific data) appear in instances where enrollment is high, but graduations are low. It is recommended to understand the number and timing / lengths of cohorts where this appears to be the case. High enrollment programs with multiple cohorts running simultaneously may also show smaller annual placements but could still have very healthy talent pipelines.

- The 2023 NCLEX pass rates and data from the NC Board of Nursing have been aggregated by AHEC region to compare projected demand with the annual output of licensed positions (RN and LPN). It's important to note that the NC Board of Nursing (BON) data on NCLEX pass rates covers the calendar year (January to December), while the NC HTA survey instrument collects education program data for the academic year (July to June). Due to these different reporting periods, there may be discrepancies between the output figures from the NC BON and NC HTA.

Educational Infrastructure in NW AHEC

Northwest contains the following educational institutions that offer nursing programs.

Institution	RN-BSN	RN-ADN	LPN	CNA	MA
Appalachian State University	✓				
Winston-Salem State University	✓				
Lenoir-Rhyne University	✓				
Catawba College	✓				
Caldwell Community College & Technical Institute		✓	✓	✓	✓
Catawba Valley Community College		✓	✓	✓	✓
Davidson-Davie Community College		✓	✓	✓	✓
Forsyth Tech		✓	✓	✓	✓
Mitchell Community College		✓		✓	✓
Rowan-Cabarrus Community College		✓	✓	✓	✓
Surry Community College		✓	✓	✓	✓
Western Piedmont CC		✓		✓	✓

BSN Programs in the University of North Carolina System

Two of the four colleges in the region that offer BSN programs are public and within the UNC system. They are Appalachian State University and Winston-Salem State University (WSSU). Both of these universities offer traditional BSN programs and RN to BSN programs. WSSU also offers an accelerated program.

Northwest Colleges and University Nurse Program Data RN-BSN			
University	Enrolled Students 2022-2023	Student Completers 2022-2023	3-year passage rate for 1st time Licensure Exam*
Appalachian State University	201	100	97%
Winston-Salem State University	137	158	90%
Data in the table primarily comes from HTA surveys, augmented by the other sources noted *Data from NC Board of Nursing NCLEX RN First-Time Testing Pass Rate Report			

Enrollment at ASU and WSSU has declined slightly in recent years, which is likely due to the global pandemic.
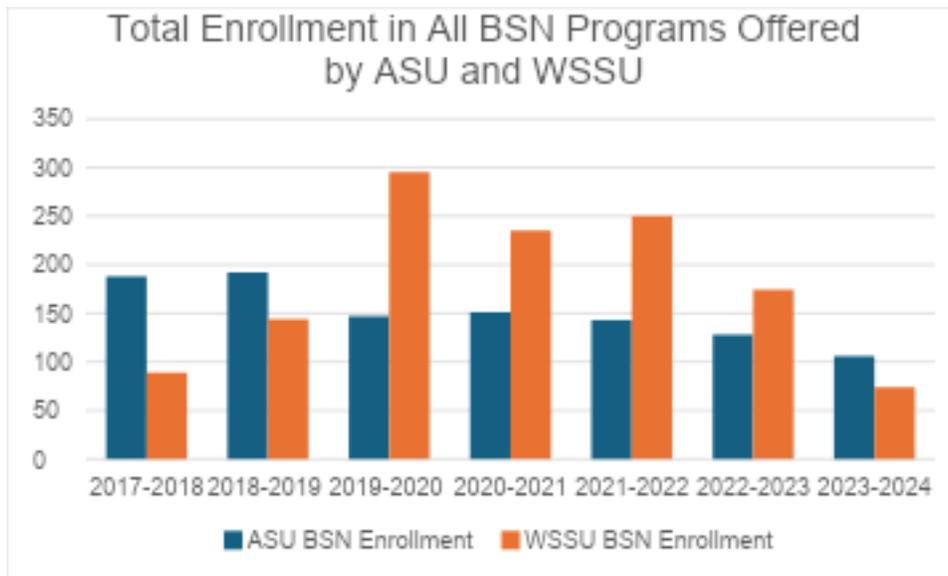
Source: UNC System Office

The proportion of students that are qualified and accepted into BSN programs and decide to enroll has increased slightly for both universities recently.

Percent of Qualified and Accepted Students that Enrolled in BSN Programs at ASU and WSSU
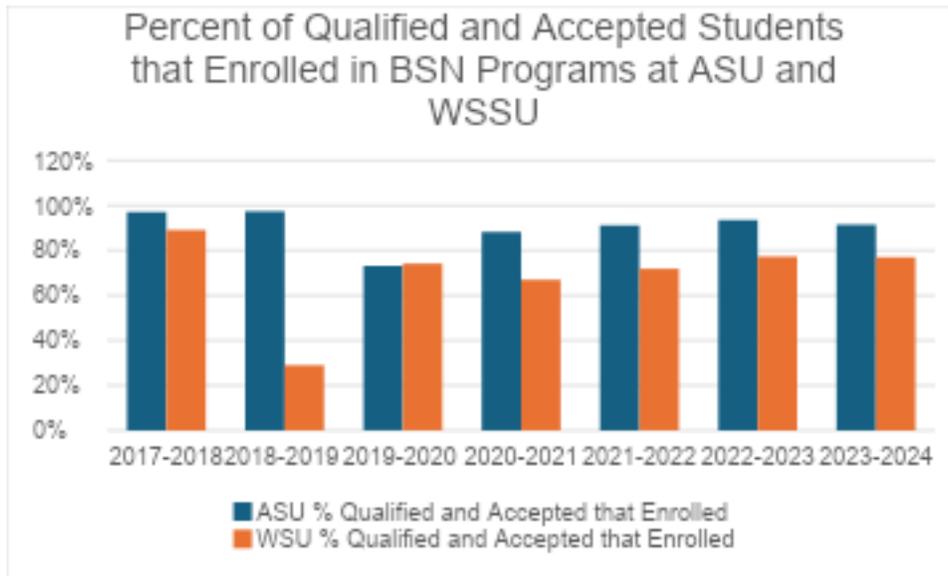
The number of students graduating on time has declined slightly for both universities in recent years.

Number of Students that Graduated on Time from BSN Programs at ASU and WSSU
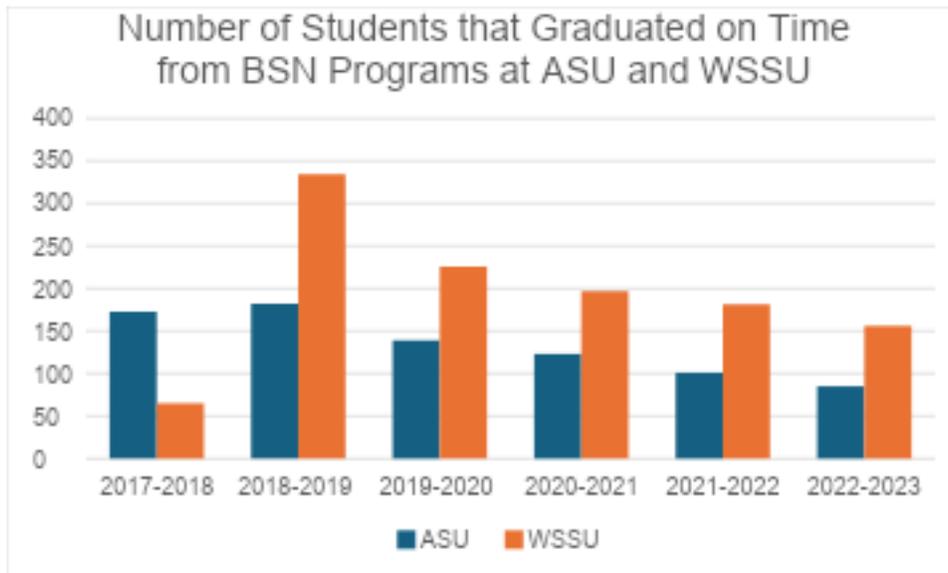
Source: UNC System Office

Below is the data from the UNC System Office in table and visual form to better understand the proportions of applicants that are qualified and those that enroll followed by those that complete the program on time.

Public Universities 2024 HTA Survey Responses, Cohorts beginning 2022-2023

|	
Total Completed Applications	329
Total Qualified Applications	242
Total Accepted Applications	183
Total Enrolled Applicants*	160
Total Graduates on Time	132
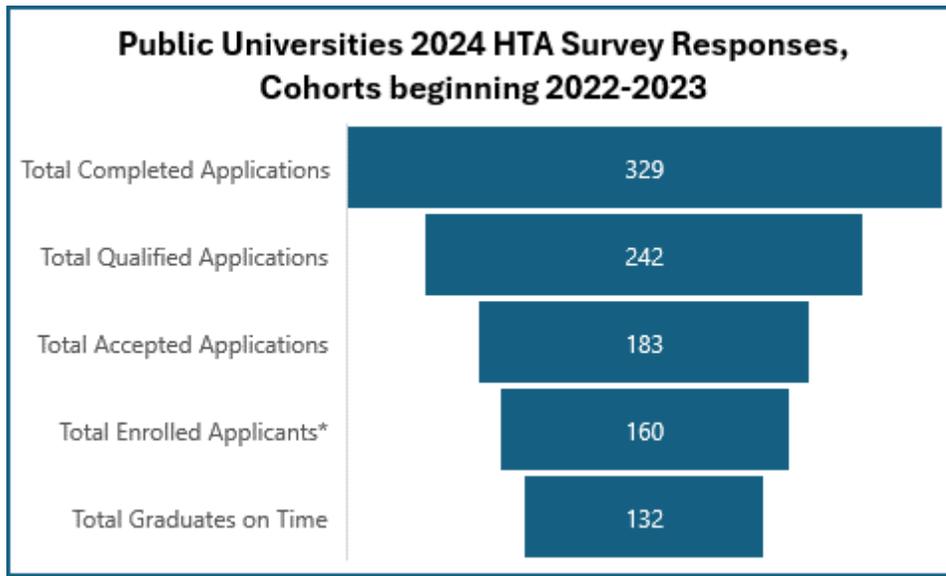
Note: Some data categories above may contain more than one cohort of students.

Public Universities 2024 HTA Survey Responses, Cohort beginning 2022-2023, Total Prelicensure BSN Program Nursing Student Data						
Institution Name	Academic Year	Total Completed Applications	Total Qualified Applications	Total Accepted Applications	Total Enrolled Applicants*	Total Graduates on Time
ASU	2022-2023	126	113	54	53	49
WSSU	2022-2023	203	129	129	107	83
Total		**329**	**242**	**183**	**160**	**132**

| Public Universities 2024 HTA Survey Responses, Cohort beginning 2022-2023, Total Prelicensure BSN Program Nursing Student Data (Continued)						
Institution Name	Academic Year	% of Completed Apps that Qualified	% Completed Apps that Were Accepted	% Enrolled from Original Applicant Pool	% Enrolled that were qualified and accepted	Total Graduates on Time
ASU	2022-2023	90%	43%	42%	98%	49
WSSU	2022-2023	64%	64%	53%	83%	83
Total						**132**

Context for RN Supply: NC Nursecast Diffusion Tool

What can outside sources tell us about how well supply and demand are meeting in the Eastern AHEC Region for RNs?

NC Nursecast is a product of the Sheps Center conducted in partnership with the NC Board of Nursing and SMAP Ltd Modeling Group. The diffusion tool shows where graduates work two years after completing a program. Three cohorts are represented in the data to help with data suppression and these cohorts date from 2013-2016. Not all programs in the Northwest region may be reflected if they are new.

The tool shows Northwest university graduates primarily work in non-rural areas, in hospitals, and stay within the region from 30-70 miles to work. The ellipses encompass the place of employment of graduates, and you can see a pull to other more populated areas like Greensboro and Raleigh.
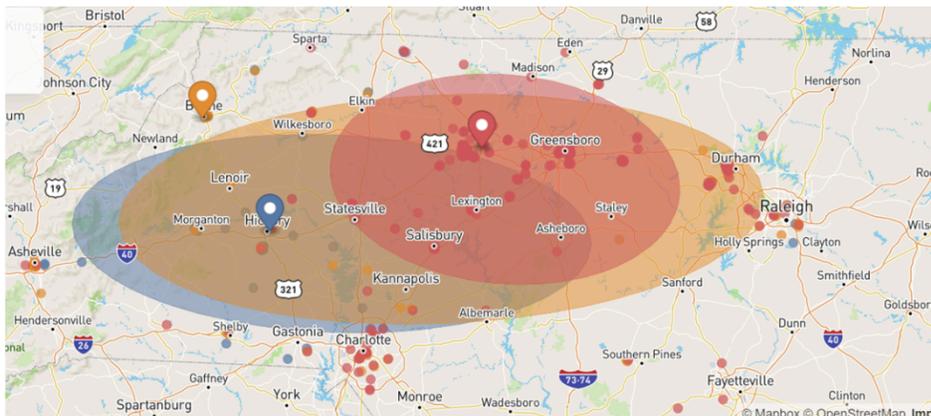
Institution	Program Type	#	# Hospital (%)	# Ambulatory (%)	# Home Health / Hospice (%)	# Rural (%)	Mean Distance in Miles	Percent Retention in NC
Lenoir-Rhyne University	RN-BSN	124	104 (84%)	2 (1.6%)	2 (1.6%)	7 (5.6%)	37	N/A
Appalachian State University	RN-BSN	127	116 (91%)	6 (4.7%)	0 (0.0%)	19 (15%)	90	89%
Winston-Salem State University	RN-BSN	386	306 (79%)	9 (2.3%)	11 (2.8%)	15 (3.9%)	27	93%

The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/diffusion

Nursing Programs in the North Carolina Community College System

HTA Survey Data for RN-ADN Programs

Below is information from the HTA survey showing how many applications each RN-ADN Community College program received, how many of those met requirements, how many admissions were offered, the capacity of the school, teaching staff size, enrollment, completers, licensure passage, and percent of graduates that stay locally. Assessing the flow of applications to licensure passage illuminates spaces to increase student enrollment and completion. It's important to note that multiple cohorts are within this information. On average, three cohorts are within a program at a given time unless otherwise indicated.

The table provides all information described above in detail by university and then a bar chart aggregates all information available in the table. Only institutions that responded to the survey are displayed below; therefore, some institutions are missing.

RN-ADN Community College 2024 HTA Survey Responses					
Institution Name	Cohort Numbers	Apps Received	Apps Met Requirements	Admissions Offered	Capacity Allowed	Capacity Admitted
Catawba Valley Community College	2	0	0	0	0	0
Davidson-Davie Community College	2	538	141	90	140	90
Forsyth Tech	0	846	846	144	327	144
Mitchell Community College	2	118	117	89	120	120
Rowan-Cabarrus Community College	0	-	-	-	-	-
Surry Community College	3	75	48	48	190	48
Western Piedmont Community College	1	300	60	60	115	80

RN-ADN Community College 2024 HTA Survey Responses (Continued)

Institution Name	Teaching Staff	Enrollment 22-23_RN	Completers 22-23_RN	Licensure Passage	% Graduates Regionally Employed	Placement of Completers
Catawba Valley Community College	0	0	0	---	-	0
Davidson-Davie Community College	5	140	78	0	0	0
Forsyth Tech	10	267	101	64	90	70.2
Mitchell Community College	31	107	43	96	90	90.9
Rowan-Cabarrus Community College	---	---	---	43	70	30.1
Surry Community College	6	41	21	---	---	0
Western Piedmont Community College	5	9	18	---	100	21

RN-ADN Community College 2024 HTA Survey Responses - Aggregated

Apps Received	1877
Apps Met Requirements	1212
Admissions Offered	431
Capacity Allowed	892
Capacity Admitted	482
Enrollment	564
Completers	261
Licensure Passage	221
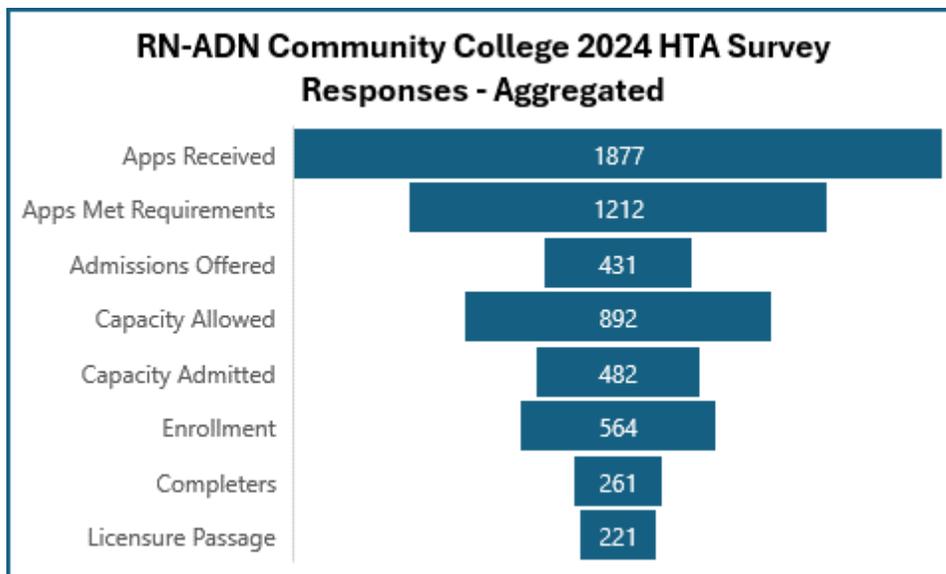
*Note: Some data categories above may contain more than one cohort of students.*

Context for RN-ADN Supply: NC Nursecast Diffusion Tool

Community colleges also offer RN-ADN degrees and are depicted below. RN-ADN community college graduates in the area stay nearby geographically and there are numerous institutions allowing for sizable regional coverage.
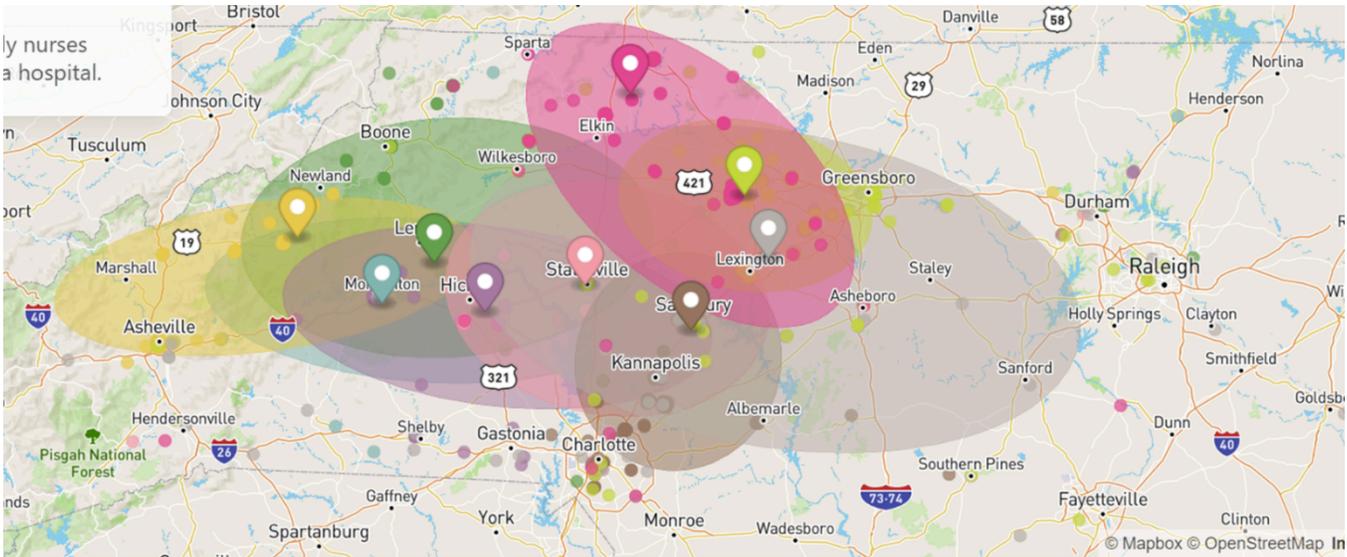
| Institution	Program Type	#	# Hospital (%)	# Ambulatory (%)	# Home Health / Hospice (%)	# Rural (%)	Mean Distance in Miles	Percent Retention in NC
Caldwell Community College and Technical Institute	RN-ADN	123	101 (82%)	2 (1.6%)	5 (4.1%)	40 (33%)	26	95%
Davidson County Community College	RN-ADN	190	123 (65%)	11 (5.8%)	10 (5.3%)	9 (4.7%)	33	95%
Forsyth Technical Community College	RN-ADN	417	309 (74%)	26 (6.2%)	10 (2.4%)	12 (2.9%)	12	96%
Rowan-Cabarrus Community College	RN-ADN	163	122 (75%)	4 (2.5%)	4 (2.5%)	6 (3.7%)	16	94%
Surry Community College	RN-ADN	153	113 (74%)	6 (3.9%)	8 (5.2%)	55 (36%)	29	97%
Wilkes Community College	RN-ADN	88	70 (80%)	1 (1.1%)	1 (1.1%)	63 (72%)	24	93%
Catawba Valley Community College	RN-ADN	177	118 (67%)	8 (4.5%)	7 (4.0%)	10 (5.6%)	19	95%
Mitchell Community College	RN-ADN	104	89 (86%)	3 (2.9%)	3 (2.9%)	2 (1.9%)	18	97%
Western Piedmont Community College	RN-ADN	114	67 (59%)	4 (3.5%)	4 (3.5%)	7 (6.1%)	17	98%

The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/diffusion

What can outside sources tell us about how well supply and demand are meeting in the Northwest Region for RNs?

NC Nursecast projects that by 2033, the Northwest AHEC region will experience a 22.3% RN shortage and much of that will occur in hospital settings (what the HTA survey captures in hospital and health system – multiple settings). ***NW AHEC will have one of the largest RN shortages in the state by 2033, second only to Wake AHEC.***

RNs by AHEC, North Carolina, 2033 (Projected)
Supply - Demand, All Settings (Combined), All Education, Headcount, Rate per 10K population, Baseline Supply

The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/diffusion
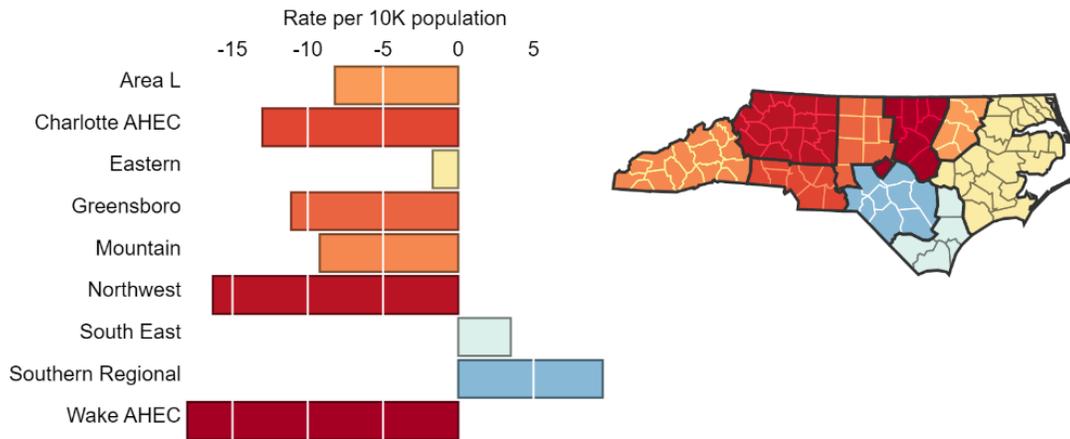
HTA Survey Data for LPN Programs

Below is information from the HTA survey showing how many applications each LPN Community College program received, how many of those met requirements, how many admissions were offered, the capacity of the school, teaching staff size, enrollment, completers, licensure passage, and percent of graduates that stay locally. Like the RN section above, there is a table with this information per institution and then a bar chart that aggregates these figures.

| LPN Community College 2024 HTA Survey Responses						
Institution Name	Cohort Numbers	Apps Received	Apps Met Requirements	Admissions Offered	Capacity Allowed	Capacity Admitted
Catawba Valley Community College	2	1	0	0	0	0
Davidson-Davie Community College	2	1	208	79	30	30
Forsyth Tech	0	0	379	379	90	80
Surry Community College	3	1	35	23	23	35
Western Piedmont Community College	1	0	-	-	-	-

LPN Community College 2024 HTA Survey Responses (Continued)

Institution Name	Teaching Staff	Enrollment 22-23_RN	Completers 22-23_RN
Catawba Valley Community College	0	0	0
Davidson-Davie Community College	30	3	30
Forsyth Tech	80	4	83
Surry Community College	23	2	17
Western Piedmont Community College	-	-	-

LPN Community College 2024 HTA Survey Responses (Continued)

Institution Name	Licensure Passage	% Graduates Regionally Employed	Placement of Completers	Licensure Passage
Davidson-Davie Community College	16	90	18.9	14.4
Forsyth Tech	0.96	90	54	0.864
Mitchell Community College	-	70	0	0
Surry Community College	---	100	12	0
Western Piedmont CC	-	100	0	0

LPN Community College 2024 HTA Survey Responses - Aggregated

Apps Received	622
Apps Met Requirements	481
Admissions Offered	143
Capacity Allowed	145
Capacity Admitted	133
Enrollment	130
Completers	93
Licensure Passage	86
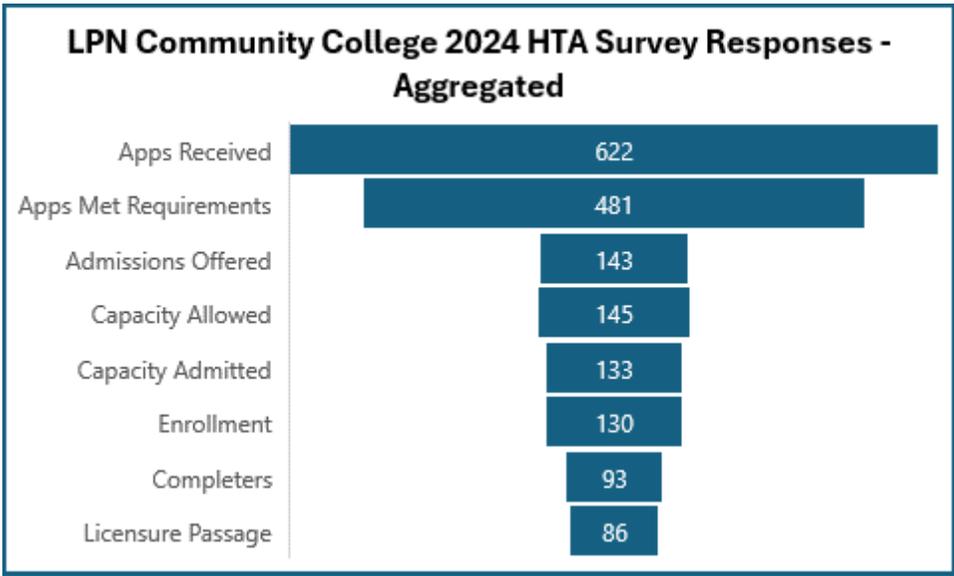
*Note: Some data categories above may contain more than one cohort of students.*

Context for LPN Supply: NC Nursecast Diffusion Tool

LPN graduates from the four community colleges in the region stay relatively close to the training institution 2 years after finishing the program according to NC Nursecast. Graduates of northwest community colleges tend to stay nearby to work and are distributed among different types of settings.
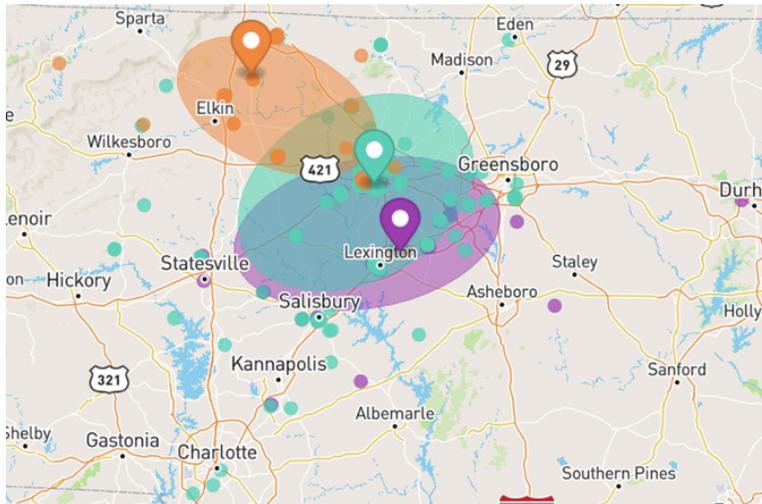
Institution	Program Type	#	# Hospital (%)	# Ambulatory (%)	# Home Health / Hospice (%)	# Rural (%)	Mean Distance in Miles	Percent Retention in NC
Davidson County Community College	LPN	61	6 (9.8%)	16 (26%)	6 (9.8%)	1 (1.6%)	18	96%
Forsyth Technical Community College	LPN	221	26 (12%)	43 (19%)	16 (7.2%)	7 (3.2%)	14	97%
Surry Community College	LPN	32	4 (13%)	5 (16%)	1 (3.1%)	18 (56%)	16	97%

The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/diffusion

What can outside sources tell us about how well supply and demand are meeting in the Northwest Region for LPNs?

NC Nursecast projects that by 2033, the Northwest AHEC region will experience a 3.10% LPN shortage and much of that will occur in nursing home or long-term care settings.

LPNs by AHEC, North Carolina, 2033 (Projected)
Supply - Demand, All Settings (Combined), All Education, Headcount, Rate per 10K population, Baseline Supply

The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/diffusion
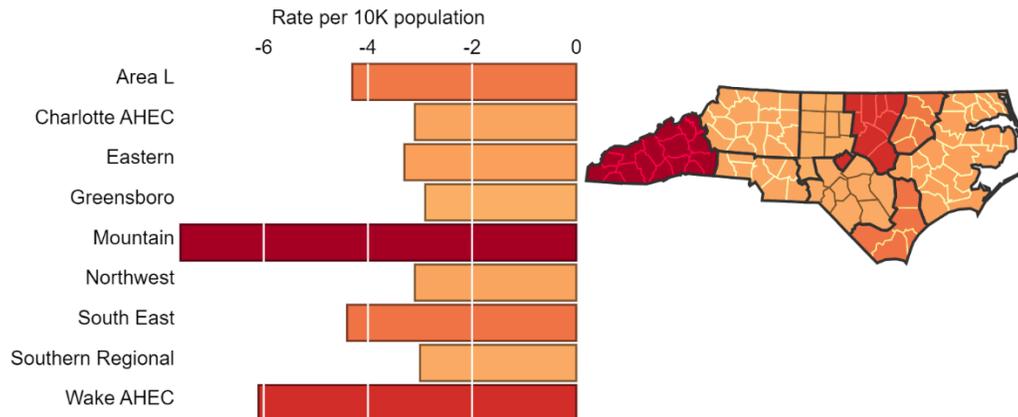
HTA Survey Data for CNAs and MAs

Below is information from the HTA survey showing how many applications each CNA and MA Community College program received, how many of those met requirements, how many admissions were offered, the capacity of the school, teaching staff size, enrollment, completers, licensure passage, and percent of graduates that stay locally. Like the RN and LPN sections above, there is a table with this information per institution and then a bar chart that aggregates these figures.

| CNA Community College 2024 HTA Survey Responses					
Institution Name	Cohort Numbers	Apps Received	Apps Met Requirements	Admissions Offered	Capacity Allowed	Capacity Admitted
Caldwell Community College & Technical Institute	-	212	212	212	---	220
Davidson-Davie Community College	208	-	-	381	-	223
Forsyth Tech	379	300	300	30	40	200
Mitchell Community College	-	132	132	132	30	136
Rowan-Cabarrus Community College	-	250	180	180	-	-
Surry Community College	35	-	-	-	-	-

CNA Community College 2024 HTA Survey Responses (Continued)

Institution Name	Teaching Staff	Enrollment 22-23_RN	Completers 22-23_RN
Caldwell Community College & Technical Institute	14	212	174
Davidson-Davie Community College	9	223	202
Forsyth Tech	3	200	200
Mitchell Community College	9	103	89
Rowan-Cabarrus Community College	-	---	---
Surry Community College	3	206	169

CNA Community College 2024 HTA Survey Responses (Continued)

Institution Name	Licensure Passage	% Graduates Regionally Employed	Placement of Completers	Licensure Passage
Caldwell Community College & Technical Institute	-	-	0	0
Davidson-Davie Community College	168	90	181.8	151.2
Forsyth Tech	1	90	180	0.9
Mitchell Community College	82	70	62.3	57.4
Rowan-Cabarrus Community College	-	-	0	0
Surry Community College	-	100	169	0

LPN Community College 2024 HTA Survey Responses - Aggregated

Category	Value
Apps Received	622
Apps Met Requirements	481
Admissions Offered	143
Capacity Allowed	145
Capacity Admitted	133
Enrollment	130
Completers	93
Licensure Passage	86
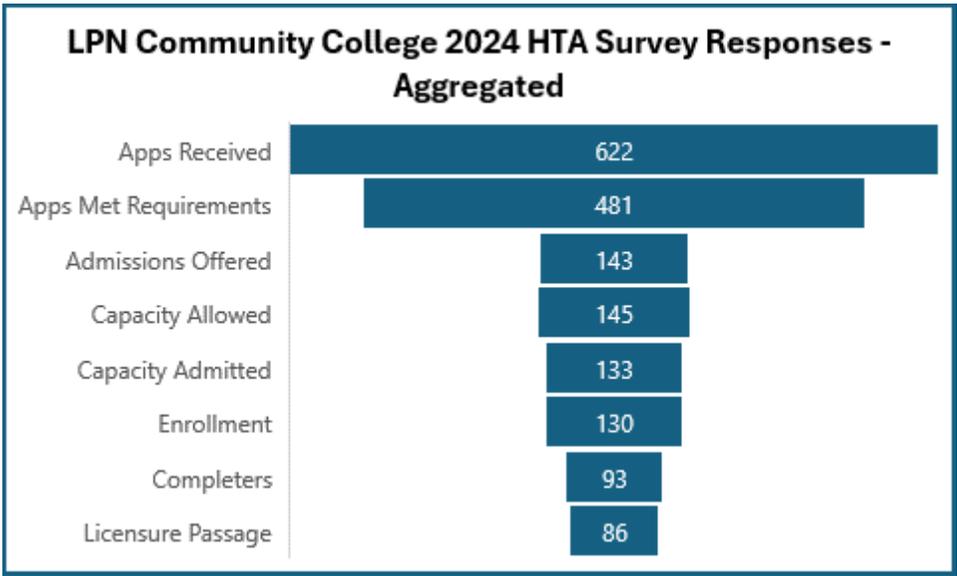
Note: Some data categories above may contain more than one cohort of students.

MA Community College 2024 HTA Survey Responses

Institution Name	Cohort Numbers	Apps Received	Apps Met Requirements	Admissions Offered	Capacity Allowed	Capacity Admitted
Catawba Valley Community College	1	0	0	0	0	0
Davidson-Davie Community College	1	102	102	102	30	3
Forsyth Tech	0	60	60	200	30	3
Mitchell Community College	1	42	40	42	54	5
Surry Community College	1	-	-	-	-	-
Western Piedmont CC	1	-	-	-	-	-

MA Community College 2024 HTA Survey Responses (Continued)

Institution Name	Teaching Staff	Enrollment 22-23_RN	Completers 22-23_RN
Caldwell Community College & Technical Institute	0	0	1
Davidson-Davie Community College	102	11	1
Forsyth Tech	30	30	0
Mitchell Community College	33	29	1
Rowan-Cabarrus Community College	12	-	1
Surry Community College	-	-	1

MA Community College 2024 HTA Survey Responses				
Institution Name	Licensure Passage	% Graduates Regionally Employed	Placement of Completers	Licensure Passage
Catawba Valley Community College	0	0	0	0
Davidson-Davie Community College	9	90	9.9	8.1
Forsyth Tech	1	90	27	0.9
Mitchell Community College	21	70	20.3	14.7
Surry Community College	-	100	-	-
Western Piedmont Community College	-	100	-	-

CMA Community College 2024 HTA Survey Responses - Aggregated

Apps Received	204
Apps Met Requirements	202
Admissions Offered	204
Capacity Admitted	114
Enrollment	177
Completers	70
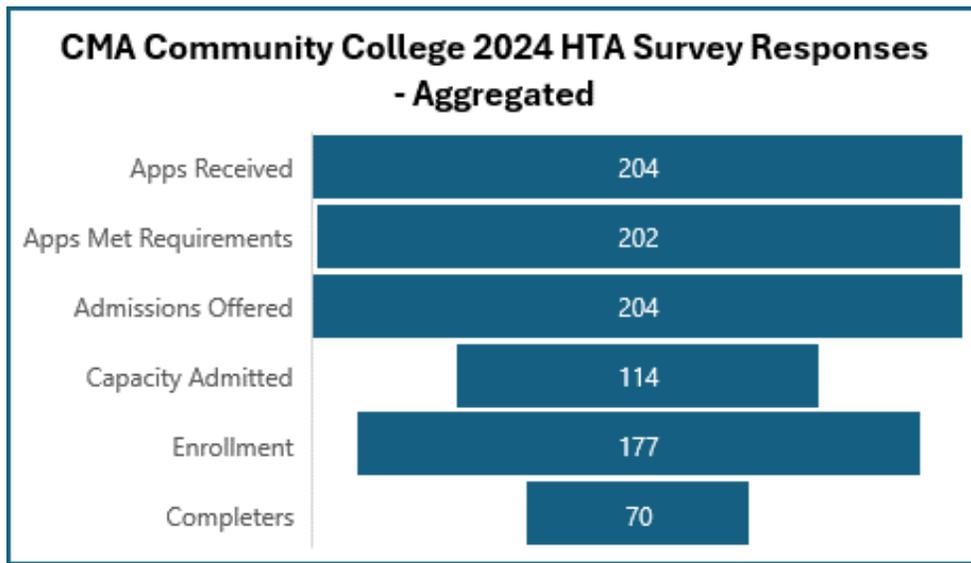
Note: Some data categories above may contain more than one cohort of students.

Community College Challenges and Potential Solutions

Community colleges have identified several significant challenges, resources needed, and policy changes required to enhance their health care education programs. The data presented below summarizes the insights gathered from all community colleges in the state.

Significant Challenges:

1. **Recruiting and Retaining Qualified Faculty**: This is the most commonly reported challenge, with 12 institutions (54.55%) indicating difficulties in attracting and keeping qualified educators.
2. **Securing Clinical Sites**: Seven institutions (31.82%) reported challenges in securing clinical sites due to competition with other schools and limited availability.
3. **Lack of Funding for Positions and Equipment**: Six institutions (27.27%) highlighted funding shortages as a barrier to hiring staff and procuring necessary equipment.
4. **Low Faculty Salaries**: Six institutions (27.27%) mentioned that competitive salaries are needed to attract and retain qualified instructors.
5. **Limited Classroom and Lab Space**: Five institutions (22.73%) pointed out the need for more physical space and better facilities.
6. **Student Recruitment and Retention**: Four institutions (18.18%) noted challenges with recruiting and retaining students in their programs.

Needed Resources:

1. **Competitive Faculty Salaries**: Nine institutions (40.91%) emphasized the need for higher salaries to attract and retain qualified faculty.
2. **Increased Funding for Positions and Equipment**: Eight institutions (36.36%) identified increased funding as crucial for improving their programs.
3. **Expanded Clinical Sites**: Seven institutions (31.82%) requested more clinical sites to accommodate their students.
4. **Updated Simulation Labs and Equipment**: Four institutions (18.18%) highlighted the need for updated simulation labs and equipment.
5. **More Classroom and Lab Space**: Four institutions (18.18%) pointed out the need for more physical space for teaching and training.

Policy Changes Needed:

1. **Increased State Funding and Support**: Six institutions (27.27%) called for greater state funding and support to enhance their programs.
2. **Elimination of Unnecessary Testing Requirements**: Five institutions (22.73%) emphasized the need to eliminate unnecessary testing requirements.
3. **Clearer State Guidelines and Communication**: Four institutions (18.18%) requested clearer state guidelines and better communication.
4. **Flexibility in Hiring and Credentialing**: Three institutions (13.64%) advocated for more flexibility in hiring and credentialing faculty.
5. **Support for Clinical Site Expansion**: Three institutions (13.64%) highlighted the need for more support in securing clinical sites.

Future Plans for Nursing Programs Underway: Education Institutions

The HTA supply survey asked education institutions if they were planning to change their nursing programming and if so how far along the plans are. These answers are provided below.

Community Colleges

Caldwell Community College & Technical Institute

RN-ADN: Planning to expand significantly; no data provided on stage.
LPN: No data provided.
CNA: No data provided.
MA: No data provided.

Catawba Valley Community College

RN-ADN: No data provided.
LPN: No data provided.
CNA: No data provided.
MA: No data provided.

Davidson-Davie Community College

RN-ADN: Planning to expand significantly; in the initial planning stage.
LPN: Planning to expand significantly; in the initial planning stage.
CNA: Planning to remain the same; not planning.
MA: Planning to remain the same; not planning.

Forsyth Tech

RN-ADN: Planning to expand slightly; in the plan implementation stage.
LPN: Planning to expand slightly; in the plan implementation stage.
CNA: Planning to expand significantly; in the plan drafting stage.
MA: Planning to expand slightly; in the initial planning stage.

Mitchell Community College

RN-ADN: Planning to expand slightly; in the plan implementation stage.
LPN: Planning to contract significantly; in the initial planning stage.
CNA: Planning to expand slightly; in the initial planning stage.
MA: Planning to expand significantly; in the initial planning stage.

Rowan-Cabarrus Community College

RN-ADN: No data provided.
LPN: No data provided.
CNA: No data provided.
MA: No data provided.

Surry Community College

RN-ADN: Planning to expand significantly; in the plan implementation stage.
LPN: Planning to expand slightly; in the plan implementation stage.
CNA: Planning to expand significantly; in the initial planning stage.
MA: Undecided; not planning.

Western Piedmont Community College

RN-ADN: Planning to expand slightly; in the initial planning stage.
LPN: Planning to expand significantly; in the plan drafting stage.
CNA: Planning to expand slightly; not planning.
MA: Planning to expand slightly; not planning.

Department of Public Instruction in Northwest AHEC Region

Alleghany Co. Schools

Behavioral Health Careers: No plans.
Community Health Workers: No plans.
Dental Assistants: No plans.
Dental Hygienists: No plans.
EMTs/Paramedics: No plans.
Home Health Aides: No plans.
Medical Assistants: No plans.
Nurses: Expand current program.
Phlebotomists: No plans.
Physical Therapy Assistants: Expand current program.
Recreational Therapists: No plans.
Respiratory Therapists: Expand current program.
Speech Therapy Assistants: Expand current program.
Surgical Technicians: Expand current program.
Behavioral Health Careers (Planning): Planned but no timeline.
Community Health Workers (Planning): No plans.
Dental Assistants (Planning): No plans.
Dental Hygienists (Planning): No plans.
EMTs/Paramedics (Planning): No plans.
Home Health Aides (Planning): No plans.
Medical Assistants (Planning): No plans.
Nurses (Planning): Planned but no timeline.
Phlebotomists (Planning): Planned but no timeline.
Physical Therapy Assistants (Planning): Planned but no timeline.
Recreational Therapists (Planning): No plans.
Respiratory Therapists (Planning): Planned but no timeline.
Speech Therapy Assistants (Planning): No plans.
Surgical Technicians (Planning): No plans.

Wilkes Co. Schools

Behavioral Health Careers: No plans.
Community Health Workers: No plans.
Dental Assistants: No plans.
Dental Hygienists: No plans.
EMTs/Paramedics: No plans.
Home Health Aides: No plans.
Medical Assistants: No plans.
Nurses: No plans.
Phlebotomists: No plans.
Physical Therapy Assistants: No plans.
Recreational Therapists: No plans.
Respiratory Therapists: No plans.
Speech Therapy Assistants: No plans.
Surgical Technicians: No plans.
Behavioral Health Careers (Planning): Planned but no timeline.
Community Health Workers (Planning): No plans.
Dental Assistants (Planning): No plans.
Dental Hygienists (Planning): No plans.
EMTs/Paramedics (Planning): No plans.
Home Health Aides (Planning): No plans.
Medical Assistants (Planning): No plans.
Nurses (Planning): No plans.
Phlebotomists (Planning): No plans.
Physical Therapy Assistants (Planning): No plans.
Recreational Therapists (Planning): No plans.
Respiratory Therapists (Planning): No plans.
Speech Therapy Assistants (Planning): No plans.
Surgical Technicians (Planning): No plans.

Conclusion

This report aimed to provide descriptive information on the results of the spring 2024 NC Health Talent Alliance survey for the NW AHEC region. It also provided other data sources, including JobsEQ demand data descriptives and forecast information, NC HPDS licensure data, NC Nursecast forecasting data and geographic diffusion, to help provide context for the HTA survey results.

The detail in the report enables readers to explore different aspects of the health care workforce in SEAHEC. The high-level takeaways from the team that develop the report do not cover every area that could be explored but nonetheless are provided below:

* The **rate of open nurse positions** is lower than state averages for survey respondents in this area: RN (8%), LPN (13%), CNA (8%), and MA (9%). Open position rates reflect the comparison of filled versus open for a 2-week period in January 2024.

* **Churn rates**. Churn rates are slightly smaller than state rates: RNs (38%), LPNs (42%), CNAs (71%), and MA (49%). However, despite mirroring state rates, churn likely is still challenging for employers and costly. Churn represents the total number of employees hired and total number that left organizations for any reason other than retirement, compared to the total number of employees in 2023.

* **Other professions** needed in the area other than nurses include physical therapist, social workers, home health and personal care aides, and psychologists.

* The **educational infrastructure** in this area is robust for all nursing degree programs.

* Market data related to job postings paired with NC Board of Nursing licensure passage data and HTA survey data suggest NW AHEC's potential talent supply coverage is moderate for RNs (57%) and LPNs (59%).

For any questions about the report or the data, please contact:

Emily McCartha, PhD
Research Associate
UNC Sheps Center
mccartha@ad.unc.edu

Looking for more resources on the NC Center on the Workforce for Health? Click here.

Looking for more information on TPM? Click here.

Looking for more resources on the health care workforce? Visit the Sheps Workforce Website or subscribe to the workforce newsletter.

Appendix A

Survey respondents were given a drop-down menu of facility choices to select from on the survey. An open-ended box was also available for respondents to write in their facility type. Various analysis of facility types will occur, but the overarching categories below will be used for analysis when concerns about data protection arise.

Behavioral Health Facilities

- BH – Multiple Facility Types
- BH – Office, practice, or clinic
- BH – Substance use disorder or residential treatment facility
- Psychiatric Hospital
- Psychiatric Residential Treatment Facility

Clinics

- Dental
- Eye care
- Specialty Clinic
- Other

Health or Hospital System - Multiple Facility Types

- Health or Hospital Systems are entities that manage or operate multiple facilities that often include a hospital. Survey takers could select this category. Additionally, to help with data suppression and accuracy, the study placed all entities that selected hospital only in this category after researching the entity and determining it does operate multiple facility types. Further, according to the NC Health Association, only 10 of the 113 acute care hospitals are considered independent to some extent.

Public Facilities

- Community Health Center or Federally Qualified Community Health Center
- Correction Facility
- Local Health Department/Public Health Organization
- VA Clinic

Primary Care and Family Medical

- Ambulatory Clinic
- Family Medical
- Medical Practice
- Primary Care Clinic – Adult
- Primary Care Clinic – Pediatric

Skilled Nursing Facilities

- Home Health
- Home Health Hospice
- Hospice and Palliative Care
- Long Term Care
- Long Term Care – Assisted Living
- Long Term Care – Nursing Home
- Long Term Care – Group Home or Family Home