Guinn CENTER

# MOVING THE NEEDLE:

## CHALLENGES IN MEETING NEVADA'S HEALTH WORKFORCE NEEDS

By: Pierron Tackes, JD, MPH, Director of Health and Social Policy, Guinn Center, and Dr. John Packham, Associate Professor of Medicine and Associate Dean of Statewide Initiatives, University of Nevada, Reno, School of Medicine

**Kenny Guinn Center for Policy Priorities**

PUBLISHED APRIL 2025

Over the past decade, Nevada policymakers at the federal, state, and local levels have identified health care workforce development as a key priority. Due to the intersection of public health, education, and the economy, shortages in our state's health workforce present a complex challenge.

There is no lack of research on the issue and, for the past 20 years, the Nevada Health Workforce Research Center at the University of Nevada, Reno, School of Medicine has collected data on the health care workforce, looking at over 100 health care professions and associated trends in supply and demand. Similarly, the Center for Business and Economic Research (CBER) at the University of Nevada, Las Vegas (UNLV), conducts economic data analysis, tracking local, regional, and state economic conditions relating to health care and the social services sector. Stakeholders from health care, public health, behavioral health, primary care, workforce development, K-12 and higher education, minority health and equity, and community-based organizations have organized with the assistance of the Nevada Division of Public and Behavioral Health, High Sierra Area Health Education Center (AHEC), and the Larson Institute with the University of Nevada, School of Public Health, to form the Nevada Health Care Workforce and Pipeline Development Workgroup to assess workforce development efforts and identify gaps in emerging needs.

However, to effectively translate stakeholder concerns and scientific and economic data into tangible results, a comprehensive study of available policy options is needed, including an assessment of best practices, economic impact, and return on investment for different policy approaches. This policy brief provides a snapshot of current and projected health workforce supply and demand data in Nevada and examines the need to explore public policy remedies to increase the supply, improve the diversity, and address the geographic maldistribution of the state's health workforce.

# OCCUPATIONAL AND INDUSTRY SHORTAGES IN HEALTH CARE IN NEVADA

Within the past decade, Nevada has made considerable progress in expanding the supply of a wide range of licensed health professionals practicing in the state, including impressive gains in the number of physicians, registered nurses, advanced practice nurses, clinical social workers, marriage and family therapists, occupational therapists, and physician assistants. Nevada's population has grown at an average rate of 1.2 percent annually over the past two decades, nearly two and a half times faster than the national average of 0.5 percent and the rate among other Western states (Woods, A., et. al., p. 20; Biernacka-Lievestro, J., et al., 2024). With Nevada's population increasing by 489,534 between 2010 and 2023 (18.1 percent), many of the gains in health care licensure counts have been offset by this rapid population growth and new demand for health care services from an aging and more diverse population (U.S. Census Bureau, 2025).

**Data Snapshot – Health Workforce Keeping Pace with Population Growth**

Research and analysis from the Nevada Health Workforce Research Center reveals that from 2014 to 2024:

- The number of licensed physicians has increased by 2,098 or 27.7 percent, yet when adjusted for population growth, the per capita number of licensed physicians has only increased by 20.1 percent;
- The number of licensed registered nurses (RNs) has increased by an impressive 12,312 or 57.1 percent, however, the per capita number of RNs has increased by a more modest 35.1 percent;
- The number of licensed dentists has increased by 35.4 percent and number of licensed dental hygienists has increased by 28.7 percent – however, the per capita number of licensed dentists and dental hygienists has increased, respectively, by a more modest 16.3 and 7.3 percent; and
- The number of licensed clinical psychologists has increased by 135 or 36.2 percent, yet the per capita number has increased by less than half that rate or only 17.6 percent.

The key challenge for workforce development in Nevada is increasing the supply of health professionals and keeping pace with population growth.

**Data Snapshot – What It Takes to Be "Average"**

United States Bureau of Labor Statistics (BLS) data reveal that, to simply meet the average national population-to-provider rates for 2025, Nevada would need an estimated additional:


**2,097** physicians;


**717** advanced practice registered nurses;


**347** dentists;


**5,372** nursing assistants; and


**21,795** personal care and home health aides.

The same federal employment data reveal shortages across all four major industries within the health care and social assistance sector of the Nevada economy. To meet the average national population-to-job rates, Nevada would need an estimated additional:


**13,800** jobs in the ambulatory care industry;


**20,100** jobs in the hospital industry;


**16,100** jobs in the nursing and residential industry; and

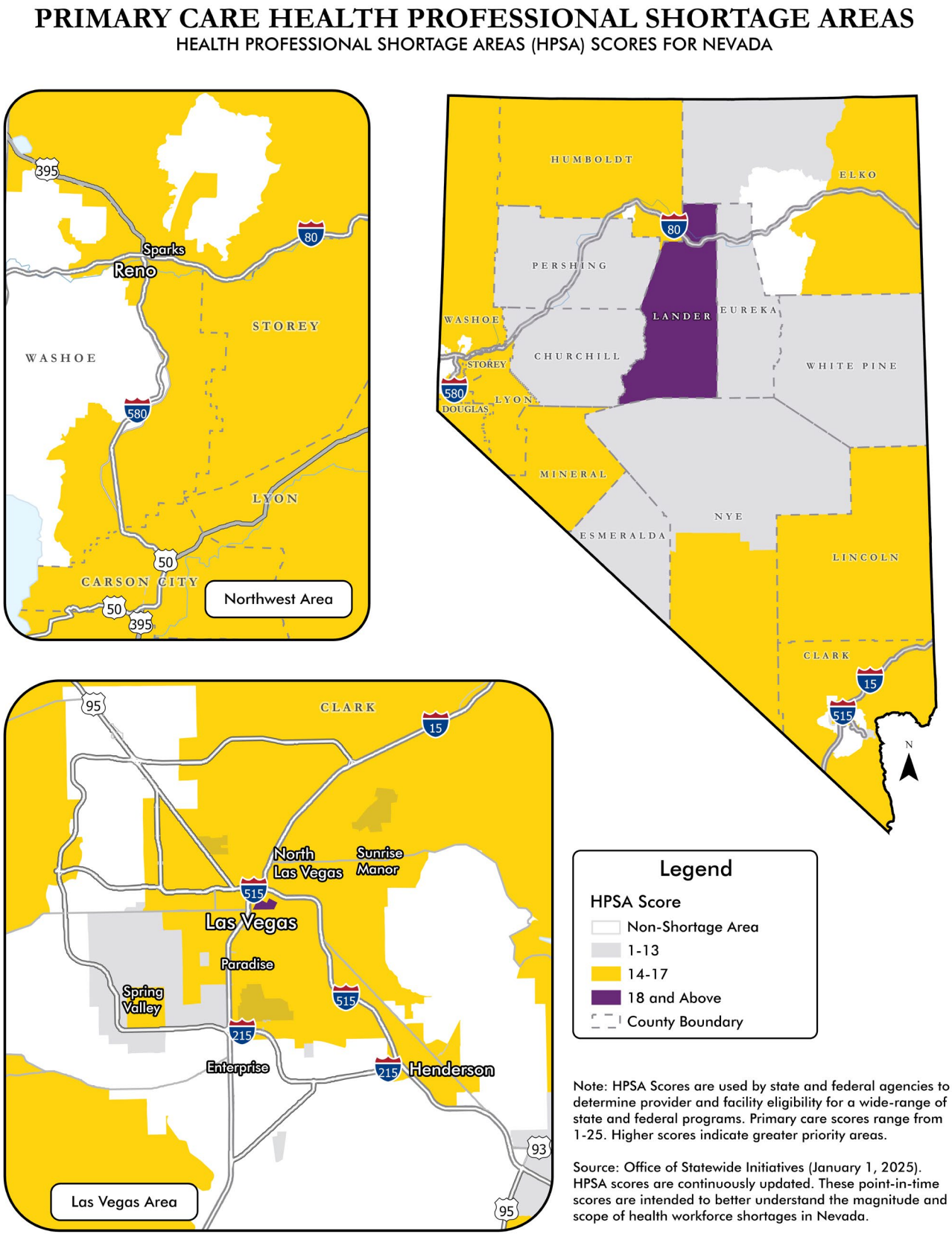

**17,600** jobs in the social assistance industry.

# ESTIMATED POPULATION LIVING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN NEVADA

Health workforce shortages are not evenly distributed across Nevada. Using current data on health professional shortage areas (HPSAs), an analysis from the Nevada Health Workforce Research Center indicates that a significant number of Nevadans continue to reside in shortage areas. Currently, there are approximately 2.2 million Nevadans, nearly 65 percent of the state's population, who reside in a federally designated primary medical care HPSA. In 2025, an estimated 280,704 residents of rural and frontier Nevada (89.2 percent of Nevada's rural residents) live in a primary medical care HPSA (see Figure 1 on the next page).

**A health professional shortage area (HPSA) is a designation of the U.S. Health Resources and Services Administration (HRSA) indicating that a geographic area, population group or health care facility has a shortage of health professions.**

# Figure 1. Primary Care HPSAs in Nevada – 2025

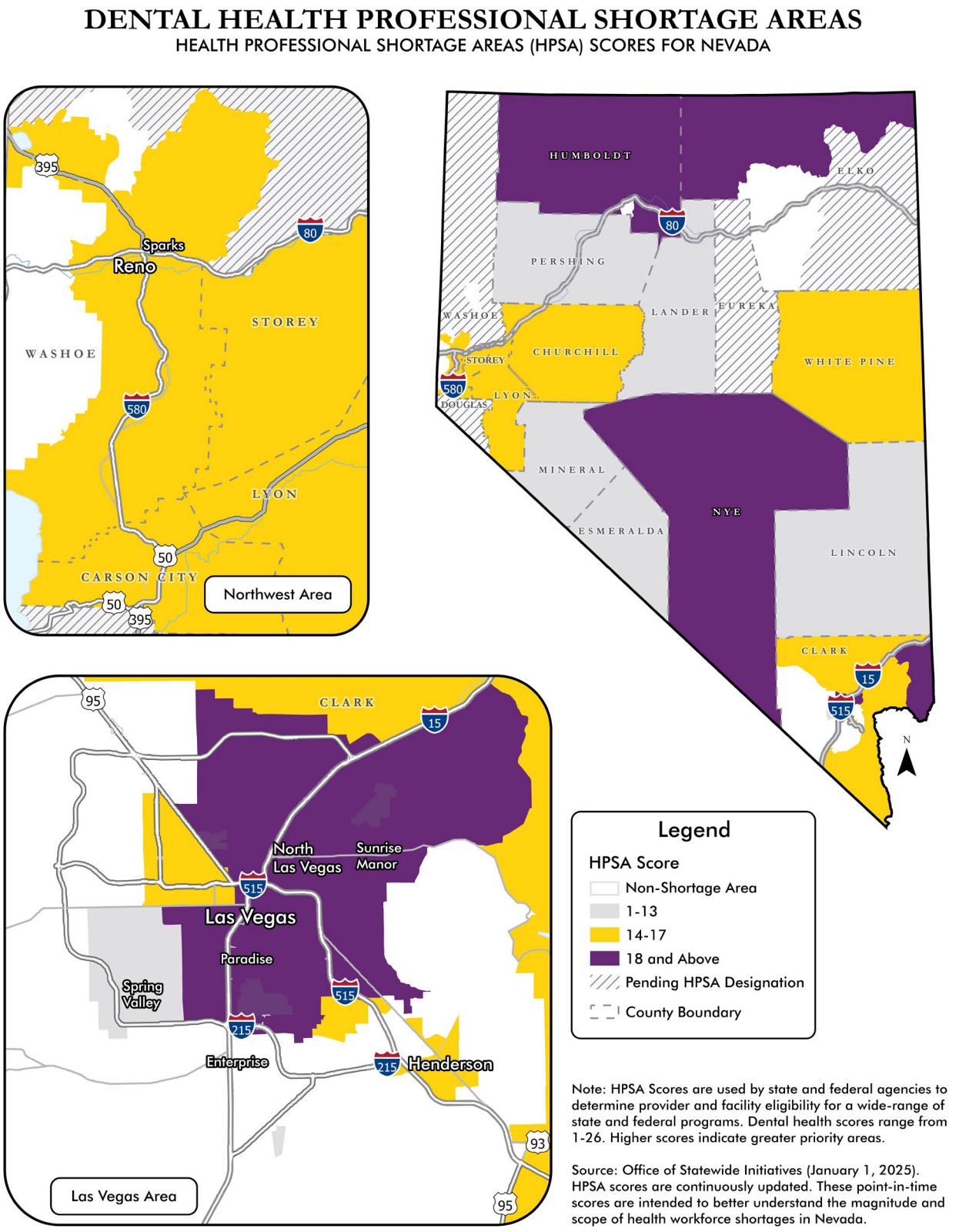



Note: HPSA Scores are used by state and federal agencies to determine provider and facility eligibility for a wide-range of state and federal programs. Primary care scores range from 1-25. Higher scores indicate greater priority areas.

Source: Office of Statewide Initiatives (January 1, 2025). HPSA scores are continuously updated. These point-in-time scores are intended to better understand the magnitude and scope of health workforce shortages in Nevada.

Similarly, an estimated **1.9 million Nevadans**, or **58.2 percent** of the state's population, live in a federally designated dental HPSA. In 2025, an estimated **259,627** residents of rural and frontier Nevada (**82.5 percent** of this rural population) live in a dental HPSA (see Figure 2).

## Figure 2. Dental HPSAs in Nevada – 2025

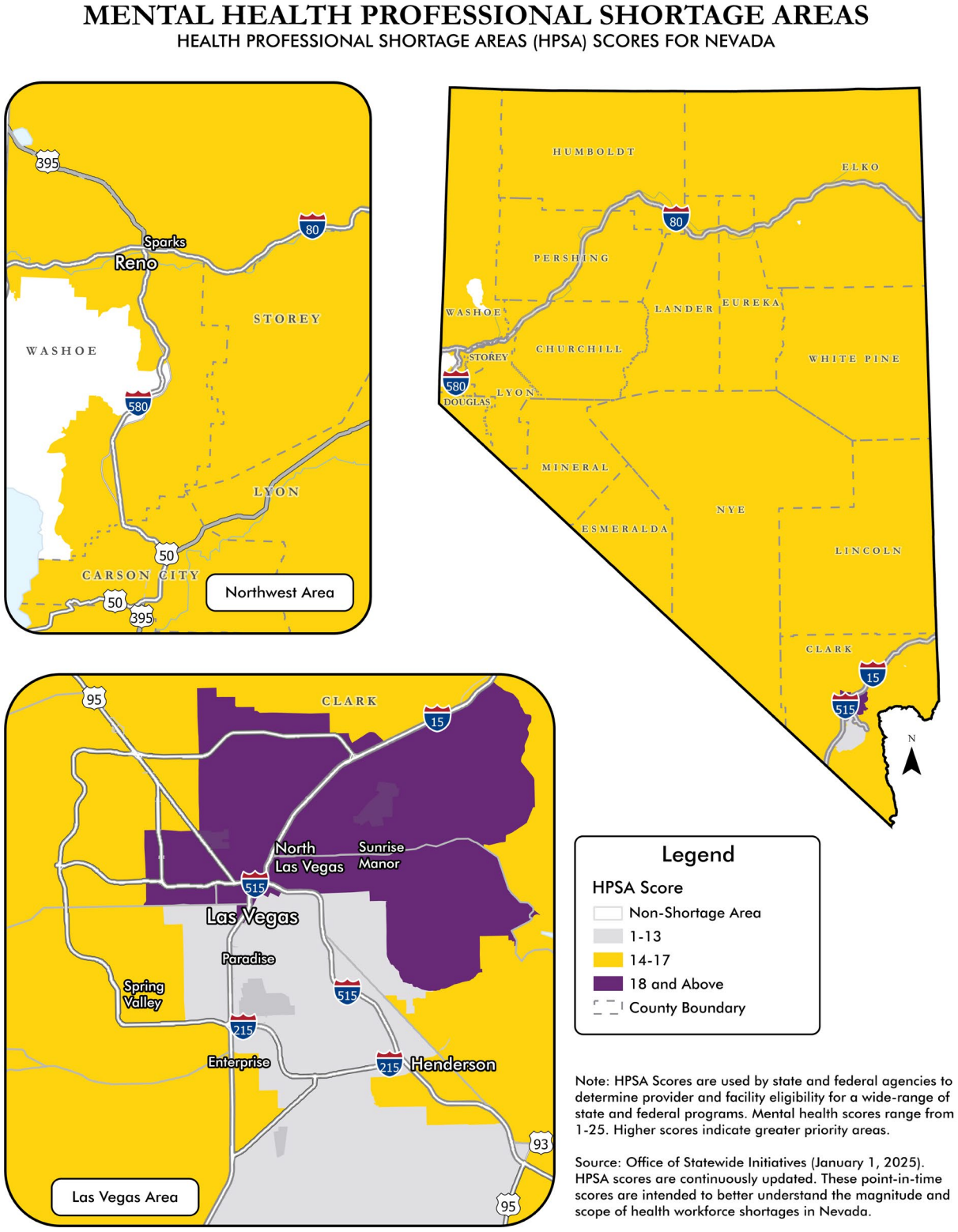



Note: HPSA Scores are used by state and federal agencies to determine provider and facility eligibility for a wide-range of state and federal programs. Dental health scores range from 1-26. Higher scores indicate greater priority areas.

Source: Office of Statewide Initiatives (January 1, 2025). HPSA scores are continuously updated. These point-in-time scores are intended to better understand the magnitude and scope of health workforce shortages in Nevada.

Finally, **3 million Nevadans**, or **91.3 percent** of the state's population, reside in a federally designated mental health professional shortage area. In 2025, an estimated **314,836** residents of rural and frontier Nevada (**100 percent** of the rural population) live in a mental health professional shortage area (see Figure 3). Nevada's health workforce data shows persistent shortages in essential health roles across all major industries within the state's health and social assistance sector.

## Figure 3. Mental HPSAs in Nevada – 2025




Note: HPSA Scores are used by state and federal agencies to determine provider and facility eligibility for a wide-range of state and federal programs. Mental health scores range from 1-25. Higher scores indicate greater priority areas.

Source: Office of Statewide Initiatives (January 1, 2025). HPSA scores are continuously updated. These point-in-time scores are intended to better understand the magnitude and scope of health workforce shortages in Nevada.

# DRIVING FORCES BEHIND NEVADA'S HEALTH WORKFORCE SHORTAGES

Health workforce shortages occur when Nevada needs more health care workers than are available – it's a matter of supply and demand. The forces driving the current and projected demand include:

- Population growth, aging, and diversification in Nevada;
- Evolving population health trends and the clinical care needs of Nevada residents – most notably, increasing chronic disease treatment and management needs in an aging society; and
- Health insurance coverage gains that continue to be associated with the passage of the Patient Protection and Affordable Care Act (ACA) in 2010 and our state's participation in the ACA's Medicaid expansion later in 2014.

Looking to aging as a driving factor, the population growth of residents aged 65 and over in Nevada is projected to increase from 547,140 in 2025 to 679,502 in 2035 – an increase of 132,362 or 24.2 percent (Griswold, et al., 2025, Table 1.8, p.26). This population growth consists of both existing Nevada residents aging, and also of older adults migrating to Nevada. In 2021, Nevada ranked fifth highest nationally for its proportion of new residents from other states aged 65 and over. While Nevada also had a high number of out-migrants aged 65 and over, the in-migrants still outnumbered out-migrants, and as such, the State experienced a net increase in the number of Nevada residents aged 65 and older (Woods, et al., 2023). Nevada's health care workforce demand is affected by population growth in residents aged 65 and older in two primary ways: (1) a reduction in labor force participation from this demographic exiting employment; and (2) an increase in certain health care specialties required by this demographic.

Moreover, the two leading causes of death in Nevada that experienced the highest rates of increase between 2010 and 2020 were Alzheimer's disease (increasing 132.4 percent) and hypertensive renal disease (increasing 103.6 percent), both of which more frequently affect individuals 65 and older.

For both Alzheimer's disease and renal disease, direct care workers are essential. The current direct care workforce in Nevada, specifically nursing assistants and personal care and home health aides, have a location quotient (LQ)—a measurement of occupation concentration—below one (nursing assistants LQ = 0.59, and personal care and home health aides LQ = 0.40). The current need for direct care workers will compound as Nevada's older population grows.

**Location quotients are used to indicate where occupations are concentrated by comparing local employment rates against national rates in that industry.**

**An LQ higher than one means an occupation is more concentrated in that area than in the nation as a whole.**

**An LQ less than one means an occupation is less concentrated in that area than in the nation.**

Projected growth of Nevada's aging population and its evolving health care needs are key factors driving the state's health care workforce shortages. Other factors include:

- **Diversification of population:** Over the past two decades, Nevada's population has become much more diverse. For example, 1.1 million Nevadans or 31.7 percent of the state population currently self-identify as being of Hispanic or Latino origin (Griswold, et al., 2025). United States Census Bureau data indicates that in 2020, Nevada's Diversity Index, or the measure of racial and ethnic diversity of residents, increased to 61.1 percent from 54.9 percent, indicating that Nevada's population is on an upward trend in diversification. Because diversity in health care workforce is tied to better health outcomes, as well as improved access to care, the changes in population diversity will drive the demand for a diverse workforce (Becerra, 2024).
- **Increase in insurance coverage:** From 2013 to 2023, the number of Nevadans enrolled in the Medicaid program for low-income individuals grew from 399,791 to 1,031,215 – an increase of 631,424 or 157.9 percent. Moreover, from 2014 to 2024, the number of Nevadans enrolled in the Medicare program for elderly and disabled individuals grew from 433,516 to 593,204 – an increase of 159,688 or 36.8 percent (Griswold, T., et al., 2025).

**Because diversity in health care workforce is tied to better health outcomes, as well as improved access to care, the changes in population diversity will drive the demand for a diverse workforce.**

# KEY CHALLENGES FOR NEVADA'S HEALTH WORKFORCE

### Cost of Training and Student Debt

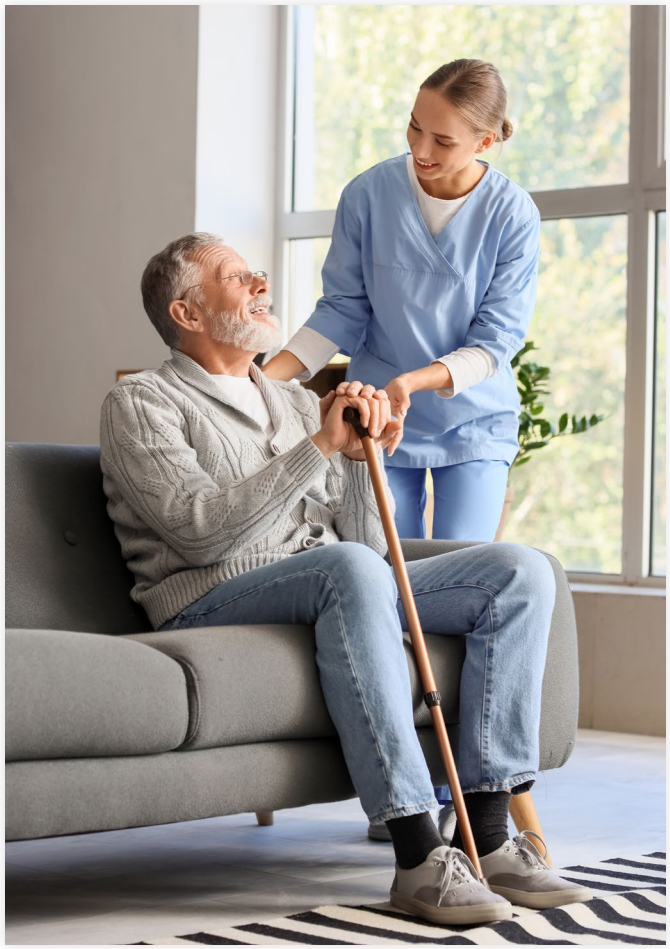
An October 2024 report titled "Health Care Workforce: Issues, Challenges and the Path Forward," released by the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, (DHHS) identified the cost of training and burden of student debt as two major barriers of entry into the U.S. health care workforce (Becerra, 2024). Over 70 percent of medical students graduate with debt, and the average medical school graduate owes $250,995 in total student loan debt. Similarly, even lower-paying health care jobs face high upfront training costs from vocational school or community college programs. This includes training for certified nursing assistants, home health aides, or other personal care aide credentialing. Nevada's health care workforce pipeline could be examined to determine where barriers to entry exist and where those obstacles can be alleviated.

### Workforce Retention

Another challenge is the retention of the existing workforce. The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce (2022) found that even before the COVID-19 pandemic, rates of burnout reached "crisis levels," with 35 to 54 percent of nurses and physicians and 45 to 60 percent of medical students and residents reporting symptoms of burnout. While burnout is associated with harmful consequences to patient care as well as negative impacts on the health of the workers themselves, it is also associated with high turnover rates and employees exiting the workforce. The COVID-19 pandemic compounded burnout further, with one survey finding that–by the end of the first year of the pandemic–one out of three health workers surveyed said they considered leaving their jobs (Murthy, V., 2022, p. 14).

### Regional Demands on Health Workforce

Not all regions of Nevada are comparable, and health workforce demands differ from population to population. As noted above, an estimated 280,704 residents of rural and frontier Nevada (89.2 percent of the population) live in a primary medical care health professional shortage area. The aforementioned workforce report issued by the U.S. DHHS indicates that 94 percent of the estimated national demand for physician services will be met in metro areas by 2035, while only 44 percent of the demand in non-metro areas will be met (Becerra, 2024, p. 7). These variations between practice area and regional demands will need to be studied to better understand how all Nevadans' needs may be met, and how policies may differ in addressing those shortage areas.



# ECONOMIC IMPACT ON NEVADA

A trends analysis published in December 2023 by the Guinn Center and the Center for Business and Economic Research (CBER) at the University of Nevada, Las Vegas, titled "Analysis of Nevada's Pre- and Post-Pandemic Labor Force Participation Rate," found that in 2021, among those aged 21 to 64 who moved between states in the United States, more than half (50.2 percent) held a bachelor's degree or higher. Specific to Nevada, those with a bachelor's degree or higher in this age range who migrated to Nevada during this period likely worked in one of the following sectors: professional services, health care, and education. While the health care sector lost comparatively more workers to out-migration from Nevada, the overall in-migration of workers experienced in Nevada was greater than out-migration (Woods, A., et al., p. 22). Narrowing in on the policy solutions that reduce the loss of health care workers to out-migration will help narrow the gap in projected health care workforce demand.

The health care sector plays a critical role in overall local and regional economic development and diversification efforts in Nevada, and gaps in certain areas of the health care sector may pose barriers to economic growth. Ambulatory care practices, hospitals, and nursing and residential care facilities have historically been underdeveloped in Nevada, with fewer employees compared to the national average. This makes it difficult for both public and private sectors to attract and keep businesses in the state.

In addition to the economic impact, the failure to fully address health care workforce in Nevada comes at the price of impacting the "Quadruple Aim in Health Care"—a framework designed to guide health care improvements through reduced costs, better patience experiences, improved overall health, and provider satisfaction—as noted below (Bodenheimer and Sinsky 2014):

1. **Improving the patient experience and access to care –** Health workforce shortages represent an added barrier to accessing health care regardless of one's health insurance status or financial means of paying for care.
2. **Reducing the costs of care –** Health workforce shortages also result in added costs borne by health care employers, including productivity losses due to instability in the existing workforce, premiums paid to traveling nurses and support staff, and extended overtime for existing hospital staff. Moreover, workforce shortages result in additional recruitment costs, more training and onboarding costs for new hires, and patient safety failures and medical errors when facilities are understaffed.
3. **Improving population health –** To the extent that shortages impact access to and the costs of care, health workforce shortages result in poorer health care outcomes and population health when care is delayed or postponed, or worse, denied.
4. **Improving the well-being of the health care team –** Likewise, to the extent that shortages contribute to the burdens and burnout among the health care team, addressing shortages is essential to optimizing health system performance and outcomes in Nevada.

# UNDERSTANDING HEALTH WORKFORCE DEMAND: A MOVING TARGET

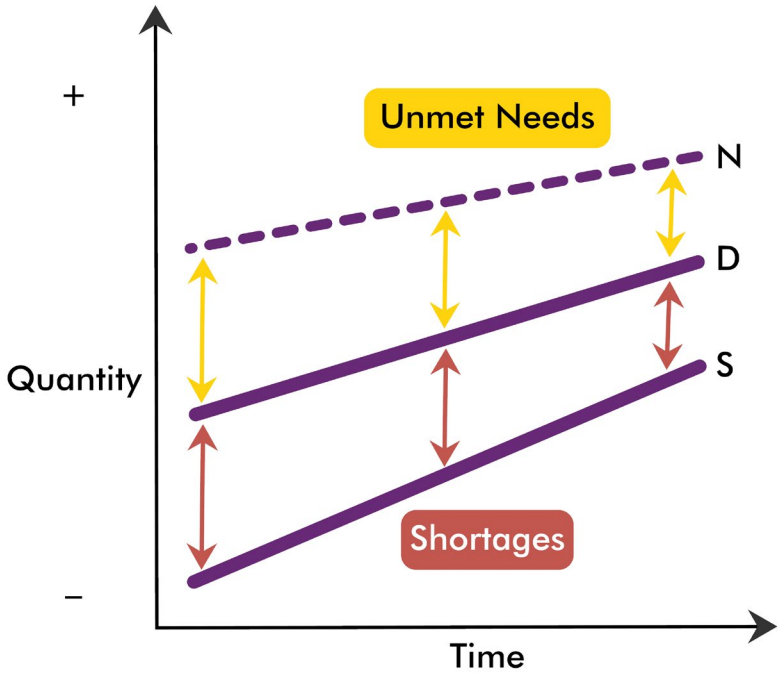
Despite the noted growth in licensed health care professionals over the past decade, population growth and aging, continued insurance coverage expansion, and economic growth will drive steady demand for health care services and, consequently, the need for additional health care workers in Nevada.

Figure 4 illustrates the general progress in narrowing the gap between the demand for health care workers from employers (represented by line D in the figure) and the supply of available licensed health care workers in Nevada (line S in the figure) over the past decade – progress that nonetheless struggles to keep pace with Nevada's above-average population growth, aging, and diversification.

Hospitals and other employers of health professionals in Nevada continue to report high vacancy rates and turnover for a wide-range of health care clinicians, technologists and technicians, and support staff – shortages that are compounded by aging employees beginning to exit the state's workforce and ongoing labor market disruptions in the post-pandemic era.

Regarding Figure 4, it must be noted that shortages represent an economic demand for health professionals by employers greater than the available supply of trained and licensed health professionals. As such, economic demand typically understates the overall clinical needs (represented by line "N" in the figure) of Nevada residents often above and beyond what the market will bear owing to the affordability of care, lack of or poor insurance coverage, the general inability to receive care when care is needed, and workforce shortages.

## Figure 4: Nevada's Health Workforce Shortages – The Interaction Of Supply, Demand, And Unmet Clinical Needs



# FUTURE CONSIDERATIONS: ADDRESSING SHORTAGES THROUGH POLICY SOLUTIONS

**Nevada continues to prioritize health care workforce development as a top policy issue.** As illustrated by the growth in licensees, Nevada has had success in expanding its workforce over the past decade. Additionally, the Nevada Health Care Workforce and Pipeline Development Workgroup developed a vision with specific goals, objectives, and strategies, to develop robust workforce pipeline efforts in the fields of public health, behavioral health, and primary care.[1] Policies are in practice currently, and stakeholders continue to work on identifying and implementing workforce development initiatives.

Despite these efforts, the demand continues to outpace supply, and there is no single "silver bullet" policy to close that gap. Historically, workforce development initiatives have fallen into one of three solution types:

1. **Grow our own workforce:** These are measures that expand existing workforce pipelines within the Nevada System of Higher Education medical, nursing, and other health care education programs and capacity in Nevada.

2. **Stretch the existing health care workforce:** These solutions focus on stretching the existing health workforce in Nevada, including the utilization and reimbursement of telehealth technologies, greater utilization of non-physician clinicians and support staff, and efforts to maximize the use of health professionals practicing at the top of their scope of practice and licensure.

3. **Recruit and retain health care workers from other jurisdictions:** These policy measures target the available health workforce in other states and countries, such as the participation in inter-state licensure compacts, reciprocity agreements, J-1 visa programs, and others.

Lacking that "silver bullet," policymakers will require a menu of policy approaches to close the gap in current and projected health care workforce demands. To develop a comprehensive inventory of recommended state-level policy measures, further study is needed. Further comprehensive research, with a focus on evidence-based policy solutions at the convergence of public health, education, and the economy, should include the following considerations:

- What is the cost – both economically for the state and to the health care system – of doing nothing? How does the cost add up in terms of: (1) health outcomes; (2) direct economic impact (e.g. reduced work productivity); (3) indirect economic impact (e.g. consumer spending); and (4) other factors resulting from inaction?

- Which of Nevada's health care workforce development policies (past and current) have produced the greatest impact in meeting demand? How do they compare to other jurisdictions?

- What is the cost-benefit analysis, taking into consideration both the cost to implement and the return on investment, for available policy recommendations?

Without a deeper analysis of these questions, policy recommendations are premature. However, based on existing data, it is clear that health care workforce shortages will persist in light of population growth, aging, diversification, changes in health trends and insured populations, and other driving factors.

To close the gap between supply and demand, a new study is recommended to thoroughly analyze the policy options that can offer the best outcomes for Nevada's economy and the health of its citizens.

1 The "Public Health Workforce Pipeline Development Plan," "Behavioral Health Workforce Pipeline Development Plan," and "Primary Care Workforce Pipeline Development Plan," are all publicly available at Division of Public and Behavioral Health

# REFERENCES


- Becerra, X. (2024). Health care workforce: Key issues, challenges, and the path forward. ASPE Health Care Workforce Report
- Biernacka-Lievestro, J., & Fall, A. (2024). Population growth in most states lags long-term trends. The Pew Charitable Trusts. Pew population growth analysis
- Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. Annals of Family Medicine, 12(6), 573–576
- Bureau of Labor Statistics, U.S. Department of Labor. (2025, January 9). Home health and personal care aides: Occupational outlook handbook. U.S. Bureau of Labor Statistics
- Griswold, T., et al. (2025). Nevada rural and frontier health data book (12th ed.).
- Murthy, V. (2022). Addressing health worker burnout: The U.S. Surgeon General's advisory on building a thriving health workforce. Surgeon General Advisory on Health Worker Burnout
- U.S. Census Bureau. (2025). American Community Survey data (1-year estimates 2010–2019, 2021–2023; 5-year estimates 2020). American Community Survey Data Portal
- Woods, A., Miller, S. M., Lee, J., Hendricks, J., Levine, M., & Stewart, M. (2023). An analysis of Nevada's pre- and post-pandemic labor force participation rate: Trends analysis. UNLV Nevada labor force analysis

# ABOUT THE GUINN CENTER

The Guinn Center is a 501(c)(3) nonprofit, nonpartisan, independent policy center that seeks to advance evidence-based policy solutions for Nevada through research, public engagement, and partnerships.



Mailing Address:
1664 N. Virginia St.
M/S 0289
Reno, NV 89557

Physical Address:
190 E. Liberty St.
Reno, NV 89501

(775) 682-5083

info@guinncenter.org

guinncenter.org

## OUR VISION

**Identify and advance sound policies and actionable solutions that support a thriving and prosperous Nevada.**

## OUR MISSION

**Advancing evidence-based policy solutions for Nevada through research, public engagement, and partnerships.**