DID YOU KNOW?

- Twelve percent of Baltimore County employment is classified as healthcare.

- Fifty percent of this healthcare employment is in *Ambulatory Healthcare Services*.

- Baltimore County healthcare providers hired almost 18,000 new employees in the most recent full year of data coverage, despite very little growth in the total number of healthcare employees.

- Four out of five of the new healthcare employees are women and 53 percent are between 25 and 44 years old.

This Brief introduces you to the source of the highlights presented above. Inside, you will find other new insights about healthcare employment in Baltimore County, Maryland. You will also find suggested ways to use this new information for decision-making. A series of industry briefs like this are now available from MEETS.
EMPLOYMENT AFFILIATIONS WITHIN HEALTHCARE

Half of Baltimore County healthcare employment is distributed among physician, dentist, chiropractor, optometrist, and mental health professional offices, physical and occupational speech therapists, outpatient care facilities, home healthcare and medical diagnostic laboratories—all included in the Ambulatory Healthcare Services sub-sector. Thirty-seven percent of healthcare employment is in Nursing and other types of Residential Care Facilities. The remaining 13 percent is in Hospitals.

ANNUAL HIRES AND NET GROWTH/LOSS WITHIN HEALTHCARE

Nearly half of Baltimore County healthcare new hires were in Nursing & Residential Care Facilities. This is slightly more than new hires in Ambulatory Healthcare Services. Hospitals accounted for 7 percent of total new hires. The number of new hires in each sub-sector of healthcare far exceeds net employment growth or loss during the year—the ratio of sub-sector new hires to employment growth or loss is more than 25:1 in each case.

QUARTERLY HIRES WITHIN HEALTHCARE BY GENDER AND AGE

Just over half of new hires in Baltimore county’s healthcare industry are between 25 and 44 years old. Women outnumber men among new hires more than 3½-to-1 across the age groups. The gender and age mix differs among the healthcare sub-sectors (not shown here). These, in turn, reflect sub-sector differences in the occupational mix.

HEALTHCARE OCCUPATIONAL PROJECTIONS*

These statewide projections highlight two facets of healthcare employment: 1) Some occupations in the healthcare industry are not found in this industry alone; such as reception and information clerks; and (2) occupational earnings vary widely. The highlights chosen for this page are intended for use in narrowing further inquiries locally.

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*Source for above Occupational Statistics: Maryland Department of Labor, Licensing & Regulation (DLLR), Office of Labor Market Analysis & Information (OLMAI)
WHAT ARE HEALTHCARE JOBS?

The Census Bureau Local Employment Dynamics (LED) program QWI statistics presented in this brief use the North American Industry Classification System’s (NAICS) coding of healthcare industry sub-sectors. Depending upon the NAICS definitions, the healthcare industry includes establishments providing medical and related healthcare services delivered by trained professionals. Familiar healthcare industry group titles include Offices of Physicians, Outpatient Care Centers, General Medical and Surgical Hospitals, and Nursing Care Facilities.

Occupational information is not included in the LED data. Healthcare occupations fall into three groups—healthcare practitioner and technical occupations, healthcare support occupations (e.g., practitioner assistants, aides and equipment preparers), and other types of work performed in healthcare establishments (e.g., receptionist, cashier, security personnel and housekeeping staff.)

Data users should contact the Maryland Department of Labor, Licensing and Regulation (DLLR), for assistance in combining industry and occupational information to answer questions.

EXAMPLES OF HOW TO USE THE NEW LED QWI INFORMATION

- Think about why there is a 30 to 1 ratio of new hires to new jobs in healthcare. This will help to separate high turnover jobs from more stable opportunities. While high-turnover jobs may be appropriate destinations for some job seekers, most strategic decisions focus on stable opportunities with potential for continued learning and earnings growth.
- Narrow the scope of further inquiries about promising occupations within the industry group by selecting four-digit NAICS industry group codes within healthcare.
- Think about the gender disparities within the healthcare industry groups and decide what your conclusion means for individual and program management decision-making.
- Align the age group breakout of new hires activity in healthcare with current or targeted program demographics and decide whether and what additional information is needed before making strategic management and counseling decisions.

USEFUL WEB LINKS

Maryland labor market information: http://www.dllr.state.md.us/lmi/index.htm
Baltimore County occupational wage estimates (November 2004): http://www.dllr.state.md.us/lmi/wages/TOC003.htm
BLS occupational employment projections methods: http://www.bls.gov/emp/home.htm
NAICS Codes and Titles: http://www.census.gov/epcd/naics02/
Sources of the data included in this Brief are:

- The Maryland Department of Labor, Licensing and Regulation (DLLR) (http://www.dllr.state.md.us)
- The Census Bureau Local Employment Dynamics (LED) program (http://lehd.dsd.census.gov)

DLLR and LED have joined forces to deliver the new Quarterly Workforce Indicators (QWI) series. No new information is collected. No surveys are conducted. No new employer or employee burden is involved. No confidentiality laws or principles are compromised.

What is new here?

- Reliable local employment and new hire indicators by age group and gender.
- Updates with no more than a one-year lag in availability.
- More descriptive detail thanks to adoption of a new disclosure-proofing approach that continues to protect business and work anonymity.

Remaining challenges include:

- Awareness that new means unfamiliar. Some commitment to learning is needed to fully realize the potential from new indicators and decision-making uses.
- Understanding the value of the new indicators, even though they can not answer all questions.

Why now, and not before?

- Seven years, 1998-2004, were needed to successfully complete the organizational, legal, staffing and technical steps to transition from start-up though pilot testing to production and release.
- Continuing advances in data processing capacity and efficiency allow commitment to a production schedule that was impossible to imagine earlier.
- The workforce development community understands that sustained reinvention is urgent to become and remain viable in the open world economy.