

## Workforce and Community Trends

The unemployment rate continues a long term decline, supported by employment additions, as shown in the following figure, though, disturbingly, employment additions on average over the past three months have slowed:

Chart 1. Unemployment rate, seasonally adjusted, May 2015 – May 2017

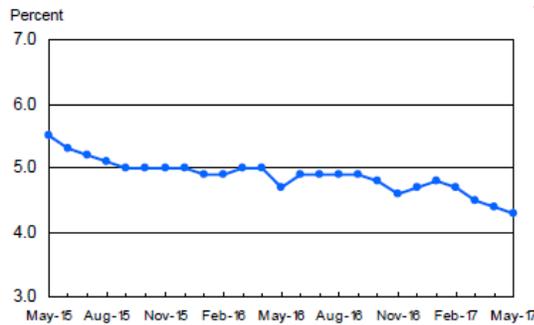
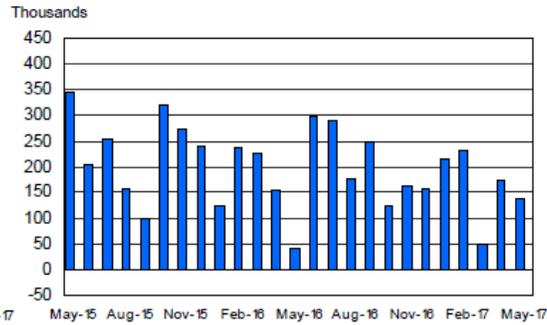


Chart 2. Nonfarm payroll employment over-the-month change, seasonally adjusted, May 2015 – May 2017



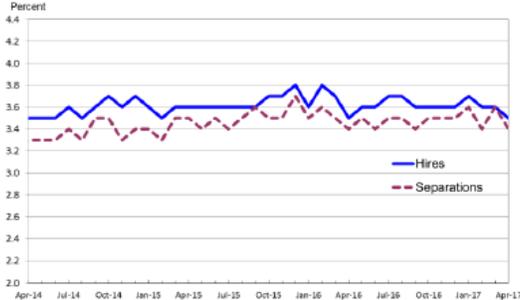
Source: Bureau of Labor Statistics, News Release, The Employment Situation - May 2017, June 2, 2017.

The job openings rate has been in the same range over the past two years, as shown in the next figure:

Chart 1. Job openings rate, seasonally adjusted, April 2014 - April 2017



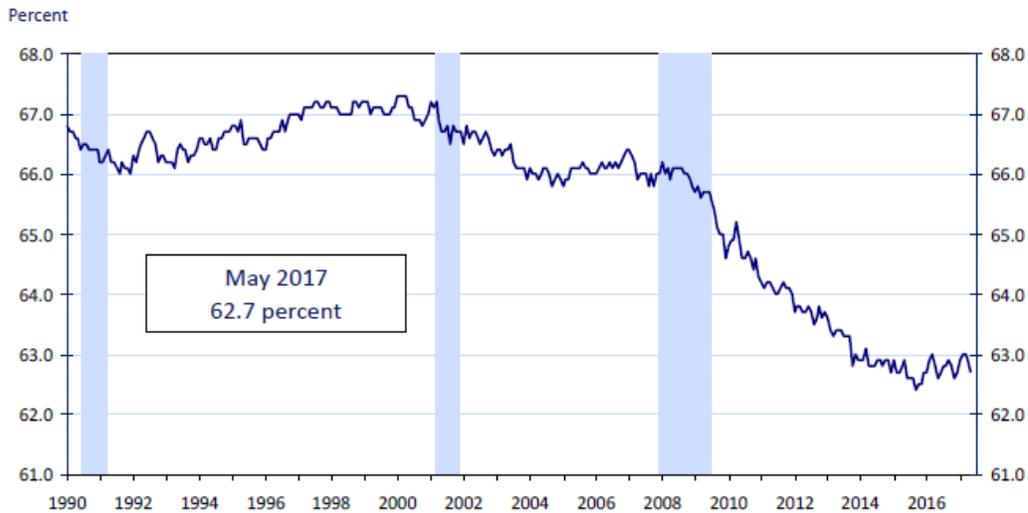
Chart 2. Hires and total separations rates, seasonally adjusted, April 2014 - April 2017



Source: Bureau of Labor Statistics, News Release, Job Openings and Labor Turnover - April 2017, June 6, 2017.

The labor force participation rate has plateaued, as shown in the next figure:

**Chart 2. Civilian labor force participation rate**  
Seasonally adjusted, 1990–2017



Note: Shaded areas represent recessions as determined by the National Bureau of Economic Research (NBER). Data online at <https://data.bls.gov/timeseries/LNS11300000>.

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Source: Charting the labor market: Data from the Current Population Survey (CPS), June 2, 2017.

And, though improving, long term unemployment remains a challenge, as shown in the next figure:

## Chart 12. Long-term unemployed as a percent of total unemployed

Seasonally adjusted, 1990–2017



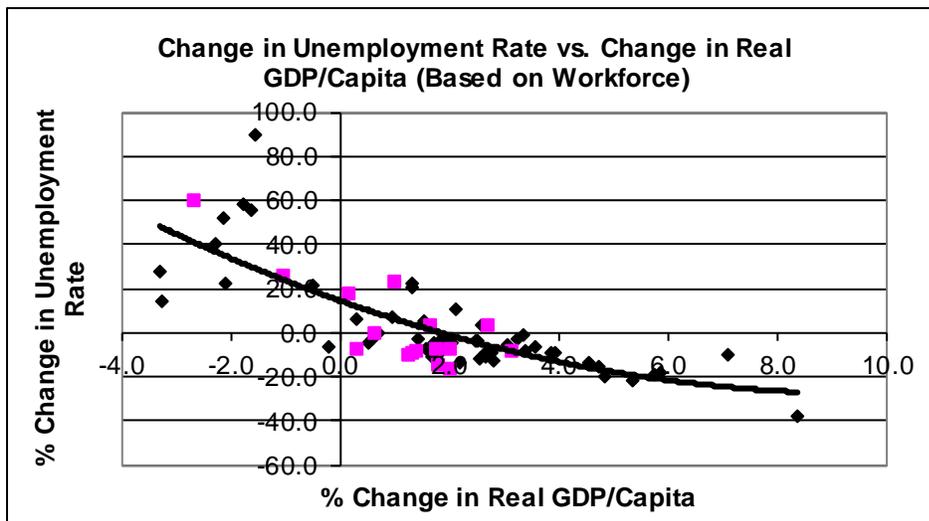
Note: Shaded areas represent recessions as determined by the National Bureau of Economic Research (NBER). Data online at <https://data.bls.gov/timeseries/LNS13025703>.

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Source: Charting the labor market: Data from the Current Population Survey (CPS), June 2, 2017.

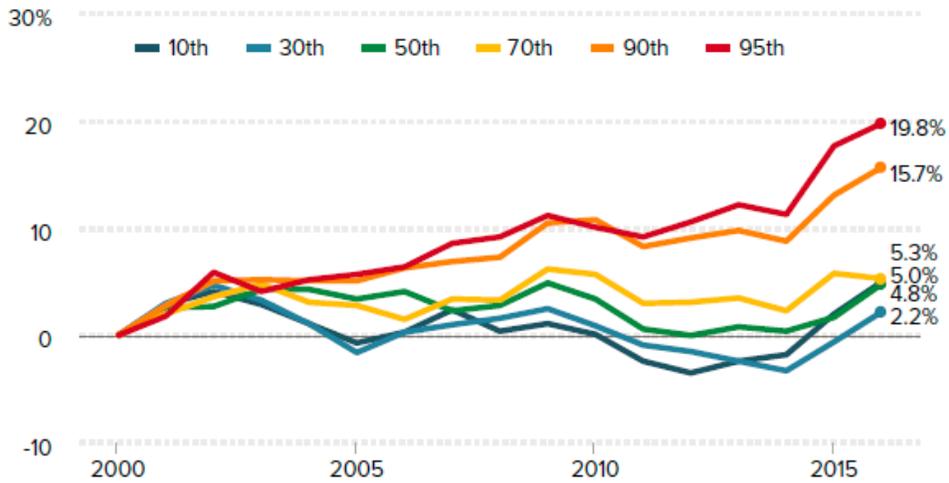
The relationship between changing unemployment rate and changes in gross domestic product (GDP) per capita, which we first observed in *Affiliation in the Workplace* for the period from 1947 to 2000 in the United States, has continued to hold. The following figure shows that more recent 2001 to 2016 data (the square, purple data points using real GDP expressed in 2009 dollars) follow the same trend as the original 1947 to 2000 data (the diamond, black data points with the associated trend line, also using real GDP expressed in 2009 dollars).



Only the highest earners, those in the 90<sup>th</sup> percentile and above, have seen significant wage growth since 2000, as shown in the next figure:

### High-wage earners have continued to pull away from everyone else in the 2000s

Cumulative percent change in real hourly wages, by wage percentile, 2000–2016



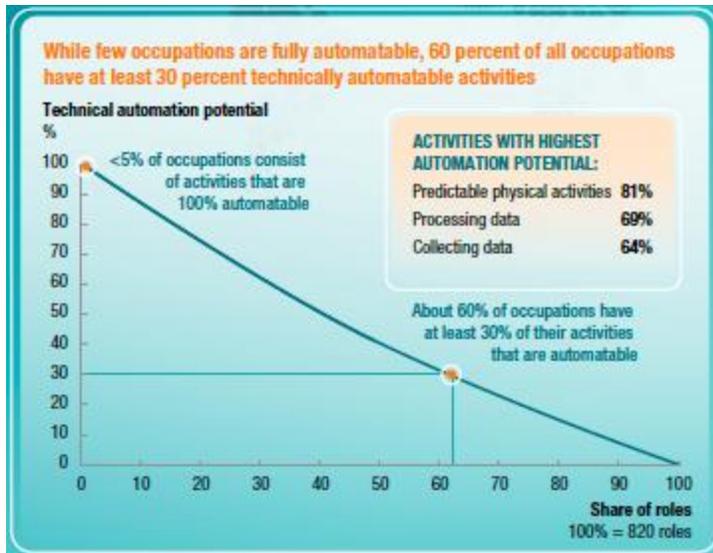
**Note:** Sample based on all workers age 18–64. The xth-percentile wage is the wage at which x% of wage earners earn less and (100 - x)% earn more.

**Source:** EPI analysis of Current Population Survey Outgoing Rotation Group microdata

Economic Policy Institute

Source: Elise Gould, Economic Policy Institute, The State of American Wages 2016, March 9, 2017.

With wages likely to face future pressure due to increasing automation, as shown in the next figure:



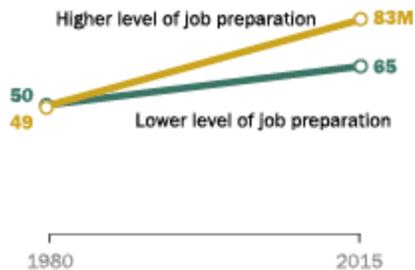
Source: James Manyika, Michael Chui, Mehdi Miremadi, Jacques Bughin, Katy George, Paul Willmott, Martin Dewhurst, Mckinsey Global Institute, A Future that Works: Automation, Employment, and Productivity, January, 2017.

An offsetting trend is continued movement to jobs requiring more preparation, and recognition of the importance of on-going training, as shown in the next figure:

## How economic change is reshaping the workplace

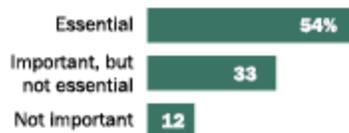
### Employment is rising faster in occupations requiring more preparation ...

Number employed, in millions



### ... and most workers see continuous training as essential or important to career success

% saying training/skills development throughout their work life will be ...



Note: Employment data (top panel) are based on civilians ages 18 and older who are currently employed. "Job preparation" is a combination of education, experience and training. Survey findings (lower panel) are based on adults (ages 18+) who are in the labor force.

Source: Employment data are based on a Pew Research Center analysis of O\*NET and monthly Current Population Survey data (IPUMS). Opinion data are from a survey of U.S. adults conducted May 25-June 29, 2016.

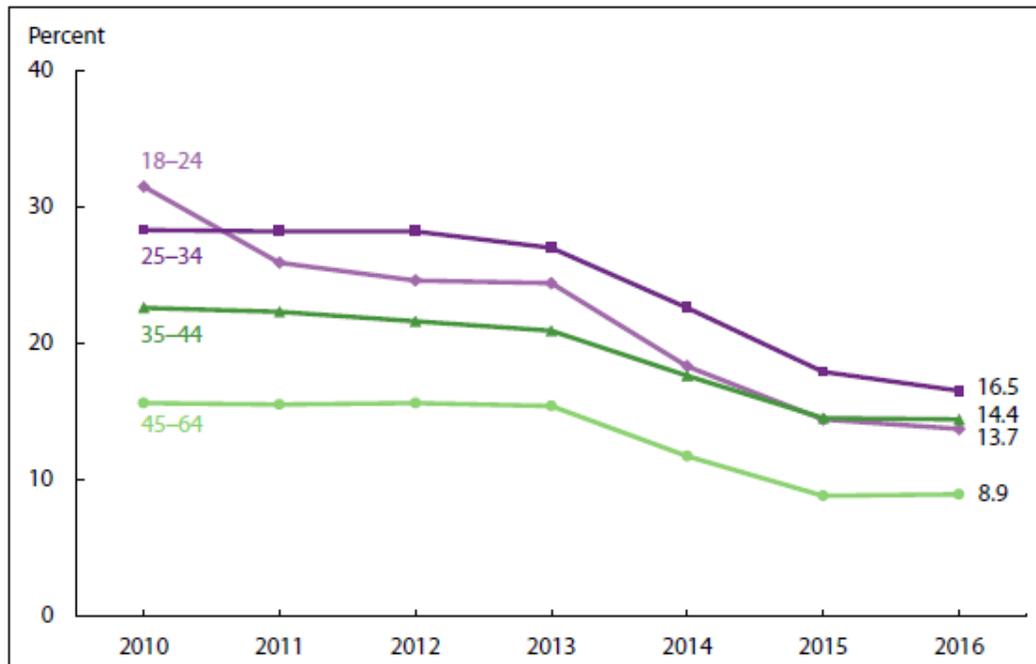
"The State of American Jobs"

PEW RESEARCH CENTER

Source: Pew Research Center, The State of American Jobs, October, 2016.

Unfortunately, the current administration continues to try and limit health care access for many people, particularly those in need. The Obama administration's Affordable Care Act succeeded in significantly improving access to healthcare insurance as shown in the next figure:

**Figure 3. Percentage of adults aged 18–64 who were uninsured at the time of interview, by age group: United States, 2010–2016**



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: NCHS, National Health Interview Survey, 2010–2016, Family Core component.

Source: Robin A. Cohen, Emily P. Zammitti, and Michael E. Martinez, National Center for Health Statistics, Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2016, 5/2017.

This, though, is only the first step along the path we need to take to a single payer system. The benefits of such an approach, used in various forms by other developed countries, are evident in the following international comparison. The United States is bottom of this group of eleven developed countries in healthcare system performance, though this is before the full benefits of the Affordable Care Act are evident.

## EXHIBIT ES-1. OVERALL RANKING

### COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Source: Karen Davis, Kristof Stremikis, David Squires, and Cathy Schoen, *The Commonwealth Fund, Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System, Compares Internationally*, 2014 Update, June 2014.

With a for-profit emphasis in this country we have created a case study in how not to deliver healthcare (additional information about the evolution of U.S. healthcare, and future steps we need to take is provided in a chapter by Deborah LeVeen in *Business Behaving Well*). Countless studies show how other countries have successfully deployed variants of a single payer system. The advantages of a single payer approach include improved healthcare outcomes, effectiveness of healthcare delivery, breadth of conditions covered, universal coverage, lowered costs, facilitation of entrepreneurial endeavors, and removal of the specter of personal bankruptcy due to healthcare expenses. The Affordable Care Act was a small step in the right direction, with many further steps need to single payer, which will benefit all in our community and our society. We are making major strides as single payer healthcare movements gather momentum in several states. In early June 2017, the California senate passed a bill, SB 562, advancing single payer healthcare. The forces in favor are grass roots organizations like Physicians for a National Health Program, the California Nurses Association, and many individuals concerned about the health of their communities. The forces aligned against single payer healthcare have enormous resources, insurance companies, entities like Kaiser Permanente, and business groups that see their cash flow threatened. Not surprisingly we suffer when healthcare is delivered through entities focused on preserving their status quo rather than improving our access to healthcare.

At this time we are under siege from forces unleashed and stoked by the current administration. Those forces aim to enrich those already wealthy, while threatening our healthcare, our services for those in need, our environment, marginalized groups, our economy, and international stability

through reckless and abusive use of force. This is a time for courage and resistance to those forces, so we can resume creating a compassionate and just society that benefits all.