

December 15, 2022

## Health spending growth and GDP growth are both moderating

### HIGHLIGHTS

- ▲ National health spending in October 2022 grew by 2.1%, year over year. The small growth rate was driven by a large decline in government support to public health activities.
- ▲ Health spending in October 2022 is estimated to account for 17.2% of GDP.
- ▲ Nominal GDP in October 2022 was 7.3% higher than in October 2021 as GDP growth continues to outpace health spending growth.
- ▲ The Centers for Medicare & Medicaid Services is expected to soon release the official estimates of national health spending for 2021. We will incorporate the effects of these spending estimates in our January brief.

### National Health Spending and GDP\*

	Oct 2020	Oct 2021	Sept 2022	Oct 2022
GDP	21.81	24.21	25.81	25.99
National Health Spending (HS)	4.07	4.39	4.50	4.48
HS Share of GDP	18.7%	18.1%	17.4%	17.2%
HS Share of PGDP	18.2%	18.2%	17.3%	17.1%
<b>Growth from Prior 12 Months</b>				
HS	6.7%	7.7%	4.5%	2.1%
GDP	0.9%	11.0%	8.7%	7.3%
HS minus GDP	5.8%	-3.3%	-4.2%	-5.3%
HS minus PGDP	3.6%	0.1%	-4.5%	-6.7%

Source: Altarum monthly health spending estimates (see Methods box below). Monthly GDP is from IHS Markit. PGDP, defined as what GDP would be at full employment, is from the quarterly Congressional Budget Office estimates, converted to monthly by Altarum.

\* Spending is in trillions of dollars at a seasonally adjusted annual rate (SAAR).

Altarum is a nonprofit research and consulting organization that creates and implements solutions to advance health among at-risk and disenfranchised populations. Since 2011, Altarum has researched cost growth trends and key drivers of U.S. health spending and formulated policy strategies to help bend the cost growth curve. This work was made possible through generous support from the Robert Wood Johnson Foundation.

*The Health Sector Economic Indicators<sup>SM</sup>* reports are a monthly publication of Altarum and provide an analysis of health spending, employment, and prices. For more information, contact Ani Turner at [ani.turner@altarum.org](mailto:ani.turner@altarum.org). George Miller, PhD (principal author), Ani Turner, Corwin Rhyon, and Matt Daly, PhD, contributed to this brief. Media Contact: [press@altarum.org](mailto:press@altarum.org). For more information, visit <http://altarum.org/solution/health-sector-spending>.



## DISCUSSION

Later this month, CMS is expected to release the official estimates of national health expenditures for 2021. These estimates will result in changes to our spending estimates when we incorporate them into our spending brief in January. Our current estimates indicate that national health spending grew by 2.1%, year over year in October 2022, reaching a seasonally adjusted annual rate of \$4.48 trillion. The drop in spending growth was driven largely by a substantial reduction in October in government support to public health activities via the via Public Health and Social Services Emergency Fund. Health spending in October accounted for 17.2% of GDP, the lowest level since April 2015. Both growth rates have declined significantly since December 2021: GDP from 12.9% to 7.3% and health spending from 10.8% to 2.1% (Exhibit 1).

**Exhibit 1. Year-over-Year Growth in GDP and Health Spending, and Spending as a Percent of GDP**

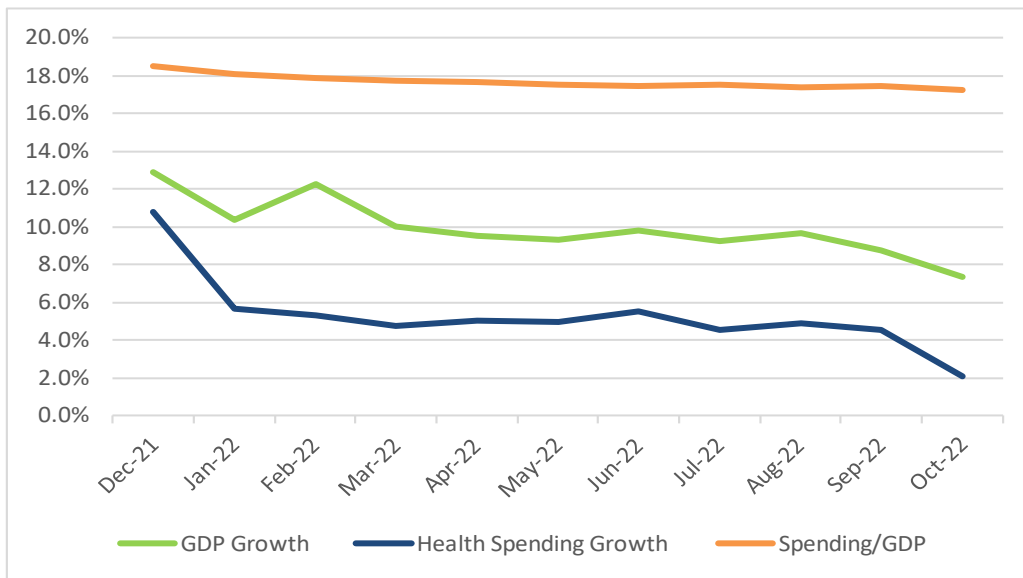


Exhibit 2 indicates our current estimate of the trajectory of growth in national health spending and GDP since the start of 2020 through October 2022, with and without COVID-related federal government support to providers and public health activities. Most such support in recent months has gone to public health via the Public Health and Social Services Emergency Fund which, as noted earlier, declined significantly in October.

**Exhibit 2. Percent Change in National Health Spending and GDP Since January 2020**

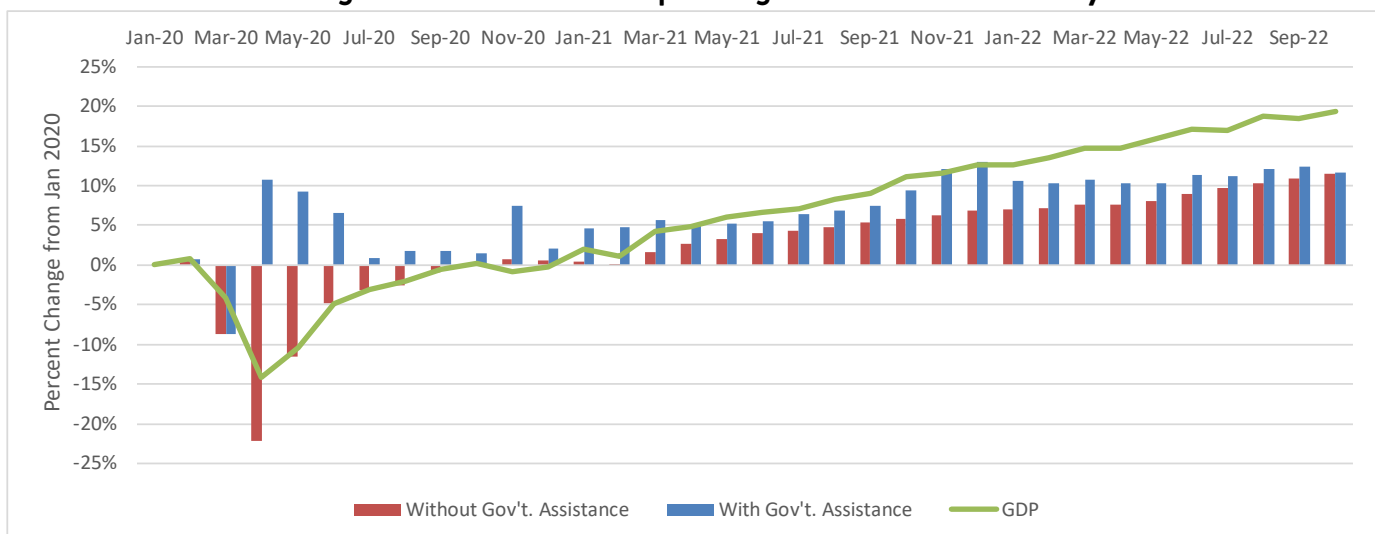




Exhibit 3 shows how spending growth among major categories has varied since January 2020, both with and without the government support. With the decline in federal government support spending, the curves tend to converge in more recent months. From January 2020 through October 2022, spending on home health care (including government support) has increased the most among the categories shown, at 14.7%, while spending on nursing home care and physician and clinical services grew the least, at 6.4% and 6.7%, respectively. During the same period, growth in retail spending on prescription drugs, which did not receive significant federal support during the pandemic, exceeded the other major categories, at 19.3% (data not shown), while spending on home health care also experienced relatively large growth, at 14.7%.

**Exhibit 3. Percent Change in Spending Since January 2020, by Major Category**



Exhibit 4 displays the growth in spending by major categories over the past year without the impact of federal government support. The values for growth rates in the absence of government support provide the clearest picture of the growth in the portion of spending actually used to provide clinical services. Overall, personal health care spending growth (growth in spending on goods and services) since October 2021 was 5.4% without



government assistance. Without government assistance, spending in the past year on dental services grew the fastest, at 12.2%, while spending on hospital care grew the slowest, at 3.3%.

**Exhibit 4. Health Care Spending 12-Month Growth without Government Assistance**

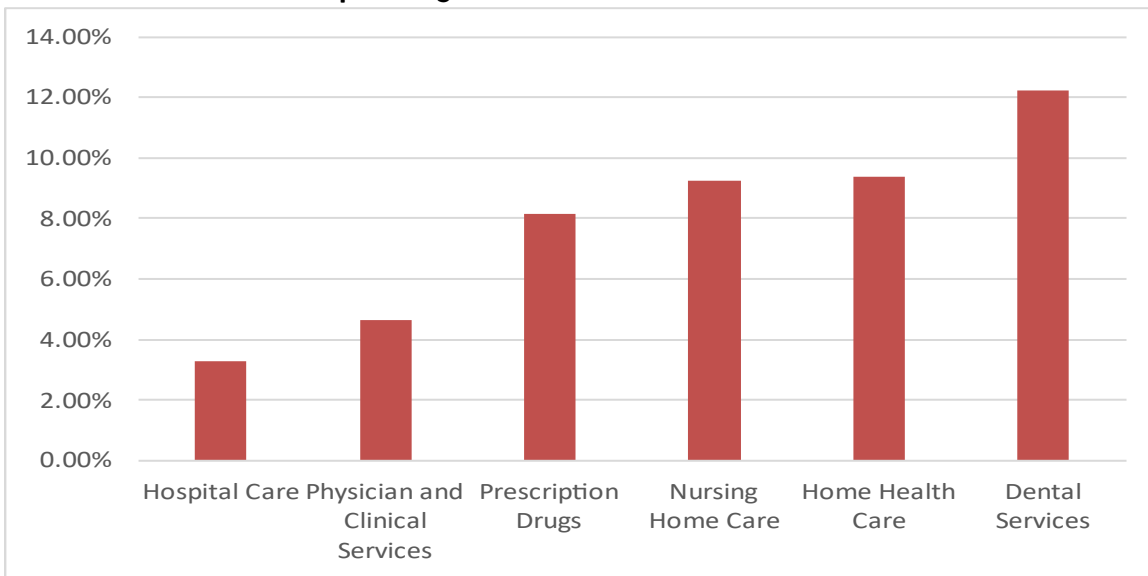
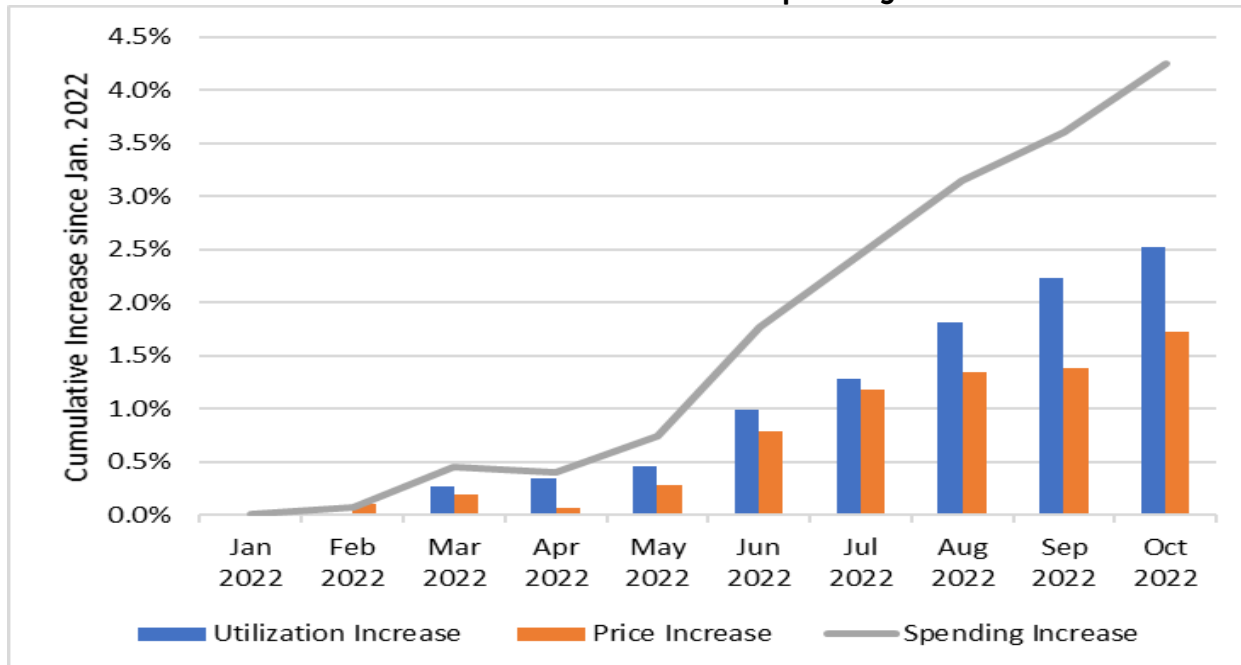


Exhibit 5 illustrates how spending on personal health care (without government subsidies) has grown since the start of 2022 and illustrates the relative contribution of utilization and prices to this growth. (The breakout between utilization growth and price growth is discussed further in our [price brief](#).) It shows that utilization growth has been the greater contributor to spending growth so far this year. As we have noted previously, though, the role of prices in health care spending growth is [expected to increase](#) in the future as newly negotiated or government-set prices catch up with higher input costs driven by overall inflation, likely resulting in an acceleration of health spending.

**Exhibit 5. Cumulative Growth in Personal Health Care Spending without Government Assistance**





## DETAILED HEALTH SPENDING

### Exhibit 6. Monthly National Spending Estimates by Detailed Category

Levels (in billions of dollars)	Oct 2019	Oct 2020	Oct 2021	Oct 2022
<b>GDP</b>	\$21,624.4	\$21,812.5	\$24,213.2	\$25,992.3
<b>National Health Spending</b>	\$3,816.3	\$4,070.9	\$4,385.4	\$4,475.8
<b>Personal health care</b>	\$3,221.8	\$3,339.9	\$3,556.8	\$3,750.6
Hospital care	\$1,208.8	\$1,266.3	\$1,356.1	\$1,401.0
Physician and clinical services	\$786.1	\$810.5	\$862.5	\$902.7
Other professional services	\$113.9	\$113.7	\$127.0	\$133.6
Dental services	\$144.1	\$145.1	\$162.0	\$181.9
Other personal health care	\$198.1	\$206.9	\$223.5	\$237.1
Home health care	\$114.0	\$118.4	\$120.8	\$132.1
Nursing home care	\$174.3	\$175.7	\$181.4	\$198.1
Prescription Drugs	\$343.4	\$353.4	\$373.9	\$404.5
Durable medical equipment	\$57.6	\$59.8	\$58.6	\$63.7
Nondurable medical products	\$81.6	\$90.1	\$91.0	\$96.0
Program administration and net cost of private health insurance	\$292.9	\$363.4	\$354.6	\$369.9
Government public health activities	\$106.8	\$173.2	\$259.7	\$127.3
Research	\$57.1	\$61.6	\$67.4	\$71.4
Structures and equipment	\$137.7	\$132.8	\$146.9	\$156.6
<b>HS Share of GDP</b>	17.6%	18.7%	18.1%	17.2%
<b>HS Share of PGDP</b>	17.6%	18.2%	18.2%	17.1%

Source: Altarum monthly national health spending estimates. The monthly GDP is from IHS Markit.

Notes: Spending is expressed in billions of dollars at a SAAR. This table incorporates recent corrections to the categories “other personal health care” and “program administration and net cost of private health insurance”.

### Exhibit 7. National Health Spending 12-Month Growth Rates by Detailed Category

Growth Rates	Oct 2020	Oct 2021	Oct 2022
<b>GDP</b>	0.9%	11.0%	7.3%
<b>National Health Spending</b>	6.7%	7.7%	2.1%
<b>Personal health care</b>	3.7%	6.5%	5.4%
Hospital care	4.8%	7.1%	3.3%
Physician and clinical services	3.1%	6.4%	4.7%
Other professional services	-0.1%	11.7%	5.2%
Dental services	0.7%	11.7%	12.2%
Other personal health care	4.4%	8.0%	6.1%
Home health care	3.8%	2.0%	9.4%
Nursing home care	0.8%	3.2%	9.2%
Prescription Drugs	2.9%	5.8%	8.2%
Durable medical equipment	3.9%	-2.0%	8.7%
Nondurable medical products	10.5%	0.9%	5.5%
Program administration and net cost of private health insurance	24.1%	-2.4%	4.3%
Government public health activities	62.2%	50.0%	-51.0%
Research	7.9%	9.4%	5.9%
Structures and equipment	-3.6%	10.6%	6.6%
<b>HS Minus GDP</b>	5.8%	-3.3%	-5.3%
<b>HS Minus PGDP</b>	3.6%	0.1%	-6.7%

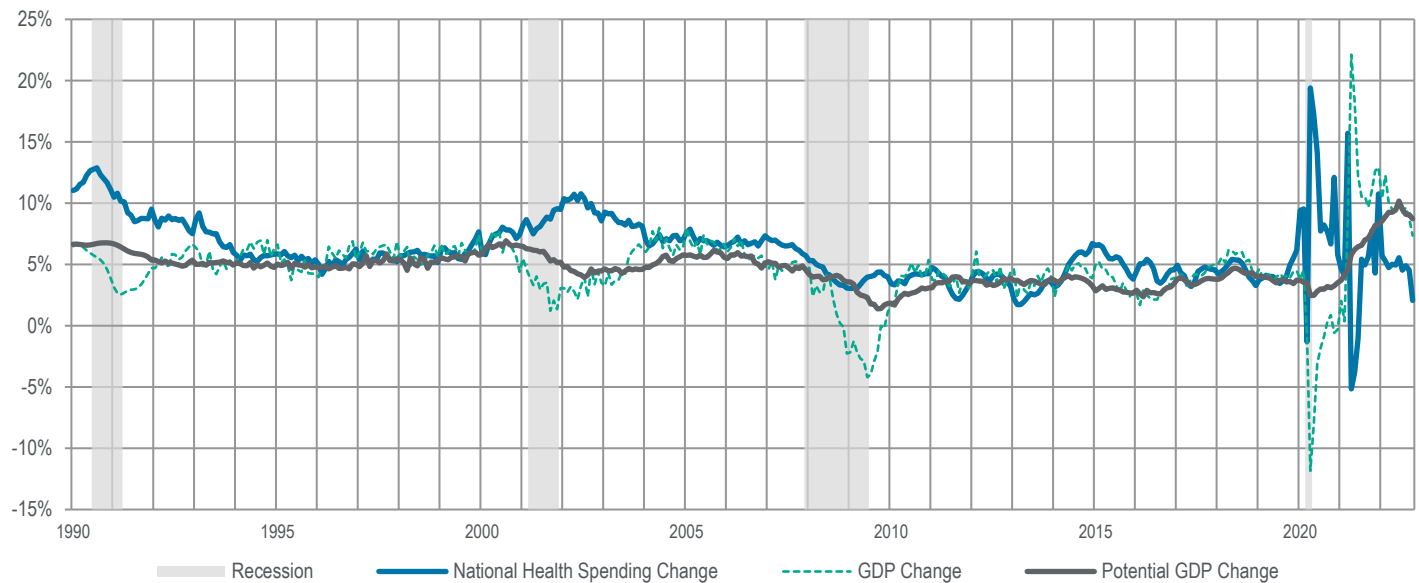
Source: Computed from Exhibit 2.

Note: This exhibit compares monthly national health spending to that of the same month from the previous year.



## TIME SERIES TRACKER

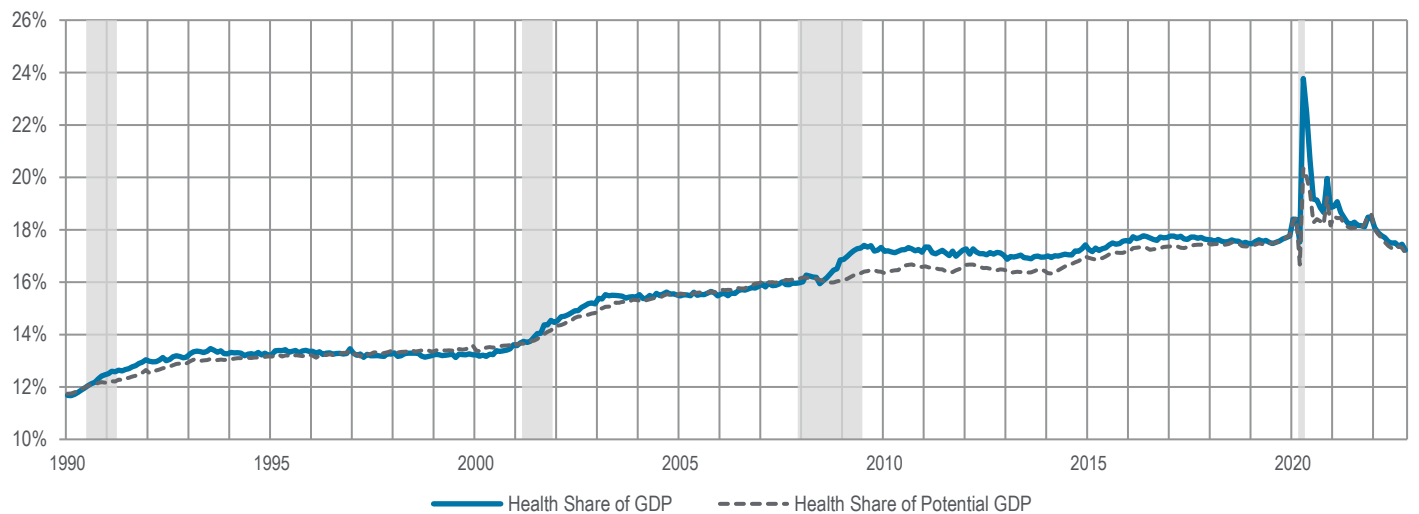
**Exhibit 8. Year-over-Year Percentage Change in Spending and GDP**



**Source:** Altarum monthly national health spending estimates. The monthly GDP is from IHS Markit.

**Note:** Lightly shaded bars denote recession periods.

**Exhibit 9. Monthly Health Spending as a Percentage of Monthly GDP**



**Source:** Altarum monthly national health spending estimates. Monthly GDP is from IHS Markit. PGDP is from the U.S. Congressional Budget Office and has been converted to monthly estimates. **Note:** Lightly shaded bars denote recession periods.

**Methods.** Altarum’s estimates are based on [BEA monthly health spending](#) and [CMS annual NHE estimates \(1990–2020\) and projections \(2021\)](#). BEA spending categories are matched to NHEA components by using information presented in the following: Hartman, M. B., Kornfeld, R. J., & Catlin, A. C. (2010, September). A reconciliation of health care expenditures in the National Health Expenditures Accounts and in gross domestic product. *Survey of Current Business*, 90(9), 42–52. For all NHEA personal health care categories except “other health, residential, and personal care,” monthly estimates are based on BEA spending adjusted to NHEA by using annual ratios. For the remaining categories, national health spending estimates and projections are allocated across months by using a simple trend. Annual ratio adjustments through 2021 are based on NHEA actuals (through 2020) and projections (for 2021) and ensure that monthly estimates sum exactly to NHEA annual amounts. The 2021 ratios are used to adjust BEA spending for months in 2022.

December 15, 2022

## Health care price growth and economywide inflation continue to slow

### HIGHLIGHTS

- ▲ The Health Care Price Index increased by 2.7% year over year in November, down from 2.9% in October.
- ▲ Economywide price growth slowed again this month, as overall CPI inflation fell from 7.7% to 7.1% and PPI price growth fell to 7.4%.
- ▲ While economywide inflation was largely driven by commodities prices in 2021 and the first half of 2022, services inflation has been increasing as commodities inflation has been falling, so that in November, overall services CPI growth, excluding health care, now exceeds overall commodities inflation, increasing 7.6% year over year versus 7.0% for goods.
- ▲ Among the major health care categories, prices for dental care (6.4%), nursing home care (4.3%), and hospital services (3.1%) were the fastest growing, while physician services (0.3%) and prescription drug (1.9%) price growth were the slowest growing categories.
- ▲ Year-over-year growth in hospital prices paid by private insurance (4.8%) remain above Medicare hospital price growth (1.7%), although private price growth has slowed somewhat from the peak in August (5.5%).

	Nov 2020	Nov 2021	Oct 2022	Nov 2022
<b>Health Care Price Index (HCPI)</b>	2.2%	2.4%	2.9%	2.7%
<b>GDP Deflator (GDPD)</b>	1.5%	6.3%	6.7%	**
<b>HCPI - GDPD</b>	0.7%	-3.9%	-3.8%	**
<i>Addendum</i>				
<b>Personal health care spending</b>	10.3%	2.4%	5.4%	**
<b>Health care utilization</b>	8.1%	0.0%	2.6%	**
<b>Medical Consumer Price Index (MCPI)</b>	2.4%	1.7%	5.0%	4.2%
<b>Consumer Price Index – all items (CPI)</b>	1.2%	6.8%	7.7%	7.1%
<b>Producer Price Index – Final Demand (PPI)</b>	0.8%	9.9%	8.1%	7.4%

Source: Altarum analysis of U.S. Bureau of Labor Statistics (BLS) data. HCPI is a composite price index designed to measure overall price changes for personal health care spending and is patterned after the price index developed by the Centers for Medicare & Medicaid Services (CMS). Details are provided below. Numbers may not subtract properly due to rounding. \*\*Data not available

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*The Health Sector Economic Indicators<sup>SM</sup>* reports are a monthly publication of Altarum and provide an analysis of health spending, employment, and prices. For more information, contact Ani Turner at [ani.turner@altarum.org](mailto:ani.turner@altarum.org). Corwin Rhyan (principal author), Ani Turner, George Miller, PhD, and Matt Daly, PhD, contributed to this brief. Media Contact: [press@altarum.org](mailto:press@altarum.org). For more information, visit <http://altarum.org/solution/health-sector-spending>.



## DISCUSSION

The overall health care price index (HCPI) increased by 2.7% year over year in November, down from 2.9% growth in October (Exhibit 1). This marks the sixth straight month where health care inflation has been between a tight range of 2.7% and 2.9%. While current price growth is above the average rate seen in the first half of 2022, over the past few months health care prices have increased slower than we expected.

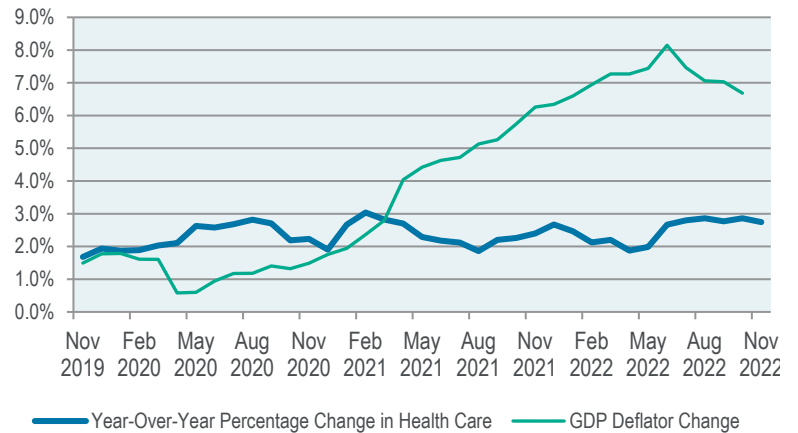
This is particularly true for health care prices paid for by private insurance—while [we expected higher prices would take some time](#) to materialize as long-term health care provider contracts and reimbursement rates were updated, this delay is

either taking longer than expected or private price increases have not been as steep as anticipated. Strikingly, between September and November, the overall private insurance health care services index actually fell slightly (from 121.91 to 121.23). It is possible private insurance prices will jump again in January and February next year, as a new calendar year could be a common time for new rates and contracts to begin. We will continue to track these data in coming months.

For health care prices paid by public payers, future 2023 and 2024 prices will be very dependent on end-of-year policy decisions that are currently under debate in Congress. The current policy status quo for 2023 Medicare prices would mean [cuts of nearly 8.5%](#) for physician and clinical care reimbursements and [4.0% or more for all other providers](#), resulting from the PAYGO cuts. It is likely an end-of-year Congressional spending deal will alleviate at some of these price declines, but the details remain under consideration. Looking out further, MedPAC has also released [initial Medicare payment recommendations](#) for 2024, with small increases proposed for hospital and physician reimbursement, but decreases for skilled nursing facilities, home health, and IP rehab facilities. MedPAC has separately recommended new increases for physicians treating low-income Medicare patients and also for safety-net hospitals.

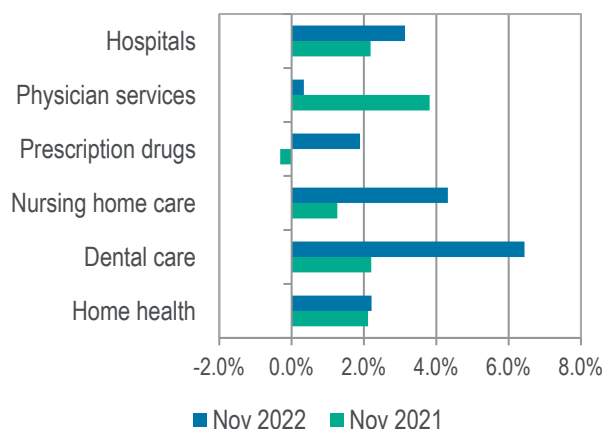
In October, the greatest increases in health care prices occurred for dental care, nursing homes, and hospital settings (rising 6.4%, 4.3%, and 3.1%, respectively) (Exhibit 2). Conversely, physician and clinical services prices increased at the

**Exhibit 1. Year-over-Year Growth in HCPI & GDPD**



Source: Altarum analysis of monthly BLS price data and monthly GDPD data published by Macroeconomic Advisers.

**Exhibit 2. Year-over-Year Price Growth for Selected Categories**



slowest rate among major sectors—at only 0.3% growth—marking the tenth straight month of below 1.0% price growth for physicians. Price growth for prescription drugs was also below average in October, at 1.9% year over year, down from 2.2% last month (Exhibit 3).

Our implicit measure of overall health care utilization for October shows that overall utilization increased by 2.6% year over year (Exhibit 8) and that data for the prior three months were also revised slightly upwards based on new spending data. For October, hospital utilization growth was barely positive (0.1%), while home health and dental care use were the fastest among the major categories at 7.1% and 6.8%. Moderate utilization growth in recent months has contributed to health care spending growth that has been slower than GDP growth in 2022, which we discuss in more detail in the [spending brief](#).





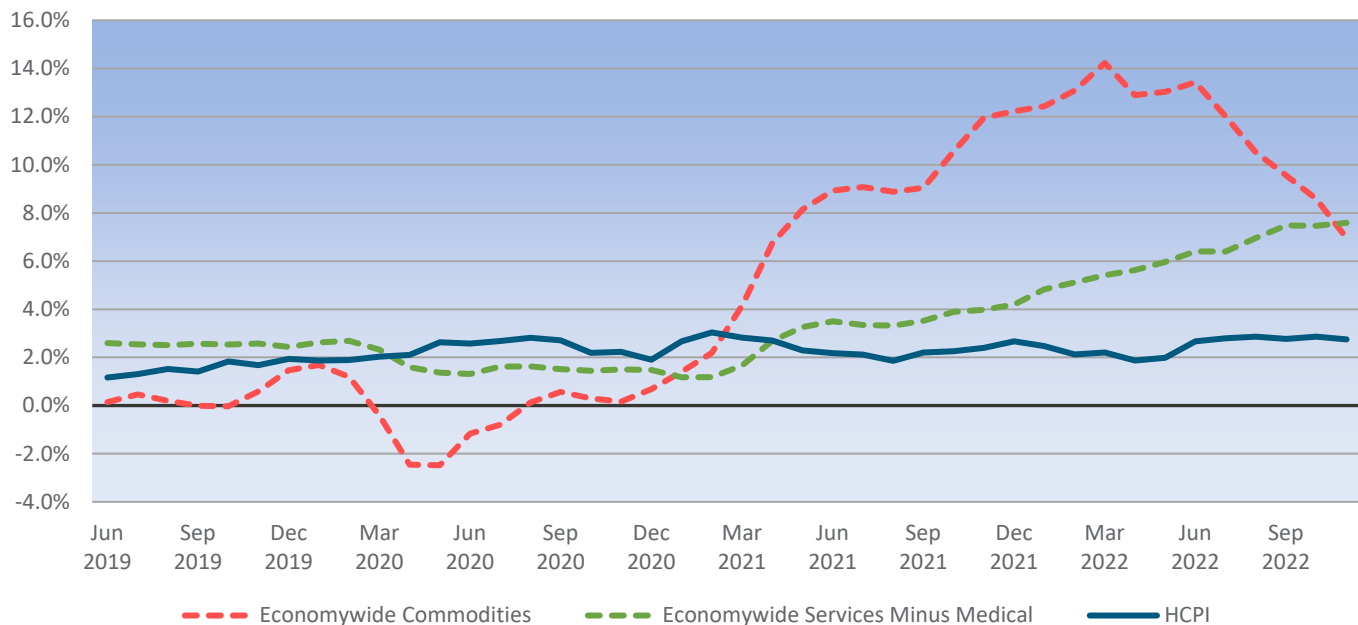
## PRICE GROWTH BY DETAILED CATEGORIES

**Exhibit 3. Annualized % Change in Prices for Major Components of National Health Expenditures**

	Ending November 2020	Ending November 2021	Ending November 2022
Health Care Price Index (HCPI)	2.2%	2.4%	2.7%
Hospital care	3.4%	2.2%	3.1%
Physician and clinical services	1.1%	3.8%	0.3%
Prescription drugs	-0.4%	-0.3%	1.9%
Nursing home care	4.2%	1.3%	4.3%
Dental Services	2.9%	2.2%	6.4%
Home health care	2.5%	2.1%	2.2%
Other professional services	1.5%	2.1%	3.7%
Other personal health care	4.2%	5.0%	4.3%
Other nondurable medical products	-1.9%	0.8%	5.4%
Durable medical equipment	-4.9%	2.9%	4.4%

Source: Altarum analysis of monthly BLS data.

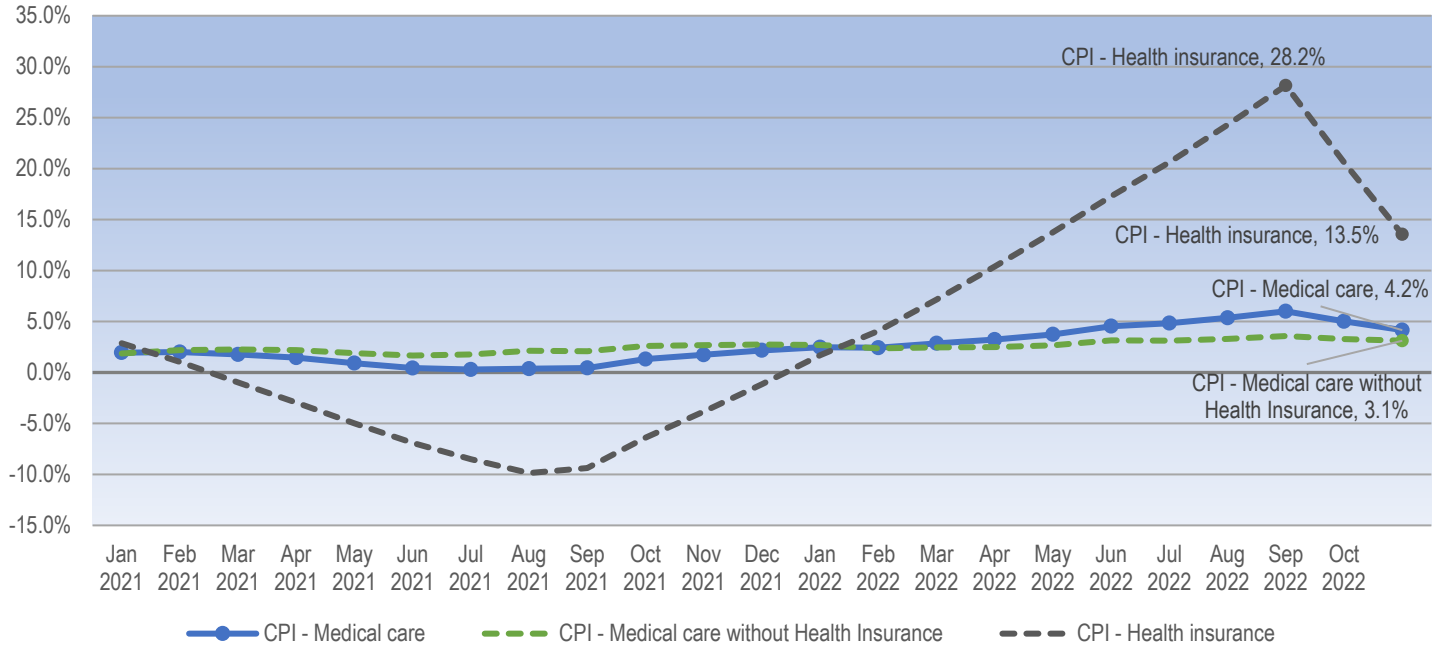
**Exhibit 4. Year-over-Year Percentage Change in Health Prices Compared with Economywide Commodities vs. Economywide Services**



**Methods.** Altarum’s estimates for the monthly HCPI, a price index for personal health care spending within the National Health Expenditure Accounts, are essentially monthly versions of the annual index developed by the CMS National Health Statistics Group (NHSG). The advantages of this measure over the medical care component of the CPI are well documented. Information on the CMS index is presented in the following source: U.S. Department of Health and Human Services. (2019). *National Health Expenditure Accounts: Methodology Paper, 2018–Definitions, Sources, and Methods*. Washington, DC: Centers for Medicare & Medicaid Services. Retrieved from <http://www.cms.gov/files/document/definitions-sources-and-methods.pdf>. The HCPI is calculated by using BLS data on PPIs for hospital, physician, nursing home, and home health components and CPIs for prescription drugs and other remaining items. Following NHSG, we use the GDPD rather than the CPI as our measure of economy-wide inflation. While this brief focuses on prices, it also incorporates data from our spending brief and shows the power of looking at prices and spending together. In particular, it reveals the striking role of utilization in health spending growth trends.

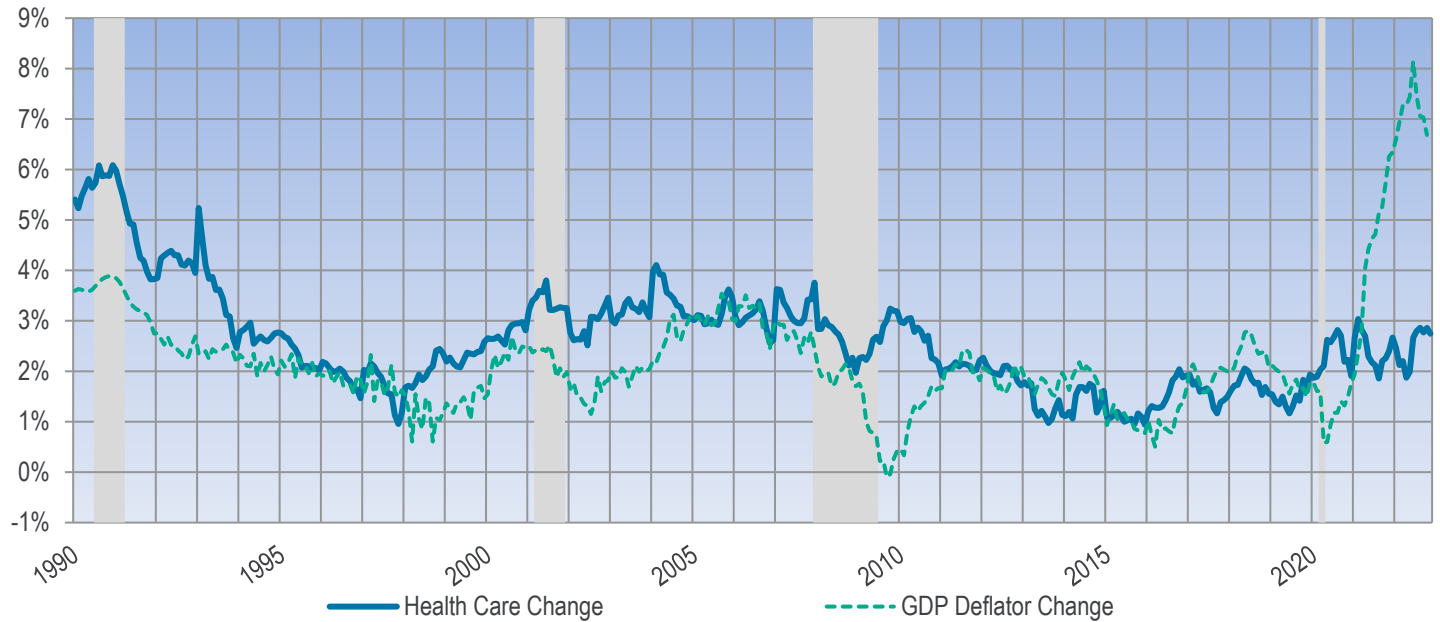


### Exhibit 5. Year-over-Year Change in CPI – Medical Care Components



### TIME SERIES TRACKER

#### Exhibit 6. Year-over-Year Percentage Change in Health Prices Compared with the GDP Deflator

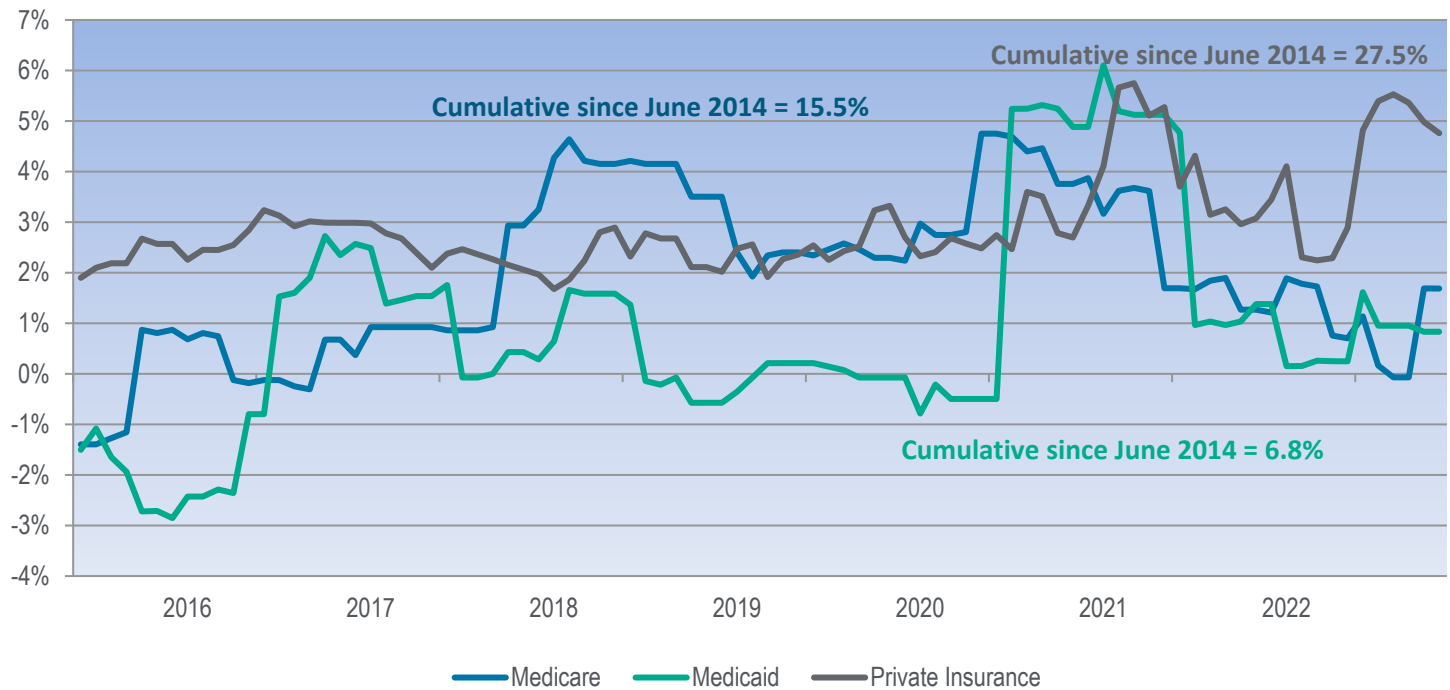


Source: Altarum monthly national health spending and price index estimates.

Note: Lightly shaded bars denote recession periods. (The [2020 recession timing](#) was announced by NBER on July 19<sup>th</sup>, 2021)



**Exhibit 7. Year-over-Year Change in Hospital Services Price Growth, by Payer**



Source: Altarum analysis of monthly BLS data.

**Exhibit 8. Implicit Health Care Utilization Growth by Major Components of NHE, Year-over-year**

	October 2022	3-Month Moving Average	12-Month Moving Average
Total health care	2.6%	2.6%	2.8%
Hospital care	0.1%	0.4%	1.9%
Physician and clinical services	4.2%	4.2%	3.9%
Prescription drugs	6.0%	5.2%	5.5%
Nursing home care	4.8%	6.3%	5.1%
Dental Services	6.8%	7.0%	4.6%
Home health care	7.1%	6.1%	2.3%
Other professional services	1.0%	0.4%	-0.6%
Other personal health care	1.7%	1.8%	1.6%
Other nondurable medical products	0.6%	0.5%	1.8%
Durable medical equipment	3.9%	4.5%	3.1%

Source: Altarum analysis of monthly BLS data combined with Altarum HSEI spending data.

**Note:** Beginning in March 2021, we slightly updated the computation of estimated implicit utilization shown in Exhibit 8 to be more consistent with our spending data. Previous iterations calculated implicit utilization growth (U) as spending growth (S) net of price growth (P) and population growth (Pop):  $U = S - P - Pop$ . New data (from March 2021 onward) now include population growth in utilization, with the new measure calculated as:  $U = S - P$ . This approach is an approximation, ignoring the interaction term between spending and prices growth ( $S*P$ ); however, as long as the two growth rates are small, this term is insignificant.

December 15, 2022

## Health care job growth remains strong across all major settings of care

### HIGHLIGHTS

- ▲ Health care added 44,700 jobs in November, consistent with the average of 47,000 new health care jobs per month added in 2022. This compares to an average of 9,000 new jobs per month added in 2021.
- ▲ Nearly half of the job growth was in ambulatory care settings, which added 23,300 jobs in November. Other major settings of care also showed solid job growth, with hospitals adding 11,000 jobs and nursing and residential care adding 10,400 jobs.
- ▲ The economy added 263,000 jobs in November, similar to the previous three months. The economy has added an average of 392,000 jobs per month in 2022. The unemployment rate held steady at 3.7%.
- ▲ As we saw last month, health care wage growth appears to be moderating. After peaking at 7.4% growth year over year in June, health care wages grew by 5.4% in October, nearer to economy-wide wage growth of 4.9% (Exhibit 4). Wage growth fell to 7.0% in nursing and residential care compared to a peak of 11.0% in March 2022, while hospital wage growth ticked up slightly to 6.1% and ambulatory care wage growth was up slightly to 4.6%, both still down from recent peaks of 8.5% and 5.8%, respectively. (Exhibit 5).

### Cyclical Employment Big Picture

Seasonally Adjusted	February 2020	Nov 2021	Oct 2022	Nov 2022
Total Employment (000)	152,504	148,652	153,285	153,548
Non-Health Employment (000)	136,014	132,572	136,706	136,924
Health Employment (000)	16,491	16,080	16,579	16,624
Health Share of Total Employment	10.81%	10.82%	10.82%	10.83%
Unemployment Rate	3.5%	4.2%	3.7%	3.7%

Source: Altarum analysis of Bureau of Labor Statistics (BLS) data. Health care employment is private only.

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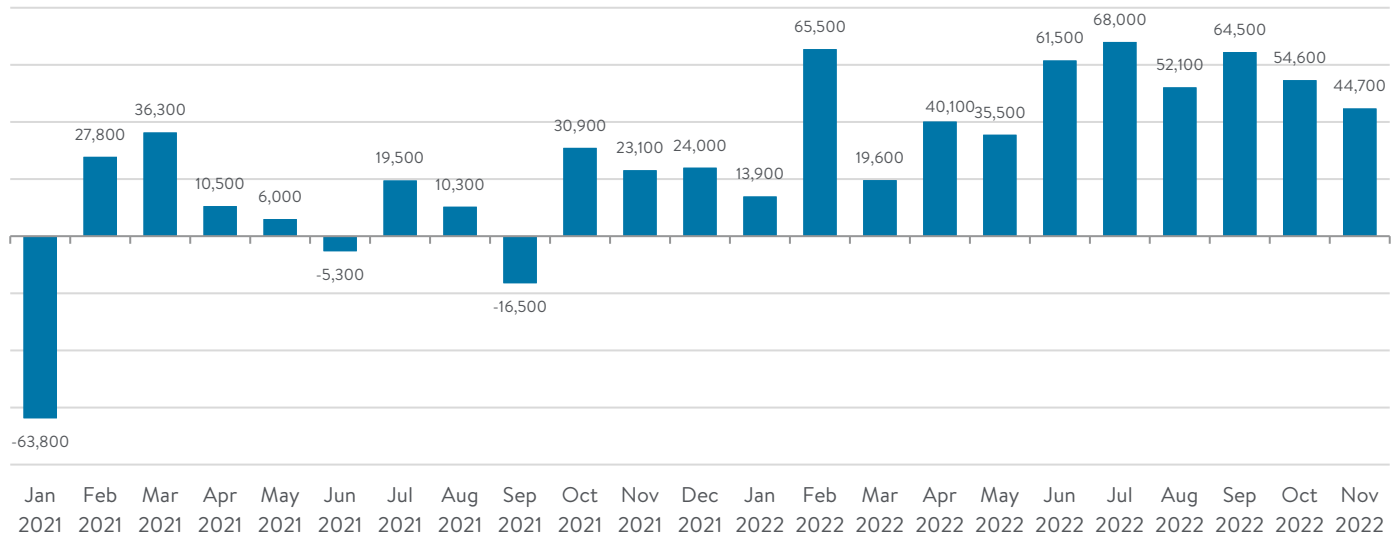
*The Health Sector Economic Indicators<sup>SM</sup>* (HSEI) reports are a monthly publication of Altarum providing analyses of health spending, employment, and prices. For more information, contact Ani Turner at [ani.turner@altarum.org](mailto:ani.turner@altarum.org). Ani Turner (principal author), Corwin Rhyan, George Miller, PhD, and Matt Daly, PhD, contributed to this brief. Media Contact: [press@altarum.org](mailto:press@altarum.org). For more information, visit <http://altarum.org/solution/health-sector-spending>.



## DISCUSSION

Health care employment grew by 44,700 jobs in November 2022, with minimal revisions to September and October. Health care has added 520,000 jobs in 2022 (Exhibit 1), an average of 47,000 new jobs per month. This compares to just over 100,000 jobs, or an average of 9,000 jobs per month added in 2021.

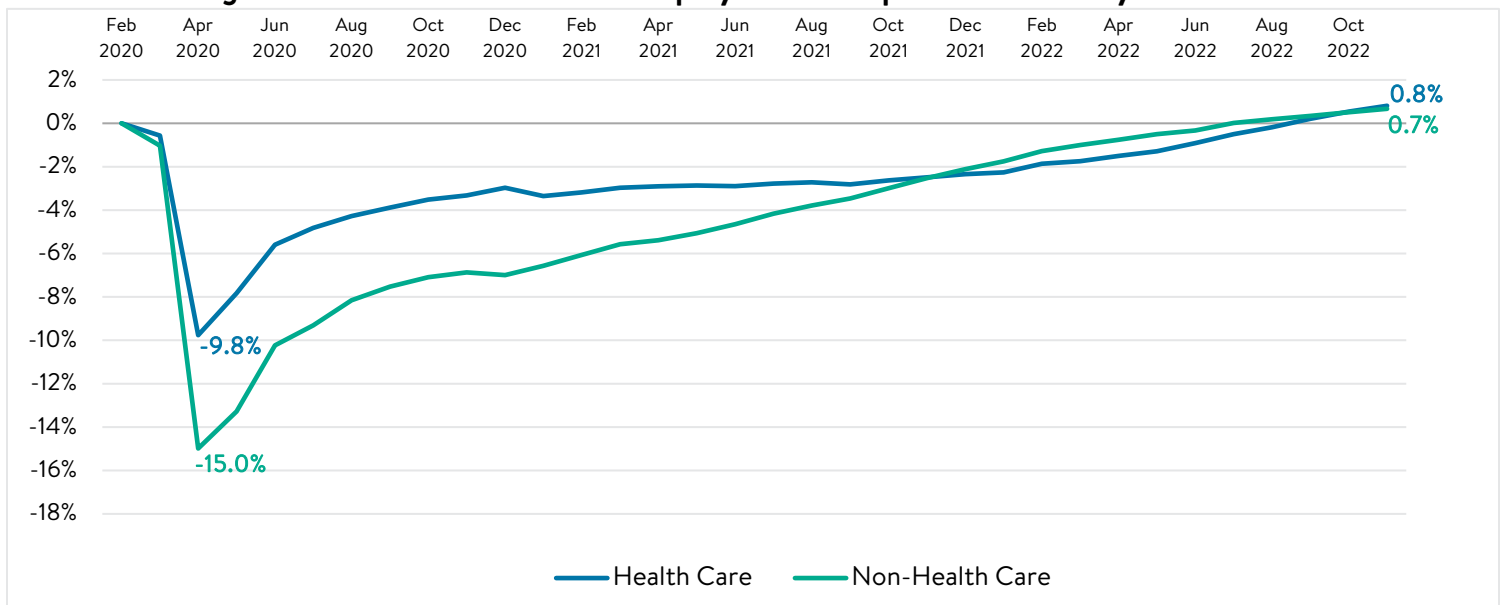
**Exhibit 1. Month-over-month Change in Health Care Employment, Seasonally Adjusted**



Source: Altarum analysis of monthly BLS Current Employment Statistics data.

The economy added 263,000 jobs in November 2022, similar to gains in August, September, and October. The economy has added more than 4.3 million jobs in 2022, a monthly average of 392,000 jobs. Health care and non-health employment returned to pre-pandemic levels earlier this year and have now surpassed those levels by 0.8% and 0.7%, respectively. (Exhibit 2).

**Exhibit 2. Change in Health and Non-Health Employment Compared to February 2020**

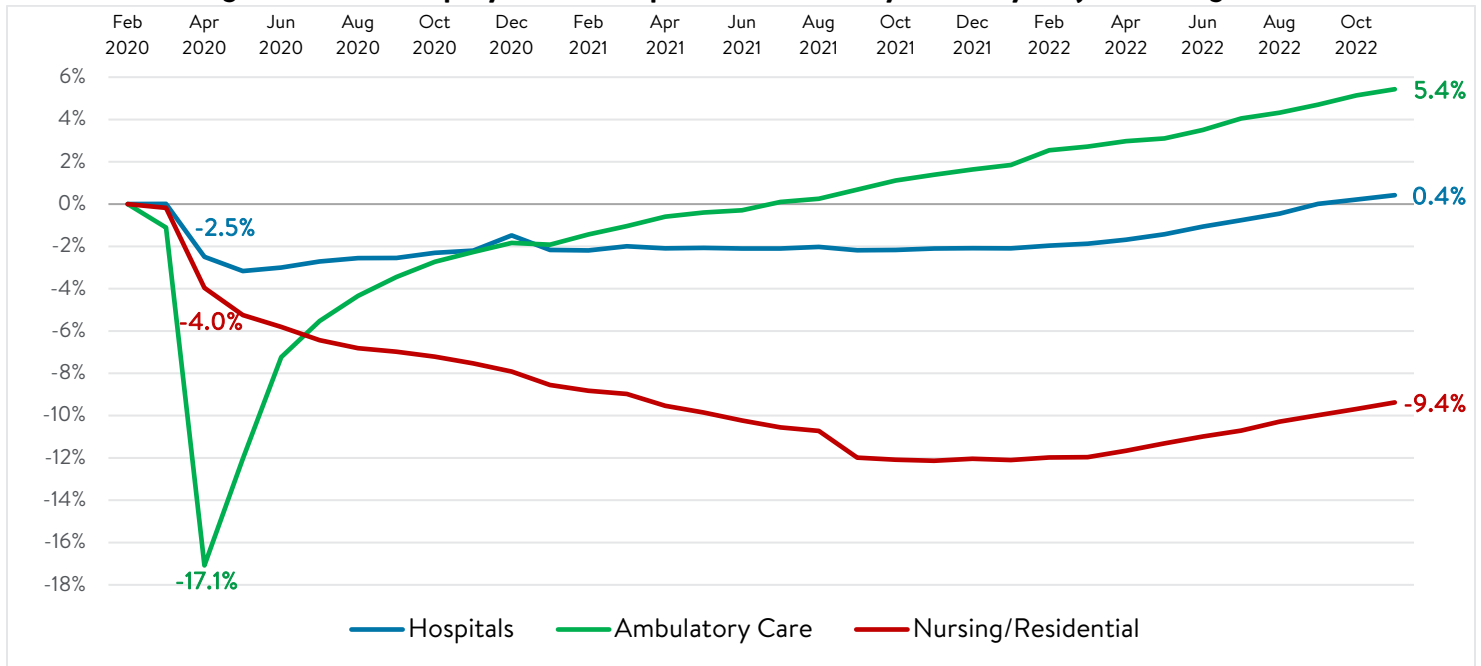


Source: Altarum analysis of monthly BLS Current Employment Statistics data.



Employment in ambulatory care settings returned to the pre-pandemic level in August 2021 and has grown steadily in 2022 to now stand at 5.4% above the level of February 2020 (Exhibit 3). Hospital employment took more than a year longer to recover and is now just above (0.4%) the February 2020 level. Employment in nursing and residential care settings appears to have bottomed out in the fall of 2021 and is now growing modestly but remains 317,000 jobs (9.4%) below the pre-pandemic level.

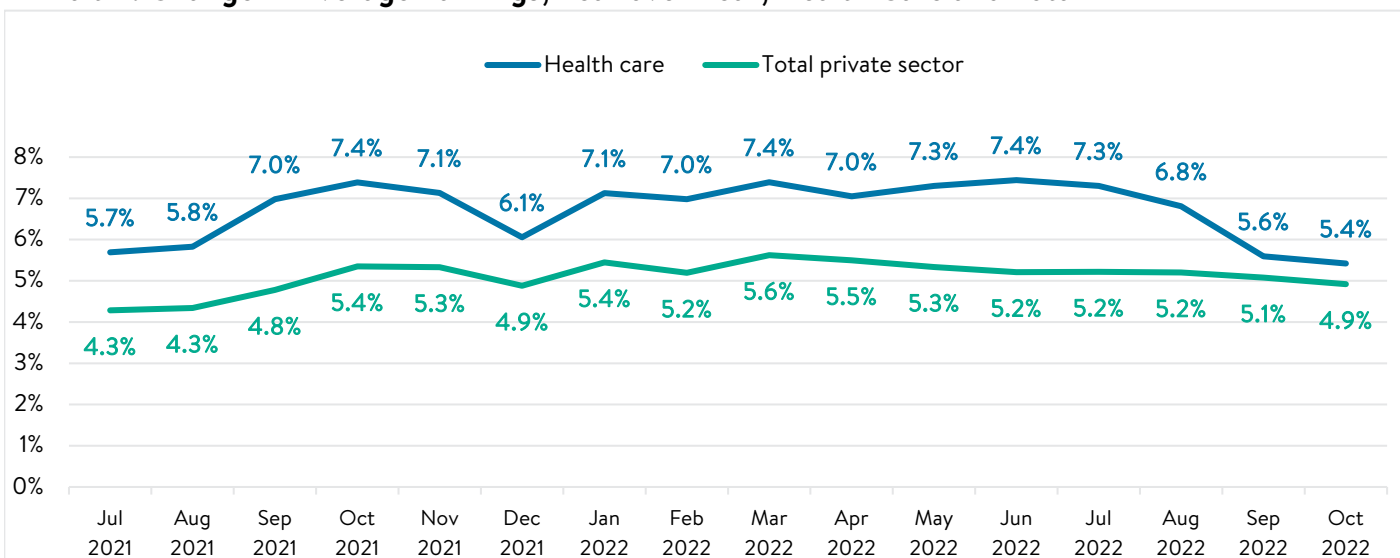
**Exhibit 3. Change in Health Employment Compared to February 2020 by Major Setting of Care**



Source: Altarum analysis of monthly BLS Current Employment Statistics data.

Wage growth in health care remains above the economywide average but the gap has closed considerably in the past few months as wage growth in health care has moderated. Average earnings in health care rose 5.4% over the year in October, compared to 4.9% for all private sector jobs (Exhibit 4).

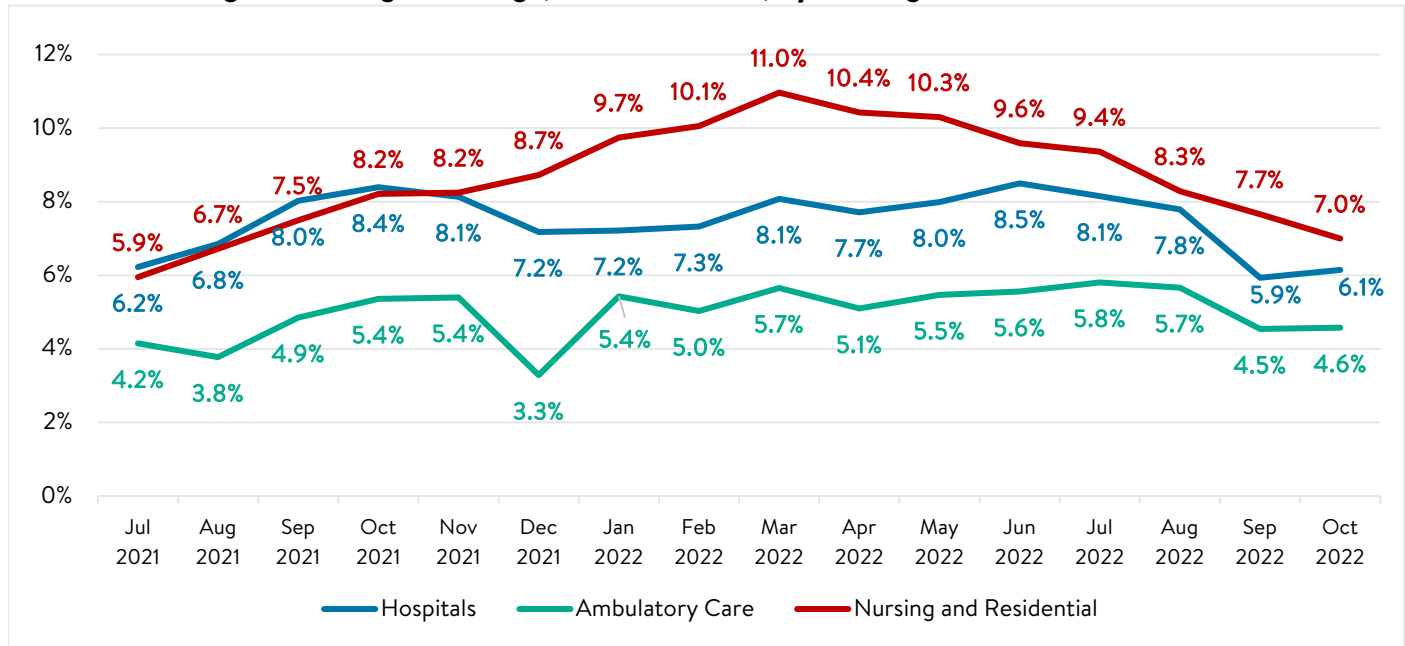
**Exhibit 4. Change in Average Earnings, Year over Year, Health Care and Total**





The growth in average earnings continues to vary by setting of care, but the gaps are narrowing as wage growth falls (Exhibit 5). Wages are still growing fastest in nursing and residential care, at 7.0% in October, but this figure has fallen each month since peaking at 11.0% in March 2022. Wage growth ticked up slightly in November in hospitals and ambulatory care settings to 6.1% and 4.6%, respectively, but these rates remain below recent peaks of 8.5% and 5.8%.

**Exhibit 5. Change in Average Earnings, Year over Year, by Setting of Care**



## DETAILED HEALTH CARE EMPLOYMENT

**Exhibit 6. Employment Data by Sector, Seasonally Adjusted**

Employment (in thousands)	November 2022	October 2022	November 2021	November 2020	February 2020
<b>Non-Health Care</b>	136,924	136,706	132,572	126,670	136,014
<b>Health Care</b>	16,624	16,579	16,080	15,942	16,491
<b>Ambulatory Health Care Services</b>	8,306	8,282	7,987	7,699	7,878
Offices of Physicians	2,867	2,866	2,775	2,684	2,728
Offices of Dentists	1,052	1,051	1,013	965	994
Offices of Other Health Care Practitioners	1,111	1,108	1,049	959	1,004
Outpatient Care Centers	1,041	1,035	1,006	990	997
Medical and Diagnostic Labs	311	310	310	292	287
Home Health Care Services	1,593	1,586	1,522	1,506	1,549
Other Ambulatory	331	327	313	303	319
<b>Hospitals</b>	5,258	5,247	5,126	5,121	5,236
<b>Nursing and Residential Care Facilities</b>	3,061	3,050	2,967	3,123	3,377
Nursing Care Facilities	1,370	1,367	1,346	1,437	1,585
Other Nursing and Residential	1,691	1,683	1,621	1,686	1,792
<b>Health Share of Employment</b>	10.83%	10.82%	10.82%	11.18%	10.81%

Source: Altarum analysis of BLS Current Employment Statistics data. February 2020 displayed as month of pre-pandemic peak employment.



## Exhibit 7. Change in Employment Data by Sector, Seasonally Adjusted

Employment Change (in thousands)	One Month	12 Months	24 Months	Since Feb 2020
<b>Non-Health Care</b>	218.3	4,352.0	10,254.6	910.7
<b>Health Care</b>	44.7	544.0	681.4	133.3
<b>Ambulatory Health Care Services</b>	23.3	318.8	606.6	427.9
Offices of Physicians	1.5	92.7	183.5	139.6
Offices of Dentists	1.8	39.7	87.6	58.1
Offices of Other Health Care Practitioners	2.7	62.0	152.0	106.8
Outpatient Care Centers	6.6	35.0	50.8	44.0
Medical and Diagnostic Labs	0.3	0.8	18.2	23.2
Home Health Care Services	6.6	70.7	86.8	44.3
Other Ambulatory	3.8	17.9	27.8	12.1
<b>Hospitals</b>	11.0	132.1	137.2	22.1
<b>Nursing and Residential Care Facilities</b>	10.4	93.1	-62.4	-316.7
Nursing Care Facilities	2.8	23.5	-67.7	-215.3
Other Nursing and Residential	7.6	69.6	5.3	-101.4
Annualized Percent Change	One Month	12 Months	24 Months	Since Feb 2020
<b>Non-Health Care</b>	1.9%	3.3%	4.0%	0.2%
<b>Health Care</b>	3.3%	3.4%	2.1%	0.3%
<b>Ambulatory Health Care Services</b>	3.4%	4.0%	3.9%	1.9%
Offices of Physicians	0.6%	3.3%	3.4%	1.8%
Offices of Dentists	2.1%	3.9%	4.4%	2.1%
Offices of Other Health Care Practitioners	3.0%	5.9%	7.6%	3.7%
Outpatient Care Centers	7.9%	3.5%	2.5%	1.6%
Medical and Diagnostic Labs	1.2%	0.3%	3.1%	2.9%
Home Health Care Services	5.1%	4.6%	2.8%	1.0%
Other Ambulatory	14.9%	5.7%	4.5%	1.4%
<b>Hospitals</b>	2.5%	2.6%	1.3%	0.2%
<b>Nursing and Residential Care Facilities</b>	4.2%	3.1%	-1.0%	-3.5%
Nursing Care Facilities	2.5%	1.7%	-2.4%	-5.2%
Other Nursing and Residential	5.6%	4.3%	0.2%	-2.1%

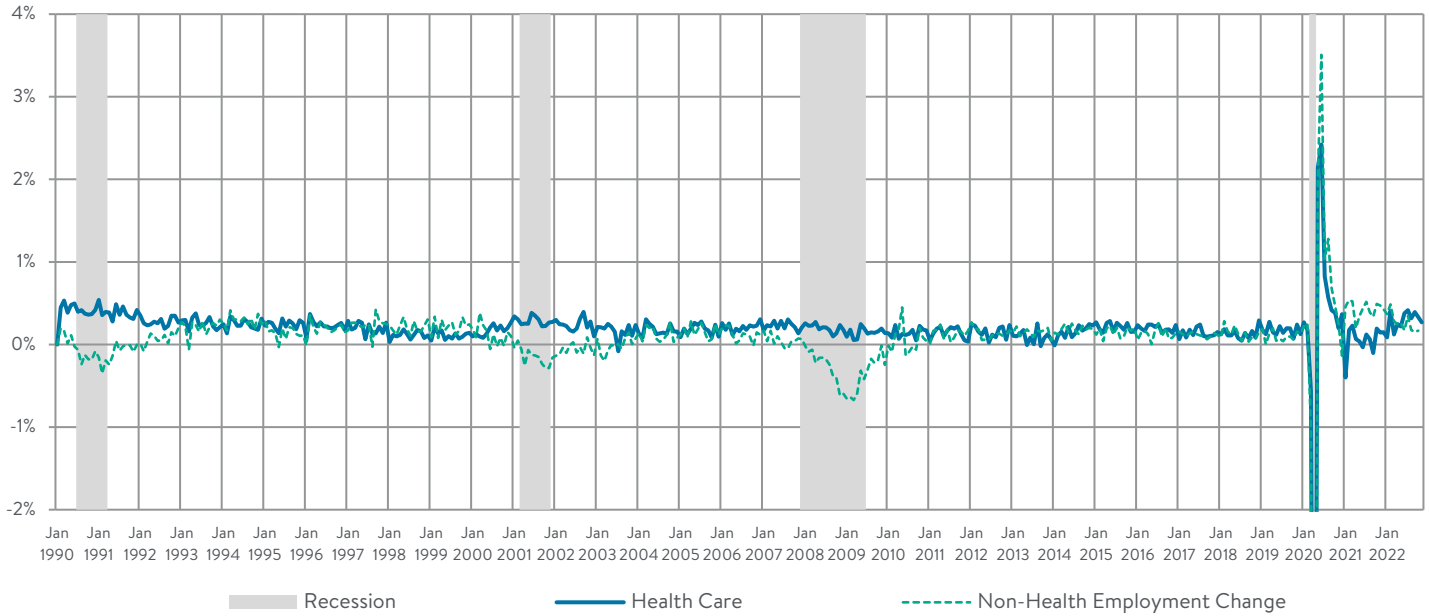
Source: Altarum analysis of BLS Current Employment Statistics data. Change since February 2020 represents comparison to pre-pandemic peak employment.





## TIME SERIES TRACKER

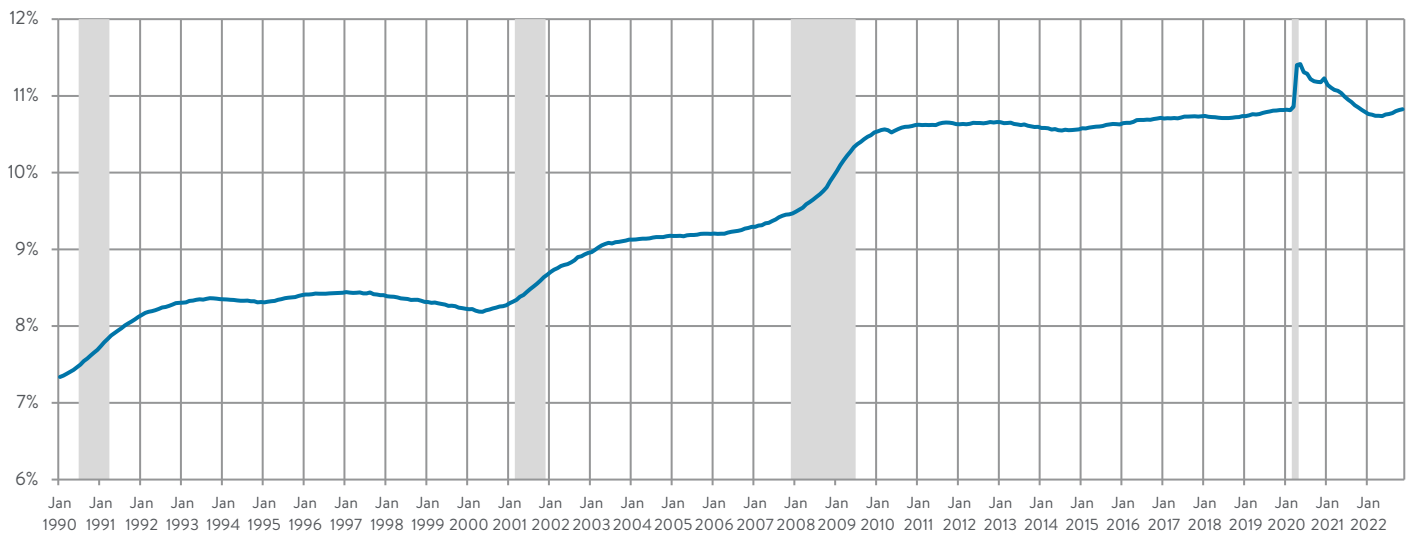
### Exhibit 8. Twelve-month Percent Change in Health Care Employment



Source: Altarum analysis of BLS data.

Note: Lightly shaded bars denote recession periods. Full drop in employment in April 2020 (non-health -14.0% and health -8.2%) not shown on graph.

### Exhibit 9. Health Care Share of Total Employment



Source: Altarum analysis of BLS data.

Note: Lightly shaded bars denote recession periods.