Summary: NW AHEC Regional Profile

2025 Health Talent Alliance Supply and Demand Analysis

The 2025 HTA survey, like 2024, focused on registered nurses (RNs), licensed practical nurses (LPNs), certified nurse aides (CNAs), and medical assistants (MAs).

Positive Signals	**Areas to Watch**
RNs per 10,000 are increasing over time as is educational output (number of people passing the licensure exam). The open position and churn rates remain below state levels but did increase from last year.	Open position rates for all professions of interest increased from last year to this year. Churn for LPNs and CNAs increased from last year's survey to this year's survey.

Annual Goal: To meet employer demand for new growth and replacement jobs, NW AHEC must annually graduate and place or recruit 1,010 RNs, 220 LPNs, 1,440 CNAs, and 500 MAs into regional roles.

The extent to which annual NC educational output is meeting annual demand for professions is shown in the following table. Even when annual educational output meets annual employer demand, if churn or open position rates are high, challenges persist around a given profession or workforce.

Table 1: Extent to Which Regional Supply Meets Regional Demand Annually NW AHEC					
Position	**Annual Demand[1]**	**Annual Educational Output[2]**	**Annual Deficit[3]**	**Open Position Rates**	**Churn Rates**
RN	1,010	690	-320	10%	31%
LPN	220	130	-90	18%	88%
CNA	1,440	2,080	N/A	14%	115%
MA	500	N/A[4]	N/A	13%	42%

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[1] Annual demand comes from a Lightcast projection called annual open positions (new jobs plus vacated positions due to retirements or permanent exit) based on employer data, using a 3-year average. https://lightcast.io/products/data

[2] RN and LPN graduate counts reflect a 3-year average (2022-2024) of NCLEX passage reports published by the NC Board of Nursing. CNA totals come from the NC Department of Health and Human Services, Division of Health Service Regulation

[3] Annual deficit figures assume that all newly credentialed graduates remain in North Carolina and enter the workforce in their trained role. Actual deficits may be larger once out-migration, non-participation, or role changes are taken into account.

[4] Supply figures for MAs were not available.

The following steps, likely in combination, will address workforce shortages: 1) increasing current regional educational output, 2) re-engaging inactive or lapsed licensed individuals as well as those that started but did not finish educational programs, and 3) decreasing demand through adjusted recruitment and retention efforts.
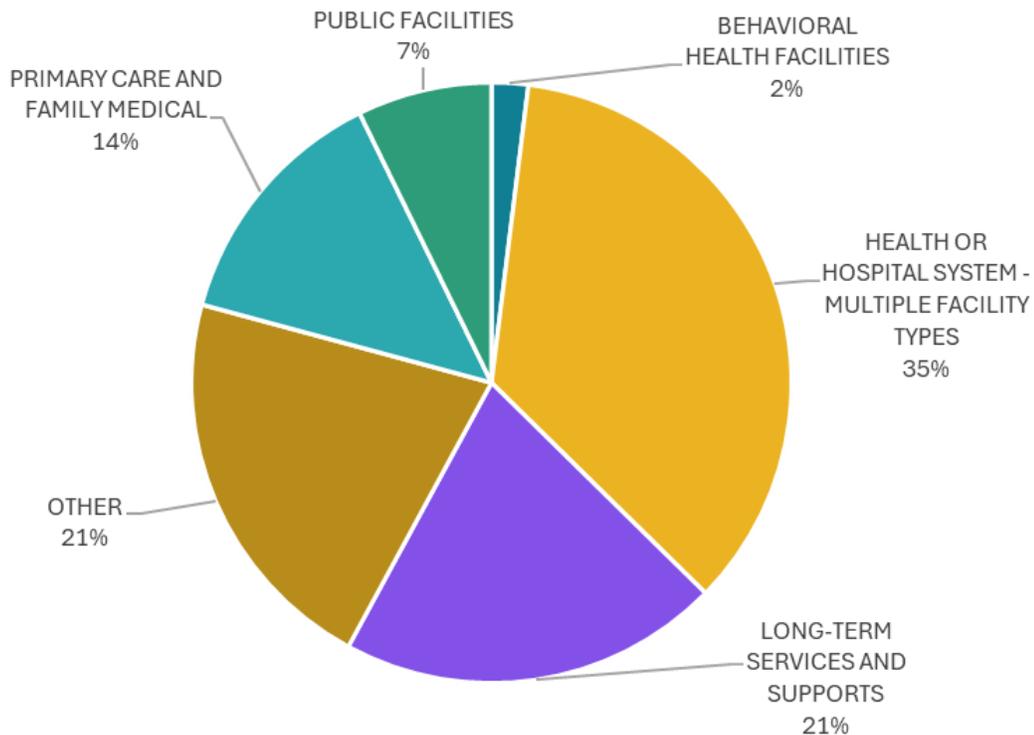
The 2025 HTA survey provides further insight into employer (demand) dynamics as well as supply information within the context of the region. The goal of the report is to support regional decision-makers in understanding their specific dynamics and how to best support supply in meeting demand.

I.   Demand Data Highlights

Who participated?

The Northwest AHEC respondents to the 2025 HTA survey represent **331 facilities operated by 23 unique organizations in the region.** The breakdown of settings by organizational response is shown below.

Northwest AHEC: Settings Represented

PUBLIC FACILITIES 7%

BEHAVIORAL HEALTH FACILITIES 2%

PRIMARY CARE AND FAMILY MEDICAL 14%

HEALTH OR HOSPITAL SYSTEM - MULTIPLE FACILITY TYPES 35%

OTHER 21%

LONG-TERM SERVICES AND SUPPORTS 21%

What are the current employer demand trends?

	Open Position Rates 2025		Churn Rates 2025	
Position	**NW AHEC**	**Statewide**	**NW AHEC**	**Statewide**
RN	10%	13%	31%	43%
LPN	18%	23%	88%	96%
CNA	14%	19%	115%	117%
MA	13%	16%	42%	52%

Table 2: Demand Trends from 2025 HTA Respondents

Open position rates reflect the proportion of budgeted and open but unfilled positions relative to the total headcount by profession.

The equation for this measure is as follows:
*Number of Open Positions Jan 2025/ (Number of Open Positions Jan 2025 + Headcount on Dec. 31, 2024)*

Churn rates measure the proportion of staff coming and going from organizations relative to their overall headcount annually. It helps to understand the magnitude of resources expended (time, money, institutional knowledge transfer or loss) to maintain a workforce.

The equation for this measure is as follows:
(All 2024 Hires + All 2024 Exits)/Headcount on Dec. 31, 2024

HTA data does not capture individual level movement. As such, we cannot assume if an organization employed 100 people and had a 100% churn that those 100 people left. It may be that some of the positions were vacated and filled multiple times during the year and others had a person remaining in a given position all year.

How do employer demand trends this year compare to last year?

Northwest AHEC Open Position Rates

Northwest AHEC Churn Rates
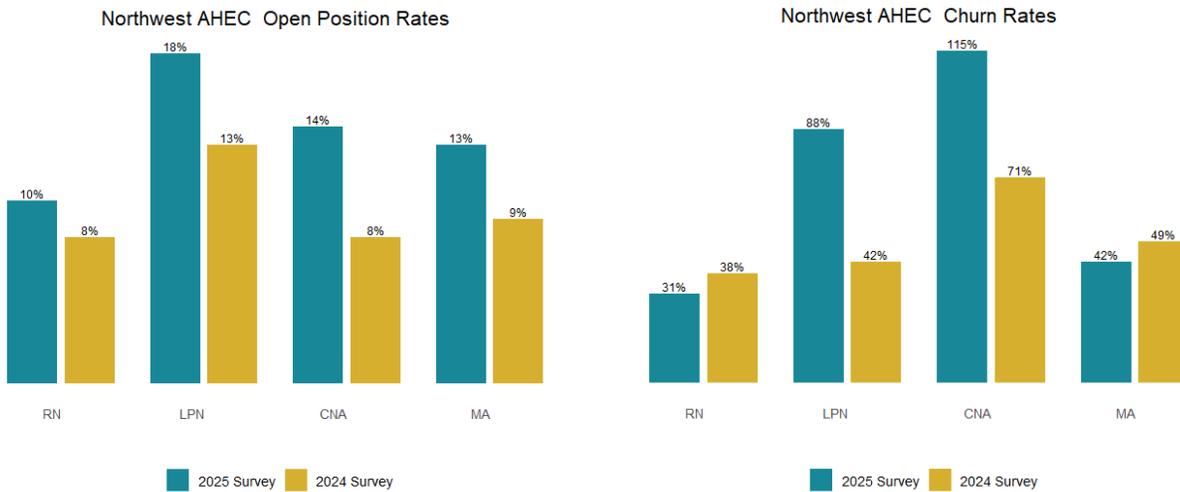
Open position rates for all positions of interest increased in the NW AHEC region from the 2024 survey to 2025.
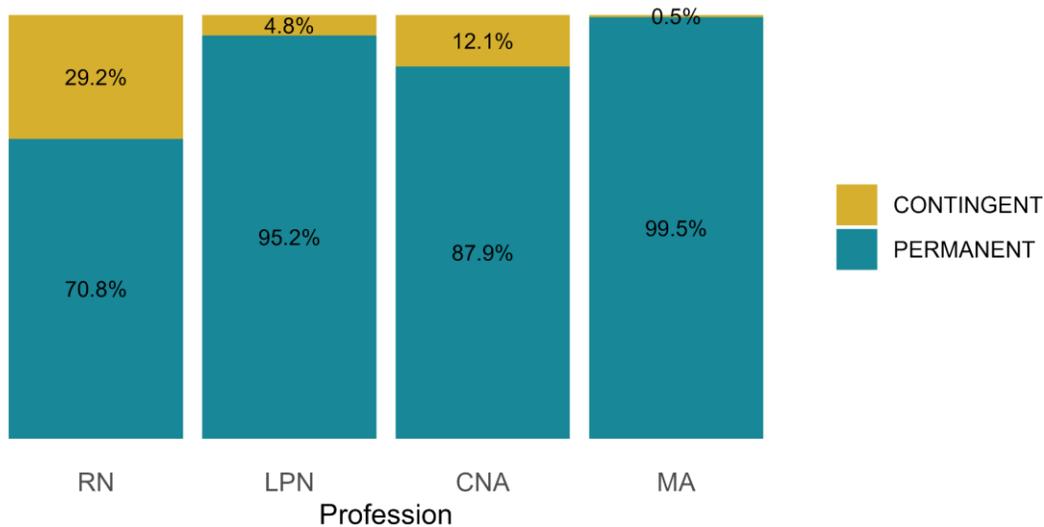
Turnover or churn rates among RNs and MAs decreased from the 2024 survey to 2025 but increased for LPNs and CNAs.

The data collected in the 2024 HTA survey effort reflects some, but not all of the same organizations in the 2025 data collection. Therefore, some proportion of changes between data collection years reflect those differences in survey completers.

How much of this year's data reflect permanent versus contingent workers?

This year, the survey asked respondents to differentiate between permanent workers (salaried, full-time employees) and contingent workers (part-time, contract, or any non-salaried employees). The breakdown for NW AHEC is shown below by profession with most of the data reflecting permanent employees for LPNs and MAs. However, the RN data reflects 30% contingent workers, which is a higher proportion than most other regional respondents. It does not necessarily mean NW AHEC has more contingent workers than other regions (although it could), but it does mean the survey taker employs more contingent workers and results should be interpreted with this in mind.

Northwest AHEC Employee Status
Percentage of Employees by Permanent vs. Contingent Status

Profession	Contingent	Permanent
RN	29.2%	70.8%
LPN	4.8%	95.2%
CNA	12.1%	87.9%
MA	0.5%	99.5%

Legend: CONTINGENT (gold), PERMANENT (teal)

What proportion of HTA responses represent the licensed workforce in the region?

18,763 licensed[5] RNs lived in NW AHEC region as of Oct. 31, 2024. The organizations that responded to the HTA survey employed 12,158 RNs and had 1,364 open positions (totaling 13,522 RNs). This indicates **the employers that responded to the survey employ or seek to employ 72% of the licensed RNs living in the region.**

2,883 licensed LPNs lived in NW AHEC region as of Oct. 31, 2024. The organizations that responded to the HTA survey employed 599 LPNs and had 134 open positions (totaling 733 LPNs). This indicates **the employers that responded to the survey employ or seek to employ 25% of the licensed LPNs living in the region.**

What types of retention strategies are employers using statewide?

When asked *which employee retention strategies were the most successful*, employers noted the following most frequently.
   1.   Tuition support or reimbursement

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[5] Licensure data comes from the Health Professions Data System (HPDS), which is maintained by the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, in collaboration with the North Carolina Area Health Education Centers Program (AHEC), and the state's independent health professional licensing boards

2. Sign-on bonuses
3. Professional development stipend or opportunities
4. Established salary schedule increase based on time, performance, or both

Notably, these strategies are those employers perceive employees to value. The UNC School of Nursing is researching the employee perspective. Data will be released in 2025.

Aside from RNs, LPNs, CNAs, and MAs, what other positions are employers struggling to recruit and retain statewide?

Similar to the 2024 HTA survey, *professionals in primary care and behavioral health were ranked as highly needed and challenging to staff and retain.* According to employer responses, they struggle to hire and retain these other critical positions because they cannot offer competitive salaries or salaries employees are seeking.

Other noted issues include shortages of trained workers due to professional shortages (e.g. dental hygienists) or geographic location (rural) and high turnover rates (particularly for low wage positions with high demands for physical labor).

Unlike last year, *environmental service workers ascended to the most noted critical position needed outside of RNs, LPNs, CNAs, and MAs*. The most noted positions respondents provided are below with the highest ranked first.

| Table 3: Top Critical Positions Mentioned Outside of Nursing, CNAs, and MAs |
|---|
| **Critical Positions Most Noted Listed First – Statewide** |
| Environmental Services |
| Social Workers (MSWs) |
| Nurse Practitioners (NPs) |
| Counselors |
| Physical Therapists (PTs) |

II.   Supply Data Highlights

This year's survey asked institutions to share *cohort-specific* data for programs of interest, which are not widely available in public spaces. The cohort-level information helps illuminate spaces where the pipeline of students into and through programs could be better supported. Below is a list of the educational institutions in the region.

Table 4: Education Institutions in the Region

Institution	BSN	RN-ADN	LPN	CNA	MA
Appalachian State University	✓				
Catawba College	✓	✓			
Lees-McRae College	✓				
Lenoir-Rhyne University	✓				
Northeastern University	✓				
Winston Salem State University	✓				
Caldwell Community College & Technical Institute		✓	✓	✓	✓
Catawba Valley Community College		✓	✓	✓	✓
Davidson-Davie Community College		✓	✓	✓	✓
Forsyth Tech Community College		✓	✓	✓	✓
Rowan-Cabarrus Community College		✓	✓	✓	✓
Surry Community College		✓	✓	✓	✓
Western Piedmont Community College		✓		✓	✓
Wilkes Community College		✓			

Enrollment in public institutions is shown below longitudinally. All public institution data for 4-year programs came from the UNC Systems Office.
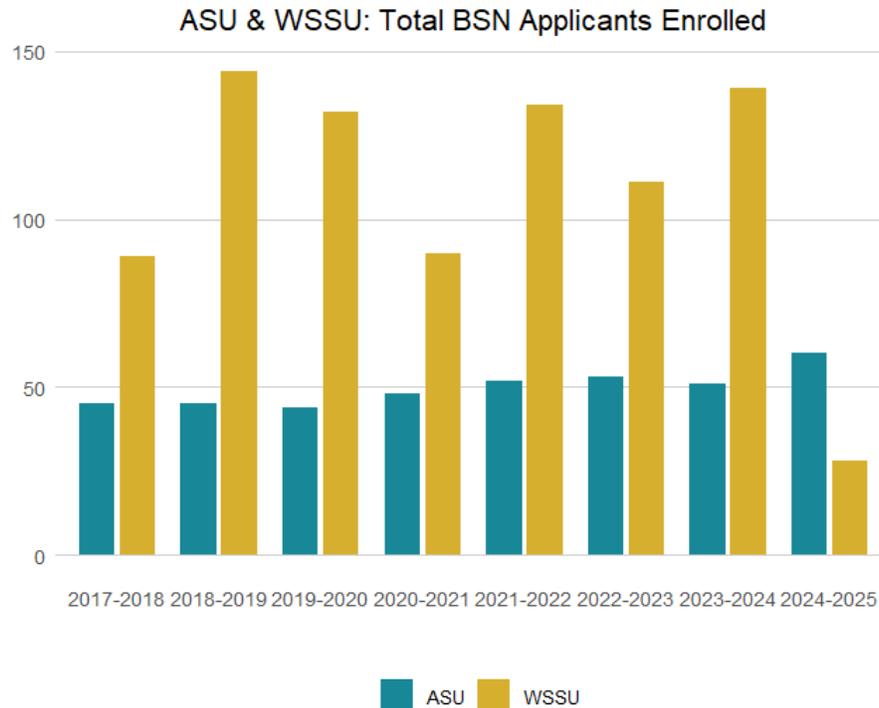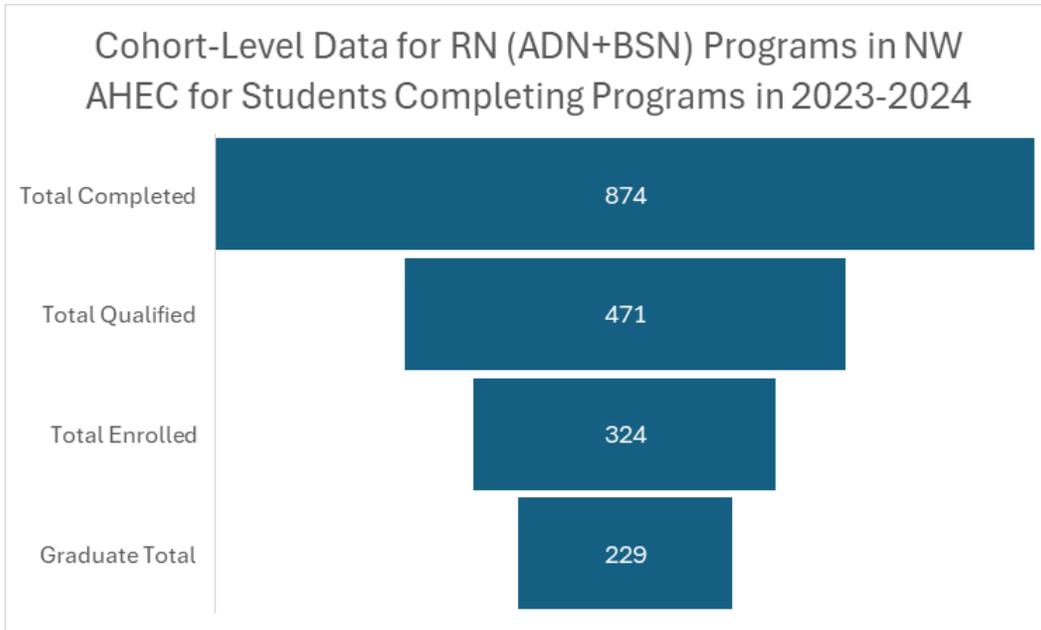

Source: Data from 2025 HTA Survey
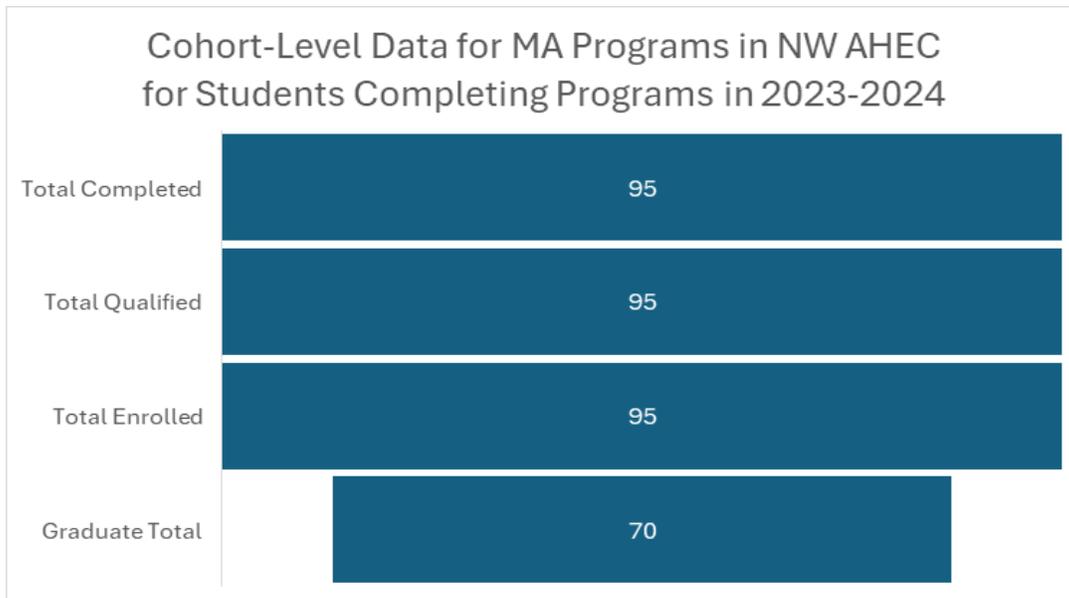
Who participated?

The charts below show respondents to the HTA survey including public institutions and Catawba Valley and Davidson-Davie Community College. Ideally, the stacked bar graphics would look more like a pillar (even bars) and less like a funnel. When bars are uneven from category to category, it signals opportunities to potentially support students or institutions to strengthen the pathway of graduates.

Comparisons of different metrics indicate several potential spaces to intervene and support the institutions in the region. The RN graphic for NW AHEC indicates applicant interest in RN programs (ADN or BSN) is much larger than qualified applicants (almost two times) and each consecutive category decreases in size, indicating there is room to support students and institutions to increase educational output.

Cohort-Level Data for RN (ADN+BSN) Programs in NW AHEC for Students Completing Programs in 2023-2024

Total Completed	874
Total Qualified	471
Total Enrolled	324
Graduate Total	229

Source: Data from 2025 HTA Survey

Catawba, Davidson-Davie, and Western Piedmont Community Colleges provided responses for MA programs. Unlike RN programs, this graphic looks more like a pillar, indicating interested students are admitted and move through the program.

Cohort-Level Data for MA Programs in NW AHEC for Students Completing Programs in 2023-2024

Total Completed	95
Total Qualified	95
Total Enrolled	95
Graduate Total	70

Source: Data from 2025 HTA Survey

III. Supply and Demand

Several secondary resources provide insight into what is "needed," although that term holds different meanings depending on how it is measured. Both data sources used below have strengths and the "need" for nurses is likely somewhere in between the two sources.

Lightcast provides a measure called "Job Openings"[2] that indicates how many positions are needed annually to replace positions that data suggests professionals have left for good (retirement or exiting the geographic region) as well as positions available due to growth. Nursecast provides a measure of the difference between supply and demand based on utilization of health services and nurse licensure data among other sources.

What's the outlook for NW AHEC?

| Position	Employer Perspective (Lightcast)	Utilization Perspective (Nursecast)
	Number of Positions Needed Annually To Replace Vacated Jobs (based on a 3-year average)	Number of Positions Needed for Supply to Meet Utilization of Services for 2025
RN	1,010	1,515
LPN	220	259
CNA	1,440	N/A
MA	500	N/A

Lightcast is a purchasable dataset that uses several public data sources such as the US Census Bureau, the Bureau of Economic Analysis, and the Bureau of Labor Statistics. Most of the data sources are survey-based. Some of the sources exist at the individual level from the individual perspective and some exist at the individual level from an employer perspective.

NC Nursecast is a supply and demand model developed by the Cecil G. Sheps Center's Program on Health Workforce Research and Policy that uses NC nurse licensure data and service utilization information among other sources.

# IV.   Changes in Licensed Professionals

In the last 5 years, the number of licensed RNs grew 10.6%, but 4.6% of that growth occurred from 2023 to 2024. This larger increase may reflect a rebound after the COVID-19 pandemic.

RNs in NW AHEC have increased and decreased slightly in size since 2019. However, a large increase in the RN population occurred from 2023 to 2024, potentially reflecting a rebound from the COVID-19 pandemic.
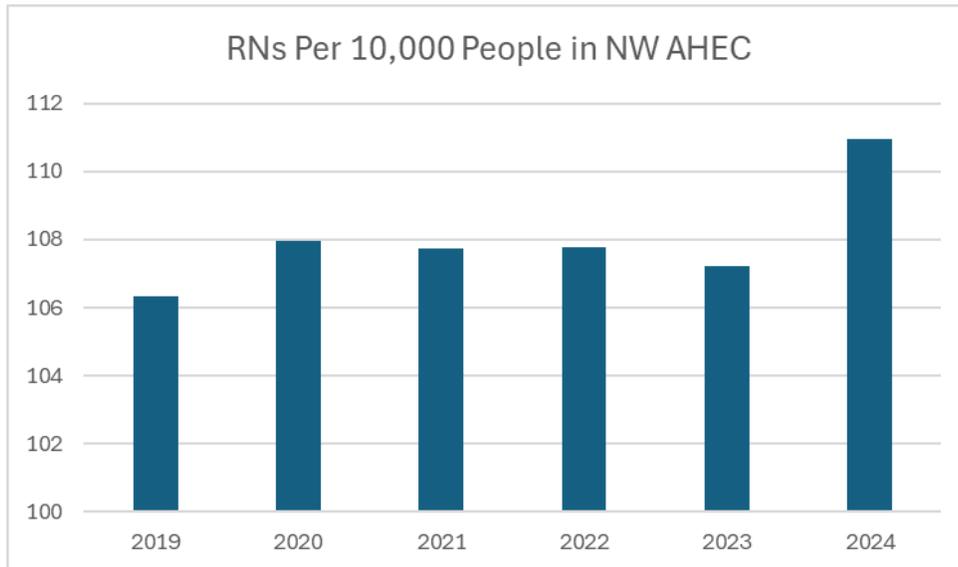
Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created July 22, 2025 at https://nchealthworkforce.unc.edu/interactive/supply/.

Similarly, the number of individuals sitting for the RN exams for the first time (ADN and BSN) and passing is increasing over time.
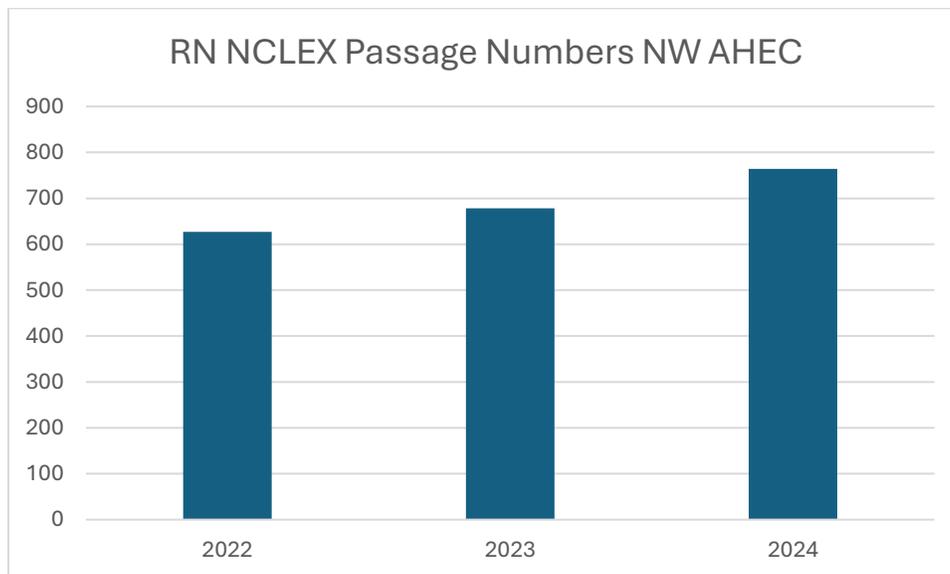
Source: NC BON NCLEX passage reports: NCLEX Pass Rates | North Carolina Board of Nursing

In the last 5 years, the number of licensed LPNs decreased 4.1%. Concerningly, the LPN population in NC has only increased (<1%) over the last 24 years.

Although the LPN population was steadily decreasing from 2019 to 2023, it increased from 2023 to 2024, which counters much of the state that continues to see a decline in LPNs.
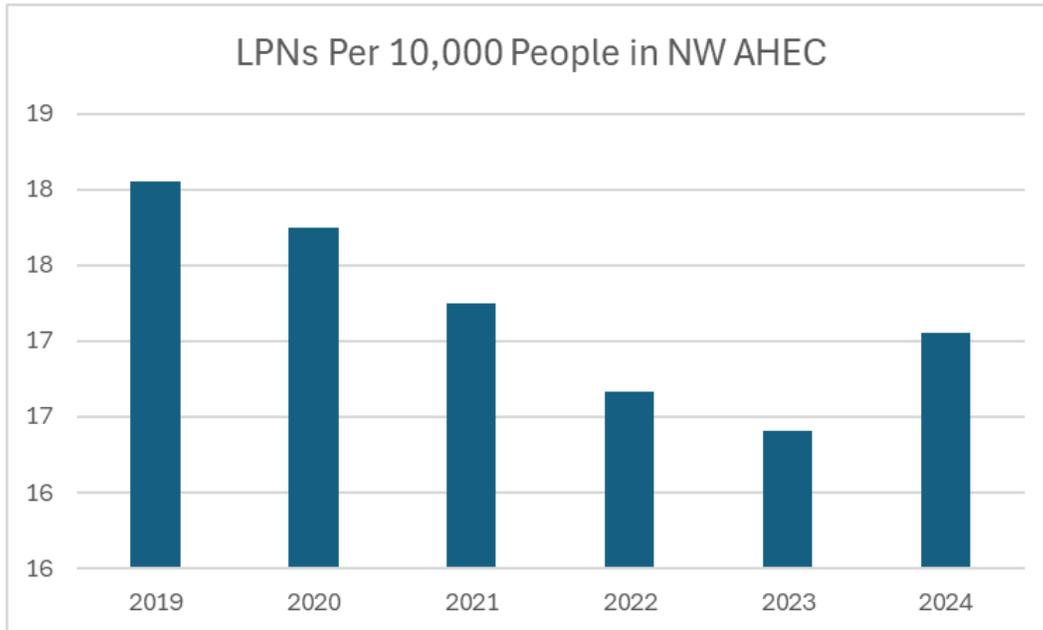
LPNs Per 10,000 People in NW AHEC

Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created July 22, 2025 at https://nchealthworkforce.unc.edu/interactive/supply/.

The number of individuals sitting for and passing the LPN exam is fairly stagnant over the last three years.

LPN NCLEX Passage Numbers NW AHEC
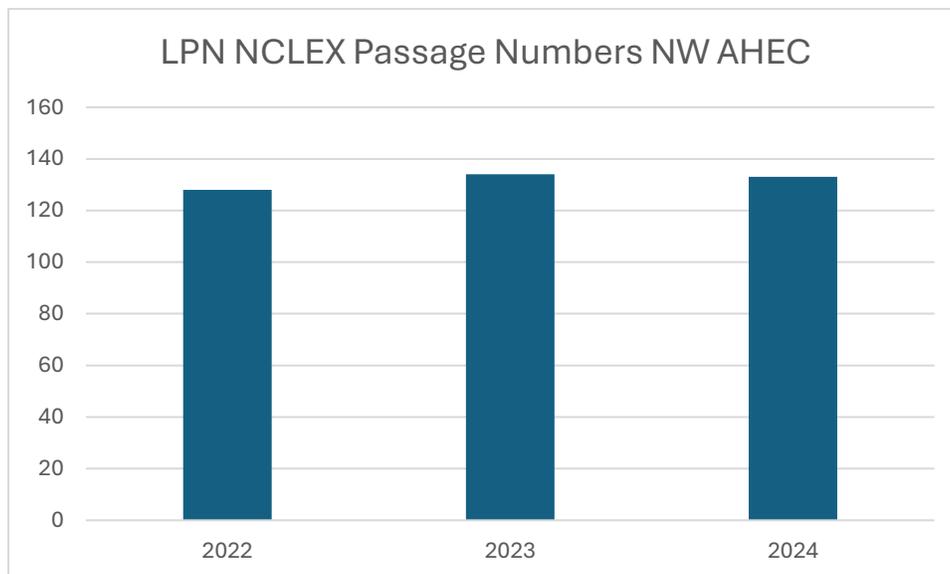
Source: NC BON NCLEX passage reports: NCLEX Pass Rates | North Carolina Board of Nursing

V. Conclusion

The 2025 HTA data and secondary data indicate some positive trends in the growth of workforce supply for key occupations. However, current trajectories will not close annual talent deficits, and continued coordination across sectors is needed to strengthen workforce stabilization efforts. Additionally, educational data suggests public programs have room to grow enrollment if practical barriers (e.g., limited faculty, clinical sites, etc.), and application data suggests interest in programs is robust.

Fluctuations in employer demand levels appear to be leveling off closer to pre-pandemic levels, which may increase predictability for workforce planning efforts. However, HTA metrics assessing the movement of employees into and out of organizations on an annual basis indicate increased churn among CNAs and LPNs. Similarly, some settings reflect elevated levels of churn and open position rates across positions, such as long-term services and behavioral health. Analysis reveals regional variance across key metrics as well.

Regional HTA collaboratives hosted by NC AHEC regions are leveraging these insights to better define and quantify shared challenges and implement interventions that build on each region's unique assets. To close annual talent deficits, this work likely requires some combination 1) increasing current regional educational output, 2) recruiting individuals who can more rapidly fill clinical needs (e.g., re-engaging inactive or lapsed licensed individuals, out of state recruitment, strengthening pathways into key occupations, engaging those started but did not finish educational programs, etc.), and 3) decreasing demand through targeted retention efforts.

For any questions about the report or the data, please contact htadata@ncahec.net and find more information at https://workforceforhealth.org/hta.