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Preparing Nevada's Future Healthcare and Education Workforces: An Analysis of the K-12 and Higher Education Pipeline

A Report Utilizing the Nevada P-20 to Workforce Research (NPWR) Data System

Prepared by
Brookings Mountain West

Submitted to the Nevada Office of Workforce Innovation (OWINN)
August 2025

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With special thanks to Ashley LeClair, Olivia Cheche, and Kristian Thymianos and to the Brookings Mountain West and The Lincy Institute Student Research Team for their assistance:

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Abstract

With ongoing workforce shortages in healthcare and K-12 education in Nevada, this study utilizes the Nevada P-20 to Workforce Research Data System (NPWR) and data from the U.S. Bureau of Labor Statistics to explore the current and projected landscape of Nevada's future healthcare and education workforces. Examining the demographic characteristics of those participating in focused career and technical education training and those earning relevant postsecondary credentials illuminates disparities in Nevada's healthcare and education workforce pipelines. After reviewing the current state of the education and healthcare workforces and assessing the available NPWR data, we offer policy recommendations to improve Nevada's healthcare and education workforce pipelines now and in the future.

Introduction

In response to the Office of Workforce Innovation's (OWINN) 2025 call for proposals to utilize the Nevada P-20 to Workforce Research Data System (NPWR), Brookings Mountain West was awarded funding to evaluate the future of the healthcare and education workforce pipelines in Nevada. The project analyzes data obtained through NPWR and collateral data collected from governmental agencies in Nevada and nationally. This policy brief summarizes our work and expands on the growing national conversation highlighting workforce shortages in healthcare, mental and behavioral health, and education by examining Nevada's workforce deficits in these sectors and evaluating current efforts to address these deficits. We begin with an overview of the education, healthcare, and mental and behavioral health workforces at the national, state, and regional levels, including an important discussion about gender representation in these critical job sectors. We then examine current K-12 and higher education programs that support the workforce pipelines in these sectors. We also assess innovative efforts to recruit and train Nevadans to expand these pipelines, as well as review actions taken during the 2025 legislative session to bolster the education and healthcare workforces. We conclude with a discussion of public policy interventions to grow and strengthen the health care and education workforces in Nevada.

The STEM and HEAL Workforces in the U.S.

Workforce shortages in healthcare and K-12 education remain a focal point of discussions on economic development and the future of work throughout the United States. In February 2025, the U.S. Census Bureau of Labor Statistics reported 7.6 million job openings nationally,[1] with 1,368,000 job openings in healthcare and social assistance, and an additional 296,000 job openings in state and local education.[2] As noted by the Brookings Institution's Luther Jackson, current workforce gaps pose fundamental questions for our nation:[3]

- How should employers source workers as our population ages, as immigration is restricted, and as the development of industry advancement such as artificial intelligence changes the landscape of job demands?
- Where are we overlooking talent that can fill the gaps in our current workforce pipelines?

Of interest to our analysis is the variable participation of demographic groups in the labor force. Our colleague Richard Reeves of the American Institute on Boys and Men (AIBM) posits that the systemic challenges faced by boys and men in the United States contribute to the decrease in their participation in areas such as education, fatherhood, and employment.[4] In *Of Boys and Men: Why the Modern Male Is Struggling, Why It Matters, and What to Do About It,* Reeves draws a compelling comparison between the public push to encourage women into STEM fields (science, technology, engineering, and math), and the underrepresentation of men in what he calls "HEAL professions."[5]

Reeves and colleagues define HEAL occupations as those in the fields of health, education and literacy. "HEAL jobs—largely in what is sometimes called the 'care economy,' including nurses, teachers, and medical assistants—already account for about one in seven jobs in the United States."[6] They report that HEAL jobs are projected to add 1.6 million jobs by 2033. Within these occupations, women dominate with males comprising just 22 percent of the workforce. Because men are underrepresented in these occupations, many work age males miss out on job opportunities and the chance to fill these important roles.[7] The gender differences also create workforce staffing challenges. All else equal, employers are filling nearly 80 percent of HEAL positions from half of the labor pool.

The skills needed to expand the HEAL workforce can be obtained without a bachelor's degree. Half of high-paying middle-skills jobs that require more education and training than a high school diploma, but less than a four-year college degree, are held by white males while women from marginalized racial and ethnic groups constitute the vast majority of those who work in lower-paying middle-skills occupations.[8] However, the field of healthcare is the "only high-paying middle-skills occupational group dominated by women."[9]

Over the past several decades, campaigns to encourage girls and women into STEM have been largely successful, enhanced by scholarship funds, mentorship opportunities, and shifts in cultural and educational messaging to increase female participation in what were historically viewed as male-dominated fields. One reason for the success of these efforts is the fact that historically male-dominated STEM professions typically pay more than historically female-dominated care-oriented and interpersonal professions.

Reeves notes that there is no equivalent national effort to support men in entering HEAL professions. HEAL professions are in high demand, yet men remain largely absent from these fields even as HEAL careers provide stable incomes and opportunities for upward mobility. A contributing factor to this is the entrenchment of stereotypes suggesting that elementary school teachers, nurses, and social workers are "women's jobs," thus fostering disinterest and cultural resistance to men entering these occupations. While these trends may be reversing in some jobs, such as nursing,[10] the underrepresentation of males in HEAL profession reflects a long-term decline. For instance, in 1968 males constituted 68 percent of psychologists and 38 percent of social workers, but by 2020 the number of males in these fields declined to 20 percent and 18 percent respectively.[11]

A necessity in combatting these perceptions is the presence of male role models in fields like healthcare and education. Reeves emphasizes that boys benefit from being exposed to a diverse range of adults, and that the presence of male teachers or healthcare professionals can challenge conceptions of masculinity that discourage academic engagement

or emotional vulnerability. Further, racial matching between students and teachers can improve educational performance and outcomes for racially diverse students, particularly for Black male students.[12]

Yet, we also know that there is a large swath of the potential workforce that is untapped. Reeves and AIBM compiled data on young adults (i.e., the 16–24 aged noninstitutionalized civilian population) who they classify as "NEETs;" an acronym for those in the age cohort who are not enrolled in an education institution, employed (but may be seeking work), or in a workforce training program. Their research indicates that 12 percent of 16- to 24-year-old males and 13 percent of 16- to 24-year-old females are NEETs. Over the last three decades, the female rate declined while the rate for men increased slightly. Focusing on the employment aspect of NEETs, whereas in 1990 40 percent of males were not seeking work, this increased to 50 percent ten years later—and as of 2024, two-thirds of male NEETs were not actively seeking work.[13] Moreover, unlike female NEETs, very few male NEETs are caring for children.

The State of Play in Nevada

Aligned with Reeves' thesis on the importance of supporting the advancement of HEAL professions, we focus on areas of critical workforce need in Nevada: healthcare and education. In both cases, Nevada is underperforming in its expected share of workers in these critical job sectors. Tables 1, 2, and 3 detail Nevada's education, healthcare, and mental and behavioral healthcare workforces utilizing data from the U.S. Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics.

As of May 2024, Nevada reported just 60 percent of its expected share of education workers (n=57,140). For the same period, Nevada reported 80 percent of its expected share of healthcare workers (n=77,800), and 60 percent of its expected share of mental and behavioral healthcare workers (n=16,490). The Las Vegas-Henderson-North Las Vegas, NV metropolitan statistical area (MSA), referred to subsequently as the Las Vegas metro, employed 60 percent of its expected share of education workers, 80 percent of its expected share of healthcare workforce, and 60 percent of its expected share of mental and behavioral healthcare workers to serve a population of 2.3 million residents.

Table 1: Nevada's Education Workforce, 2024

Area	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
Nevada	57,140	60%	$27.54	$57,290
Las Vegas-Henderson-North Las Vegas, NV MSA	40,980	60%	$26.54	$55,190
Reno-Sparks, NV MSA	10,680	70%	$30.91	$64,290

* Derived from Location Quotients.

Note: MSA is the initialism for metropolitan statistical area; share of expected employment is derived from location quotients.

Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2024

Table 2: Nevada's Healthcare Workforce, 2024.

Area	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
Nevada	77,800	80%	$48.51	$100,890
Las Vegas-Henderson-North Las Vegas, NV MSA	57,680	80%	$47.89	$99,620
Reno-Sparks, NV MSA	14,240	80%	$51.60	$107,330

* Derived from Location Quotients.
Note: MSA is the initialism for metropolitan statistical area; share of expected employment is derived from location quotients.
Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2024.

Table 3: Nevada's Mental and Behavioral Health Workforce, 2024

Area	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
Nevada	16,490	60%	$30.15	$62,720
Las Vegas-Henderson-North Las Vegas, NV MSA	11,700	60%	$30.02	$62,430
Reno-Sparks, NV MSA	2,870	60%	$30.78	$64,030

* Derived from Location Quotients.
Note: MSA is the initialism for metropolitan statistical area; share of expected employment is derived from location quotients.
Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2024.

Breaking down the BLS data further to consider individual job codes in education, healthcare, and mental and behavioral health reveals a nuanced understanding of the individual jobs that are underrepresented and overrepresented in the State of Nevada. Table 4 presents data on the specific job codes in K-12 education for Nevada as of May 2024.[14] Nevada employed 70 percent of its expected share of elementary school teachers, 60 percent of its expected share of middle school teachers, and 80 percent of its expected share of secondary school teachers when compared to national rates.

Special education teachers within K-12 schools were also underrepresented when compared to national rates; Nevada reported 20 percent of its expected share of special education teachers in kindergarten, elementary, and secondary schools, and 40 percent of its expected share of special education teachers in middle schools. Notably, special education teachers in middle schools earned an annual mean wage of $51,200, compared to annual mean wages of $69,520 for special education teachers in kindergarten and elementary schools, and $68,220 for special education teachers in secondary schools. To compensate for these deficiencies, Nevada employed 140 percent of its expected share of short-term substitute teachers when compared to the national average. During this time, these short-term substitute teachers earned an annual mean wage of $29,780.

Table 4: Nevada Workforce and Wage Data for K-12 Education Occupation Codes, May 2024

Occupation Code	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
Preschool Teachers, Except Special Education	2,570	60%	--	$38,510
Kindergarten Teachers, Except Special Education	1,220	110%	--	$63,630
Elementary School Teachers, Except Special Education	9,290	70%	--	$63,230
Middle School Teachers, Except Special & Career/Technical Education	3,440	60%	--	$69,720
Secondary School Teachers, Except Special & Career/Technical Education	8,500	80%	--	$66,990
Career/Technical Education Teachers, Secondary School	130	10%	--	$64,920
Special Education Teachers, Kindergarten and Elementary School	490	20%	--	$69,520
Special Education Teachers, Middle School	390	40%	--	$51,200
Special Education Teachers, Secondary School	320	20%	--	$68,220
Special Education Teachers, All Other (25-2059)	1,190	300%	--	$65,400
Adult Basic Education, Adult Secondary Education, & English as a Second Language Instructors	50	10%	$23.31	$48,480
Self-Enrichment Teachers	1,200	40%	$20.66	$42,970
Substitute Teachers, Short-Term	6,550	140%	$14.32	$29,780
Tutors	840	50%	$16.51	$34,340
Teachers and Instructors, All Other	2,010	160%	--	$59,780
Instructional Coordinators	1,220	60%	$34.38	$71,520
Teaching Assistants, Except Postsecondary	6,570	50%	--	$33,460

* Derived from Location Quotients.
(--) Represents a lack of available data.
Note: Wages for some occupations that do not generally work year-round, full time, are reported either as hourly wages or annual salaries depending on how they are typically paid.
Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2024.
Adapted from: Olivia K. Cheche, Caitlin J. Saladino, and William E. Brown, "The K-12 Education Workforce in Nevada, 2024," *K-12 Education Fact Sheet No. 11,* 1-5, 2025, https://oasis.library.unlv.edu/bmw_lincy_k12/11.

Table 5 presents data on the specific job codes in mental and behavioral health for Nevada as of May 2024.[15] Nevada employed 100 percent of its expected share of Child, Family, and School Social Workers when compared to the national rate. For all other mental health occupations, the State of Nevada reported less than its expected share of workers when compared to national rates. The State of Nevada employed 70 percent of its expected share of Educational, Guidance, and Career Counselors and Advisors, 60 percent of its expected share of Social and Human Service Assistants, and 50 percent of its expected share of Substance Abuse, Behavioral Disorder, and Mental Health Counselors when compared to national rates. Appendix A further differentiates the healthcare job codes for the state as of May 2024.

Table *5*: Nevada Workforce and Wage Data for Mental and Behavioral Health Occupation Codes, May 2024

Occupation Code	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
Educational, Guidance, and Career Counselors and Advisors	2,300	70%	$32.50	$67,600
Marriage and Family Therapists	150	20%	(1) --	(1) --
Rehabilitation Counselors	470	50%	$24.72	$51,410
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	2,240	50%	$30.98	$64,430
Counselors, All Other	240	70%	$22.61	$47,040
Child, Family, and School Social Workers	3,730	100%	$30.24	$62,900
Healthcare Social Workers	1,070	60%	$37.22	$77,420
Mental Health and Substance Abuse Social Workers	1,140	90%	$26.68	$55,490
Social Workers, All Other	470	70%	$50.09	$104,180
Health Education Specialists	330	50%	$31.50	$65,530
Social and Human Service Assistants	2,410	60%	$21.04	$43,750
Community Health Workers	550	90%	$31.21	$64,920
Community and Social Service Specialists, All Other	310	30%	$24.23	$50,390

* Derived from Location Quotients.
(--) Represents a lack of available data.
Note: Wages for some occupations that do not generally work year-round, full time, are reported either as hourly wages or annual salaries depending on how they are typically paid.
Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2024.
Adapted from: Olivia K. Cheche, Caitlin J. Saladino, and William E, Brown, "The Mental Health Workforce in Nevada, 2024," *Health Fact Sheet No. 41*, 1-4, 2025, https://oasis.library.unlv.edu/bmw_lincy_health/40.

These data clarify Nevada's current healthcare and education workforce pipelines deficits at both the state-level and within Nevada's major metros. In the next section, we evaluate how we got here. To do this, we use NPWR data to assess engagement in high school career development programming in healthcare and education and credentialing outputs from Nevada's higher education institutions from 2010 to 2022.

Targeted High School Education Programs

Work-based learning for K-12 students is a concept that is gaining traction in many states. Work-based learning is "an instructional strategy that enhances classroom learning by connecting it to the workplace."[16] Access to work-based learning programs differs across the nation. American Progress reports that by 2023, 34 states and Washington, D.C., developed policies focused on work-based learning at the high school level and 15 states appropriated dedicated funding for work-based learning opportunities in secondary schools. In Nevada, Assembly Bill 428 (2023) allows students to receive elective credit for work-based learning opportunities.[17]

Targeting potential future workers in healthcare and education, several Clark County high schools offer majors and Career and Technical Education (CTE) courses and programs that expose students to careers in these sectors. While most of these programs are concentrated at magnet high schools, some are offered at nonmagnet high schools and charter schools. Table 6 details the high schools that currently offer high school majors and CTE programs centered in healthcare or education. Yellow shading indicates that the program offers students dual credit enrollment through

Nevada State University (NSU). Red shading indicates that the program offers students dual credit enrollment opportunities through the University of Nevada, Las Vegas (UNLV). Grey shading indicates that the program mentions dual credit enrollment opportunities but does not specify from which Nevada System of Higher Education (NSHE) institution the credits are earned.

Table 6: Healthcare and Education Major and CTE Programs at Clark County High Schools, 2024-2025 School Year

High School	Healthcare												Education			
	Biomedical*	Biomedical Science	Biomedical Studies	Biotechnology	Dental Assisting	Emergency Medical Services*	Medical Assisting*	Medical Professions	Medical Pre-Medical	Nursing Assistant	Pre-Medical	Sports Medicine*	Early Childhood Education*	Education and Leadership	Teacher Education	Teaching and Training
Advanced Technologies Academy	✓															
Canyon Springs High School													✓			
Centennial High School													✓			
Cheyenne High School													✓			
Desert Pines Magnet Academy											✓					
East CTA								✓				✓	✓			✓
Ed W. Clark High School							✓								✓	
Green Valley High School	✓															
Northeast CTA								✓								✓
Northwest CTA	✓											✓			✓	
Rancho High School									✓							
South CTA		✓										✓		✓		
Southeast CTA								✓		✓		✓				✓
Southwest CTA					✓					✓					✓	
Sports Leadership and Management Academy of Nevada												✓				
Veterans Tribute CTA						✓										
West CTA			✓	✓						✓		✓				

* Career and Technical Education Program.

Notes: CTA is the initialism for Career and Technical Academy. Yellow shading indicates that the program offers students dual credit enrollment through Nevada State University (NSU). Red shading indicates that the program offers students dual credit enrollment opportunity through the University of Nevada, Las Vegas. Grey shading indicates that the program mentions dual credit enrollment opportunities but does not specify from which Nevada System of Higher Education (NSHE) institution the credits are earned.

Sources: School websites and College of Southern Nevada "Eligible CTE Programs by High School," 2025 (https://www.csn.edu/hs-cte-programs)

To assess participation in CTE programs, Table 7 presents data from the 2010-2011 to 2021-2022 school years detailing CTE enrollments, statewide completions, and completions in Clark County for all CTE programs, programs focused on education, and programs focused on healthcare. These data were accessed via the NPWR data portal and are further differentiated by students' gender. As Table 7 reports, males outnumbered females across CTE

enrollments, statewide completions, and completions in Clark County. These differences decreased when comparing enrollees to completions, with the difference decreasing further when only Clark County completions are considered.

Considering high school students who enrolled and completed CTE programs in education suggests gender differences. Female students outnumbered males in enrollments, statewide completions, and completions in Clark County. These data also make clear that very few students pursue CTE programs in education. Statewide, over 16,000 high school students enrolled in CTE programs between 2011 and 2022, but just about three percent pursued CTE programs in education. Additionally, only a third of that group completed their programs, compared to a nearly two-thirds completion rate for all CTE programs. When only Clark County completers are considered, between 2011 and 2022, 125 students completed a CTE program in education, which was 80 percent of the state total.

Table 7: High School Career and Technical Education Enrollments and Completions, 2010-2011 to 2021-2022

Program	Enrollments			Completions			Clark County Completions		
	Female	Male	X	Female	Male	X	Female	Male	X
All	7,725	8,265	14	4,845	5,073	8	3,610	3,830	4
Education CTE	244	229	1	81	74	1	66	59	0
Healthcare CTE	958	948	5	374	328	0	301	237	0

Notes: CTE is the initialism for Carrer and Technical Education. Education CTE Programs include Early Childhood Education and Teaching and Training. Healthcare CTE Programs include Biomedical, Community Health Science, Dental Assisting, Dental Science, Emergency Medical Technician, Health Science, Medical Assisting, Nursing Assistant, Respiratory Science, Respiratory Therapy, and Sports Medicine.
Source: Nevada Department of Education accessed via Nevada P-20 to Workforce Research Data System.

Compared to the CTE education programs, enrollment and completion in CTE programs focused on healthcare were more robust, accounting for 12 percent of the total enrollments in CTE programs but less than ten percent of statewide completions. Across the state, 1,911 high school students enrolled in these programs and 37 percent completed their programs. Among the completers, over three-quarters were high school students in Clark County. Consistent with enrollment and completions in CTE education programs, female students outnumbered males with the gender difference increasing among completers compared to enrollees statewide, as well as completers in Clark County comparted to statewide completers.

To provide a better understanding of the prevalence of CTE enrollments and completions in education and healthcare programs, Table 8 summarizes the top 15 CTE programs in terms of total enrollments, statewide completions, and completions among Clark County students. These data indicate that the most popular programs were those in the visual arts (i.e., Video Production, Photography, Graphic Design, and Animation), those that align with Nevada's core economic industries of hospitality and entertainment (i.e., Culinary Arts and Theatre Technology), and business (i.e., Marketing and Business Management). Two healthcare focused CTE programs were among the top 15 in enrollments, led by Sports Medicine, fifth overall, and Biomedical at 15th overall. Early Childhood Education, one

of the two CTE programs in education, also was in the top 15 statewide enrollments. Looking at the columns summarizing statewide completions suggests some differences compared to patterns of enrollment and completions. For instance, while enrollment in Sports Medicine CTE programs accounted for 4.2 percent of all enrollments, these students accounted for 5.4 percent of all completions. Biomedical completions jumped six spots relative to enrollments. It is also worth noting that Nursing Assistant completions ranked 12th despite enrollments in those programs not ranking at all in the top 15. In contrast, Early Childhood Education reported the 14th highest enrollment but did not rank in the top 15 for completions. Only considering Clark County completions, three healthcare focused programs—Sports Medicine, Biomedical, and Nursing Assistant—were in the top 15, as was Early Childhood Education.

Table 8: Top 15 High School Career and Technical Education Enrollments and Statewide and Clark County Completions, 2010-2011 to 2022-2023

Enrollments			Completions			Clark County Completions		
Program	**Number**	**Share**	**Program**	**Number**	**Share**	**Program**	**Number**	**Share**
Culinary Arts	1,630	10.2%	Culinary Arts	914	9.2%	Culinary Arts	697	9.4%
Video Production	997	6.2%	Video Production	580	5.8%	Video Production	414	5.6%
Photography	972	6.1%	Sports Medicine*	536	5.4%	Sports Medicine*	405	5.4%
Graphic Design	881	5.5%	Graphic Design	524	5.3%	Graphic Design	395	5.3%
Automative Technology	782	4.9%	Photography	490	4.9%	Photography	361	4.9%
Sports Medicine*	675	4.2%	Automative Technology	440	4.4%	Automative Technology	346	4.7%
Marketing	662	4.1%	Marketing	376	3.8%	Marketing	288	3.9%
Forensic Science	420	2.6%	Forensic Science	272	2.7%	Forensic Science	199	2.7%
Furniture and Cabinetmaking	408	2.5%	Biomedical*	250	2.5%	Animation	195	2.6%
Theatre Technology	391	2.4%	Animation	245	2.5%	Biomedical*	181	2.4%
Animation	372	2.3%	Theatre Technology	232	2.3%	Business Management	172	2.3%
Computer Science	368	2.3%	Nursing Assistant*	225	2.3%	Nursing Assistant*	172	2.3%
Business Management	331	2.1%	Business Management	223	2.3%	Theatre Technology	170	2.3%
Early Childhood Education**	306	1.9%	Furniture and Cabinetmaking	215	2.2%	Early Childhood Education**	159	2.1%
Biomedical*	302	1.9%	Hospitality and Tourism	205	2.1%	Furniture and Cabinetmaking	155	2.1%

*Healthcare CTE program.
**Education CTE program.
Notes: CTE is the initialism for Carrer and Technical Education.
Source: Nevada Department of Education accessed via Nevada P-20 to Workforce Research Data System.

In sum, our analysis of CTE enrollments and completions from 2010 to 2022 indicates a few takeaways. First, enrollments and completions in education and healthcare CTE programs were low compared to the rates for all CTE programs, apart from Sports Medicine. Second, while males constituted a larger proportion of high school students who enrolled and completed CTE programs statewide and completed these programs in Clark County, female students were more likely to enroll and complete CTE programs in these areas—consistent with the national gendering of education and healthcare occupations. Third, as suggested by Table 8, students who enrolled in some education and healthcare CTE programs completed their programs at rates that are above their share of total enrollees.

Enrolling in and completing CTE programs is not the only pathway that leads to careers in healthcare and education. As noted above, many CCSD magnet schools offer concentrations in programs that provide high school students with introductions to these fields. However, because the NPWR database does not contain information detailing how many students graduated from these specialized programs, we are unable to evaluate these pathways.

Higher Education Pipelines

While CTE programs can provide an important introduction to careers in healthcare and education, employment in these sectors generally requires credentials that are awarded by higher education institutions. To evaluate the credentialing supporting workforce pipelines in education, healthcare, and mental and behavioral health that were awarded by Nevada's public colleges and universities, we combine data files summarizing completions and student demographics from 2010 to 2022. These data were obtained via NPWR using data provided by NSHE. Appendix B provides additional information about the data and our analysis.

The analysis considers three groups of credentials: degrees, professional credentials, and other credentials. The degree category consists of terminal degree completions (Associate's, Bachelor's, Master's, and Doctoral) that were awarded by Nevada's seven teaching institutions, with UNLV and the University of Nevada, Reno (UNR) awarding most of these credentials.[18] Professional certificates were primarily awarded by the College of Southern Nevada (CSN), Great Basin College (GBC), Western Nevada College (WNC), and Truckee Meadows Community College (TMCC) and are differentiated in terms of programs that are completed in less than or more than one year. The other credential programs consist of certificates, primarily awarded by UNLV and UNR, that augment degree programs.

For the analysis, we present these data in their aggregate form and over time. To provide a point of comparison, we present data for all credentials and separately for education, healthcare, and mental and behavioral health. Because social work credentials may lead to employment in education, healthcare, or mental and behavioral health, these data are analyzed separately. The data were further differentiated by gender. The aggregate data presentations include the

total number of credentials awarded for all years differentiated by gender (female, male, undisclosed, and missing) and credential types for each workforce pipeline. Because of the small number of cases in the latter two gender categories (e.g., undisclosed and missing) and for the other credentials groups, the time series presentations include data for males and females who were awarded degrees and professional certificates. These presentations also omit data for 2022 because data for fall graduates were not included when the data were accessed from the NPWR system. Data for spring and summer graduates are included in the data tables.

Table 9 summarizes all degrees and certificates awarded by Nevada's seven teaching colleges and universities between 2010 and 2022. Consistent with national trends and enrollment patterns in Nevada, women outperformed males by roughly a three to two margin across all categories of degrees and certificates, with little variation in the gender differences in educational credential being attained.

Table 9: All Degrees and Certificates Awarded by Gender, 2010-2022

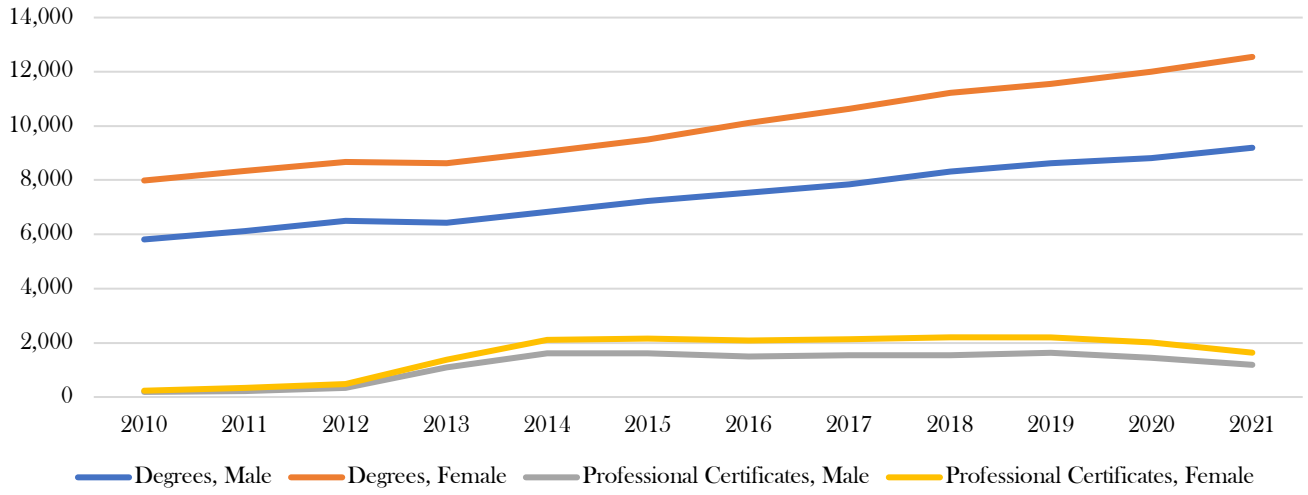
Degrees and Certificates	Female	Male	Undisclosed	Missing	Total
Degrees					
Associate's	36,468	27,129	9	153	63,759
Bachelor's	74,804	55,512	15	317	130,648
Master's	13,156	9,773	3	59	22,991
Doctorate (Academic)	2,191	1,514	0	8	3,713
Doctorate (Professional)	2,044	1,493	1	8	3,546
Subtotal	128,663	95,421	28	545	224,657
Professional Certificates					
Certificate (less than 1 year)	16,324	11,969	2	81	28,376
Certificate (more than 1 year)	4,147	3,030	1	15	7,193
Subtotal	20,471	14,999	3	96	35,569
Other Certificates					
Undergraduate Certificate	140	107	0	2	247
Post Baccalaureate Certificate	155	84	0	0	239
Post Master's Certificate	128	79	0	0	207
Graduate Certificate	466	362	0	0	887
Subtotal	889	632	0	2	1,582
Total	150,023	111,052	31	643	261,749

Note: Data for 2022 do not include fall graduates.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Figure 1 presents these data over time for the years 2010 to 2021. For the degree group, the gender gap began to widen in the middle years of the prior decade – but overall, these data indicate that over time an increasing number of males and females graduated from Nevada's colleges and universities with terminal degrees. The patterns for professional certificates suggest some differences. After a rapid increase, the awarding of these credentials plateaued starting in 2014, before decreasing starting in 2020. This downturn is likely a consequence of the COVID-19 pandemic

that hit community college enrollments in Nevada quite hard. While a slight gender difference emerged beginning in 2013, there was ultimately greater gender parity for these credentials compared to degrees.

Figure 1: All Degrees and Professional Certificates Awarded Annually by Gender, 2010-2021



Notes: Associate's, Bachelor's, Master's, and Doctoral Degrees are included in the Degrees grouping and professional certificates of less than or more than a year are included in the Certificate groupings.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Table 10 and Figure 2 replicate the analysis for education credentials. In terms of gender differences, the aggregate patterns for degrees are like those for all credentials: females earned just below 60 percent of education-related degrees. While there are very few professional certificates supporting education pipelines, they were evenly divided between males and females. Females did outpace males in the other certificate group. Because these certificates augment terminal degree programs, most of these credentials were awarded by UNLV and UNR.

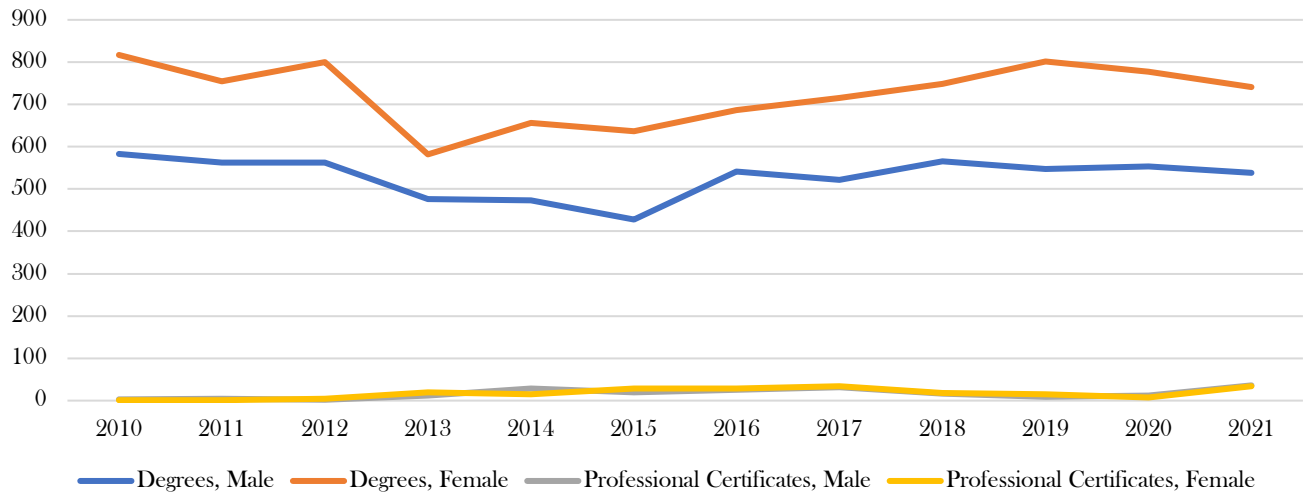
Inspection of Figure 2 suggests variation over time in the awarding of education degrees. For both males and females, there was a decrease in terminal degrees awarded beginning in 2010 that began to wane for females in 2013. The decrease continued for males until 2015. After the number of education degrees awarded began to increase in the middle part of the prior decade, the increase for males flattened beginning in 2016, which continued through the rest of the series. While there was a slight decrease in education degrees awarded to females during the pandemic, the gender difference in terminal education degrees grew beginning in 2018. In contrast, the awarding of professional educational certificates was constant over time and with minimal to no gender differences.

Table 10: Education Degrees and Certificates Awarded by Gender, 2010-2022

Degrees and Certificates	Female	Male	Undisclosed	Missing	Total
Degrees					
Associate's	1,599	1,158	1	7	2,765
Bachelor's	3,440	2,517	3	14	5,974
Master's	3,904	2,842	0	12	6,758
Doctorate (Academic)	312	224	0	2	538
Subtotal	9,255	6,741	4	35	16,035
Professional Certificates					
Certificate (less than 1 year)	181	184	0	0	365
Certificate (more than 1 year)	56	54	0	0	110
Subtotal	237	238	0	0	475
Other Certificates					
Undergraduate Certificate	11	5	0	0	16
Post Baccalaureate Certificate	134	68	0	0	202
Post Master's Certificate	20	10	0	0	30
Graduate Certificate	65	55	0	0	120
Subtotal	230	138	0	2	368
Total	9,722	7,117	4	35	16,878

Note: Data for 2022 does not include fall graduates.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Figure 2: Education Degrees and Professional Certificates Awarded Annually by Gender, 2010-2021



Note: Associate's, Bachelor's, Master's, and Doctoral Degrees are included in the Degrees grouping and professional certificates of less than or more than a year are included in the Certificate groupings.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Table 11 reports the aggregate credentials supporting the healthcare workforce that were awarded by Nevada's colleges and universities between 2010 and 2022. Compared to education degrees, there were roughly two and half times as many healthcare degrees awarded during this time span. Additionally, over 12,000 professional healthcare certificates

were awarded between 2010 and 2022. During these years, 360 other certificates supported healthcare education—a number nearly equivalent to the 368 other certificates supporting education pathways. Across all credentials, females outpaced males with the difference being slightly greater for professional certificates (57.2 percent females) compared to degrees (56.2). Nevada's higher education institutions awarded very few certificates augmenting terminal degree programs, with slightly more than half of these certificates earned by females.

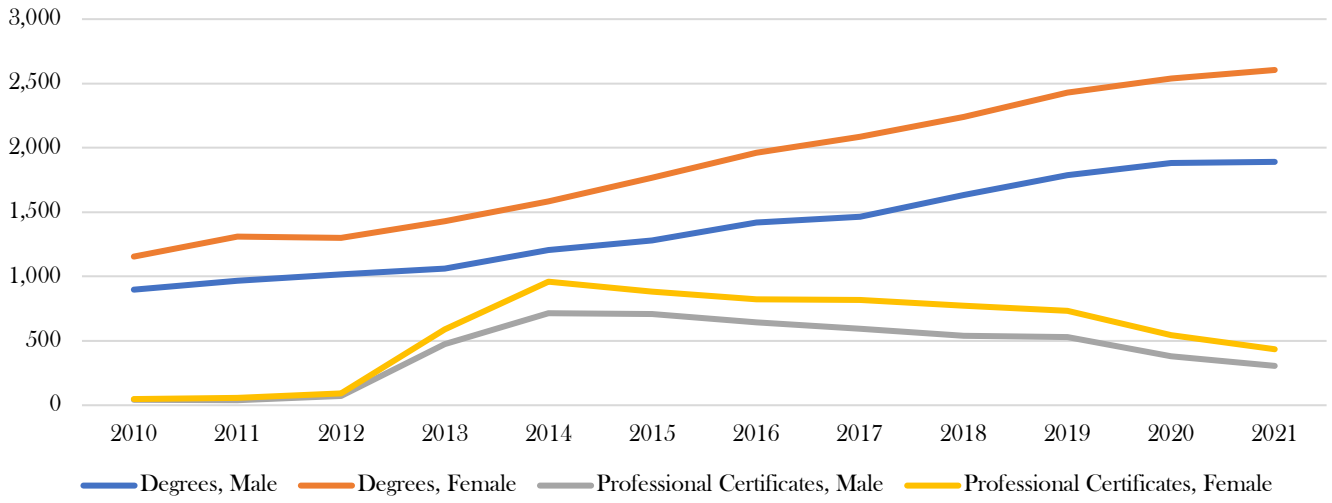
Table 11: Healthcare Degrees and Certificates Awarded by Gender, 2010-2022

Degrees and Certificates	Female	Male	Undisclosed	Missing	Total
Degrees					
Associate's	8,701	6,343	3	33	15,080
Bachelor's	12,318	9,224	1	53	21,596
Master's	1,419	1,034	1	11	2,465
Doctorate (Academic)	659	440	0	3	1,102
Doctorate (Professional)	1,107	780	0	1	1,888
Subtotal	24,204	17,821	5	101	43,031
Professional Certificates					
Certificate (less than 1 year)	6,523	4,890	1	38	11,452
Certificate (more than 1 year)	608	407	1	3	1,019
Subtotal	7,131	5,297	2	41	12,471
Other Certificates					
Undergraduate Certificate	82	71	0	1	154
Post Baccalaureate Certificate	21	16	0	0	37
Post Master's Certificate	29	23	0	0	52
Graduate Certificate	57	61	0	0	118
Subtotal	189	171	0	2	360
Total	31,524	23,289	7	143	54,963

Note: Data for 2022 does not include fall graduates.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

As is suggested by Figure 3, the awarding of healthcare credentials over time is consistent with the patterns for all degrees (see Table 6 and Figure 1). That is, the number of healthcare-related terminal degrees awarded increased over time and the existing gender difference increased midway through the prior decade. The highwater mark for the awarding of professional certificates supporting the healthcare economy occurred in 2014 before decreasing. Compared to terminal healthcare degrees the gender differences were less pronounced for professional certificates with the difference first emerging in 2013 and then remaining more-or-less stable through 2021.

Figure 3: Healthcare Degrees and Professional Certificates Awarded Annually by Gender, 2010-2021



Note: Associate's, Bachelor's, Master's, and Doctoral Degrees are included in the Degrees grouping and professional certificates of less than or more than a year are included in the Certificate groupings.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

As is detailed in Table 12, compared to credentials supporting the education and healthcare workforces, Nevada's college and universities produced far fewer terminal degrees supporting mental and behavioral health occupations between 2010 and 2022. During this time span, most of these credentials awarded were bachelor's degrees in psychology.

Table 12: Mental and Behavioral Health Degrees and Certificates Awarded by Gender, 2010-2022

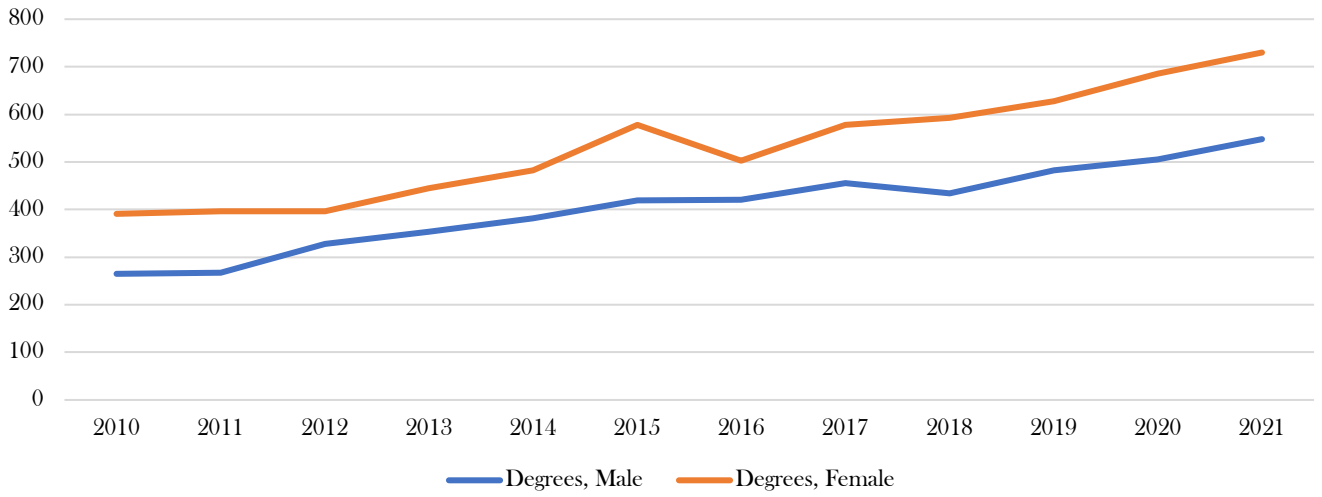
Degrees and Certificates	Female	Male	Undisclosed	Missing	Total
Degrees					
Associate's	982	797	0	5	1,784
Bachelor's	5,309	3,941	1	26	9,276
Master's	376	292	0	0	668
Doctorate (Academic)	247	180	0	1	428
Subtotal	6,914	5,210	1	32	12,157
Professional Certificates					
Certificate (less than 1 year)	31	24	0	0	55
Other Certificates					
Undergraduate Certificate	9	9	0	0	18
Post Baccalaureate Certificate	17	16	0	0	33
Post Master's Certificate	79	45	0	0	124
Graduate Certificate	17	16	0	0	33
Subtotal	122	86	0	0	208
Total	7,050	5,304	1	32	12,387

Note: Data for 2022 does not include fall graduates.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Among the more than 12,000 mental and behavioral health degrees awarded between 2010 and 2022, nearly 57 percent were earned by females. Moreover, compared to education and particularly healthcare, there were very few mental and behavioral health-related professional certificates earned during this time span. Indeed, nearly four times as many other certificates were awarded to supplement terminal mental and behavioral health degree programs compared to the number of professional certificates awarded.

Due to the dearth of mental and behavioral health professional certificates, Figure 4 only considers the awarding of mental and behavioral health terminal degrees for males and females. While the gender differences waxed and waned slightly over time, females consistently earned more degrees than males, with the gap increasing beginning in 2018. Still, the number of mental and behavioral health-related terminal degrees awarded increased over time.

Figure 4: Mental and Behavioral Health Degrees Awarded Annually by Gender, 2010-2021



Note: Associate's, Bachelor's, Master's, and Doctoral Degrees are included in the Degrees grouping.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Because those with social work credentials may work in education, healthcare, or mental and behavioral health, we analyzed social work credentials separately. As the data presented in Table 13 make clear, the total number of social work graduates lagged those in education, healthcare, and mental and behavioral health. Nevada higher education institutions do not offer professional certificates that align with social work. Among the more than 4,000 social work degrees issued between 2010 and summer 2020, just 132 were at the Associate's level. Additionally, there were nearly as many master's degrees awarded as bachelor's degrees during this time. Overall, 56.5 of social work degrees were earned by females.

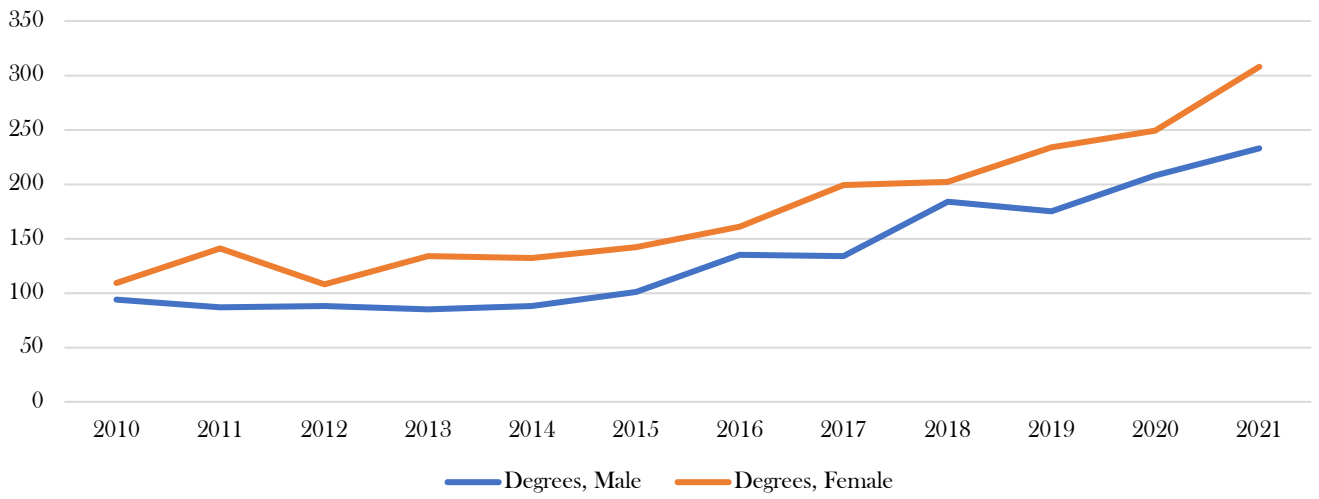
Table 13: Social Work Degrees and Certificates Awarded by Gender, 2010-2022

Degrees and Certificates	Female	Male	Undisclosed	Missing	Total
Degrees					
Associate's	79	53	0	0	132
Bachelor's	1,197	920	0	4	2,121
Master's	1,079	830	1	1	1,910
Subtotal	2,355	1,803	1	5	4,164
Other Certificates					
Graduate Certificate	3	0	0	0	3
Total	2,358	1,803	1	5	4,167

Note: Data for 2022 does not include fall graduates.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

Figure 5 presents the social work degree data annually from 2010 to 2021. As with the mental and behavioral health data, there was some narrowing of the gender difference in specific years (i.e., 2012 and 2018), but for every year there were more social work degrees earned by women than men. Beginning in 2015, the number of degrees awarded to both males and females consistently increased.

Figure 5: Social Work Degrees Awarded Annually by Gender, 2010-2021



Note: Associate's, Bachelor's, Master's, and Doctoral Degrees are included in the Degrees grouping.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System

Summary

This section of our report considered the credentials earned at Nevada's higher education institutions supporting employment in education, healthcare, mental and behavioral health, and social work. The trends suggested by this analysis are consistent with expectations that females are earning more credentials in these areas compared to males. Further, our analysis suggests that gender differences were greater among those earning terminal degrees compared

to professional certificates. At the same time, these trends were consistent with patterns observed for all degrees (see Table 7 and Figure 1). Put differently, while the numbers of degrees and professional certificates in education, healthcare, mental and behavioral health, and social work earned by females were consistently greater than the number of degrees and professional certificates earned by males, these differences do not significantly depart from the overall gender differences in higher education credentialing during the years included in the analysis. With that said, this analysis does provide several important insights.

First, these data provide a benchmark for measuring Nevada's current workforce deficits. By understanding the current rate of certification associated with these workforce deficits, we can estimate how many more credentials are necessary to meet workforce demands. This is most notable in mental and behavioral health. While Nevada has experienced long-standing deficits in mental and behavioral health professionals, its colleges and universities are producing very few graduates—particularly at the master's and doctoral levels that provide the required credentials required for many mental and behavioral health careers. Indeed, the much greater number of mental and behavioral health bachelor's degrees awarded compered to graduate degrees reflects the large number of psychology undergraduates produced by UNLV and UNR. However, earning this credential is the first of many steps needed to secure a career in mental and behavioral health.[19]

Second, except for education, there was over time growth in the number of degrees and to lesser extent the number of professional certificates that were awarded to support the workforce in these demand areas. These data suggest that Nevada is producing more graduates in high-need areas, which should translate into a narrowing of the gap with time. However, because of population growth and the scale of the state's deficit, this is not occurring. Within the state, current and future growth patterns are not evenly distributed either geographically or among age cohorts. Eventually, water and land constraints will limit Southern Nevada's population. Despite this, current predictions still find that the region's growth will continue to outpace growth in the rest of the state in the coming decades.[20] Unlike the rest of Nevada, Southern Nevada's school-age population will continue to grow even as the region attracts older retirees and its current population ages. With relatively less growth in the school-age population, the demand for educators outside of Clark County will lessen over time, but the need for more healthcare, mental and behavioral health, and social workers will increase as populations age. Southern Nevada, however, will continue to need more teachers *and* more workers in sectors supporting an aging population.

Third, this data analysis reveals why Nevada has been unable to overcome its decades-long teacher shortage. Despite efforts to increase the number of teachers produced—including the opening of NSU in the early 2000s as an effort to fortify the state's teaching and nursing pipelines—the number of teaching degrees awarded remains more-or-less flat.

In the next section, we review current programs seeking to increase workforce pipelines, including a program offering an alternative pathway to licensing that is working to increase the teacher workforce pipeline.

Lastly, these data suggest that professional certificates are heavily concentrated in healthcare, concentrated to a lesser extent in education, and are less robust in mental and behavioral health and social work. In addition to providing a pathway to entry-level and technician positions, professional certificates are a less expensive and time-consuming credential that can provide an important step in career advancement. We return to this point in our recommendations.

Workforce Pipeline Innovations

Nevada's struggles in developing sufficient education, healthcare, and mental and behavioral health workforces are motivating innovative approaches to recruit and train the needed workers. In this section, we review two such efforts—the Nevada Forward Initiative and BeHERE NV. We also review legislation from the 2025 session of the Nevada Legislature seeking to address these gaps.

Nevada Forward Initiative

The Nevada Forward Initiative, launched in 2021 by the UNLV College of Education, is a novel teacher preparation apprenticeship program designed to address Nevada's critical teacher workforce shortages. Recognized as the first registered teacher apprenticeship in the western United States and the single largest university-based apprenticeship program effort in the nation,[21] Nevada Forward offers two innovative pathways to increases the number of teachers: the Graduate Apprenticeship Program (GAP) and the Undergraduate Apprenticeship Program (UAP).[22]

Like other alternative routes to licensure (ARL) programs, Nevada Forward's GAP is tailored for individuals holding a bachelor's degree in a non-education field, enabling them to earn a master's degree and teaching license while working full-time in a Nevada classroom.

Nevada Forward's more unique component is found in the UAP, which supports current school support staff, such as paraprofessionals and substitutes, in obtaining their bachelor's degree and teaching credentials, allowing them to continue their employment during the program. The Nevada Forward UAP program supports the idea that by identifying professionals already working in a school environment, there is a greater likelihood of interest in the teaching profession than a general population of recruits into the pipeline. Both programs are structured to be completed in approximately one year, with coursework offered in accelerated formats to accommodate working professionals.

A distinctive feature of the Nevada Forward model is its comprehensive support system, which includes mentorship and professional development throughout the program and for three years post-graduation. For the UAP track, current school support staff that wish to participate in the program are sponsored by their school administrators (e.g. principals, assistant principals, etc.) as they complete the program. Additionally, those participating are given a concierge-like experience in fulfilling the requirements for college-level coursework to remove provisional requirements from their teaching license; rather than apply directly to UNLV and face the navigational hurdles of the college admissions process that typically deter individuals from retention and completion, all of this is handled behind the scenes for participants in the Nevada Forward model. Importantly, the program removes financial barriers for students, creating a "zero out-of-pocket cost" educational experience while students are earning a paycheck from teaching full-time and completing the program requirements.[23]

By 2023, the Nevada Forward program boasted a 92 percent graduation rate among participants, with nearly 70 percent of participants in the UAP program representing historically marginalized groups.[24] Focusing on a diverse and inclusive teaching workforce to reflect Nevada's student population, 485 Nevada Forward graduates were working in Southern Nevada classrooms by May 2024.[25]

Additionally, the initiative has received significant funding, including a $2,977,816 grant from the U.S. Department of Education's Augustus F. Hawkins Center for Excellence, to expand and sustain its efforts in addressing the state's educational needs.[26] As a registered apprenticeship program, UNLV is also able to apply for competitive grant funding opportunities from the federal government that would otherwise be unavailable.[27]

The value of investing in apprenticeship programs cannot be understated. Nevada State Apprenticeship Director, Toni Giddens, notes that "workforce development through alternative pathways to professional licensure is critical to help fill the employment gaps in our educational institutions. School support staff, already part of a school community, have a roadmap toward teacher licensure that will allow them to continue supporting the education and growth of the students they interact with every day."[28]

BeHERE NV

Another example of a workforce pipeline innovation in the mental and behavioral health space is the Behavioral Health Education, Retention, and Expansion Network of Nevada, or BeHERE NV. In the 2023 legislative session, Assembly Bill 37 supported the creation of the BeHERE NV model, with roughly $2 million in funding for the biennium.

BeHERE NV is modeled on 2009 legislation passed in Nebraska to develop a robust pipeline of behavioral health specialists. This legislation proved to be highly successful, increasing Nebraska's behavioral health workforce by 44 percent between 2009 and 2023. BeHERE NV is anchored by four reinforcing goals:[29] conducting outreach to K-12 students and adult learners to inform these groups about behavioral health professions; highlighting behavioral skills trainings and degree and certificate programs at NSHE institutions; growing the number of post-graduate internships and supervisors; and providing technical assistance to help providers navigate the licensing and administrative demands to become successful practitioners.'

Although the program is administered through the Kirk Kerkorian School of Medicine at UNLV, its scope is statewide. After focusing much of its efforts in 2023 on building its staff, in 2024 BeHERE NV participated in 23 K-12 outreach events (e.g., college and career fairs and workshops) in nine counties reaching over 2,000 high school, middle school, and undergraduate students, as well as parents.[30] Part of this outreach consists of supporting and augmenting CTE programs in health and human services by connecting teachers with practitioners to provide students with opportunities for observing and engaging with mental and behavioral health professionals. BeHERE NV also developed undergraduate and graduate student recruitment packages, created a speaker's bureau of mental and behavioral health professionals to support its recruitment efforts, and traveled to other states to explore behavioral health models that could be adapted in Nevada.

As part of its partnerships with Nevada's college and universities, in its first year BeHERE NV conducted outreach to assess the efficacy of existing mental and behavioral health programs. Part of this process involved identifying barriers for growth, such as small graduate program cohorts due to accreditation and faculty constraints, limited placement opportunities for students to gain field experience, difficulties with the transferring of certificate level credits to degree programs, and lack of specialized training.[31]

BeHERE NV also conducted a survey of providers to understand the challenges that practitioners face, including low compensation, burn out, and administrative hurdles such as licensing and billing. A separate survey was administered to clinical supervisors and found that barriers to increasing the number of supervisors include concerns about liability, the costs of training, and the lack of financial compensation.[32] To assist with its efforts to increase the mental and behavioral workforce, BeHERE NV received a two-year grant of $752,907 in funding from the American Rescue Plan Act. These resources are being used to award scholarships to master's students at UNLV and UNR in social work, marriage and family therapy, and clinical mental health counseling.[33] For the current biennium, funding for BeHERE NV was added into UNLV's base budget.

2025 Legislative Session

During the 2005 legislative session, Nevada's responses to workforce deficits in education, healthcare, and mental and behavioral health followed two tracks: allocating resources to strengthen in-state workforce pipelines and eliminating barriers to entry for those credentialed outside the state. Table 14 summarizes these bills.

Table 14: Targeted Education, Healthcare, and Mental and Behavioral Health Workforce Legislation Introduced in the 2025 Nevada Legislative Session

Bill	Summary
Signed into Law	
Assembly Bill 49	Temporary authorization for a person who holds a license to teach in another state to be hired as a teacher in this State on a certain provisional basis.
Assembly Bill 163	Ratifying and entering the Counseling Compact.
Assembly Bill 230	Ratifying and entering the Speech-Language Pathology Interstate Compact.
Assembly Bill 248	Ratifying and entering the Physical Therapy Licensure Compact.
Assembly Bill 462	Tuition and fee reimbursement for high school students who completed the Teacher Academy College Pathway Program, completed a teaching preparation program, and are working as a licensed teacher in a Nevada public school.
Assembly Bill 573	Appropriation of $8,710,708 to the Department of Education to carry out the Incentivizing Pathways to Teaching Grant Program.
Senate Bill 429	$1.6 million to UNR and $400k to UNLV for students who are enrolled in a program to obtain a bachelor's degree or master's degree in social work.
Senate Bill 498	$10 million each year to expand undergraduate and graduate nursing programs.
Did Not Advance	
Assembly Bill 106	Ratifying and entering the Occupational Therapy Licensure Compact.
Assembly Bill 143	Enacting the Dentist and Dental Hygienist Compact.
Senate Bill 34	Enacting the Physician Assistant compact.
Senate Bill 68	Ratifying and entering the Social Work Licensure Compact.
Senate Bill 227	Enacting the School Psychologist Interstate Licensure Compact.

Source: Authors' analysis of Nevada Electronic Legislative Information System, https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bills/List.

Two bills seeking to increase the number of Nevadan K-12 teachers were implemented. Assembly Bill 462 provides tuition and fee reimbursement for high school students who completed the Teacher Academy College Pathway Program, attended an NSHE institution, and are working as a licensed teacher. The Teacher Academy College Pathway Program, which is mandatory at Clark County School District high schools and is optional programming for high schools in the other counties, provides high school students with a foundation in teaching. This is inclusive of in-school internships and exposure to educational practices needed to succeed in the profession. Students can earn up to 12 units of college credit at no cost, and upon completing the program and all teaching requirements, they are guaranteed a position in the state. Assembly Bill 573 appropriates $8,710,708 to the Nevada Department of Education (NDE) to carry out the Incentivizing Pathways to Teaching Grant Program that provides tuition assistance and stipends to pre-service teachers completing a traditional teacher training program.

Two bills seeking to bolster healthcare and social work workforce pipelines also were funded. Senate Bill 429 apportioned $1.6 million to UNR and $400 thousand to UNLV to provide financial support to students enrolled in a bachelor's degree or master's degree program in social work, and Senate Bill 498 appropriates $10 million each year to expand undergraduate and graduate nursing programs at NSHE institutions.

As the state with the one of the highest shares of occupations that require licensing,[34] Nevada has erected barriers to enter the state's labor market for those who are credentialled elsewhere. During the 2025 legislative session, eight bills were introduced to address these obstacles by proposing to enter Nevada into interstate compacts that provide licensing reciprocity between states. These interstate compacts would make it easier for people who work in high demands fields to work in Nevada. Three of these measures passed: Assembly Bill 163 ratified and entered Nevada into the Counseling Compact; Assembly Bill 230 ratified and entered Nevada into the Speech-Language Pathology Interstate Compact; and Assembly Bill 248 ratified and entered Nevada into Physical Therapy Licensure Compact. In addition, Assembly Bill 49 provides authorization for a person holding a license to teach in another state to be hired as a teacher in Nevada on a certain provisional basis.

However, five compact bills did not advance through the legislative process. Assembly Bill 106 would have ratified and entered Nevada into the Occupational Therapy Licensure Compact. The legislation was heard in the Assembly and did not receive a floor vote. Assembly Bill 143, proposing to enact the Dentist and Dental Hygienist Compact, was heard in the Assembly but did not receive a floor vote. Senate Bill 34, proposing to enact the Physician Assistant compact, was never heard in the Senate. Senate Bill 68, which was introduced on behalf of the Rural Regional Behavioral Health Policy Board, sought to ratify and enter Nevada into the Social Work Licensure Compact but was never heard. Lastly, Senate Bill 227, which would have enacted the School Psychologist Interstate Licensure Compact, also did not receive a hearing.

Policy Recommendations

The prior sections of our report detailed the intersection between deficits in Nevada's education and healthcare workforces and gender disparities in these sectors both nationally and in Nevada. We also considered trends in high school engagement and credentialling in these areas to understand the outputs being produced by current programming provided by Nevada's educational institutions. Consistent with national trends, our analysis finds that Nevada is not producing a large enough workforce to meet current and future needs in education and healthcare. Moreover, those who pursue training in these sectors are disproportionally females. We also find that Nevada offers several programs to address these deficits—but in many instances, these initiatives are detached from a comprehensive vision of where the state and its regions need to concentrate their workforce development efforts to support economic

development and diversification. Adding further complexity to the workforce challenges facing Nevada is the growing role that artificial intelligence (AI) will have in the delivery of education and healthcare services. Our recommendations for targeted policy intervention seek to address the interconnections between these dynamics.

Healthcare is Nevada's North Star

In 2011, the State of Nevada commissioned researchers from the Brookings Institution, SRI International, and Brookings Mountain to develop a comprehensive strategy for diversifying the state's economy. The report provided guidance for reforming economic development governance, identifying sectors that regions should target for business recruitment, and developing tools for direct state investment in economic development.[35] Given Nevada's underdeveloped healthcare infrastructure, healthcare was seen as an economic development opportunity that would not only deliver better health outcomes but create higher-paying, recession-proof jobs. Subsequent iterations of the state's economic development plans continue to highlight opportunities in healthcare and more recently, the Las Vegas Global Economic Alliance, the regional development authority for Southern Nevada, elevated healthcare as its primary business recruitment focus.

Since the 2011 report, Nevada has made strides in developing its healthcare economy. The state now features four medical schools and the Kirk Kerkorian School of Medicine at UNLV is planning to expand its class sizes. New employment in healthcare continues to outpace job growth in most other sectors, and the City of Las Vegas continues to invest in the Las Vegas Medical District in the downtown area as part of its redevelopment efforts. Still, the dearth of in-state residency opportunities and anchoring healthcare institutions means that most medical school graduates leave the state to complete their training. Moreover, Nevada lacks the type of facilities and programs needed to attract specialized caregivers and strengthen its healthcare research capacity. Consequently, Nevada ranks 48th for primary care physicians nationally[36] (also see Appendix A) and the lack of specialists in many areas requires Nevadans to leave the state to obtain care. Although efforts to develop the state's healthcare economy are helping the healthcare sector keep pace with population gains, Nevada still faces long-standing deficits.

However, this may be changing. In the 2025 legislative session, Senate Bill 262 appropriated $9 million for the biennium to support the creation of new residency and fellowship programs. Future legislatures should prioritize permanent funding for these programs. Intermountain Health is developing Nevada's first stand-alone children's hospital in Southern Nevada. The consulting firm Tripp Umbach is completing an analysis for the Nevada Health and Bioscience Corporation detailing how Nevada should build out its residency programs. Tripp Umbach is also developing a report for The Lincy Institute and the Kirk Kerkorian School of Medicine at UNLV to examine the feasibility of developing a comprehensive cancer center in partnership with City of Hope. Combined with existing strengths in brain health both at the Kerkorian School of Medicine and the Cleveland Clinic Lou Ruvo Center for

Brain Health, these initiatives—if they come to fruition—can anchor an academic health center[37] with programs in general medicine that are complemented by specialized programs in pediatrics, brain health, and cancer.

Understanding where investments in Nevada's healthcare economy are occurring should provide clear guidance for the types of healthcare jobs (e.g., nurses, physical therapists, technicians, medical assistants, and administrators) that will be needed to support these initiatives and the CTE programs, certificates, and degrees that are needed to support these employment pipelines. Whereas to date current efforts have sought to build workforce pipelines in healthcare in general, moving forward these programs will need to align with the large-scale initiatives driving the state's healthcare economy.

Creating Spaces for Boys and Men

The data analysis presented in the prior sections details the degree to which males are underrepresented in the workforce pipelines supporting HEAL professions in Nevada. This not only reduces the available labor pool to fill high-paying jobs, but also prevents many men from pursuing careers in sectors where demand is expected to increase. To address the declining achievement of males in higher education (e.g., lower enrollment and graduation rates), AIBM in partnership with the University of Tennessee, Knoxville established the Higher Education Male Achievement Collaborative (HEMAC).

As noted on the HEMAC website, today "men account for just 2 out of 5 college degrees, fewer than the share women received in 1972."[38] Moreover, men are seven percent more likely to drop out of school than women and men from underrepresented backgrounds are falling behind in higher education at alarming rates. To address these challenges, HEMAC brings together a collaborative group of college partners and institutes to discuss best-practices, initiatives, and programs directed at improving the collegiate success of men across the nation.[39]

For example, the University of Tennessee, Knoxville offers the UT Success Academy[40]—a four-year cohort-based initiative designed to support retention and success of men's transition to college, particularly among Black and Hispanic male students. The program begins with a pre-semester onboarding experience and continues throughout college with personalized coaching, academic seminars, leadership development, industry engagement, and cultural immersion opportunities such as study abroad. Its structured progression helps students develop a clear sense of identity, find a place of belonging on campus, and prepare for life beyond graduation.

Similarly, the Brotherhood Initiative at the University of Washington, Seattle[41] serves underrepresented men of color through a comprehensive support system that emphasizes academic success, identity development, leadership, and civic engagement. Participants engage in cohort seminars, peer mentoring, career readiness activities, and experiential

opportunities such as global study programs and social innovation challenges. The initiative is demonstrating high retention and graduation rates and operates not only as a student support program but also as a driver of institutional change.

Both programs exemplify HEMAC's commitment to evidence-based, community-centered approaches that improve educational outcomes for men of color and promote systemic equity in higher education. Establishing similar initiatives at Nevada's colleges and universities focused on socializing men into careers in healthcare and education would help to reduce the cultural barriers that currently inhibit some men from considering these career tracks.

However, the limitation of these initiatives is that they are target men who are already enrolled in college and thus, are unlikely to reach male NEETs—16- to 24-year-olds who are not in education, employment, or training. Indeed, AIBM finds that Nevada has the largest gap between female (10 percent) and males (19 percent) NEETs in the country and that Nevada's male rate is more than 50 percent higher than the national average.[42] Reaching these males will require targeted outreach and community partnerships with community organizations. The recent opening of the Junior Achievement Career Center, a collaboration between Junior Achievement of Southern Nevada and Goodwill of Southern Nevada, provides a potential model for reaching those who are not attending college. Created to empower 16 to 25 years olds with skills needed to enter the workforce in careers that do not require a college degree, the center seeks to help young adults transition from high school to adulthood[43] and could serve as a model for recruiting those not planning to attend college into the HEAL workforce.

Integrating Artificial Intelligence

The development of AI and other technological innovations offers the promise of assistance to states plagued by inadequate numbers of HEAL workers. The inability to train, recruit, and pay these workers may lead officials to adopt such innovations assuming, of course, there are the resources and skilled workers available to produce, implement, and evaluate the introduction of AI in the HEAL workforce. At the very least, AI will transform how many frontline healthcare workers do their jobs.

For instance, Drive Health, a startup in Gilbert, Arizona backed by Alphabet, Google's parent company, is developing an AI-powered nursing assistant named Nurse Avery to address shortages of medical professionals.[44] In addition to providing support in multiple languages, Nurse Avery can review diagnostic tests, address patients' questions about symptoms, and assist with administrative work such as appointment scheduling, discharges, and communicating with providers. Kevin Longoria, cofounder and CEO of Drive Health, explained that Nurse Avery is designed to augment healthcare professionals such as nurses by serving as a digital extension to a patient's care team. If the AI assistant is

tasked with handling routine tasks, then nurses will be able to focus their time on more complex tasks.[45] The company is introducing its technology in 10 healthcare systems across the country.

Given AI's potential disruption to the delivery of healthcare and other services, some states are treading cautiously. Legislation passed in Oregon would only allow humans to be recognized as nurses, and the rise of AI in healthcare is receiving pushback from nurses who want clear boundaries in how AI can be integrated into service delivery.[46] During the 2025 legislative session in Nevada, several bills were introduced addressing the role of AI in healthcare. Assembly Bill 295 proposed to prohibit insurance companies from using AI in requests for prior authorization. Senate Bill 186 sought to require disclosure of the use of AI by healthcare providers in patient communications. While neither of these bills received a hearing, Assembly Bill 406 —which prohibits the use of AI in the delivery of mental health services offered by schools—was signed into law.

Undoubtedly, the regulation of AI in healthcare and other sectors will likely be a topic of future legislation. Lawmakers, however, will be playing catch-up with technologies that are rapidly being introduced across the economy. Given Nevada's difficulties in building its healthcare workforce, integrating AI into the credentialling of healthcare workers at all levels can ease these deficits and improve the efficiency of the current workforce. Trainings may include teaching workers how AI algorithms can assist with data interpretation, patient monitoring and evaluation, and disease detection and diagnoses, as well as how AI can facilitate collaborative caregiving and reduce time devoted to bureaucratic and administrative tasks.[47]

Increase Mental and Behavioral Health Providers

Following the 2025 legislative session, Nevada is entering into compacts that allow those who are licensed in other states to work in Nevada. At the same time, legislation proposing to enter Nevada into compacts for social workers, school psychologists, and occupational therapists failed to advance. Given Nevada's difficulties in developing the workforce pipelines for these high need jobs, similar legislation should be introduced in the 2027 session. Legislation akin to Senate Bill 429 (2025) providing scholarships for social work students should be expanded to other high need mental and behavioral health degree programs.

Nevada also needs to scale its mental and behavioral health graduate programs to complement BeHERE NV's high school and college outreach and recruitment efforts. While many mental and behavioral health occupations require training beyond a bachelor's degree, most of the degrees awarded by Nevada's higher education institutions are undergraduate degrees in psychology. As the data presented in Table 12 indicate, less than 10 percent of mental and behavioral health degrees were awarded at the graduate level between 2010 and 2022. Expanding class sizes is critical in producing more clinical and school psychologists—many doctoral programs in psychology have cohorts of less than

10 students. Moreover, Nevada offers very few post-graduate educational training positions that are required for licensing.[48] Thus, a three-pronged approach that supports students through scholarships, expands graduate-level cohorts, and invests in post-graduate training opportunities will help Nevada expand its mental and behavioral health workforce pipeline.

This is also an area where gender differences are prevalent. Women outpace men in mental and behavioral health credentials (see Table 12 and Figure 4) and there are significantly more female psychologists than males.[49] At the same time, males are much less likely to access mental health despite having substantially higher suicide rates.[50] While there is limited scholarship examining the causality between these factors, there is some evidence indicating that some men prefer male therapists and that patients express greater satisfaction when they are treated by a therapist of their preferred gender.[51] Thus, as Nevada invests in its training of mental and behavioral health professionals, recognizing these differences should factor into program recruitment, curriculum, mentoring, and practicum placements.

Expand and Target Existing Programming

As we detailed above, Nevada is creatively using apprenticeships to recruit and credential teachers and developed the BeHERE NV program to stimulate interest in mental and behavioral health careers. During the 2025 legislative session, Assembly Bill 462 providing tuition and fee reimbursement and Assembly Bill 573 appropriating $8.7 million providing tuition assistance and stipend for pre-service teachers were signed into law.

In addition to these initiatives, there are opportunities to retool existing programs to focus on healthcare and education. Our CTE analysis (Tables 1, 2, and 3) indicates that education and healthcare CTE programs constitute a small share of program offerings, enrollments, and completions. Expanding education and healthcare focused CTE programs to more locations is a straightforward way to expose more high schoolers to these career paths. Part of this expansion should emulate BeHERE NV's outreach efforts by providing students with opportunities to engage with and observe educational and healthcare professionals at work. Intentional selection of male role models would also help to combat gender-based stereotypes about these occupations.

Our analysis of credentials awarded by Nevada's higher education institutions found that professional certificates are highly concentrated in healthcare, concentrated to a lesser extent in education, and are much less common for mental and behavioral health and social work. While this difference likely reflects the fact that more careers in mental and behavioral health and social work require advance degrees, introductory certificate programs in mental health, well-being, mental health first aid, case management, and social work assistance can promote career interest.

As Nevada Forward demonstrates, apprenticeship programs provide a pathway to address gaps in professions with labor shortages and gender imbalances. Following the example of Nevada Forward, similar apprenticeship pathways can be created and incentivized to address shortages in healthcare and mental and behavioral health. Although the number of available healthcare apprenticeships is currently increasing nationally, less than six percent of existing apprenticeships in Nevada are in Health Care and Social Assistance.[52] Recent federal investments in the national apprenticeship curriculum for HEAL training can be accessed by employers at minimal cost.[53]

Conclusion: Next Steps

Our analysis of available data presented in this policy brief indicates that substantially more women than men are earning credentials in education, healthcare, and mental and behavioral health. This impacts the ability of males to find work in sectors that offer high-paying jobs and that do not necessarily require four-year degrees. Additionally, these fields are expected to grow dramatically in future decades, but many males are absent from the labor pool needed to fill openings in these sectors. Thus, understanding the future of Nevada's workforce requires a focus on Nevada's male demographic, especially as it pertains to the quality of life and pathways to prosperity for men in the Silver State.

To this end, the data presented in Table 15 summarize geographic and age variation in gender differences in Nevada at the county level using 2023 population estimates reported by the U.S. Census data and analyzed by AIBM.[54] A value of 100 indicates an equal number of 100 men for every 100 women living in the county. Higher values indicate a greater ratio of males to females. Lower values indicate a greater ratio of females to males. The data are shaded such that values in blue indicate a greater ratio of males to females and red indicate a greater ratio of females to males. Darker tones indicate greater disparities.

The overall sex ratio in every Nevada county is more male than female in all but one county—Clark, which reports an equal number of 100 men for every 100 women living in the county.[55] Overall. Pershing County (170) recorded the most male-skewed sex ratio, with 170 men for every 100 women. Sex ratios at the county level are more male skewed in Nevada's rural counties, especially in the prime working age cohorts of 20 to 39 years of age and 40 to 59 years of age. The most male-skewed sex ratio within a county was among the 20 to 39 age cohort in Pershing County (248), indicating 248 men between the ages of 20 and 39 for every 100 women between the ages of 20 and 39. The data also capture the differing lifespans for males and female. In all but four Nevada counties, there are more females 80 years of age and older than males, with these differences being quite large in the state's three most populous counties: Carson City (80), Clark (80), and Washoe (85). Still, the main takeaway from Table 15 is that across its counties, Nevada's working age population skews male.

Table 15: Sex Ratios by Age in Nevada Counties, 2023

County	Population	Overall Sex Ratio	0-19 years old	20-39 years old	40-59 years old	60-79 years old	80+ years old
Carson City	58,036	107	102	125	117	91	80
Churchill	25,803	105	109	112	107	94	97
Clark	2,336,573	100	105	103	102	92	80
Douglas	49,545	102	112	113	100	97	91
Elko	54,293	109	107	111	111	110	86
Esmeralda	736	123	96	126	124	121	187
Eureka	1,917	116	100	109	132	124	109
Humboldt	17,136	107	105	106	114	108	80
Lander	5,769	105	96	105	118	108	79
Lincoln	4,452	115	118	122	120	110	93
Lyon	62,583	107	108	116	108	102	94
Mineral	4,528	104	106	109	99	106	95
Nye	55,720	105	107	118	104	99	105
Pershing	6,364	170	104	248	232	127	113
Storey	4,177	106	107	112	106	104	98
Washoe	498,022	103	106	109	105	96	85
White Pine	8,522	125	108	149	135	117	96

Note: Values are sex ratios such that a value of 100 indicates for every 100 males there are 100 females. Higher (lower) values indicate a greater ratio of males (females) to females (males). The data are shaded such that values in blue indicate a greater ratio of males to females and red indicate a greater ratio of females to males with darker tones indicating greater disparities.

Source: Ravan Hawrami and Alanna Williams, "Patterns and trends in county-level sex ratios," American Institute for Boys and Men, February 12, 2025, https://aibm.org/research/patterns-and-trends-in-county-level-sex-ratios/.

Adapted from: Mia Tschan, Olivia K. Cheche, Caitlin J. Saladino, and William E. Brown, "Sex Ratios by Nevada County, 2023," *Demography Fact Sheet No. 41,* 1-2, 2025, https://oasis.library.unlv.edu/bmw_lincy_demography/41.

In March 2025, Brookings Mountain West hosted Brookings Senior Fellow in Governance Studies, Rashawn Ray, a renowned expert in racial and social inequality in the United States. As a result of Dr. Ray's visit and subsequent discussions, Brookings Mountain West proposed a multi-year study focused on understanding the lived experiences and life trajectories of men in the Southwest United States, particularly in Las Vegas, Mesa, Arizona, and Pomona, California. These three are representative locations within the Southwest Megapolitan Triangle, a megaregion of economic activity between Las Vegas, Southern California, and the Arizona Sun Corridor.[56] These places also naturally represent a demographically diverse sample, allowing us to explore the state of men across race/ethnic, educational attainment, and socioeconomic lines.

If funded, this study will be guided by a central question: What are the pathways that lead to better workforce, health, and education outcomes for men in the Southwest Triangle? Our exploration will leverage over 120 in-depth interviews and focus groups to examine the experiences of single, divorced, and married men in Arizona, California,

and Nevada to assess a detailed understanding of the challenges and adaptive strategies men employ in navigating their economic and personal lives. Of particular interest is the "success sequence" of education, stable employment, marriage, and family life, and how these aspirations manifest across different racial, ethnic, and socioeconomic contexts. Interestingly, the greater Las Vegas area simultaneously has some of the highest marriage, divorce, and single rates among men in the country.[57]

The resulting report will examine the current state of gender disparities in Southern Nevada, develop recommendations to policymakers, including strategies to increase the participation of men in the workforce, and especially in key job sectors like healthcare and education. The products of this project will include a series of op-eds, blogs, and policy briefs that bring attention to emerging themes and offer actionable insights for Nevada's decisionmakers. By grounding this work in real-life narratives, the project aims to challenge prevailing assumptions and help reframe the national conversation around men's workforce participation, and their economic and social well-being. With an expected completion in Fall 2026, the research expected from this project will be available to Nevada policy makers ahead of the 84th session of the Nevada Legislature in 2027, giving decisionmakers the opportunity to use data-driven recommendations to propose changes to improving the healthcare and education workforce pipeline.

Appendix A: Analysis of Healthcare Job Codes

Given the large number of jobs in healthcare and their variation in training and wages, Table A.1 presents data on the specific job codes in the healthcare industry for the State of Nevada as of May 2024. These data are divided into Healthcare Practitioners and Technical Occupations and Healthcare Support Occupations. While we do not review all codes, we highlight a few. The data make clear Nevada's well-documented deficit in physicians. Nevada employed 30 percent of its expected share of Family Medicine Physicians, 60 percent of its expected share of General Internal Medicine Physicians, and 20 percent of its expected share of Psychiatrists when compared to national rates. While the states' four graduate medical institutions are trying to catch up, the lack of residencies and fellowships limits placement opportunities for graduates. A notable sub-specialty is Dermatology, where Nevada reports 180 percent of its expected share. These doctors earn an annual mean wage of $324,550.

The data suggest that Nevada's efforts to increase nurses through investments in nursing programs, including UNLV's top-ranked online nursing program, raised nursing occupations to the national average.[58] Specifically, Nevada reports 100 percent of its expected share of Nurse Practitioners and 90 percent of its expected share of Registered Nurses. However, the state records just 60 percent of its expected share of Nursing Assistants when compared to national rates. These positions do not require four-year degrees and are a feature of many CTE programs.

Table A.1: Nevada Workforce and Wage Data for Healthcare Occupation Codes, May 2024

Occupation Code	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
Healthcare Practitioners and Technical Occupations				
Chiropractors	250	70%	$43.91	$91,330
Dentists, General	1,040	90%	$70.42	$146,480
Dieticians and Nutritionists	540	70%	$35.54	$73,930
Optometrists	360	90%	$66.66	$138,650
Pharmacists	2,330	70%	$64.10	$133,320
Physician Assistants	1,190	80%	$67.29	$139,960
Podiatrists	40	50%	$97.65	$203,110
Occupational Therapists	1,090	70%	$53.04	$110,320
Physical Therapists	1,670	70%	$54.66	$113,700
Radiation Therapists	70	40%	$58.56	$121,800
Recreational Therapists	410	280%	$36.21	$75,310
Respiratory Therapists	1,420	100%	$40.94	$85,160
Speech-Language Pathologists	1,170	70%	$48.29	$100,440
Exercise Physiologists	–	–	$26.81	$55,760
Therapists, All Other	380	200%	–	–
Registered Nurses	27,570	90%	$49.17	$102,280
Nurse Practitioners	2,940	100%	–	–
Audiologists	–	–	$56.07	$116,620
Anesthesiologists	–	–	–	–
Dermatologists	180	180%	$156.03	$324,550
Emergency Medicine Physicians	–	–	$168.07	$349,580
Family Medicine Physicians	360	30%	–	–

Occupation Code	Employees	Share of Expected Employment*	Mean Hourly Wage	Annual Mean Wage
General Internal Medicine Physicians	400	60%	$69.97	$145,540
Physicians, Pathologists	50	50%	--	--
Psychiatrists	60	20%	$93.75	$195,010
Radiologists	150	60%	--	--
Physicians, All Other	2,800	90%	$112.21	$233,400
Ophthalmologists, Except Pediatric	--	--	$136.08	$283,050
Orthopedic Surgeons, Except Pediatric	50	30%	$150.22	$312,450
Dental Hygienists	2,040	90%	$48.84	$101,590
Healthcare Diagnosing or Treating Practitioners, All Other	250	80%	$53.76	$111,830
Clinical Laboratory Technologists and Technicians	2,270	70%	$30.58	$63,600
Cardiovascular Technologists and Technicians	290	50%	$32.14	$66,850
Diagnostic Medical Sonographers	470	50%	$45.29	$94,210
Nuclear Medicine Technologists	120	70%	$50.94	$105,940
Radiologic Technologists and Technicians	1,530	70%	$45.50	$94,630
Magnetic Resonance Imaging Technologists	410	100%	$46.42	$96,550
Emergency Medical Technicians	1,390	80%	$20.36	$42,350
Paramedics	910	90%	$28.92	$60,150
Dietetic Technicians	470	160%	$18.04	$37,520
Pharmacy Technicians	4,180	90%	$22.35	$46,490
Psychiatric Technicians	1,380	100%	$22.79	$47,410
Surgical Technologists	1,120	100%	$35.74	$74,330
Ophthalmic Medical Technicians	370	50%	$19.10	$39,730
Licensed Practical and Licensed Vocational Nurses	3,210	50%	$34.36	$71,460
Medical Records Specialists	2,980	160%	$30.75	$63,950
Opticians, Dispensing	1,440	180%	$25.84	$53,740
Orthotists and Prosthetists	80	80%	$45.28	$94,170
Hearing Aid Specialists	90	90%	$30.89	$64,260
Health Technologists and Technicians, All Other	1,990	110%	$25.71	$53,480
Health Information Technologists and Medical Registrars	160	40%	$30.10	$62,620
Athletic Trainers	230	80%	--	$55,000
Surgical Assistants	--	--	$44.12	$91,760
Healthcare Practitioners and Technical Workers, All Other	1,040	280%	$27.67	$57,560
Healthcare Support Occupations				
Home Health and Personal Care Aides	16,210	40%	$15.16	$31,530
Nursing Assistants	8,670	60%	$21.33	$44,360
Orderlies	380	70%	$18.29	$38,040
Psychiatric Aides	140	40%	$25.55	$53,140
Occupational Therapy Assistants	190	40%	$36.31	$75,520
Occupational Therapy Aides	--	--	$23.65	$49,200
Physical Therapist Assistants	590	60%	$32.89	$68,400
Physical Therapist Aides	640	150%	$15.71	$32,680
Massage Therapists	2,050	220%	$27.96	$58,170
Dental Assistants	3,890	100%	$22.75	$47,320
Medical Assistants	7,440	90%	$20.55	$42,740
Medical Equipment Preparers	540	80%	$21.96	$45,680
Medical Transcriptionists	--	--	$20.83	$43,320
Pharmacy Aides	380	90%	$19.01	$39,540
Phlebotomists	1,120	80%	$21.34	$44,390
Healthcare Support Workers, All Other	820	80%	$25.14	$52,300

* Derived from Location Quotients.
(--) Represents a lack of available data.

Note: Wages for some occupations that do not generally work year-round, full time, are reported either as hourly wages or annual salaries depending on how they are typically paid.

Source: Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2024.

Adapted from: Olivia K. Cheche, Caitlin J. Saladino, and William E. Brown, "The Healthcare Workforce in Nevada, 2024," *Health Fact Sheet No. 42,* 1-8, 2025, https://oasis.library.unlv.edu/bmw_lincy_health/41

Appendix B: Analysis of NPWR Data

Our analysis uses the following data accessed through NPWR: enrollment and completion of Career and Technical education (CTE) programs provided by NDE and credentials awarded by Nevada's higher education institutions aligning with career paths in education, healthcare, mental and behavioral health, and social work provided by NSHE.

Career and Technical Education Analysis

The CTE enrollment and completion data were contained in a single data file for all years. While these data contain cases for students at the elementary and middle school levels, we only considered high school students. These data were then merged with NDE demographic data to determine gender differences in CTE enrollments and completions that are presented in Tables 6 and 7.

Higher Education Analysis

The higher education credential analysis required the appending of separate files, each containing two years of data, detailing student completions and demographic information. The appended files were then merged into a single file that was used for the analyses presented in Tables 9-13 and Figures 1-5.

To determine if a credential was education, healthcare, mental and behavioral health, or social work related, we used the Academic Plan Description Major variable, which provides more detailed information about students' plans of study than the Degree Description variable. However, these data were missing for 28,266 of the 261,749 observations (10.8 percent). For observations with missing data and where the Degree Description clearly aligned with a career pathway of interest, observations were included in the respective career path. For instance, a person who earned a bachelor's degree in education was coded as earning a credential supporting the education workforce pipeline. Doing so yielded added 465 observations to the education credential path; 235 observations to the healthcare career path; and 418 observations to the social work career path. Table B.1 details the Academic Plan Description Major and Degree Description data included in the four workforce pathways.

The NSHE Degree Type variables contain 11 different credentials. To simplify, we clustered the five terminal degrees (Associate's. Bachelor's, Master's; Doctoral Degree (Academic) (renamed Doctorate (Academic)); and First Professional Degree (renamed Doctorate (Professional)); the two professional certificates degrees (Certificate of at Least One but Less Than Two Years (renamed Certificate (more than 1 year)) and Certificate of Less Than One Year (renamed Certificate (less than 1 year); and other certificates (Graduate Certificate; Post Baccalaureate Certificate, Post Master's Certificate, and Undergraduate Certificate) into separate categories.

Table B.1: Coding of Education, Healthcare, Mental and Behavioral Health, and Social Work Credentials

Credential	Academic Plan Major Description or Degree Description
Education	Adult and Continuing Education and Teaching; Adult Literacy Tutor/Instructor; Agricultural Teacher Education; Bachelor of Arts in Education; Bachelor of Science in Education; Bilingual and Multilingual Education; Biology Teacher Education; Chemistry Teacher Education; Child Care and Support Services Management; Child Care Provider/Assistant; Child Development; Counselor Education/School Counseling and Guidance Services; Curriculum and Instruction; Early Childhood Education and Teaching; Earth Science Teacher Education; Education, General; Education, Other; Education/Teaching of Individuals with Hearing Impairments Including Deafness; Education/Teaching of the Gifted and Talented; Educational Assessment, Evaluation, and Research, Other; Educational Leadership and Administration, General; Elementary Education and Teaching; English/Language Arts Teacher Education; Environmental Education; Foreign Language Teacher Education; French Language Teacher Education; Health Teacher Education; Higher Education/Higher Education Administration; History Teacher Education; Kindergarten/Preschool Education and Teaching; Mathematics Teacher Education; Multicultural Education; Physical Education Teaching and Coaching; Physics Teacher Education; Science Teacher Education/General Science Teacher Education; Secondary Education and Teaching; Social Science Teacher Education; Spanish Language Teacher Education; Special Education and Teaching, General Teacher Assistant/Aide; Teacher Education and Professional Development, Specific Levels and Methods, Other; Teacher Education, Multiple Levels; Teaching English as a Second or Foreign Language/ESL Language Instructor; Technical Teacher Education
Healthcare	Adult Health Nurse/Nursing; Athletic Training/Trainer; Bachelor of Science in Nursing; Behavioral Aspects of Health; Biochemistry; Bioengineering and Biomedical Engineering; Biological and Biomedical Sciences, Other; Biology/Biological Sciences, General; Biophysics; Biostatistics; Biotechnology; Cardiovascular Technology/Technologist; Cell/Cellular and Molecular Biology; Clinical Laboratory Science/Medical Technology/Technologist; Clinical Nurse Leader; Clinical/Medical Laboratory Assistant; Clinical/Medical Laboratory Technician; Community Health Services/Liaison/Counseling; Dental Assisting/Assistant; Dental Hygiene/Hygienist; Dentistry; Diagnostic Medical Sonography/Sonographer And Ultrasound Technician; Dietetic Technician; Dietetics and Clinical Nutrition Services, Other; Dietetics/Dietitian; Exercise Physiology; Family Practice Nurse/Nurse Practitioner; Family Practice Nurse/Nursing; Foods, Nutrition, and Wellness Studies, General; Geriatric Nurse/Nursing; Gerontology; Health and Wellness, General; Health Professions and Related Clinical Sciences, Other; Health Services/Allied Health/Health Sciences, General; Health-Related Knowledge and Skills, Other; Health/Health Care Administration/Management; Health/Medical Physics; Health/Medical Preparatory Programs, Other; Hematology Technology/Technician; Human Biology; Kinesiology And Exercise Science; Kinesiotherapy/Kinesiotherapist; Licensed Practical/Vocational Nurse Training; Massage Therapy/Therapeutic Massage; Medical Radiologic Technology/Science -Radiation Therapist; Medical Transcription/Transcriptionist; Medicine; Microbiology and Immunology; Molecular Pharmacology; Nursing Administration; Nursing Administration (Msn, MS, Phd); Nursing Assistant/Aide and Patient Care Assistant/Aide; Nursing Education; Nursing Practice; Nursing Science; Nursing/Registered Nurse (Rn, Asn, Bsn, Msn); Nutrition Sciences; Occupational Safety and Health Technology/Technician; Occupational Therapist Assistant; Occupational Therapy/Therapist; Opticianry/Ophthalmic Dispensing Optician; Oral Biology and Oral and Maxillofacial Pathology; Pediatric Dentistry/Pedodontics; Pediatric Nurse/Nursing; Pharmacology; Pharmacy Technician/Assistant; Phlebotomy Technician/Phlebotomist; Physical Fitness Technician; Physical Therapy Technician/Assistant; Physical Therapy/Therapist; Physician Assistant; Pre-Medicine/Pre-Medical Studies; Pre-Nursing Studies; Public Health, General; Radiologic Technology/Science – Radiographer; Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing, Other; Registered Nursing/Registered Nurse; Respiratory Care Therapy/Therapist; Science Technologies/Technicians, General; Science Technologies/Technicians, Other; Speech-Language Pathology/Pathologist; Surgical Technology/Technologist
Mental and Behavioral Health	Addiction Prevention and Treatment; Applied Psychology; Clinical Psychology; Educational Psychology; Human Development and Family Studies, General; Marriage and Family Therapy/Counseling; Mental and Social Health Services and Allied Professions, Other; Neuroscience; Psychiatric/Mental Health Nurse/Nursing; Psychiatric/Mental Health Services Technician; Psychology, General; Psychometrics and Quantitative Psychology; Research and Experimental Psychology, Other; School Psychology; Social Psychology; Substance Abuse/Addiction Counseling
Social Work	Social Work; Social Work, Other; Bachelor of Social Work

Notes: Coding derived from Academic Plan Description Major and Degree Description variables.
Source: Nevada System of Higher Education accessed via Nevada P-20 to Workforce Research Data System.

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