DID YOU KNOW?

- Seven percent of NOVA employment is classified as healthcare.

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

- NOVA healthcare employers hired over 10,000 new employees in the most recent full year of data coverage, despite modest growth in the total number of healthcare employees.

- Three out of four new healthcare employees are women, and two-thirds are between the ages of 35 and 54 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 the North Valley Workforce Area, California. 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

Forty-eight percent of NOVA healthcare employment is in Hospitals, with 40% 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. The remaining 12% are employed in Nursing & Residential Care Facilities.

ANNUAL HIRES AND NET GROWTH/LOSS WITHIN HEALTHCARE

Fifty-four percent of NOVA healthcare new hires in the year shown were in Ambulatory Healthcare Services, well ahead of Hospitals (29%), the largest sub-sector by employment. Ambulatory Healthcare Services also claimed the highest ratio of new hires to employment net growth or loss, at 16:1, with the other two sub-sectors both showing a ratio of less than 7:1. This ratio was nearly 10:1 for the healthcare industry as a whole.

QUARTERLY HIRES WITHIN HEALTHCARE BY GENDER AND AGE

Nearly two-thirds of new hires in NOVA’s healthcare industry are between 35 and 54 years old. Across all age groups, women represent three out of four new hires in healthcare. Gender and age mix varies among the healthcare sub-sectors (not shown here), and even more so at the occupational level.

HEALTHCARE OCCUPATIONAL STATISTICS*

These metro area statistics highlight two facets of healthcare employment: 1) Some occupations in the healthcare industry are not found in this industry alone; such as Receptionists & Information Clerks, and 2) occupational earnings vary widely. The highlights chosen for this page are intended to guide local inquiries.

*Source for above Occupational Statistics: California Employment Development Department (EDD), Labor Market Information Division (LMID)
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 Faculties.

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 the California Employment Development Department, Labor Market Information Division (LMID), 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 10 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 inquires 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
California labor market information: http://www.labormarketinfo.edd.ca.gov
BLS occupational employment statistics Technical Notes: http://www.bls.gov/oes/current/oes_tec.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 California Employment Development Department (EDD), Labor Market Information Division (LMID) (http://www.labormarketinfo.edd.ca.gov)
- The Census Bureau Local Employment Dynamics (LED) program (http://lehd.dsd.census.gov)

EDD 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.

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