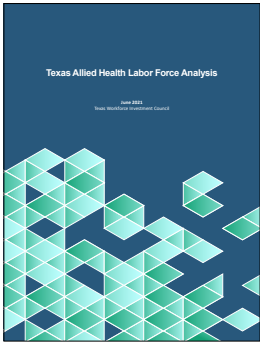


Texas Allied Health Labor Force Analysis



The Texas Workforce Investment Council (Council) prepared this study on the demographic characteristics of the allied health workforce in Texas. While there is much comparative national data in the full report, this synopsis focuses primarily on the key data and analysis necessary to understand the Texas allied health labor force. Estimates from the 2019 American Community Survey (ACS), the most recent data available, were used for this report.

Emerging demographic, socioeconomic, and society-wide changes present challenges for the healthcare labor force. Research suggests that the demand for healthcare workers continues to rise amidst a shortage of healthcare workers in the United States. As the population continues to age and retire, the health care labor force will age and retire with it. Additionally, aging Baby Boomers also present challenges to existing healthcare models.

In 2019, 11,010,180 individuals made up the allied health labor force in the United States. Although what occupations are identified as allied health vary, estimates suggest that anywhere from 60 to 80 percent of the U.S. healthcare labor force may be considered allied health.

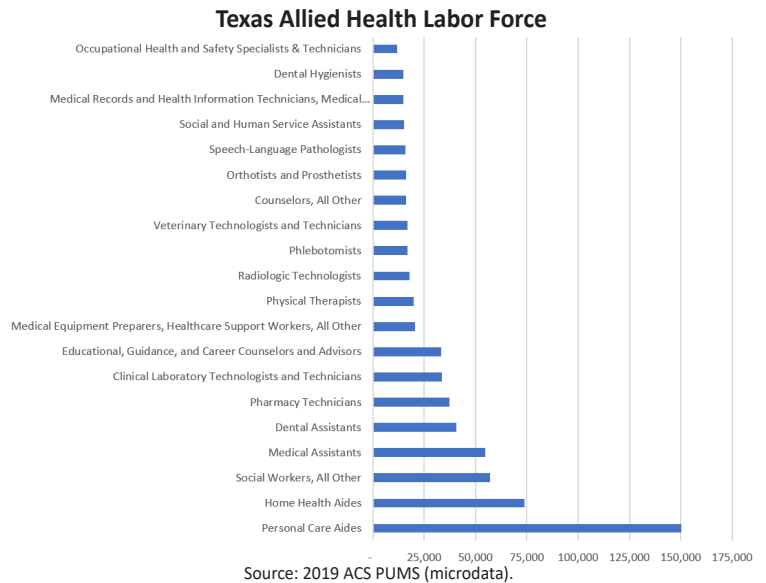
Characteristics of the Texas Allied Health Labor Force

In 2019, the estimated number of allied health labor force participants (includes employed individuals and unemployed individuals looking for work) in Texas was 863,450 individuals. Of the top 20 allied health occupations, the top five consist of Personal Care Aides, which made up the largest number with 150,117 individuals (17.4 percent), followed by Home Health Aides with 73,947 individuals (8.6 percent), Social Workers with 56,956 individuals (6.6 percent), Medical Assistants with 54,663 individuals (6.3 percent), and Dental Assistants with 40,764 individuals (4.7 percent).

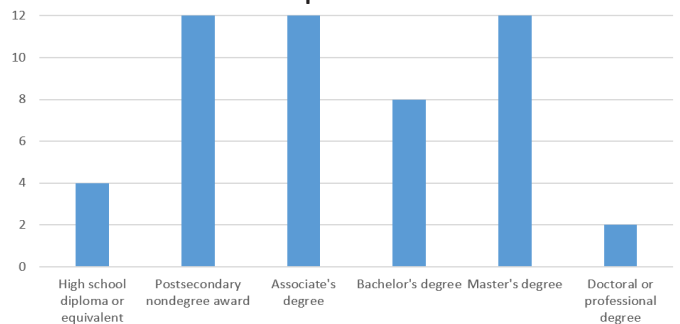
The Texas allied health labor force is composed of 171,185 males (or 19.8 percent) and 692,265 females (or 80.2 percent). Similar to national trends, female participation in allied health outpaces that of male participation. The only notable exception is the Occupational Health and Safety Specialists and Technicians labor force, of which males make up 78.8 percent and females make up 21.2 percent.

The chart to the right shows the typical level of education that most workers need to enter allied health occupations. Most occupations require a postsecondary non-degree award, an associate's degree, or master's degree.

In 2019, Cardiovascular Technologists and Technicians had the largest earnings for both males and females. The next highest paying occupations included Diagnostic Medical Sonographers, Nuclear Medicine Technologists, and Physician Assistants. Despite the large numbers of Home Health Aides and Personal Care Aides in the allied health labor force in



Frequency of Allied Health Occupations Entry-Level Education Requirements



Source: 2019 ACS (microdata). Level of education provided by the U.S. Bureau of Labor Statistics Occupational Outlook Handbook and Texas labor market information produced by the Texas Workforce Commission.

Texas, they are among the lowest paid occupations, with wage or salary income for males and females averaging between \$11,000 and \$16,000, respectively.

The chart to the right illustrates that 38.6 percent of the allied health labor force in Texas was White, 36.7 percent was Hispanic, 17.9 percent was African American, 4.6 percent was Asian, and 2.2 percent belonged to the Other category in 2019.

Race/Ethnicity of the Texas Allied Health Labor Force

Race/Ethnicity	Total	Percent
White	333,297	38.6%
Hispanic	316,657	36.7%
African American	154,474	17.9%
Asian	40,057	4.6%
Other	18,965	2.2%
Total	863,450	100%

Source: 2019 ACS (microdata).

Labor Force Participation of Allied Health Workers in Texas

The table below shows detailed breakouts of the labor force participation status for the top 25 allied health occupations in Texas in 2019. For a detailed explanation of these labor force concepts, please refer to the Data and Methodology section of the report.

Labor Force Participation Status of the Allied Health Labor Force

Occupation Title	Employed	Unemployed	Not in the labor force	Total
Personal Care Aides	116,437	6,817	26,863	150,117
Home Health Aides	57,421	2,452	14,074	73,947
Social Workers, All Other	47,965	2,010	6,981	56,956
Medical Assistants	45,601	1,531	7,531	54,663
Dental Assistants	34,128	1,609	5,027	40,764
Pharmacy Technicians	31,855	1,080	4,355	37,290
Clinical Laboratory Technologists and Technicians	28,476	750	4,375	33,601
Educational, Guidance, and Career Counselors and Advisors	28,948	737	3,597	33,282
Medical Equipment Preparers, Healthcare Support Workers, All Other	16,882	896	2,651	20,429
Physical Therapists	18,691	71	1,059	19,821
Radiologic Technologists	16,280	230	1,306	17,816
Phlebotomists	14,199	425	2,239	16,863
Veterinary Technologists and Technicians	13,781	677	2,381	16,839
Counselors, All Other	13,674	145	2,442	16,261
Orthotists and Prosthetists	14,099	379	1,713	16,191
Speech-Language Pathologists	13,356	154	2,223	15,733
Social and Human Service Assistants	12,089	520	2,666	15,275
Medical Records and Health Information Technicians, Medical Records Specialists	12,564	82	2,201	14,847
Dental Hygienists	13,539	83	1,081	14,703
Occupational Health and Safety Specialists & Technicians	10,651	210	1,089	11,950
Respiratory Therapists	10,072	92	835	10,999
Dietitians and Nutritionists	10,037	52	830	10,919
Emergency Medical Technicians	9,650	78	788	10,516
Physician Assistants	9,814	226	367	10,407
Exercise Physiologists	8,639	124	1,462	10,225

Source: 2019 ACS (microdata).

Observations

The allied health labor force in Texas is primarily White, Hispanic, and predominantly female, according to ACS data. Research shows that demographic and socioeconomic factors affect the current healthcare labor force. The demographic trends highlighted in *Texas Allied Health Labor Force Analysis* are expected to continue into the future. Population change presents challenges and opportunities for allied health workers, educators, and employers. Employers must understand the implications for allied health workers and the population associated with unprecedented demographic and societal changes.