Ten years ago, Northern Virginia’s health care workforce could not keep up with demand. Today, the problem is ensuring that all health care workers deliver quality care in a cost-effective manner, posing new challenges that demand careful monitoring and planning. This brief sums up a Jobs for the Future report updating two earlier workforce studies commissioned by NoVAHealthFORCE, a coalition of health care employers, educators, and community leaders.

**RAPID CHANGE IN NORTHERN VIRGINIA HEALTH CARE WORKFORCE**

Health care, Northern Virginia’s fourth largest industry, is undergoing dramatic change:

- Health care delivery is shifting to outpatient and home settings. Large health care systems are merging with smaller hospitals and physician groups.
- The Affordable Care Act is generating new patients while requiring lower-cost, higher-quality care.
- Providers are asking support and technical staff to take on higher-skilled roles, freeing up nurses and clinicians to work at the top of their licenses.

**NURSING CHALLENGES ON HORIZON**

Severe nursing shortages have stabilized, but serious workforce challenges are coming:

- Nurses who postponed retirement during the recession are likely to retire. Faculty retirements and declining funding may hinder training of sufficient replacements.
- Clinical training placements for nurses and other allied health workers are scarce.
- The high cost of living could discourage new graduates from remaining in the area.
- Providers are seeking more experienced candidates with specialized medical and workplace skills (e.g., surgical assistance, oncology; teamwork, customer service.)

**DEMOGRAPHIC TRENDS**

Northern Virginia’s population increased 22% over the past decade. Today, the population is growing more modestly, but also diversifying and shifting to outlying Prince William and Loudoun counties. These changes are placing new stresses on the region’s health care system:

- Greatest population growth, especially of those 65 and over, expected in outlying counties.
- Growth in health care workforce projected at 5,600 new positions in outlying counties.
- Most of population increase overall in past decade has been among racial/ethnic minorities.
- Non-white and Hispanic proportion of population projected to rise from 31% to 41% by 2020.
- Racial/ethnic minorities and people living in poverty are far less likely to have health insurance.
**SHORTAGES IN ALLIED HEALTH, REHABILITATION, AND MORE**

Workforce shortages exist in allied health and rehabilitation positions, including physical therapists, surgical technologists, and pharmacists.

- No programs exist in the region for training surgical technologists.
- Hospitals report difficulty finding ultrasonographers and clinical medical coders.
- Other occupations face potential shortages, given the small applicant pools for positions, such as medical and health service managers, occupational therapists, and speech and language pathologists.
- Low-paying occupations with high turnover, including home health aides, dental assistants, and massage therapists, face potential shortages.
- The region’s high cost-of-living and quality-of-life issues—especially traffic congestion and long commutes—could make recruitment and retention difficult.

**RECOMMENDATIONS**

1. **Better Align Nursing Education with Employer Needs**
   Convene nursing education leaders and employers to determine areas in need of improvement. Appoint a working group to overhaul curricula and instruction.

2. **Expand Clinical Education, Development of Nursing Specialists**
   Streamline process for managing clinical placements to address gaps. Identify and encourage alternative forms of experiential education; replicate promising practices.

3. **Facilitate Transition to Bachelor’s-level Nursing, Maintain Workforce Diversity**
   Promote and expand accelerated educational programs for nurses with Associate’s degrees to earn Bachelor’s degrees. Recruit diverse candidates.

4. **Address Other Workforce Supply Gaps**
   Assess need for expanded training programs for in-demand allied health occupations, such as physical therapists, surgical technologists, sonographers, and dental assistants. Develop future pipeline by educating youth and adults about pathways into these fields.

5. **Build Regional Capacity for Using Real-time Labor Market Data for Planning**
   Develop effective ways to collect up-to-date workforce data from all Northern Virginia health care providers. Update findings regularly with real-time labor market information from online job advertising. Continue to monitor potential shortages.

6. **Address Cost of Living and Commuting Barriers to Recruitment and Retention**
   Convene employers and regional workforce, housing, and transportation officials to identify potential strategies. Encourage new applications of telecommuting and telemedicine, and new satellite programs for Prince William and Loudoun counties.

7. **Reduce the Impact of Retiring Health Care Workers and Faculty**
   Offer alternative work options for older nurses. Expand use of part-time faculty. Encourage college leaders to collaborate on faculty recruitment and hiring, including shared positions in areas with high rates of retirement or shortages.

**BACHELOR’S-LEVEL PREPARATION OF NURSES ON TRACK**

Northern Virginia is on track to meet the Institute of Medicine’s goal that the proportion of nurses with Bachelor’s degrees increases from 50% to 80% by 2020. In 2011, 74% of the region’s nursing graduates had earned a Bachelor’s of Science in Nursing or higher.