The Diversity of Oregon's Licensed Health Care Workforce, 2024

January 2025

OREGON **HEALTH** AUTHORITY

Health Care Workforce Reporting Program

Contents

About the data in this report

This report uses data from the informational survey that licensed health care workers complete while renewing their licenses in Oregon. The Health Care Workforce Reporting Program (HWRP) collects and tabulates this data in partnership with 17 health licensing boards as directed by Oregon Revised Statute 676.410. This report is updated to include data collected from licensed health care workers between January 2022-January 2024.

Executive summary

This report uses data from Oregon Health Care Workforce Reporting Program (HWRP) to explore the race, ethnicity, gender, language and disability composition of Oregon's 209,000 licensed health care professionals and compare the demographics of the workforce to the demographics of Oregon's population. This report addresses the following questions:

- What is the racial and ethnic composition of Oregon's licensed health care workforce?
- How is the demographic composition of the workforce changing over time?
- How culturally and linguistically representative is the workforce of the population that it serves?
- What portion of the workforce report living with disabilities that include functional difficulties?

Key insights

Overall, Oregon's licensed health care workforce is less racially and ethnically diverse than Oregon's population.

Hispanic and Latino/a/x/e, American Indian/Alaska Native, Black/African American, and Native Hawaiian/Pacific Islander persons are underrepresented in the health care workforce at the aggregated race and ethnicity group level (**Figures 2 and 2a**). In particular, analyzing disaggregated race and ethnicity data reveals that Mexican American professionals are underrepresented in nearly all professions except for two fields with fewer barriers to entry (chiropractic assistants and certified nursing assistants, **Appendix A**).

At the aggregate level, Asian and white professionals are overrepresented in the health care workforce, though there are exceptions within the disaggregated racial and ethnic subgroups: Health care workers who identify as members of the Communities of Myanmar are under-represented (0.01 percent of the workforce vs. 0.1 percent of the Oregon population) as are Slavic health care workers (1.8 percent of the workforce vs. 3.7 percent of the Oregon population).

While women are overrepresented in most health care professions, men are overrepresented in the higher-paying medical professions that require more advanced training (e.g. dentistry and medicine) (Table 1).

Women make up the majority (72.8 percent) of the licensed health care workforce, followed by men (24.1 percent) and individuals who are non-binary or another gender (0.6 percent). However, fields that have high barriers to entry, such as dentists, physicians, and certified nurse anesthetists, have higher proportions of men. **Spotlight 1** shows a selection of dentistry, chiropractic and nursing professions with these distinct differences.

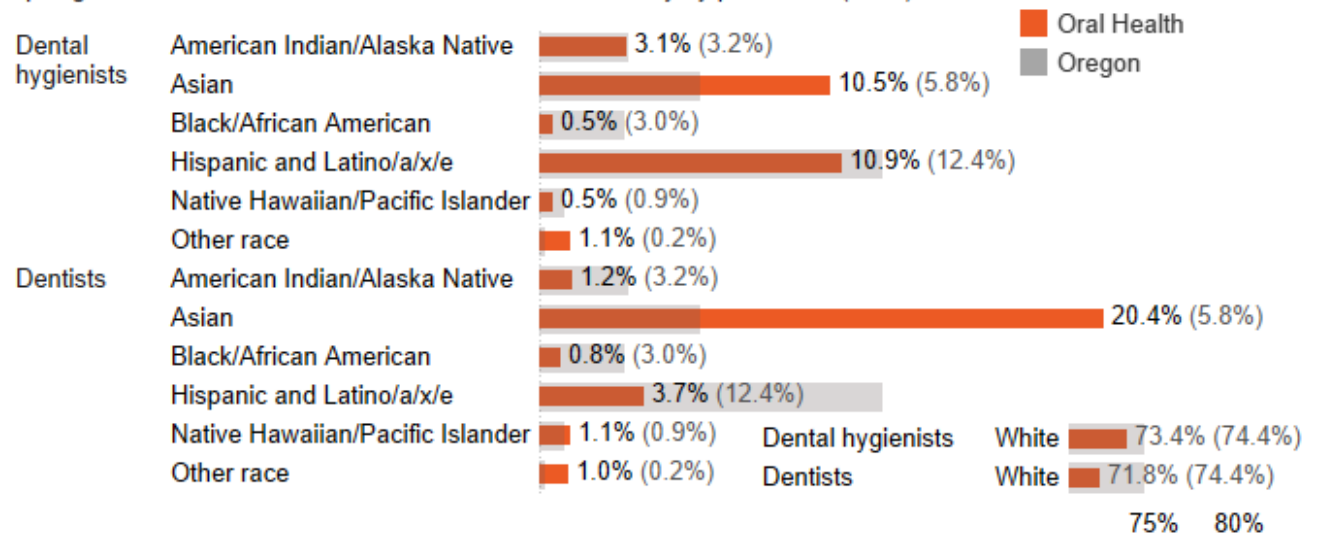Spotlight 1: Gender representation in highlighted occupations (2024)

Discipline	Occupation	Female	Male	Decline	Pref to self-describe
Chiropractic	Chiropractic assistants	82.3%	12.9%		
	Chiropractic physicians	31.7%	62.5%		
Dentistry	Dental hygienists	93.5%			
	Dentists	30.4%	65.7%		
Nursing	Clinical nurse specialists	90.1%			
	Licensed practical nurses	84.7%	13.3%		
	Certified nursing assistants	83.7%	14.2%		
	Nurse practitioners	83.5%	12.9%		
	Registered nurses	83.1%	13.8%		
	Certified registered nurse anesthetists	47.3%	46.2%	6.2%	

Racial and ethnic diversity between and within clinical focus areas is varied (Figure 2b).

Compared with Oregon's population, Asian professionals are overrepresented in the primary care and oral health clinical focus areas while white professionals are overrepresented in behavioral health. However, clinical focus area groups include a variety of occupations that may have different patterns of race/ethnicity group distribution. **Spotlight 2** highlights this in the oral health focus area, in which Asian professionals are overrepresented (17.8 percent of the oral health workforce compared with 5.8 percent of the Oregon population). The oral health clinical focus area includes dental hygienists and dentists, and the distribution of different racial/ethnic groups is not uniform across these two professions. The overrepresentation of Asian professionals is much more pronounced among dentists (20.4 percent) than among dental hygienists (10.5 percent). Hispanic

and Latino/a/x/e professionals are underrepresented in both professions, but the discrepancy is much more pronounced for dentists (8.7 percent less than Oregon population) than for dental hygienists (1.5 percent less). However, patterns at the aggregate group level often hide important trends that become evident when analyzing race and ethnicity composition of occupations using disaggregated race and ethnicity categories. While there is an overrepresentation of Asian dentists at the aggregate level, Cambodian, Communities of Myanmar, Hmong, and Laotian professionals are underrepresented (**Spotlight 3**). Among dental hygienists, Asian Indian, Chinese, Hmong, and South Asian individuals are underrepresented compared to the state population.

Spotlight 2: Oral health clinical focus area race and ethnicity by profession (2024)

		Oral Health	Oregon
Dental hygienists	American Indian/Alaska Native	3.1%	(3.2%)
	Asian	10.5%	(5.8%)
	Black/African American	0.5%	(3.0%)
	Hispanic and Latino/a/x/e	10.9%	(12.4%)
	Native Hawaiian/Pacific Islander	0.5%	(0.9%)
	Other race	1.1%	(0.2%)
Dentists	American Indian/Alaska Native	1.2%	(3.2%)
	Asian	20.4%	(5.8%)
	Black/African American	0.8%	(3.0%)
	Hispanic and Latino/a/x/e	3.7%	(12.4%)
	Native Hawaiian/Pacific Islander	1.1%	(0.9%)
	Other race	1.0%	(0.2%)
Dental hygienists	White	73.4%	(74.4%)
Dentists	White	71.8%	(74.4%)

75%   80%

Introduction and background

Why is workforce diversity important?

In the United States, health access and outcomes remain inequitable by race, ethnicity, gender, disability, language and other characteristics.[1] These health inequities are present in Oregon as well – for example, the rate of deaths before age 75 from preventable causes is 328 per 100,000 for Black Oregonians and 206 per 100,000 for white Oregonians.[2] In addition to disparities based on race and ethnicity, individuals with physical disabilities or cognitive limitations have higher prevalence of poor physical and mental health outcomes compared with their nondisabled peers.[3] Patients with limited English proficiency are more likely to experience adverse events in US hospitals (including higher levels of physical harm) compared with patients who speak English.[4] These documented health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups. The COVID-19 pandemic had a disproportionate impact on communities of color, tribal communities and other historically underrepresented communities, with many historical inequities widening during that time.[5]

The histories of people of color in health care professions are shaped by many factors, including educational barriers, immigration policies, and pervasive racism in the workplace. There is a long, well-documented history of explicit practices meant to exclude Black, Latino/a/x/e and Native people from the health care workforce, especially for professions that require higher levels of education and offer higher salaries.[6] When it comes to various Asian subgroups in the US healthcare workforce, immigration laws and colonization have contributed to the hyper-selectivity of highly educated, English-speaking immigrants in certain healthcare professions (e.g. Indian and Pakistani Americans in medicine; Filipinx in nursing), while leaving many other Asian subgroups (e.g. Cambodian, Hmong) behind.[7] Among all people of color in the U.S. health care workforce, the lack of support and experiences of racism from patients and other providers present challenges to retaining these much needed providers.[8,9] Although many Oregon initiatives are working to counteract historical and continued structural racism affecting the health care workforce, racial and ethnic disparities still exist.

Evidence suggests that greater diversity in the health care workforce improves population health outcomes.[10] Accordingly, increasing the proportion of underrepresented racial and ethnic groups among health care professionals in the Oregon workforce may improve quality of care.

Given the continuing health inequities and historical barriers that have made entry into the health care workforce difficult for some people of color and have created vast labor disparities among others, it is important to foster a workforce that is culturally and linguistically representative of the communities it serves. This report aims to examine the current makeup of the workforce in Oregon and the extent to which it is representative of Oregon's population.

Given the historical barriers that have made entry into the health care workforce difficult for people of color as well as continuing health inequities, it is important to foster a workforce that is culturally and linguistically representative of the communities it serves. This report aims to examine the current makeup of the workforce in Oregon and the extent to which it is representative of Oregon's population.

Findings

Racial and ethnic distribution of the health care workforce

One of the core functions of this report is to compare the composition of the licensed health care workforce to the overall population in Oregon. **Figure 1** compares the race and ethnicity of licensed health care professionals as a whole to that of the Oregon population at the aggregate group level, while **Figure 1a** compares the disaggregated racial and ethnic makeup of the workforce to the Oregon population using REALD.

What is REALD?

REALD is an effort to increase and standardize Race, Ethnicity, Language and Disability (REALD) data collection across the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA). REALD data standards expand demographic options to more accurately reflect people's identities and reveal the diversity of Oregon's population. REALD was advanced through the passage of House Bill 2134 (2013).

Race and ethnicity data collection by HWRP before 2021 included only the five racial groups in accordance with guidelines set by the US Office of Management and Budget (OMB): American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The HWRP updated demographic survey questions in January of 2021 to reflect the REALD standards. This allows health care professionals licensed in Oregon to report their demographic identities with more granularity, if they so choose, while also supporting state planning efforts to equitably promote a diverse and culturally responsive workforce for communities across the state.
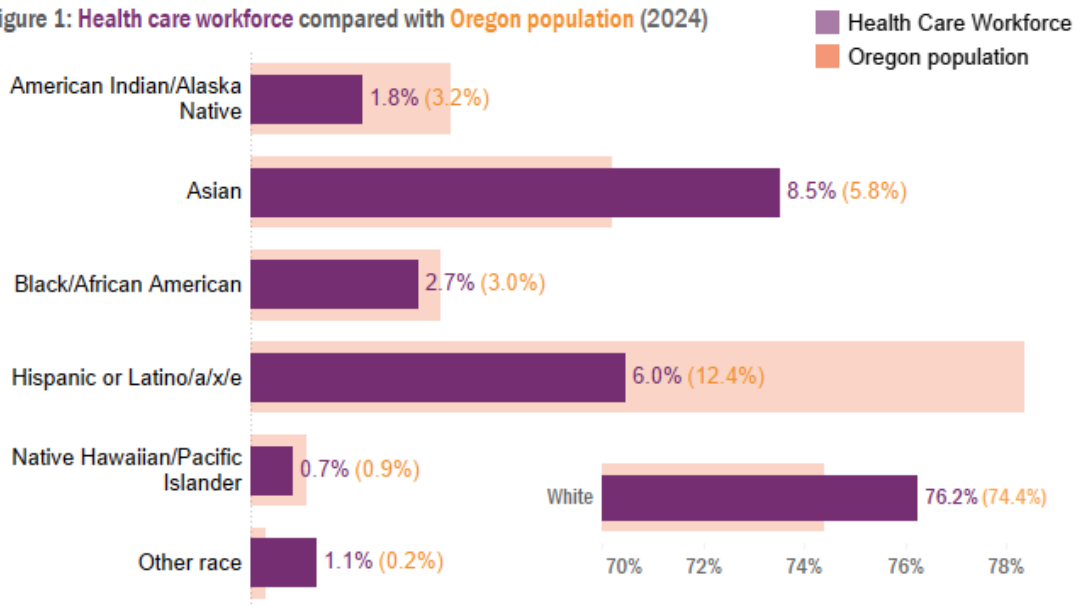
To learn more about REALD, please see OHA's Equity and Inclusion Division's website [here](#).

Overall, Oregon's licensed health care workforce in 2024 is less racially and ethnically diverse than Oregon's population. White and Asian health care professionals are overrepresented in the workforce. Other people of color are underrepresented, with the largest difference in the Hispanic and Latino/a/x/e population, which makes up only 6.3 percent of the licensed health care workforce compared with 12.4 percent of the Oregon population. This general characterization across the whole workforce varies between specific occupations (see **Table 1** for aggregated race/ethnicity group data and **Appendix A** for REALD subgroup data by occupation).

Where is the multi-racial category?

The HWRP survey gives respondents the option of affirmatively selecting "multi-racial," or to select a specific primary race they identify with. Of our survey respondents, 5.1 percent selected that they do not identify with a primary race or that they consider themselves multi– or biracial. We have reported them using the rarest race methodology here to reassign them into the single group that will show the greatest degree of representation and be directly comparable to the imputed ACS PUMS data.
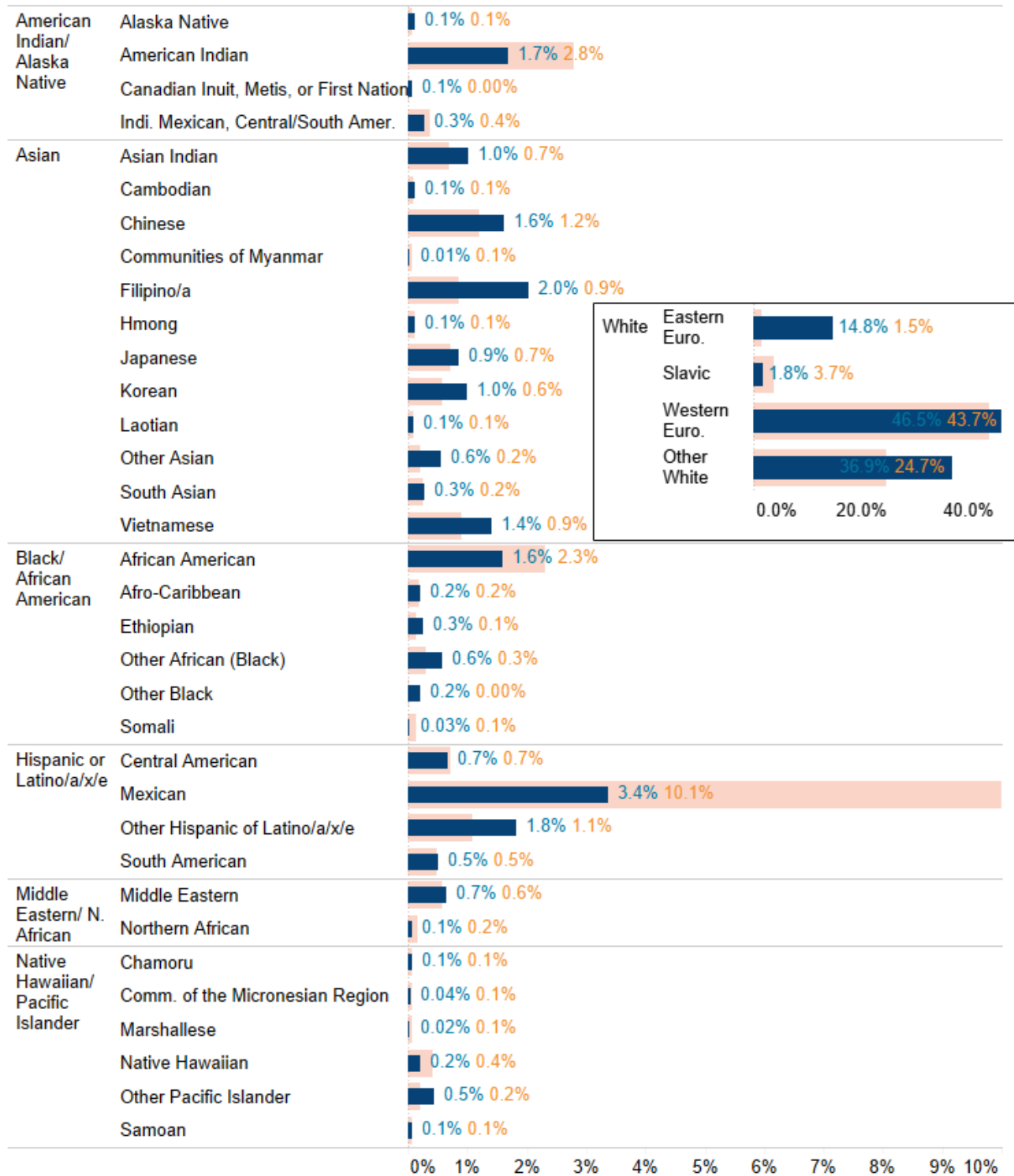
Figure 1: Health care workforce compared with Oregon population (2024)

Legend: Health Care Workforce, Oregon population

American Indian/Alaska Native: 1.8% (3.2%)
Asian: 8.5% (5.8%)
Black/African American: 2.7% (3.0%)
Hispanic or Latino/a/x/e: 6.0% (12.4%)
Native Hawaiian/Pacific Islander: 0.7% (0.9%)
Other race: 1.1% (0.2%)
White: 76.2% (74.4%)

Note: Providers with missing data were excluded from the analysis. Some Workforce records are missing race and ethnicity data because licensees declined to report race or ethnicity. Middle-Eastern and White combined for this presentation. Participants choosing more than one race/ethnicity are recategorized using rarest race methodology except in cases where they choose multi-racial as their primary race. Oregon population census multi-racial data recategorized by imputation to rarest race category.

Figure 1a compares subgroups in the health care workforce with the race/ethnicity subgroups in Oregon's population. These comparisons reveal differences within larger race groups. For example, while Hispanic and Latino/a/x/e licensees (6.3 percent) overall are underrepresented compared with the Oregon population (12.4 percent), this is especially stark for Mexican licensees (3.4 percent of workforce compared with 10.1 percent of Oregon population), while other subgroups such as Central American and South American health care professionals are represented nearly one-to-one with the population (0.7 percent and 0.5 percent, respectively) and "other Latino/a/x" health care professionals are slightly overrepresented (1.8 percent of workforce vs. 1.1 percent of Oregon population).

Figure 1a: Health care workforce compared with Oregon population (subgroup, 2024)

		Workforce	Population
American Indian/ Alaska Native	Alaska Native	0.1%	0.1%
	American Indian	1.7%	2.8%
	Canadian Inuit, Metis, or First Nation	0.1%	0.00%
	Indi. Mexican, Central/South Amer.	0.3%	0.4%
Asian	Asian Indian	1.0%	0.7%
	Cambodian	0.1%	0.1%
	Chinese	1.6%	1.2%
	Communities of Myanmar	0.01%	0.1%
	Filipino/a	2.0%	0.9%
	Hmong	0.1%	0.1%
	Japanese	0.9%	0.7%
	Korean	1.0%	0.6%
	Laotian	0.1%	0.1%
	Other Asian	0.6%	0.2%
	South Asian	0.3%	0.2%
	Vietnamese	1.4%	0.9%
White	Eastern Euro.	14.8%	1.5%
	Slavic	1.8%	3.7%
	Western Euro.	46.5%	43.7%
	Other White	36.9%	24.7%
Black/ African American	African American	1.6%	2.3%
	Afro-Caribbean	0.2%	0.2%
	Ethiopian	0.3%	0.1%
	Other African (Black)	0.6%	0.3%
	Other Black	0.2%	0.00%
	Somali	0.03%	0.1%
Hispanic or Latino/a/x/e	Central American	0.7%	0.7%
	Mexican	3.4%	10.1%
	Other Hispanic of Latino/a/x/e	1.8%	1.1%
	South American	0.5%	0.5%
Middle Eastern/ N. African	Middle Eastern	0.7%	0.6%
	Northern African	0.1%	0.2%
Native Hawaiian/ Pacific Islander	Chamoru	0.1%	0.1%
	Comm. of the Micronesian Region	0.04%	0.1%
	Marshallese	0.02%	0.1%
	Native Hawaiian	0.2%	0.4%
	Other Pacific Islander	0.5%	0.2%
	Samoan	0.1%	0.1%

While white and Asian professionals are overrepresented at the group level (as seen in **Figure 1**), there are two exceptions that are observable when analyzing

race and ethnicity using the more granular REALD subgroups as shown in **Figure 1a**. Health care workers who identify as members of the Communities of Myanmar are under-represented (0.01 percent of the workforce vs. 0.1 percent of the Oregon population) while the rest of the Asian subgroups are either over-represented in the workforce or present at equal proportions. Similarly, in the white aggregate group, workers who identify as Eastern European, Western European, and Other white are all present at higher percentages compared with the Oregon population. However, Slavic individuals are underrepresented: they make up 1.8 percent of the workforce but 3.7 percent of the Oregon population. Collecting more granular race and ethnicity data allows for analysis and reporting of these detailed trends.

Race, ethnicity and gender distributions by occupation

Race and ethnicity distributions

Table 1 shows the breakdowns of race groups and gender within each occupation.

Table 1: Health care workforce compared to Oregon population by race/ethnicity group and gender: (2024)

Comparison to state distribution

■ Below state ☐ Similar to state ■ Above state ■ None

		AI/AN	Asian	Black /AA	Latino /a/x/e	NH/PI	Other race	White	Female	Male
Oregon		3.2%	5.8%	3.0%	12.4%	0.9%	0.2%	74.4%	50.2%	49.8%
Chiropractic	Chiropractic assistants	2.8%	5.1%	1.0%	17.3%	1.2%	0.6%	72.0%	82.3%	12.9%
	Chiropractic physicians	2.0%	6.7%	1.1%	3.6%	0.9%	1.1%	84.7%	31.7%	62.5%
Counselors and t..	Counselors & therapists	3.0%	3.4%	2.3%	4.6%	0.5%	0.7%	85.4%	75.3%	19.7%
Dentistry	Dental hygienists	2.9%	7.7%	0.7%	6.9%	0.7%	1.1%	80.1%	93.5%	3.3%
	Dentists	1.3%	19.9%	0.9%	4.2%	1.1%	1.2%	71.6%	30.4%	65.7%
Dietetics	Licensed dietitians	1.5%	6.8%	0.8%	4.6%	0.1%	0.4%	85.8%	92.8%	4.4%
Massage therapy	Licensed massage therapists	3.9%	5.2%	1.6%	4.7%	0.7%	1.5%	82.5%	77.3%	15.9%
Medical	Acupuncturists	0.5%	13.2%	0.6%	2.2%	0.2%	2.8%	80.6%	71.6%	27.9%
	Physician associates	1.1%	8.6%	2.2%	6.4%	0.6%	1.6%	79.5%	66.0%	33.0%
	Physicians	0.2%	19.1%	2.0%	2.7%	0.2%	2.5%	73.3%	42.1%	57.8%
	Podiatrists	0.0%	14.0%	1.5%	0.0%	0.0%	3.7%	80.9%	21.8%	78.2%
Medical imaging	Medical imaging technologists	2.5%	5.8%	0.8%	6.2%	0.9%	0.8%	83.0%	62.6%	31.9%
Naturopathy	Naturopathic physicians	3.0%	5.9%	1.1%	5.3%	0.7%	1.3%	82.8%	73.0%	20.8%
Nursing	Certified nursing assistants	3.4%	7.9%	10.0%	18.2%	1.9%	1.5%	57.1%	83.7%	14.2%
	Certified registered nurse anest..	0.8%	7.8%	0.3%	4.8%	0.3%	1.1%	84.9%	47.3%	46.2%
	Clinical nurse specialists	0.0%	4.9%	1.2%	2.5%	1.2%	0.0%	90.1%	90.1%	4.4%
	Licensed practical nurses	2.9%	6.5%	7.1%	9.9%	1.2%	0.8%	71.6%	84.7%	13.3%
	Nurse practitioners	2.1%	6.2%	4.3%	4.5%	0.4%	0.9%	81.7%	83.5%	12.9%
	Registered nurses	2.1%	7.3%	2.4%	5.4%	0.8%	0.9%	81.2%	83.1%	13.8%
Occupational therapy	Occupational therapists	1.4%	7.2%	0.9%	3.3%	0.4%	0.7%	86.2%	85.3%	11.8%
	Occupational therapy assistants	3.4%	4.9%	2.7%	4.5%	0.8%	0.4%	83.3%	82.9%	12.7%
Optometry	Optometrists	0.5%	22.2%	0.3%	2.1%	0.7%	0.5%	73.7%	48.4%	47.6%
Pharmacy	Certified pharmacy technicians	2.7%	10.9%	2.0%	10.5%	2.2%	1.1%	70.6%	76.2%	20.4%
	Pharmacists	1.6%	27.8%	2.3%	2.8%	1.2%	0.9%	63.4%	57.0%	38.7%
Physical therapy	Physical therapists	1.1%	9.3%	0.7%	3.2%	0.7%	0.4%	84.5%	62.6%	34.8%
	Physical therapy assistants	1.3%	3.3%	1.3%	4.7%	0.1%	0.3%	89.1%	66.7%	29.1%
Psychology	Psychologists	1.6%	6.4%	1.3%	4.8%	0.2%	1.0%	84.6%	63.3%	32.6%
Respiratory therapy and polys..	Polysomnographic technologists	3.9%	3.9%	2.2%	2.8%	1.1%	0.0%	86.0%	48.9%	45.7%
	Respiratory therapists	2.5%	5.2%	3.3%	8.1%	0.8%	1.2%	79.0%	59.7%	35.8%
Social work	Clinical social work associates	3.1%	5.0%	6.1%	13.7%	1.0%	1.6%	69.4%	75.9%	17.0%
	Licensed clinical social workers	2.5%	3.2%	2.4%	4.9%	0.4%	0.8%	85.7%	79.0%	16.8%
	Non-clinical social workers	1.9%	5.7%	2.5%	8.2%	0.6%	0.6%	80.4%	81.5%	16.1%
Speech-language pathology and audiology	Audiologists	0.9%	6.1%	0.5%	3.3%	0.9%	0.5%	87.9%	74.7%	17.4%
	Speech-language pathologists	2.0%	4.5%	0.6%	5.1%	0.2%	0.6%	86.9%	88.9%	7.5%
	Speech-language pathology as..	2.7%	3.3%	0.5%	12.6%	1.1%	1.1%	78.7%	95.3%	2.4%
Grand Total		2.1%	9.1%	2.9%	6.4%	0.8%	1.1%	77.6%	72.9%	24.0%

Note: Highlight threshold is 0.5% difference from state population baseline. Providers with missing data were excluded from the analysis. Some Workforce records are missing race and ethnicity data because licensees declined to report race or ethnicity. Individuals reporting multiple races are recategorized using rarest race methodology. AA = African American, AI/AN = American Indian or Alaska Native, NH/PI = Native Hawaiian or Pacific Islander. Gender categories are non-exhaustive (more on pages 15-16).

The group race/ethnicity distribution of health care workers shows overrepresentation of white and Asian workers compared with the Oregon population, while most other races and ethnicities are underrepresented at the group level. However, this pattern varies across occupations. Asian dentists (19.9 percent), physicians (19.1 percent), optometrists (22.2 percent) and pharmacists (27.8 percent) are especially overrepresented compared with Oregon's Asian population (5.8 percent). In contrast, Asian licensed clinical social workers (3.2 percent), counselors and therapists (3.4 percent), and speech and language pathology assistants (3.3 percent) are all underrepresented.

Hispanic and Latino/a/x/e people make up 12.4 percent of the Oregon population and are overrepresented in two lower-paying occupations (chiropractic assistants (18.2 percent) and certified nursing assistants (17.3 percent)) while being underrepresented in nearly all other occupations. At the group level, American Indian or Alaska Native, Black or African American, Hispanic and Latino/a/x/e, and Native Hawaiian/Pacific Islander health care professionals are underrepresented in fields with the highest educational barriers to entry such as physicians, certified registered nurse anesthetists, optometrists, physical therapists, and audiologists. Race/ethnicity distribution at the granular subgroup level is shown for all 38 licensed health care occupations individually in **Appendix A**.

Gender distribution

Table 1 also displays the breakdown of gender by occupation as compared with the population. The HWRP survey currently has one question about gender, with response options of Female, Male, Prefer to self-describe, and Don't want to answer/decline. Respondents who choose to self-describe have the option of entering an open text description of their gender. The displayed percentages omit those who declined to answer (2.56 percent) and do not show the percent that preferred to self-describe (0.56 percent).

While women are overrepresented in most professions, men are overrepresented in several higher-paying fields requiring more advanced training. There are four occupations where men are overrepresented compared with the Oregon

population (49.8 percent male): chiropractic physicians (62.5 percent), dentists (65.7%), physicians (57.8 percent), and podiatrists (78.2%).

Of those choosing to self-describe (0.56 percent, n=740), the frequently reported self-descriptions included: non-binary (43.6 percent), transgender (5.2 percent), genderqueer (6.1 percent) and genderfluid (3.4 percent).

<u>Plans to leave the workforce by age and race/ethnicity</u>

Table 2 integrates self-reported future plans across occupations classified by educational barrier to entry, then split into cohorts by age. This allows us to identify what percentage of any age/barrier/race or ethnicity combination is planning to leave the Oregon workforce in the next two years.

Professions marked in **orange (●)** are considered "high barrier" and require a doctoral level degree, while those in **teal (●)** are "lower barrier" as they do not require a bachelor's degree. Those in **yellow (●)** require a degree ranging from bachelor's to master's level. For more information on which specific professions are included in each group, see Table 3 in the supplemental materials section.

American Indian/Alaska Native, Middle Eastern/North African, and Native Hawaiian/Pacific Islander professionals report a much higher rate of planning to leave high barrier professions than their peers. In the younger cohorts (18-25 and 26-35), white licensed professionals report lower rates of planning to leave in than other race/ethnicity.
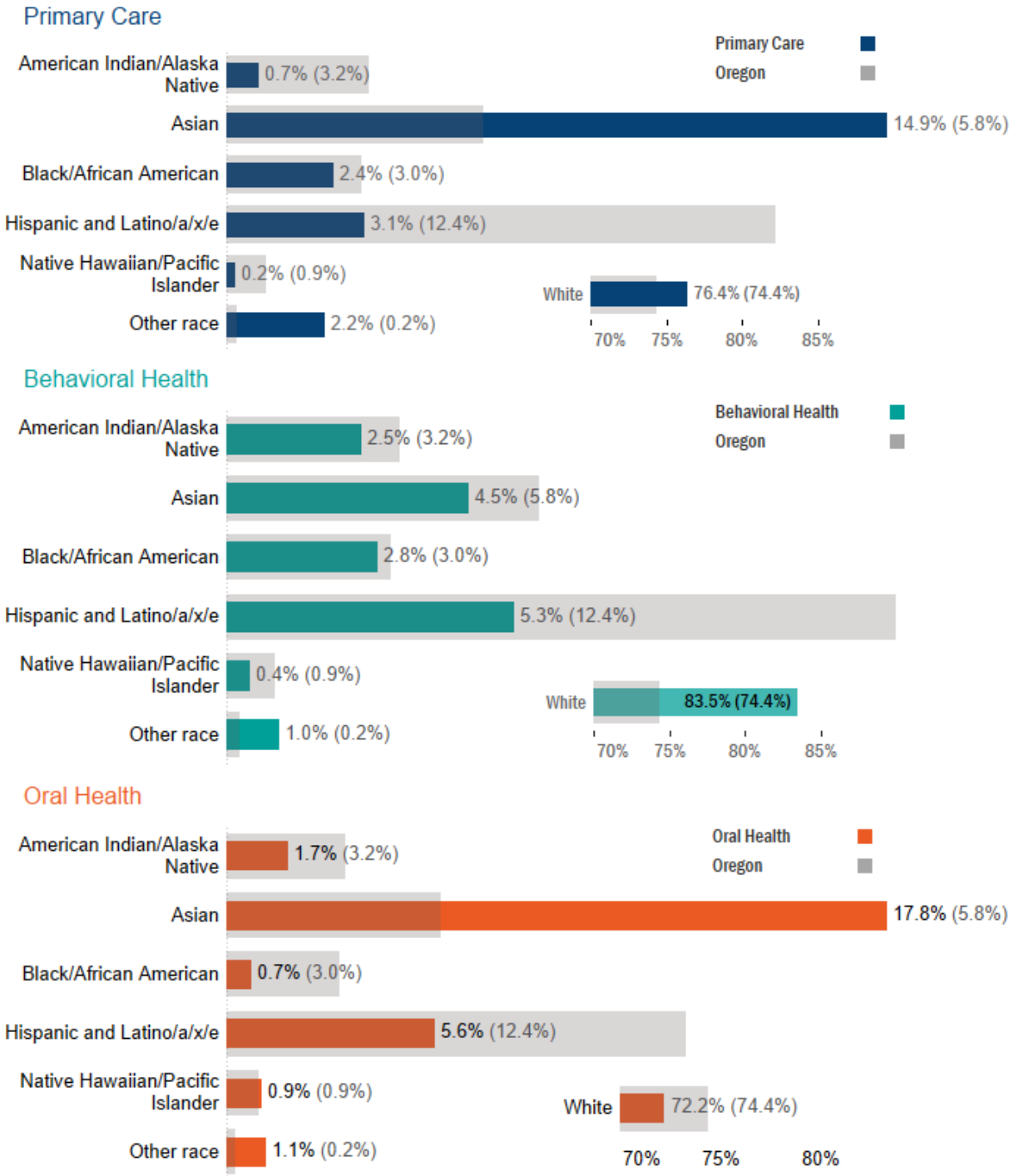
Table 2: Percentage of future plans to leave the Oregon workforce by race, age cohort and education barrier to occupation (2024)

Legend: Low Barrier, Mid Barrier, High Barrier

		Age 18-25	26-35	36-45	46-55	56-65	66-75	76+
American Indian / Alaska Native	Low Barrier	1.2%	1.7%	0.8%	0.8%	1.7%	0.8%	
	Mid Barrier		1.3%	0.2%	1.7%	1.7%	1.1%	0.2%
	High Barrier		6.0%	2.0%	4.0%	6.0%		
Asian	Low Barrier	1.1%	1.7%	0.7%	0.6%	0.9%	0.4%	
	Mid Barrier	0.8%	1.8%	1.2%	0.5%	0.7%	0.4%	0.0%
	High Barrier	0.1%	1.9%	1.1%	0.7%	0.5%	0.6%	
Black / African American	Low Barrier	0.8%	2.1%	1.4%	0.7%	0.7%	0.3%	
	Mid Barrier	0.2%	2.3%	1.7%	0.6%	0.8%	0.3%	
	High Barrier		1.6%	2.4%	2.4%	3.1%		
Hispanic or Latino/a/x/e	Low Barrier	2.1%	1.9%	0.7%	0.4%	0.4%	0.2%	
	Mid Barrier	0.6%	2.4%	1.2%	0.9%	0.9%	0.4%	0.1%
	High Barrier		1.6%	1.0%	1.3%	1.0%	2.0%	0.3%
Middle Eastern or North African	Low Barrier	2.5%		0.8%		0.8%		
	Mid Barrier		5.2%	1.7%		1.7%		
	High Barrier		2.8%	1.1%	1.1%	1.1%		
Native Hawaiian or Pacific Islander	Low Barrier	1.2%	1.7%	1.2%	0.4%	0.4%	0.4%	
	Mid Barrier	0.6%	4.5%	0.6%	2.3%			
	High Barrier		5.4%	8.1%		2.7%		
Other	Low Barrier	2.0%	2.1%	1.4%	0.9%	0.8%	0.4%	
	Mid Barrier	0.5%	2.0%	1.4%	0.7%	1.3%	0.4%	0.0%
	High Barrier		1.8%	1.5%	0.4%	1.2%	0.9%	
White	Low Barrier	0.7%	1.5%	1.2%	0.7%	1.4%	0.6%	0.0%
	Mid Barrier	0.3%	1.4%	1.0%	0.8%	2.1%	1.4%	0.1%
	High Barrier	0.1%	1.0%	1.1%	1.0%	2.0%	2.5%	0.5%

Race and ethnicity distribution within clinical focus areas

Figure 2b shows the racial and ethnic distribution of Oregon's primary care, behavioral health and oral health workforce in 2024 compared with Oregon's population. White health care providers are overrepresented in all of these groups.

Figure 2b: Clinical focus area groups compared with population (2024)

Primary Care

Legend: Primary Care, Oregon

Race/Ethnicity	Value
American Indian/Alaska Native	0.7% (3.2%)
Asian	14.9% (5.8%)
Black/African American	2.4% (3.0%)
Hispanic and Latino/a/x/e	3.1% (12.4%)
Native Hawaiian/Pacific Islander	0.2% (0.9%)
Other race	2.2% (0.2%)
White	76.4% (74.4%)

Behavioral Health

Legend: Behavioral Health, Oregon

Race/Ethnicity	Value
American Indian/Alaska Native	2.5% (3.2%)
Asian	4.5% (5.8%)
Black/African American	2.8% (3.0%)
Hispanic and Latino/a/x/e	5.3% (12.4%)
Native Hawaiian/Pacific Islander	0.4% (0.9%)
Other race	1.0% (0.2%)
White	83.5% (74.4%)

Oral Health

Legend: Oral Health, Oregon

Race/Ethnicity	Value
American Indian/Alaska Native	1.7% (3.2%)
Asian	17.8% (5.8%)
Black/African American	0.7% (3.0%)
Hispanic and Latino/a/x/e	5.6% (12.4%)
Native Hawaiian/Pacific Islander	0.9% (0.9%)
Other race	1.1% (0.2%)
White	72.2% (74.4%)

Note:Providers with missing data were excluded from the analysis. Some Workforce records are missing race and ethnicity data because licensees declined to report race or ethnicity. Middle-Eastern and White combined for this presentation. Participants choosing multi-race recategorized using rarest race methodology.
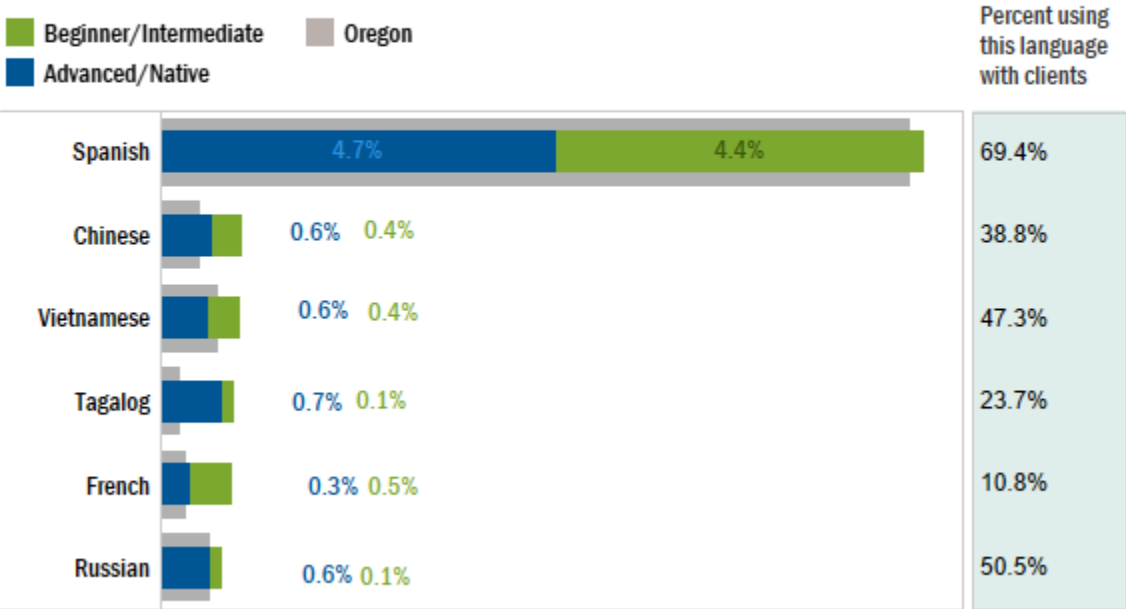
Primary care providers (PCPs), including nurse practitioners, physicians, physician assistants and naturopathic physicians, make up approximately 6.0 percent of the health care workforce. Most people of color tend to be underrepresented among PCPs, except for Asian providers.

There is a similar pattern among oral health care professionals: Asian dentists are overrepresented relative to Oregon's population, while other races are underrepresented. Behavioral health care providers, including psychiatric nurse practitioners, physicians, physician assistants, psychologist examiners, licensed professional counselors and therapists, and licensed clinical social workers, make up approximately 8.4 percent of the health care workforce. Among all behavioral health professionals, people of color are underrepresented.

Language proficiency

Of Oregon's health care professionals, 19.2 percent report speaking languages other than English. Of that group, 58.0 percent self-report either advanced proficiency or being a native speaker of another language and 46.4 percent report using a language other than English with patients (**Figure 3**). Spanish is the most frequently reported language spoken other than English among the health care workforce as well as among the Oregon population. While 9.6 percent of the workforce reports speaking Spanish, only 4.7 percent report advanced proficiency or being a native speaker of Spanish. Of the Spanish-speaking workforce, 69.5 percent report using Spanish with patients while providing care.

Figure 3: Top Languages Spoken by the Workforce (2024)
Workforce stratified by proficiency, compared to Oregon Population

Legend:
- Beginner/Intermediate (green)
- Advanced/Native (blue)
- Oregon (gray)

Language	Advanced/Native	Beginner/Intermediate	Percent using this language with clients
Spanish	4.7%	4.4%	69.4%
Chinese	0.6%	0.4%	38.8%
Vietnamese	0.6%	0.4%	47.3%
Tagalog	0.7%	0.1%	23.7%
French	0.3%	0.5%	10.8%
Russian	0.6%	0.1%	50.5%

Note: Chinese includes Mandarin and Cantonese.

Disability

Starting in January of 2021, HWRP began administering six disability-related questions with one optional follow-up each. All licensing boards participated in this addition except the Oregon Medical Board (OMB). The following questions were added:

- Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Does a physical, mental or emotional condition limit your activities in any way?
- Do you have serious difficulty walking or climbing stairs?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?

In the case of an affirmative answer to any of these questions, the licensee would receive the follow-up question "At what age did this condition begin?"

The current overall rate of Oregonians with disabilities is 14.8 percent, and 7.6 percent have two or more disabilities.[11] The rate of disability within the licensed health care workforce is much lower, at 2.7 percent for a single disability, and 0.8 percent reporting more than one disability. It is important to note that the rate of disability reported for Oregon is based on a larger set of disability questions than the HWRP survey, and so it is likely that there is some level of undercounting in the HWRP results. **Figure 4** shows the number of disabilities reported by clinical focus area.
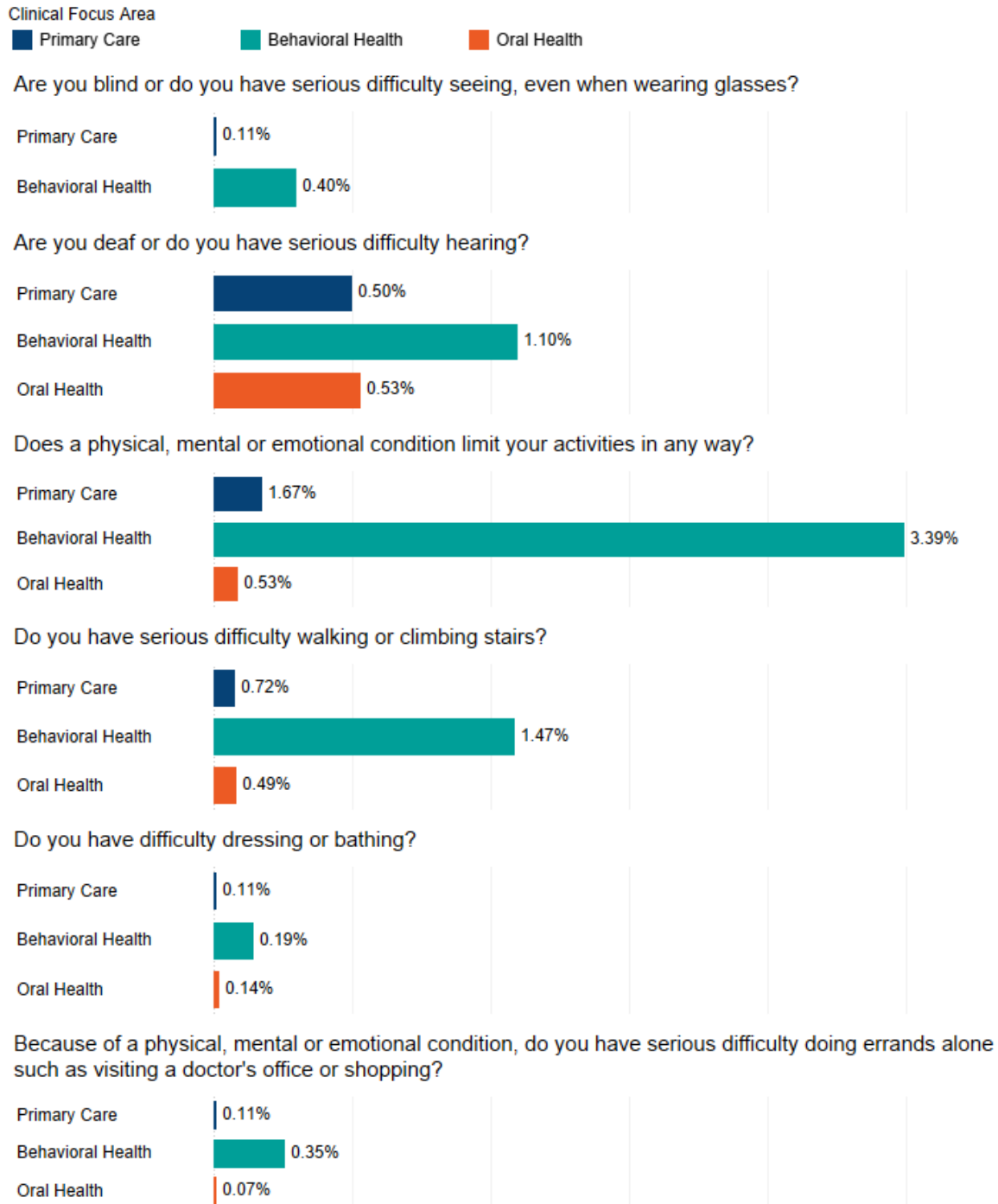
Figure 4: Number of disabilities reported, by clinical focus area (2024)

Clinical Focus Area	Number of Disabilities	
Behavioral Health	No Disabilities	94.93%
	One Disability	3.93%
	Two Disabilities	0.85%
	Three Disabilities	0.21%
	Four Disabilities	0.08%
	Five Disabilities	0.01%
	Six Diabilities	0.01%
Oral Health	No Disabilities	98.67%
	One Disability	1.03%
	Two Disabilities	0.24%
	Three Disabilities	0.07%
Primary Care	No Disabilities	97.52%
	One Disability	1.94%
	Two Disabilities	0.43%
	Three Disabilities	0.11%

Figure 4a shows rates of specific disability by clinical focus area. Because the Oregon Medical Board does not collect disability data on their license renewal surveys, the primary care clinical focus area data does not include physicians or physician associates and should be interpreted cautiously. The primary care group for this analysis includes only nurse practitioners who specialize in family practice, geriatrics, pediatrics, internal medicine, or obstetrics/gynecology/women's health; and naturopathic physicians who specialize in family medicine, pediatrics, geriatrics or obstetrics.

Overall, disability rates are highest within behavioral health occupations. The highest reported frequencies of disability are in conditions that limit activities, deafness or difficulty in hearing, and difficulty walking or climbing stairs.

Figure 4a: Percentage of licensed health care workers living with specific functional limitations by clinical focus area (2024)

Clinical Focus Area
- Primary Care
- Behavioral Health
- Oral Health

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Clinical Focus Area	Percentage
Primary Care	0.11%
Behavioral Health	0.40%

Are you deaf or do you have serious difficulty hearing?

Clinical Focus Area	Percentage
Primary Care	0.50%
Behavioral Health	1.10%
Oral Health	0.53%

Does a physical, mental or emotional condition limit your activities in any way?

Clinical Focus Area	Percentage
Primary Care	1.67%
Behavioral Health	3.39%
Oral Health	0.53%

Do you have serious difficulty walking or climbing stairs?

Clinical Focus Area	Percentage
Primary Care	0.72%
Behavioral Health	1.47%
Oral Health	0.49%

Do you have difficulty dressing or bathing?

Clinical Focus Area	Percentage
Primary Care	0.11%
Behavioral Health	0.19%
Oral Health	0.14%

Because of a physical, mental or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?

Clinical Focus Area	Percentage
Primary Care	0.11%
Behavioral Health	0.35%
Oral Health	0.07%

Note: Providers with missing data were excluded from the analysis. Categories with no affirmative answers excluded from figure. Because of the exclusion of Oregon Medical Board data, primary care category data should be interpreted with caution.
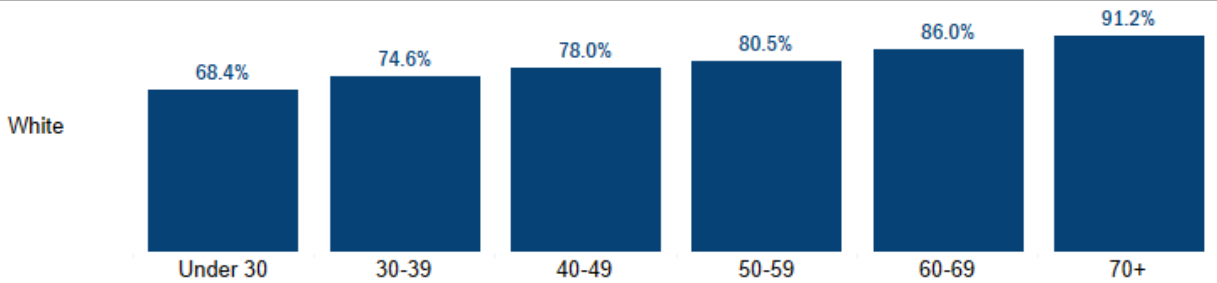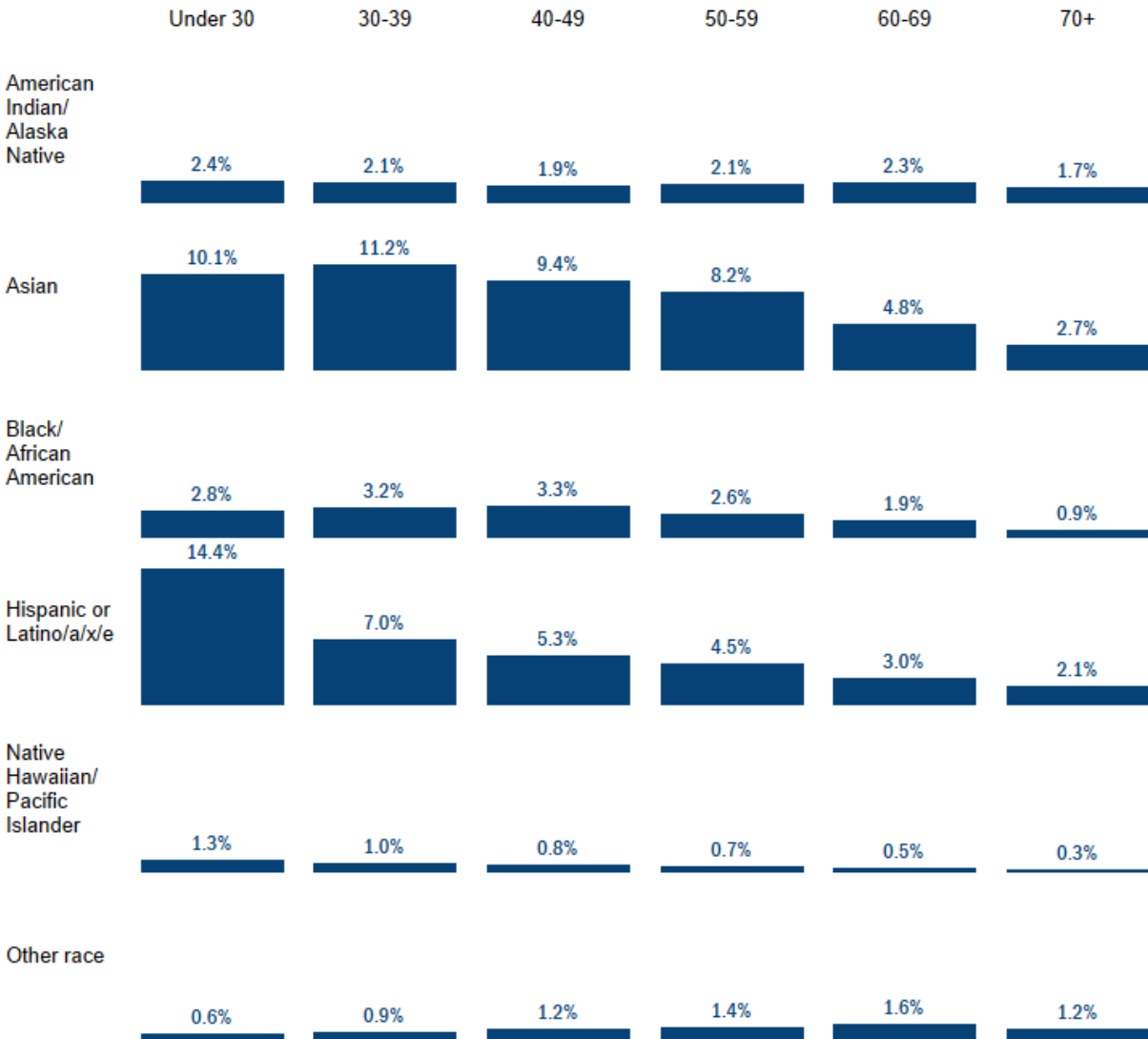
Age distribution of the health care workforce

Figure 5 illustrates the distribution of health care professionals by race/ethnicity group and age cohort. The percentage displayed over each bar represents the percent of professionals within that age cohort, so percentages of each race/ethnicity group within an age cohort add up to 100. For instance, the top-left value in **Figure 5** shows that 2.4 percent of all licensed health care professions under 30 years of age are American Indian or Alaska Native.

Though white professionals make up the majority of workers in all age cohorts, the proportion of white workers in the youngest age cohort (under 30 years) is 68.4 percent and that proportion increases with each age cohort to 91.2 percent in the 70 years and over cohort.

The youngest age cohort (under age 30 years) of the 2024 health care workforce has the highest proportions of American Indian/Alaska Native (2.4 percent), Hispanic and Latino/a/x (14.4 percent), and Native Hawaiian/Pacific Islander (1.3 percent) professionals across all age cohorts. The highest proportions of Asian professionals are in the 30 – 39-year-old cohort (11.2 percent) and the highest proportion of Black/African American professionals are in the 40 – 49-year-old cohort (3.3 percent).

Figure 5: Age structure of the health care workforce by race and ethnicity (2024)

	Under 30	30-39	40-49	50-59	60-69	70+
American Indian/ Alaska Native	2.4%	2.1%	1.9%	2.1%	2.3%	1.7%
Asian	10.1%	11.2%	9.4%	8.2%	4.8%	2.7%
Black/ African American	2.8%	3.2%	3.3%	2.6%	1.9%	0.9%
Hispanic or Latino/a/x/e	14.4%	7.0%	5.3%	4.5%	3.0%	2.1%
Native Hawaiian/ Pacific Islander	1.3%	1.0%	0.8%	0.7%	0.5%	0.3%
Other race	0.6%	0.9%	1.2%	1.4%	1.6%	1.2%
White	68.4%	74.6%	78.0%	80.5%	86.0%	91.2%

Note: Providers with missing data were excluded from the analysis. Some Workforce records are missing race and ethnicity data because licensees declined to report race or ethnicity. Middle Eastern and White combined for this analysis. Participants choosing multiple races recategorized using rarest race methodology.

It is important to take into consideration that the licensed health care workforce is made up of a wide variety of professions with varying barriers to entry and a large range of educational timelines. Because of this, examining the racial and ethnic composition among age cohorts for all licensed health care workers combined (as done in **Figure 3**) could conceal important trends.
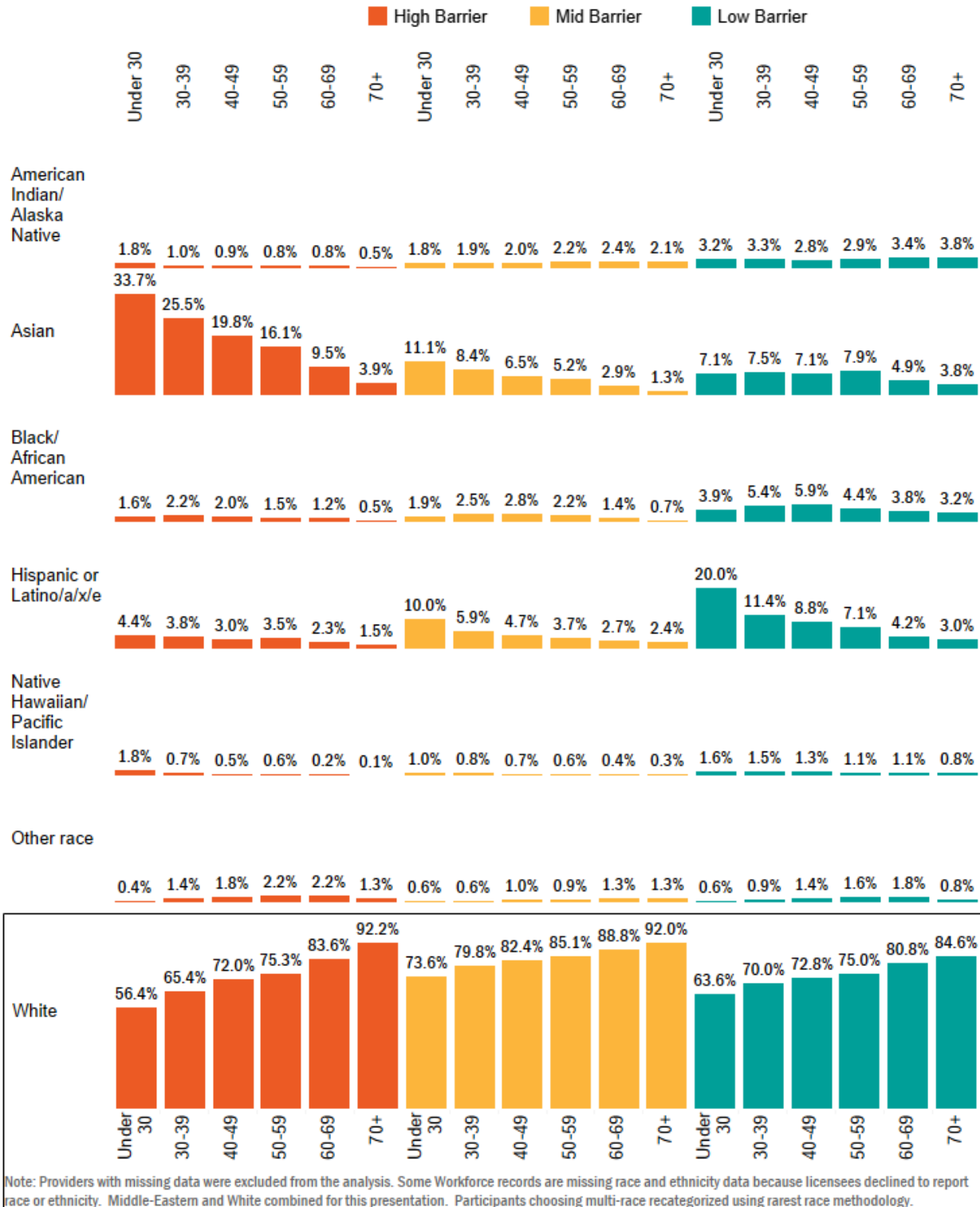
The racial and ethnic compositions of the age cohorts presented in **Figure 3** are influenced by the educational barriers to entry of the different health care occupations. This dynamic is illustrated in **Figure 5a** by splitting the race/ethnicity "parent" categories out across low, mid, and high barrier professions. Professions considered "high barrier" **(orange bars ●)** require a doctoral level degree, while "lower barrier" **(teal bars ●)** do not require a bachelor's degree. "Mid barrier" professions **(yellow bars ●)** require a degree ranging from bachelor's to master's level. For more information on which specific professions are included in each group, see Table **X** in the supplemental materials section.

Asian licensees represent a third (33.7 percent) of licensees under the age of 30 in the high barrier **(●)** occupations(**Figure 5a**). Because the high barrier occupations correspond with later entries into the labor market after a longer period of schooling, the decline in Asian participation in the workforce at the youngest cohort in **Figure 5**, with Asian professionals comprising 10.1 percent of workers under 30 and 11.2 percent of workers age 30 to 39, may be a result of more Asian health care workers choosing to pursue occupations with higher barriers such as dentists, physicians, optometrists, and pharmacists.

In **Figure 5a**, one fifth (20.0 percent) of the youngest licensees in the low barrier **(●)** occupations are Hispanic and Latino/a/x/e, indicating that much of the increased proportion of Hispanic and Latino/a/x/e health care professionals in the under 30 age cohort seen in **Figure 5** is driven by an increase of Hispanic and Latino/a/x/e workers in low barrier occupations. There is also a notable increase in the proportion of Hispanic and Latino/a/x/e workers in mid barrier fields **(●)** in the under 30 cohort (10.0 percent Hispanic and Latino/a/x/e) compared with the

30 – 30-year-old cohort (5.9 percent Hispanic and Latino/a/x/e) and older (**Figure 5a**).

Figure 5a: Age of the health care workforce by race/ethnicity/education barrier to entry (2024)

Note: Providers with missing data were excluded from the analysis. Some Workforce records are missing race and ethnicity data because licensees declined to report race or ethnicity. Middle-Eastern and White combined for this presentation. Participants choosing multi-race recategorized using rarest race methodology.

Supplemental materials

The Health Care Workforce Reporting Program (HWRP)

The HWRP collaborates with 17 health regulatory licensing boards, shown in **Table 2**, to collect, process and analyze Health Care Workforce Survey data for over 35 occupations to understand Oregon's health care workforce; inform public and private educational and workforce investments; and inform policy recommendations for the Governor's Office, legislative leadership and state agencies regarding Oregon's health care workforce (Oregon Revised Statute [ORS] 676.410; Oregon Administrative Rule [OAR] 409-026). The HWRP has collected data from seven boards since 2009 and ten additional boards since 2016 and 2017.

Table 2. Health licensing boards that participate in HWRP, the occupations licensed by each board, and year that each board began participating in HWRP.

Board	Occupations	Year
Oregon Board of Chiropractic Examiners	Chiropractic physicians Chiropractic assistants	2016-17
Oregon Board of Dentistry	Dentists Dental hygienists	2009
Oregon Board of Examiners for Speech-Language Pathology and Audiology	Speech-language pathologists Audiologists Speech-language pathology assistants	2016-17
Oregon Board of Licensed Social Workers	Licensed clinical social workers Clinical social work associates Non-clinical social workers	2016-17
Oregon Board of Licensed Dieticians	Licensed dieticians	2009
Oregon Board of Licensed Professional Counselors and Therapists	Licensed professional counselors Licensed marriage and family therapists	2016-17
Oregon Board of Massage Therapists	Licensed massage therapists	2016-17
Oregon Board of Medical Imaging	Medical imaging technologists Radiation therapists	2016-17
Oregon Board of Naturopathic Medicine	Naturopathic physicians	2016-17
Oregon Board of Optometry	Optometrists	2016-17
Oregon Board of Pharmacy	Pharmacists Certified pharmacy technicians	2009

Oregon Board of Physical Therapy	Physical therapists Physical therapy assistants	2009
Oregon Board of Psychology	Psychologists	2016-17
Oregon Medical Board	Physicians Physician associates Podiatrists Acupuncturists	2009
Oregon Occupational Therapy Licensing Board	Occupational therapists Occupational therapy associates	2009
Oregon State Board of Nursing	Certified nursing assistants Licensed practical nurses Registered nurses Nurse practitioners Certified registered nurse anesthetists Clinical nurse specialists	2009
Respiratory Therapist and Polysomnographic Technologist Licensing Board	Respiratory therapists Polysomnographic technologists	2016-17

Table 3. Occupations included in each barrier group.

High barrier (🔴)	Mid Barrier (🟡)	Low Barrier (🟢)
Chiropractor	Acupuncturist	Certified nursing assistant
Dentist	Audiologist	Certified pharmacy technician
Naturopathic doctor	Certified nurse anesthetist	Chiropractic assistant
Optometrist	Certified nurse specialist	Dental hygienist
Pharmacist	Certified social work associate	Licensed massage therapist
Physical therapist	Licensed clinical social worker	Licensed professional nurse
Physician	Licensed dietician	Medical imaging technologist
Podiatrist	Licensed marriage and family therapist	Occupational therapy assistant
Psychologist	Licensed professional counselor	Physical therapy assistant
	Non-clinical social worker	Polysomnographic technologist
	Nurse practitioner	Respiratory therapist
	Occupational therapist	Speech-language pathology assistant
	Physician Associate	
	Registered Nurse	
	Speech language pathologist	

For more information about methodology and results, visit:

https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx

https://www.oregon.gov/oha/HPA/ANALYTICS/Documents/Dataprofile_Workforce.pdf

Limitations

The HWRP collects data on occupations that are licensed in Oregon and covered by Oregon Revised Statute 676.410, so this dataset does not represent the entire health care workforce. The program does not currently collect data for many unlicensed health care professionals including traditional health workers, health care interpreters, qualified mental health professionals, addiction counselors, licensed professional counselor interns, lab scientists/technicians, medical assistants, ophthalmologist technicians and more.

As survey data is collected only from renewing licensees, data from new licensees is not included in this HWRP dataset. There is a time lag in reporting, so estimates reflect a historical point in time. Length of participation in HWRP varies by board and reliability of estimates varies over time by occupation.

For this report, 12.1 percent of the licensed workforce declined to provide race and ethnicity data. 2.4 percent declined to provide data on gender. Individuals with missing data are excluded from the relevant charts in this report.

The HWRP fully implemented REALD data collection standards in January 2021 and the current report (2024) is the first report in which REALD data was available for the complete licensed health care workforce. Because of this, we do not have the ability to present longitudinal trends.

Methodology and definitions

Data sources for this report include workforce data from the Health Care Workforce Reporting Program (HWRP) from 2014 through the first quarter of

2024. HWRP collects workforce-related information directly from health care professionals via a survey embedded in the license renewal process. Health care professionals with an active license in each reporting year (January 2018, 2019, 2020, 2021, 2022, 2024; month of verification varied by occupation in 2016), were included in this report. Estimates are dependent on licensees who completed the survey. Please refer to HWRP's general methods documentation on the website for further details.

Population data come from five-year American Community Survey (ACS) estimates (data collected over 60-month period, 2017–2021). OHA's Equity and Inclusion Division imputes REALD race and ethnicity category values from the data contained in the ACS Public Use Microdata Sample (PUMS) statistical file using additional data points in the ACS PUMS data set such as language, ancestry and place of birth to impute values that compare to the REALD category values for both aggregate groups and granular subgroup-level race and ethnicity data.[10] These estimates are not as current as the one-year estimates, but the primary advantage of using multiyear estimates is the data's availability and increased statistical reliability for less populated areas and small population subgroups. Population data reflect the total population (rather than the adult population), as the total population is served by the workforce.

Data were analyzed and tabulated with SAS 9.4; graphics were produced in Excel and Tableau.

Race, Ethnicity, Language and Disability (REALD) demographic information

Race & ethnicity: Both group and subgroup of race and ethnicity in the workforce data were collected and analyzed using REALD procedures and methodology, as outlined in the 2020 REALD Implementation Guide. In brief, survey respondents were first asked an open-response question about how they identify their race, ethnicity, tribal affiliation, country of origin or ancestry (this open text identification was collected but not processed for use in this report). Respondents then selected all subgroups that apply from a list of 41 racial or ethnic identities (**Table 4**). If a respondent only selected one category, the respondent was assigned to that race or ethnicity category for data analysis. If

the respondent selected more than one category, the respondent could indicate if they thought of one subgroup as their primary racial or ethnic identity and they were assigned to the indicated primary race or ethnicity subgroup for analysis. If no primary racial or ethnic identity was indicated but multiple race or ethnicity subgroups were selected, race or ethnicity subgroup was assigned using the "rarest race first" methodology as described on page 94 of the REALD Implementation Guide.
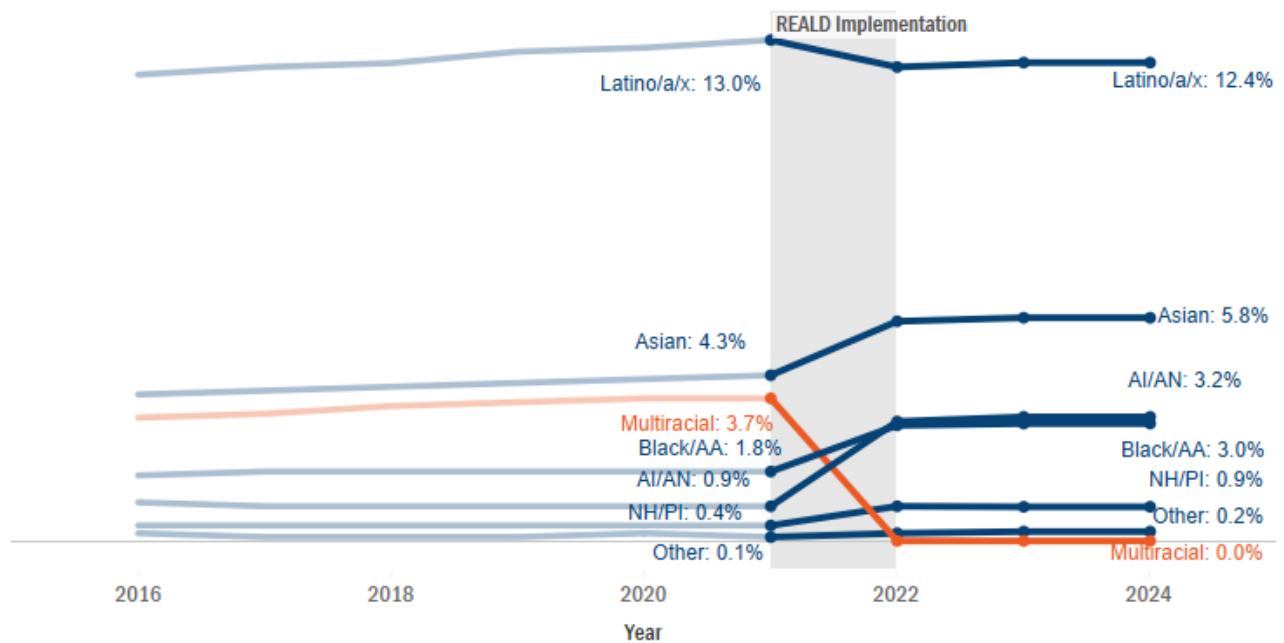
Table 4. REALD race/ethnicity reporting categories

Group	Subgroup
American Indian or Alaska Native	American Indian
	Alaska Native
	Canadian Inuit, Métis or First Nation
	Indigenous Mexican, Central or South American
Asian	Asian Indian
	Cambodian
	Communities of Myanmar
	Chinese
	Filipino/a
	Hmong
	Japanese
	Korean
	Laotian
	South Asian
	Vietnamese
	Other Asian
Black or African American	African
	African American
	Afro-Caribbean
	Ethiopian
	Other African (Black)
	Other Black
Native Hawaiian or Pacific Islander	Guamanian or Chamorro
	Communities of the Micronesian Region
	Native Hawaiian
	Samoan
	Marshallese
	Other Pacific Islander
Middle Eastern/ North African	Middle Eastern
	North African
White	Slavic
	Eastern European
	Western European
	Other White
Hispanic or Latino/a/x/e	Mexican
	Central American
	South American
	Other Hispanic or Latinx

Estimates are also calculated for race/ethnicity groups "alone or in any combination" (AOIAC). The AOIAC number represents the maximum number of health care professionals who reported a race/ethnicity subgroup in a specific group, either alone or in combination with a race/ethnicity subgroup in another group. Details about the AOIAC methodology are found on page 91 of the implementation guide.

REALD standards for collecting and reporting demographic data have been used in Health Care Workforce Reporting Program data collection since 2021. It is important to note that because REALD data only exists for the most recent data collection cycles, it is not possible to compare the data directly to that of cycles prior to 2021. **Figure 6** illustrates the discontinuity between previous workforce data systems and the current classifications in REALD. The multiracial category is highlighted, as current imputation methods for state population in REALD reassigns individuals to single race/ethnicity categories based on rarest race methodology.

Figure 6: Changing measures of the racial/ethnic composition of Oregon's population

REALD Implementation

Latino/a/x: 13.0%   Latino/a/x: 12.4%

Asian: 4.3%   Asian: 5.8%

AI/AN: 3.2%

Multiracial: 3.7%
Black/AA: 1.8%   Black/AA: 3.0%
AI/AN: 0.9%   NH/PI: 0.9%
NH/PI: 0.4%   Other: 0.2%
Other: 0.1%   Multiracial: 0.0%

2016   2018   2020   2022   2024

Year

Note: AA = African American, AI/AN = American Indian or Alaska Native, NH/PI = Native Hawaiian or Pacific Islander

Language: Survey respondents were asked if they speak languages other than English. If the response was "yes", the individual could then select up to two languages that they speak other than English. Respondents also provided their proficiency level, if they had received training in medical terminology in the selected language(s), if they use the language(s) while providing patient care, and if they are certified as a bilingual provider or medical interpreter. All respondents were also asked about their English proficiency.

Disability: Survey respondents were asked if they experience functional difficulties, including a physical, mental, or emotional condition that limits their activities in any way; difficulty hearing; seeing; walking or climbing stairs; dressing or bathing; or doing errands alone. Respondents who indicated "yes" to any of these were then asked at what age the condition began.

Clinical focus areas definitions

Primary care providers include physicians and physician assistants who specialize in family practice, general practice, geriatric medicine, pediatrics, adolescent medicine, internal medicine, or obstetrics and gynecology; nurse practitioners who specialize in family practice, geriatrics, pediatrics, internal medicine, or obstetrics/gynecology/women's health; and naturopathic physicians who specialize in family medicine, pediatrics, geriatrics or obstetrics.

Behavioral health providers include all psychologists, counselors and therapists, licensed clinical social workers, and clinical social work associates; physicians and physician assistants who specialize in psychiatry (addiction, neurology, child, adolescent, geriatric, or forensic) or psychoanalysis; nurse practitioners who specialize in psychiatry/mental health; and naturopathic physicians who specialize in mental health.

Oral health providers include dentists who specialize in general dentistry, pediatric dentistry or public health; and expanded practice dental hygienists who specialize in general dentistry, pediatric dentistry or public health and who report holding an expanded practice permit.

Appendix A

Health care workforce professions compared with Oregon's population at granular level race/ethnicity

HWRP collection of REALD data allows for the examination of professions at the subgroup level of race and ethnicity. This appendix lists each of the licensed professions in the HWRP and their licensee population's relationship to the Oregon baseline population for each race/ethnicity subgroup.

Each combination of profession and race/ethnicity subgroup is evaluated to compare representation within the profession to representation within Oregon. Positive values (blue) illustrate combinations where the professional representation of that race or ethnicity is higher than the Oregon baseline. Negative values (orange) display combinations where professional representation is lower than the Oregon baseline.

The inset chart shows a portion of the acupuncture profession. In this example, the chart shows that some subgroups within the Asian group are in blue, while one in the American Indian/Alaska Native (AI/AN) group are slightly shaded orange. This provides useful information to supplement the earlier examination of groups (p.13), where Asian as a group is shown as overrepresented in Acupuncture compared with Oregon population.

The data displayed in this appendix reveals that Chinese and Korean subgroups are overrepresented. The American Indian subgroup within the AI/AN group is underrepresented.

R/E Group	R/E Subgroup	Oregon Percent	Acupuncturi..
AI/AN	Alaska Native	0.06%	-0.06%
	American Indian	2.80%	-2.40%
	Canadian Inuit, Metis, or..	0.00%	0.00%
	Indigenous Mexican, Ce..	0.00%	0.00%
Asian	Asian Indian	0.69%	-0.13%
	Cambodian	0.10%	-0.10%
	Chinese	1.20%	5.19%
	Communities of Myanmar	0.07%	-0.07%
	Filipino/a	0.87%	-0.66%
	Hmong	0.13%	-0.13%
	Japanese	0.71%	0.81%
	Korean	0.59%	1.44%
	Laotian	0.10%	-0.10%
	Other Asian	0.21%	1.21%
	South Asian	0.25%	-0.15%
	Vietnamese	0.89%	-0.13%

Health care workforce compared with Oregon population (subgroup, 2024)
Percent difference between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Chiropractic assistants	Chiropractic physicians	Counselors & therapists	Dental hygienists	Dentists
AI/AN	Alaska Native	0.06%	-0.06%	0.00%	0.03%	0.01%	0.08%
	American Indian	2.80%	-0.41%	-1.31%	-0.42%	-0.33%	-1.92%
	Canadian Inuit, Metis, or..	0.00%	0.10%	0.08%	0.15%	0.10%	0.00%
	Indigenous Mexican, Ce..	0.00%	0.31%	0.30%	0.31%	0.19%	0.07%
Asian	Asian Indian	0.69%	-0.69%	-0.12%	-0.13%	-0.33%	2.00%
	Cambodian	0.10%	0.25%	-0.10%	-0.10%	0.00%	-0.05%
	Chinese	1.20%	-0.94%	-0.41%	-0.71%	-0.29%	2.53%
	Communities of Myanmar	0.07%	-0.07%	-0.07%	-0.07%	0.04%	-0.07%
	Filipino/a	0.87%	-0.10%	-0.32%	-0.59%	0.24%	0.01%
	Hmong	0.13%	0.08%	-0.10%	-0.09%	-0.09%	-0.13%
	Japanese	0.71%	0.26%	0.78%	-0.12%	0.41%	1.43%
	Korean	0.59%	-0.08%	0.85%	0.09%	0.20%	3.82%
	Laotian	0.10%	0.05%	0.17%	-0.08%	0.09%	-0.06%
	Other Asian	0.21%	0.35%	0.14%	0.02%	0.10%	0.46%
	South Asian	0.25%	-0.25%	-0.11%	-0.13%	-0.20%	0.16%
	Vietnamese	0.89%	0.84%	0.41%	-0.76%	1.66%	3.11%
Black/AA	African American	2.32%	-1.56%	-1.83%	-0.97%	-1.91%	-1.72%
	Afro-Caribbean	0.18%	-0.07%	-0.09%	0.08%	-0.14%	0.00%
	Ethiopian	0.14%	-0.14%	-0.08%	-0.11%	-0.14%	-0.14%
	Other African (Black)	0.29%	-0.29%	-0.26%	-0.16%	-0.20%	-0.06%
	Other Black	0.00%	0.10%	0.14%	0.21%	0.14%	0.14%
	Somali	0.13%	-0.13%	-0.13%	-0.13%	-0.13%	-0.13%
Hispanic or Latino/a/x	Central American	0.71%	-0.30%	-0.33%	-0.36%	-0.15%	-0.34%
	Mexican	10.13%	1.62%	-9.05%	-8.40%	-6.23%	-8.97%
	Other Hispanic or Latino..	1.10%	3.33%	0.12%	0.62%	0.38%	0.50%
	South American	0.48%	-0.07%	0.06%	0.42%	-0.14%	0.26%
MENA	Middle Eastern	0.59%	-0.28%	0.61%	0.38%	0.37%	2.12%
	Northern African	0.17%	-0.07%	-0.14%	-0.11%	-0.12%	-0.10%
NH/PI	Chamoru	0.08%	0.18%	0.00%	-0.01%	-0.04%	-0.08%
	Communities of the Micr..	0.06%	-0.06%	-0.06%	-0.04%	-0.06%	-0.02%
	Marshallese	0.06%	-0.06%	-0.06%	-0.05%	-0.06%	0.03%
	Native Hawaiian	0.41%	-0.06%	-0.22%	-0.27%	-0.24%	-0.22%
	Other Pacific Islander	0.21%	0.50%	0.22%	0.03%	0.35%	0.40%
	Samoan	0.06%	-0.06%	-0.06%	-0.01%	-0.06%	0.06%
Other Race	Other Race	0.24%	0.52%	0.79%	0.60%	0.90%	0.72%
White	Eastern European	1.49%	8.24%	12.13%	13.56%	10.66%	7.16%
	Other White	24.68%	8.61%	0.39%	-5.66%	9.38%	-7.65%
	Slavic	3.75%	-1.30%	-2.17%	-2.77%	-1.87%	-2.59%
	Western European	43.74%	-17.94%	0.22%	6.11%	-12.11%	-0.46%

Percent difference

-10.00% ▦ 10.00%

Health care workforce compared with Oregon population (subgroup, 2024)
Percent difference between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Licensed dietitians	Licensed massage therapists	Medical imaging technologists	Naturopathic physicians	Optometrists	Psychologis..
AI/AN	Alaska Native	0.06%	0.28%	0.05%	0.12%	-0.02%	-0.06%	-0.06%
	American Indian	2.80%	-1.79%	0.38%	-0.89%	-0.64%	-1.87%	-1.28%
	Canadian Inuit, Metis, or..	0.00%	0.00%	0.14%	0.00%	0.20%	0.00%	0.00%
	Indigenous Mexican, Ce..	0.00%	0.19%	0.47%	0.29%	0.48%	0.00%	0.09%
Asian	Asian Indian	0.69%	0.03%	-0.55%	-0.46%	0.23%	0.24%	0.34%
	Cambodian	0.10%	-0.10%	-0.04%	0.00%	-0.10%	-0.10%	-0.06%
	Chinese	1.20%	0.63%	0.99%	-0.46%	-0.08%	3.93%	0.15%
	Communities of Myanmar	0.07%	-0.07%	-0.07%	-0.03%	0.01%	-0.07%	-0.02%
	Filipino/a	0.87%	0.33%	-0.12%	0.09%	-0.19%	0.18%	-0.35%
	Hmong	0.13%	-0.13%	-0.03%	-0.04%	-0.13%	-0.13%	-0.06%
	Japanese	0.71%	0.30%	0.22%	0.22%	0.17%	1.15%	0.19%
	Korean	0.59%	0.47%	-0.17%	-0.17%	0.13%	3.43%	0.11%
	Laotian	0.10%	-0.10%	-0.04%	-0.03%	-0.10%	0.02%	-0.10%
	Other Asian	0.21%	-0.07%	0.14%	-0.16%	0.27%	0.14%	0.46%
	South Asian	0.25%	-0.06%	-0.07%	-0.18%	0.03%	-0.02%	0.16%
	Vietnamese	0.89%	-0.46%	-0.63%	0.70%	-0.01%	4.69%	-0.58%
Black/AA	African American	2.32%	-1.93%	-1.37%	-1.81%	-1.72%	-2.14%	-1.40%
	Afro-Caribbean	0.18%	-0.18%	0.06%	-0.12%	0.10%	-0.06%	0.16%
	Ethiopian	0.14%	-0.14%	-0.14%	-0.11%	-0.14%	-0.14%	-0.14%
	Other African (Black)	0.29%	-0.24%	-0.19%	-0.19%	-0.25%	-0.29%	-0.20%
	Other Black	0.00%	0.10%	0.17%	0.12%	0.04%	0.00%	0.11%
	Somali	0.13%	-0.13%	-0.13%	-0.10%	-0.13%	-0.13%	-0.13%
Hispanic or Latino/a/x	Central American	0.71%	-0.47%	0.03%	-0.23%	-0.31%	-0.24%	-0.19%
	Mexican	10.13%	-8.74%	-8.38%	-7.21%	-8.73%	-9.14%	-8.07%
	Other Hispanic or Latino..	1.10%	0.01%	0.52%	0.85%	1.06%	-0.51%	0.54%
	South American	0.48%	0.53%	-0.03%	0.13%	0.48%	-0.48%	0.11%
MENA	Middle Eastern	0.59%	-0.06%	-0.21%	-0.30%	0.65%	0.40%	0.69%
	Northern African	0.17%	-0.17%	-0.01%	-0.16%	-0.13%	-0.17%	-0.06%
NH/PI	Chamoru	0.08%	0.02%	0.03%	0.01%	-0.04%	-0.08%	0.06%
	Communities of the Micr..	0.06%	-0.06%	-0.06%	-0.05%	0.06%	-0.06%	-0.06%
	Marshallese	0.06%	-0.06%	-0.06%	-0.02%	-0.02%	-0.06%	-0.06%
	Native Hawaiian	0.41%	-0.32%	-0.18%	-0.14%	-0.13%	-0.30%	-0.41%
	Other Pacific Islander	0.21%	-0.21%	0.23%	0.25%	-0.01%	0.19%	-0.15%
	Samoan	0.06%	-0.06%	-0.03%	-0.02%	-0.02%	-0.06%	0.01%
Other Race	Other Race	0.24%	0.00%	1.15%	0.74%	1.00%	0.46%	0.70%
White	Eastern European	1.49%	13.50%	11.96%	9.55%	14.98%	7.36%	16.03%
	Other White	24.68%	1.60%	3.04%	13.45%	-5.50%	-9.31%	-11.69%
	Slavic	3.75%	-2.74%	-2.03%	-2.59%	-2.31%	-2.35%	-2.04%
	Western European	43.74%	0.64%	-4.70%	-10.70%	1.17%	5.91%	7.55%

Percent difference

-10.00% ▬▬▬▬▬▬▬ 10.00%

Health care workforce compared with Oregon population (subgroup, 2024)
Percent difference between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Acupuncturi..	Physician associates	Physicians	Podiatrists	Polysomnogr aphic technol ogists	Respiratory therapists
AI/AN	Alaska Native	0.06%	-0.06%	0.01%	-0.04%	-0.06%	-0.06%	-0.03%
	American Indian	2.80%	-2.40%	-2.30%	-2.64%	-2.80%	1.15%	-0.27%
	Canadian Inuit, Metis, or..	0.00%	0.00%	0.00%	0.00%	0.00%	0.19%	0.09%
	Indigenous Mexican, Ce..	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.37%
Asian	Asian Indian	0.69%	-0.13%	0.23%	4.06%	0.10%	-0.69%	-0.46%
	Cambodian	0.10%	-0.10%	-0.02%	-0.10%	-0.10%	-0.10%	0.15%
	Chinese	1.20%	5.19%	0.29%	3.63%	2.78%	-0.25%	-0.85%
	Communities of Myanmar	0.07%	-0.07%	-0.07%	-0.07%	-0.07%	-0.07%	-0.07%
	Filipino/a	0.87%	-0.66%	-0.05%	0.60%	0.46%	-0.87%	0.86%
	Hmong	0.13%	-0.13%	-0.06%	-0.11%	-0.13%	-0.13%	0.05%
	Japanese	0.71%	0.81%	-0.27%	0.12%	-0.44%	-0.71%	-0.48%
	Korean	0.59%	1.44%	0.28%	1.51%	2.86%	-0.59%	-0.18%
	Laotian	0.10%	-0.10%	-0.04%	-0.09%	-0.10%	0.47%	0.07%
	Other Asian	0.21%	1.21%	0.13%	1.45%	1.38%	0.17%	0.08%
	South Asian	0.25%	-0.15%	0.05%	0.69%	-0.25%	-0.25%	-0.13%
	Vietnamese	0.89%	-0.13%	0.61%	0.32%	1.23%	1.18%	-0.12%
Black/AA	African American	2.32%	-1.81%	-0.95%	-1.37%	-1.52%	-0.62%	-0.85%
	Afro-Caribbean	0.18%	-0.18%	-0.05%	0.07%	-0.18%	0.01%	-0.09%
	Ethiopian	0.14%	-0.14%	-0.14%	-0.14%	-0.14%	0.05%	0.21%
	Other African (Black)	0.29%	-0.29%	-0.11%	0.07%	0.24%	-0.10%	-0.03%
	Other Black	0.00%	0.10%	0.09%	0.03%	0.00%	0.38%	0.46%
	Somali	0.13%	-0.13%	-0.09%	-0.13%	-0.13%	-0.13%	-0.04%
Hispanic or Latino/a/x	Central American	0.71%	-0.40%	-0.30%	-0.46%	-0.71%	-0.33%	0.33%
	Mexican	10.13%	-9.62%	-7.84%	-9.26%	-10.13%	-8.25%	-6.54%
	Other Hispanic or Latino..	1.10%	-0.79%	-0.41%	-0.58%	-1.10%	0.79%	1.37%
	South American	0.48%	0.13%	0.14%	0.10%	-0.48%	-0.29%	-0.05%
MENA	Middle Eastern	0.59%	-0.18%	-0.19%	0.63%	1.27%	-0.40%	0.05%
	Northern African	0.17%	-0.17%	-0.04%	-0.09%	-0.17%	-0.17%	-0.11%
NH/PI	Chamoru	0.08%	-0.08%	-0.06%	-0.05%	-0.08%	0.30%	-0.08%
	Communities of the Micr..	0.06%	-0.06%	-0.04%	-0.06%	-0.06%	-0.06%	-0.06%
	Marshallese	0.06%	-0.06%	-0.06%	-0.06%	-0.06%	-0.06%	-0.06%
	Native Hawaiian	0.41%	-0.31%	-0.29%	-0.36%	-0.41%	-0.04%	-0.07%
	Other Pacific Islander	0.21%	-0.11%	-0.05%	-0.12%	-0.21%	-0.02%	0.59%
	Samoan	0.06%	-0.06%	-0.03%	-0.06%	-0.06%	-0.06%	0.00%
Other Race	Other Race	0.24%	3.46%	1.71%	2.66%	2.14%	0.70%	1.02%
White	Eastern European	1.49%	10.28%	5.96%	7.81%	6.21%	8.50%	11.21%
	Other White	24.68%	-10.58%	3.10%	-9.98%	1.85%	14.12%	9.93%
	Slavic	3.75%	-2.07%	-2.79%	-2.36%	-3.48%	-2.62%	-1.71%
	Western European	43.74%	8.70%	3.83%	4.72%	2.68%	-10.78%	-14.19%

Percent difference

-10.00%   10.00%

Health care workforce compared with Oregon population (subgroup, 2024)
Percent difference between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Certified nursing assistants	Certified registered nurse anest..	Clinical nurse specialists	Licensed practical nurses	Nurse practitioners	Registered nurses
AI/AN	Alaska Native	0.06%	0.15%	-0.06%	-0.06%	0.00%	0.04%	0.06%
	American Indian	2.80%	-0.31%	-1.92%	-2.80%	-0.37%	-1.06%	-1.05%
	Canadian Inuit, Metis, or..	0.00%	0.06%	0.00%	0.00%	0.02%	0.13%	0.05%
	Indigenous Mexican, Ce..	0.00%	0.45%	0.00%	0.00%	0.28%	0.18%	0.21%
Asian	Asian Indian	0.69%	-0.41%	-0.47%	-0.69%	-0.23%	-0.16%	-0.35%
	Cambodian	0.10%	0.04%	-0.10%	-0.10%	0.10%	-0.04%	0.00%
	Chinese	1.20%	-0.68%	1.90%	-1.20%	-0.84%	-0.46%	-0.37%
	Communities of Myanmar	0.07%	-0.04%	-0.07%	-0.07%	-0.07%	-0.07%	-0.05%
	Filipino/a	0.87%	2.87%	0.79%	-0.87%	2.00%	0.73%	1.66%
	Hmong	0.13%	0.07%	-0.13%	-0.13%	0.07%	-0.10%	-0.05%
	Japanese	0.71%	-0.32%	-0.38%	-0.71%	-0.45%	0.11%	0.07%
	Korean	0.59%	-0.25%	0.30%	2.30%	-0.08%	0.33%	0.16%
	Laotian	0.10%	0.10%	0.12%	1.34%	0.05%	-0.10%	-0.01%
	Other Asian	0.21%	0.41%	-0.21%	-0.21%	0.21%	0.17%	0.14%
	South Asian	0.25%	-0.04%	-0.25%	-0.25%	-0.19%	-0.05%	-0.12%
	Vietnamese	0.89%	0.15%	-0.45%	-0.89%	-0.23%	-0.35%	0.08%
Black/AA	African American	2.32%	2.42%	-2.32%	-1.36%	1.36%	-0.08%	-1.14%
	Afro-Caribbean	0.18%	0.17%	0.05%	-0.18%	0.04%	0.17%	0.01%
	Ethiopian	0.14%	1.32%	-0.14%	-0.14%	0.29%	-0.02%	0.10%
	Other African (Black)	0.29%	1.68%	-0.29%	-0.29%	1.57%	0.37%	0.13%
	Other Black	0.00%	0.60%	0.22%	0.00%	0.52%	0.19%	0.18%
	Somali	0.13%	0.01%	-0.13%	-0.13%	-0.08%	-0.13%	-0.10%
Hispanic or Latino/a/x	Central American	0.71%	1.09%	-0.27%	0.25%	0.27%	-0.33%	-0.19%
	Mexican	10.13%	0.74%	-8.47%	-9.65%	-4.95%	-8.37%	-7.60%
	Other Hispanic or Latino..	1.10%	3.50%	-0.21%	-1.10%	1.67%	0.55%	0.45%
	South American	0.48%	0.07%	1.18%	-0.48%	-0.14%	0.02%	-0.04%
MENA	Middle Eastern	0.59%	-0.32%	-0.25%	-0.59%	-0.36%	-0.17%	-0.23%
	Northern African	0.17%	-0.11%	-0.17%	-0.17%	-0.08%	-0.01%	-0.13%
NH/PI	Chamoru	0.08%	0.04%	-0.08%	-0.08%	-0.02%	-0.07%	0.01%
	Communities of the Micr..	0.06%	0.16%	-0.06%	-0.06%	-0.05%	-0.06%	-0.03%
	Marshallese	0.06%	-0.03%	-0.06%	-0.06%	-0.04%	-0.04%	-0.04%
	Native Hawaiian	0.41%	-0.21%	-0.30%	0.55%	-0.20%	-0.28%	-0.18%
	Other Pacific Islander	0.21%	0.78%	-0.21%	-0.21%	0.48%	0.02%	0.23%
	Samoan	0.06%	0.22%	-0.06%	-0.06%	0.06%	-0.06%	-0.02%
Other Race	Other Race	0.24%	1.43%	1.42%	0.72%	0.71%	0.67%	0.62%
White	Eastern European	1.49%	6.72%	11.02%	9.09%	8.56%	11.93%	10.42%
	Other White	24.68%	12.81%	-0.12%	5.13%	19.10%	2.18%	8.48%
	Slavic	3.75%	-2.57%	-2.75%	-2.78%	-2.54%	-2.44%	-2.27%
	Western European	43.74%	-32.41%	3.27%	6.26%	-26.12%	-2.98%	-8.73%

Percent difference

-10.00%   10.00%

Health care workforce compared with Oregon population (subgroup, 2024)
Percent difference between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Occupational therapists	Occupational therapy assistants	Certified pharmacy technicians	Pharmacists	Physical therapists	Physical therapy assistants
AI/AN	Alaska Native	0.06%	0.16%	0.32%	0.10%	0.00%	0.03%	-0.06%
	American Indian	2.80%	-1.87%	0.23%	-0.65%	-1.66%	-1.80%	-1.80%
	Canadian Inuit, Metis, or..	0.00%	0.07%	0.00%	0.03%	0.02%	0.03%	0.14%
	Indigenous Mexican, Ce..	0.00%	0.14%	0.00%	0.38%	0.22%	0.04%	0.14%
Asian	Asian Indian	0.69%	0.06%	-0.31%	-0.18%	1.34%	0.43%	-0.55%
	Cambodian	0.10%	-0.10%	-0.10%	0.35%	0.61%	-0.07%	-0.10%
	Chinese	1.20%	0.10%	-1.20%	-0.14%	5.19%	0.19%	-0.34%
	Communities of Myanmar	0.07%	-0.07%	0.31%	-0.04%	-0.01%	-0.07%	-0.07%
	Filipino/a	0.87%	1.44%	1.41%	1.88%	0.77%	2.49%	0.13%
	Hmong	0.13%	-0.05%	-0.13%	0.72%	0.14%	-0.13%	-0.13%
	Japanese	0.71%	0.15%	0.43%	0.11%	1.55%	0.89%	-0.52%
	Korean	0.59%	-0.23%	0.17%	-0.10%	1.87%	0.12%	-0.02%
	Laotian	0.10%	-0.10%	-0.10%	0.30%	0.10%	-0.10%	-0.10%
	Other Asian	0.21%	-0.07%	-0.21%	0.40%	0.91%	0.12%	0.22%
	South Asian	0.25%	-0.03%	-0.25%	-0.09%	0.05%	-0.04%	-0.25%
	Vietnamese	0.89%	0.19%	-0.89%	1.82%	8.22%	-0.40%	-0.89%
Black/AA	African American	2.32%	-1.74%	-0.43%	-0.86%	-1.33%	-1.84%	-1.65%
	Afro-Caribbean	0.18%	-0.18%	-0.18%	-0.07%	-0.05%	-0.06%	-0.18%
	Ethiopian	0.14%	-0.07%	0.24%	-0.06%	0.10%	-0.14%	0.01%
	Other African (Black)	0.29%	-0.15%	0.09%	-0.18%	0.42%	-0.26%	0.00%
	Other Black	0.00%	0.07%	0.00%	0.16%	0.03%	0.06%	0.14%
	Somali	0.13%	-0.13%	-0.13%	-0.07%	-0.13%	-0.13%	-0.13%
Hispanic or Latino/a/x	Central American	0.71%	-0.42%	0.05%	0.71%	-0.49%	-0.44%	-0.09%
	Mexican	10.13%	-8.80%	-8.62%	-3.81%	-8.91%	-8.87%	-8.57%
	Other Hispanic or Latino..	1.10%	-0.16%	1.18%	1.27%	-0.25%	0.25%	0.61%
	South American	0.48%	0.24%	-0.48%	-0.11%	-0.10%	-0.15%	0.23%
MENA	Middle Eastern	0.59%	-0.15%	-0.21%	-0.14%	0.90%	-0.29%	-0.30%
	Northern African	0.17%	-0.10%	-0.17%	-0.17%	-0.09%	-0.12%	-0.17%
NH/PI	Chamoru	0.08%	-0.08%	-0.08%	0.06%	0.02%	-0.08%	-0.08%
	Communities of the Micr..	0.06%	-0.06%	-0.06%	-0.02%	-0.05%	-0.06%	-0.06%
	Marshallese	0.06%	-0.06%	-0.06%	-0.01%	-0.06%	-0.06%	-0.06%
	Native Hawaiian	0.41%	-0.27%	-0.41%	0.06%	0.02%	-0.24%	-0.41%
	Other Pacific Islander	0.21%	0.00%	0.17%	1.14%	0.36%	0.25%	-0.02%
	Samoan	0.06%	-0.06%	0.32%	0.04%	-0.03%	-0.03%	-0.06%
Other Race	Other Race	0.24%	0.48%	0.14%	0.88%	0.71%	0.16%	0.14%
White	Eastern European	1.49%	12.75%	9.88%	7.29%	6.29%	9.35%	12.08%
	Other White	24.68%	2.33%	8.47%	14.74%	-4.88%	0.47%	11.00%
	Slavic	3.75%	-2.09%	-2.23%	-1.64%	-2.54%	-2.56%	-2.61%
	Western European	43.74%	-0.80%	-6.81%	-23.74%	-8.88%	3.40%	-5.27%

Percent difference

-10.00% ▮▮▮▮▮▮▮ 10.00%

Health care workforce compared with Oregon population (subgroup, 2024)
Percent difference between Oregon population and representation within each profession

R/E Group	R/E Subgroup	Oregon Percent	Clinical social work associates	Licensed clinical social workers	Non-clinical social workers	Audiologists	Speech-language pathologists	Speech-language pathology a..
AI/AN	Alaska Native	0.06%	0.06%	0.08%	-0.06%	-0.06%	-0.04%	0.15%
	American Indian	2.80%	-1.10%	-0.80%	-1.08%	-2.63%	-1.53%	-0.49%
	Canadian Inuit, Metis, or..	0.00%	0.12%	0.21%	0.00%	0.00%	0.16%	0.21%
	Indigenous Mexican, Ce..	0.00%	1.52%	0.24%	0.57%	0.17%	0.35%	0.00%
Asian	Asian Indian	0.69%	-0.21%	-0.48%	-0.12%	-0.02%	-0.28%	-0.69%
	Cambodian	0.10%	-0.10%	-0.09%	-0.10%	-0.10%	-0.10%	-0.10%
	Chinese	1.20%	-0.04%	-0.69%	-0.91%	0.15%	-0.36%	-0.99%
	Communities of Myanmar	0.07%	-0.07%	-0.07%	-0.07%	-0.07%	-0.07%	-0.07%
	Filipino/a	0.87%	-0.14%	-0.44%	-0.29%	0.14%	-0.36%	-0.87%
	Hmong	0.13%	0.30%	-0.10%	-0.13%	-0.13%	-0.09%	0.29%
	Japanese	0.71%	-0.16%	-0.08%	0.15%	1.14%	0.21%	0.55%
	Korean	0.59%	0.14%	0.08%	-0.30%	0.09%	-0.05%	-0.59%
	Laotian	0.10%	-0.04%	-0.08%	-0.10%	-0.10%	-0.10%	-0.10%
	Other Asian	0.21%	0.03%	-0.09%	-0.21%	-0.21%	0.18%	-0.21%
	South Asian	0.25%	0.12%	-0.11%	0.33%	-0.08%	-0.13%	-0.25%
	Vietnamese	0.89%	-0.35%	-0.68%	0.54%	0.62%	-0.67%	0.57%
Black/AA	African American	2.32%	1.88%	-0.59%	-1.17%	-1.81%	-1.85%	-1.90%
	Afro-Caribbean	0.18%	0.07%	-0.03%	-0.18%	-0.18%	0.03%	-0.18%
	Ethiopian	0.14%	-0.08%	-0.14%	-0.14%	-0.14%	-0.14%	-0.14%
	Other African (Black)	0.29%	0.81%	-0.12%	0.29%	-0.29%	-0.25%	-0.29%
	Other Black	0.00%	0.55%	0.16%	0.00%	0.00%	0.06%	0.21%
	Somali	0.13%	0.24%	-0.12%	-0.13%	-0.13%	-0.13%	-0.13%
Hispanic or Latino/a/x	Central American	0.71%	0.45%	-0.06%	0.15%	-0.71%	-0.38%	2.23%
	Mexican	10.13%	-1.92%	-7.92%	-8.41%	-9.79%	-8.29%	-3.21%
	Other Hispanic or Latino..	1.10%	0.67%	0.36%	2.35%	0.42%	0.46%	-0.05%
	South American	0.48%	1.35%	-0.26%	0.96%	0.20%	0.42%	0.15%
MENA	Middle Eastern	0.59%	0.21%	-0.18%	-0.59%	-0.42%	-0.01%	-0.38%
	Northern African	0.17%	0.20%	-0.15%	-0.17%	-0.17%	-0.17%	-0.17%
NH/PI	Chamoru	0.08%	0.17%	-0.01%	-0.08%	-0.08%	-0.02%	-0.08%
	Communities of the Micr..	0.06%	0.12%	-0.04%	0.23%	-0.06%	-0.02%	0.15%
	Marshallese	0.06%	-0.06%	-0.06%	-0.06%	-0.06%	-0.06%	-0.06%
	Native Hawaiian	0.41%	-0.05%	-0.26%	0.74%	-0.41%	-0.31%	-0.41%
	Other Pacific Islander	0.21%	-0.15%	0.05%	-0.21%	0.12%	-0.03%	0.00%
	Samoan	0.06%	0.06%	-0.04%	-0.06%	-0.06%	0.04%	-0.06%
Other Race	Other Race	0.24%	1.22%	0.55%	0.62%	-0.07%	0.45%	0.18%
White	Eastern European	1.49%	11.52%	14.46%	10.58%	14.68%	12.76%	13.82%
	Other White	24.68%	-2.49%	-5.48%	-4.27%	2.09%	-3.15%	5.72%
	Slavic	3.75%	-2.89%	-2.39%	-2.88%	-2.73%	-2.09%	-2.70%
	Western European	43.74%	-11.58%	5.71%	4.54%	1.04%	5.90%	-9.78%

Percent difference

-10.00% ▭▭▭▭▭▭▭ 10.00%

Appendix B

<u>Health care workforce compared with Oregon population at aggregate level of race/ethnicity, county level</u>

Geographic distribution of the Oregon health care work force is important to provide local services to Oregon residents. This appendix illustrates the geographic component of race/ethnicity distribution in the workforce compared with the local population demographics.

Because county-level demographic data was only available at the group level of race/ethnicity categories, that is the comparison used here. Each group is shown on an individual map. Blue coloring represents a workforce that has higher representation as a percentage of that county workforce than the county population percentage in the same category. Orange represents a lower percentage, and grey segments represent concordance between population and workforce.

Health care license holders compared to Oregon population (group, 2024):
American Indian/Alaska Native

Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference

-10.00%   10.00%

Clatsop 1.57%
Columbia 1.74%
Multnomah 0.80%
Sherman 2.53%
Washington 1.23%
Tillamook 0.34%
Hood River 0.90%
Morrow -0.10%
Umatilla -0.02%
Union 0.86%
Wallowa 1.10%
Yamhill 1.42%
Wasco -0.81%
Gilliam -1.40%
Clackamas 1.28%
Marion 1.41%
Polk 2.31%
Wheeler -0.10%
Baker 0.22%
Lincoln 1.67%
Benton 1.70%
Linn 1.83%
Jefferson -6.60%
Grant 1.40%
Crook 1.25%
Deschutes 1.03%
Lane 1.64%
Douglas 2.41%
Malheur 0.78%
Coos 1.82%
Harney 1.13%
Klamath 0.35%
Lake 1.54%
Curry 0.95%
Josephine 2.04%
Jackson 1.82%
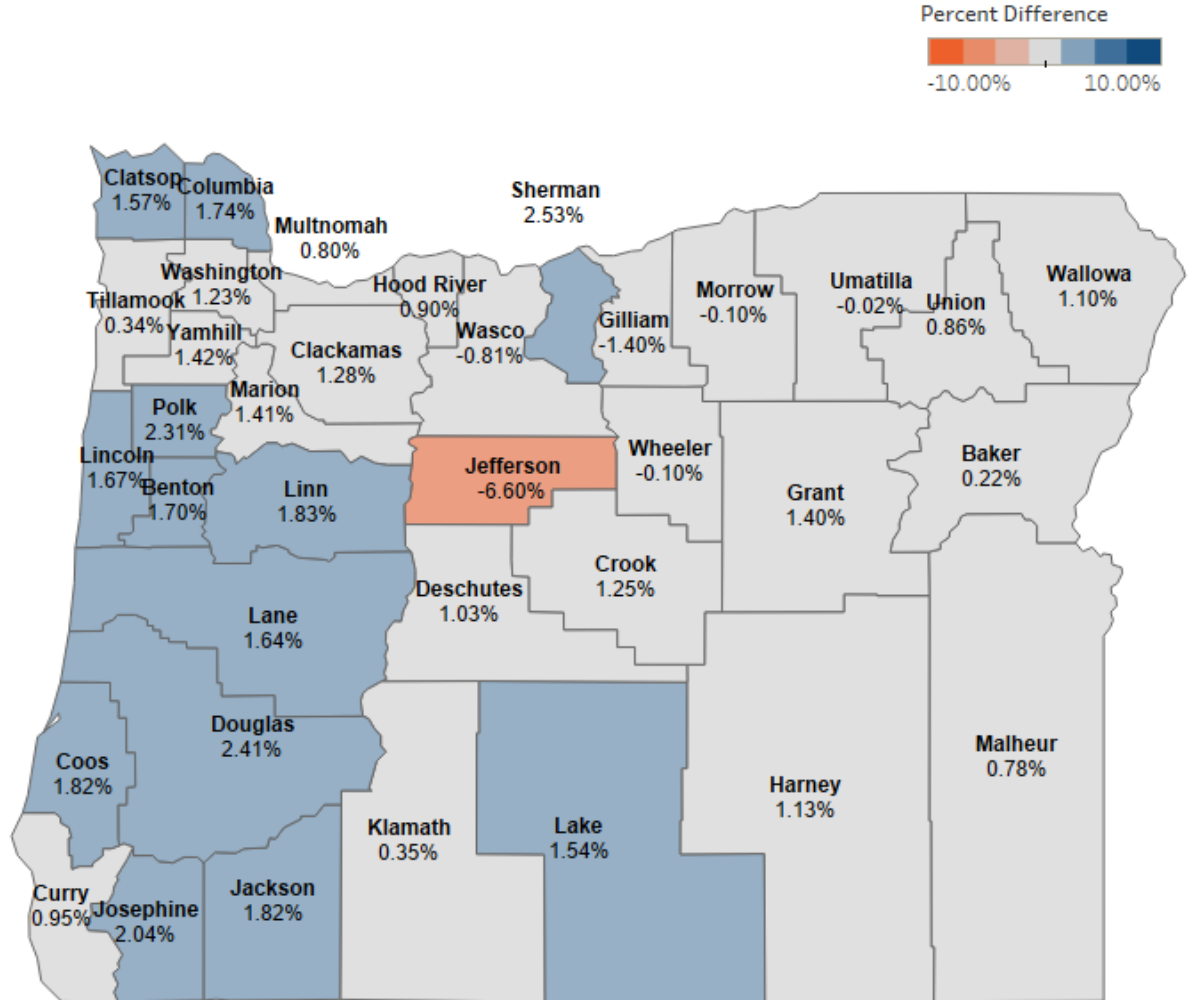
Health care license holders compared to Oregon population (group, 2024): Asian
Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference

-10.00%   10.00%

Clatsop 4.00%
Columbia 5.53%
Multnomah 3.65%
Sherman 15.23%
Washington 3.61%
Tillamook 2.80%
Hood River 2.03%
Morrow 0.52%
Umatilla 3.64%
Union 1.38%
Wallowa 1.40%
Yamhill 4.45%
Wasco 2.31%
Gilliam 4.46%
Clackamas 6.73%
Marion 5.03%
Polk 4.13%
Lincoln 3.72%
Wheeler -0.70%
Baker 3.60%
Benton -0.55%
Linn 2.86%
Grant 5.47%
Jefferson 1.84%
Crook 2.59%
Deschutes 1.54%
Lane 3.04%
Douglas 3.67%
Malheur 1.71%
Coos 4.70%
Harney 1.77%
Klamath 2.79%
Lake 4.27%
Curry 2.95%
Josephine 3.38%
Jackson 3.76%
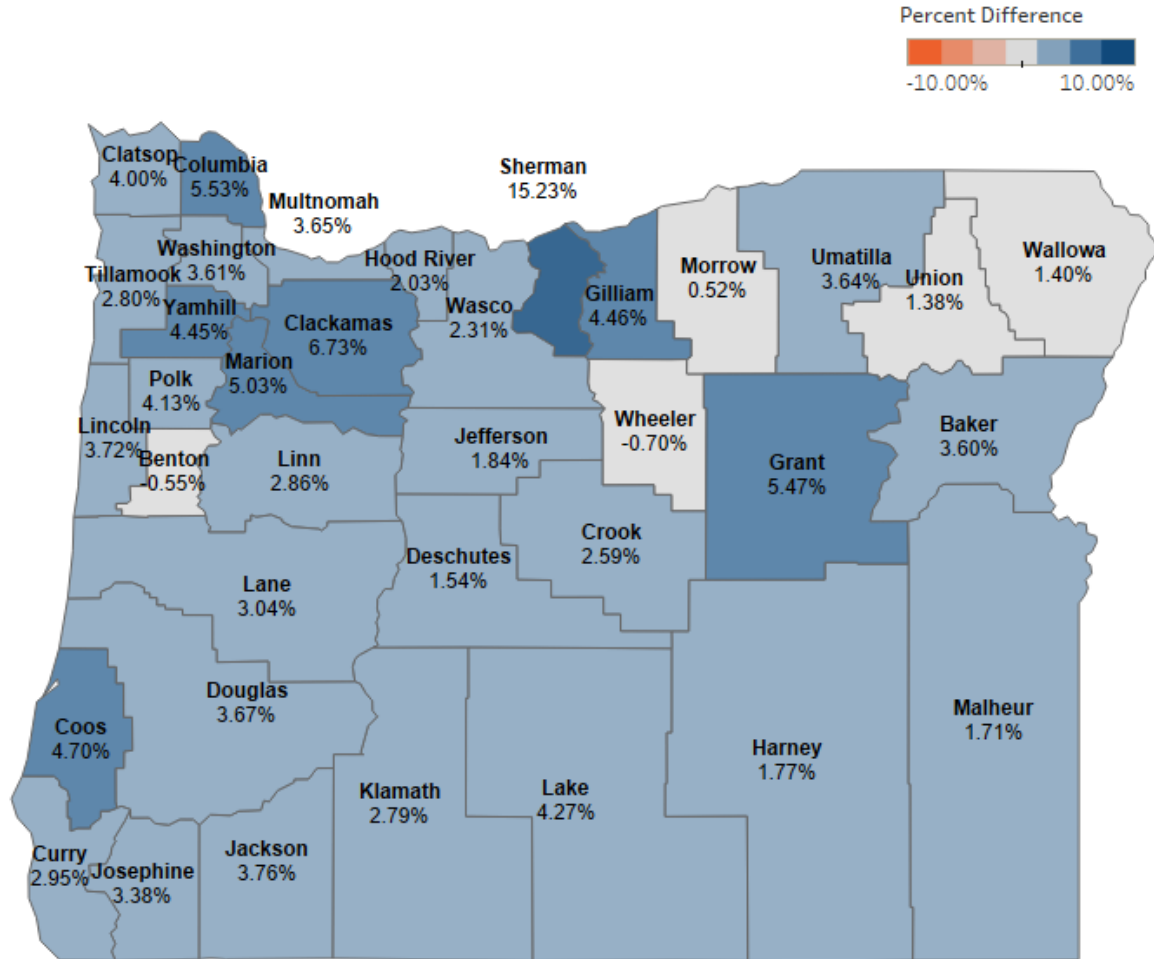
Health care license holders compared to Oregon population (group, 2024):
Black/African American
Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference
-10.00%   10.00%

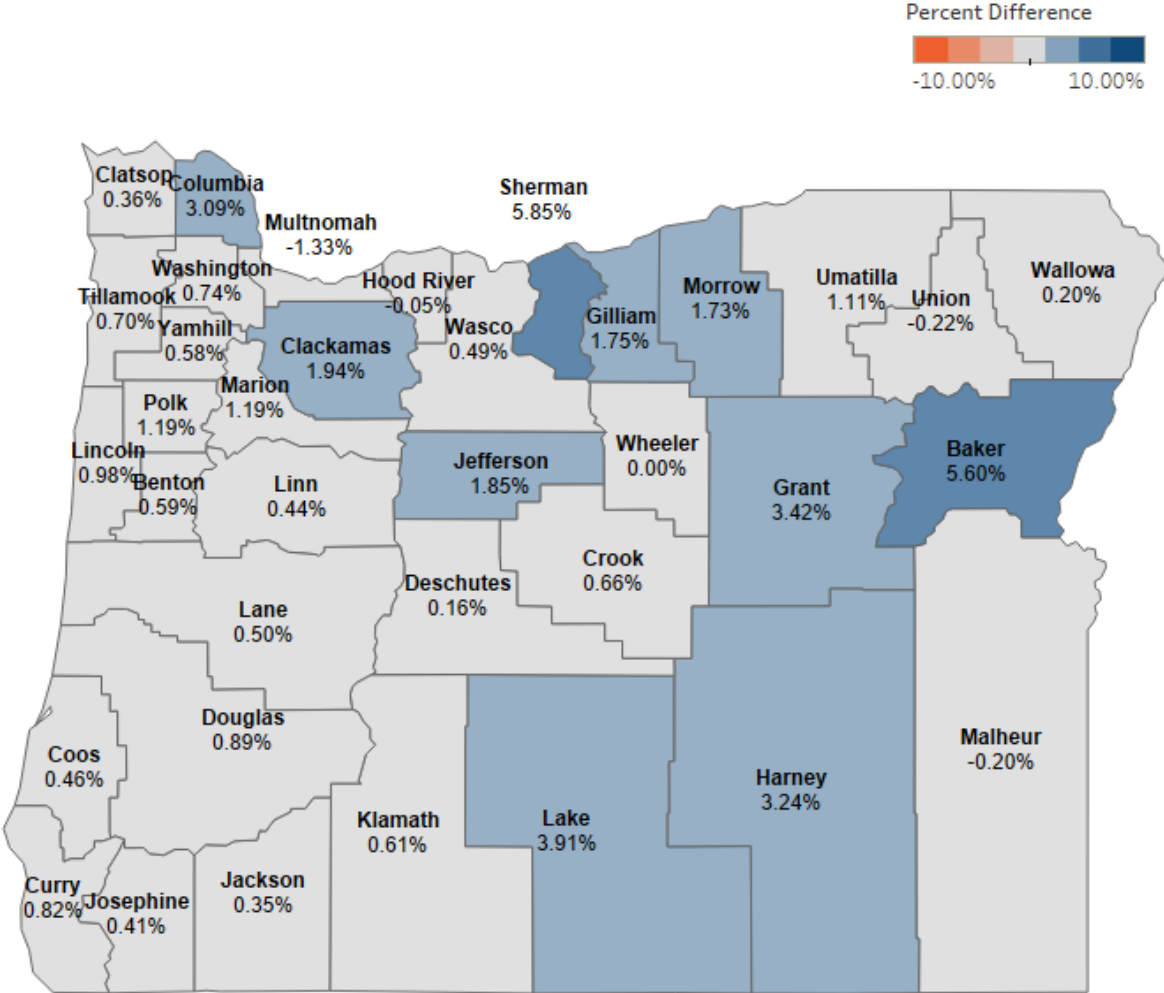| County	Percent
Clatsop	0.36%
Columbia	3.09%
Multnomah	-1.33%
Sherman	5.85%
Washington	0.74%
Tillamook	0.70%
Hood River	-0.05%
Yamhill	0.58%
Wasco	0.49%
Gilliam	1.75%
Morrow	1.73%
Umatilla	1.11%
Union	-0.22%
Wallowa	0.20%
Clackamas	1.94%
Marion	1.19%
Polk	1.19%
Lincoln	0.98%
Benton	0.59%
Linn	0.44%
Jefferson	1.85%
Wheeler	0.00%
Grant	3.42%
Baker	5.60%
Crook	0.66%
Deschutes	0.16%
Lane	0.50%
Douglas	0.89%
Coos	0.46%
Malheur	-0.20%
Harney	3.24%
Klamath	0.61%
Lake	3.91%
Curry	0.82%
Josephine	0.41%
Jackson	0.35%

Health care license holders compared to Oregon population (group, 2024): Hispanic/Latino/a/x

Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference
-10.00%   10.00%

Clatsop -5.09%
Columbia -2.64%
Multnomah -6.91%
Washington 10.53%
Tillamook -5.33%
Yamhill -8.56%
Hood River -22.26%
Clackamas -3.72%
Wasco -13.05%
Sherman 7.40%
Gilliam -4.89%
Morrow -27.36%
Umatilla -18.39%
Union -1.55%
Wallowa -2.40%
Polk -7.25%
Marion -17.56%
Lincoln -5.76%
Benton -2.88%
Linn -4.44%
Jefferson -13.25%
Wheeler -1.93%
Grant 0.77%
Baker 0.77%
Crook -3.72%
Lane -4.26%
Deschutes -4.74%
Douglas -2.39%
Coos -2.89%
Harney -2.21%
Malheur -24.81%
Klamath -6.74%
Lake -3.65%
Curry -3.02%
Josephine -2.39%
Jackson -7.36%

Health care license holders compared to Oregon population (group, 2024):
Native Hawaiian/Pacific Islander
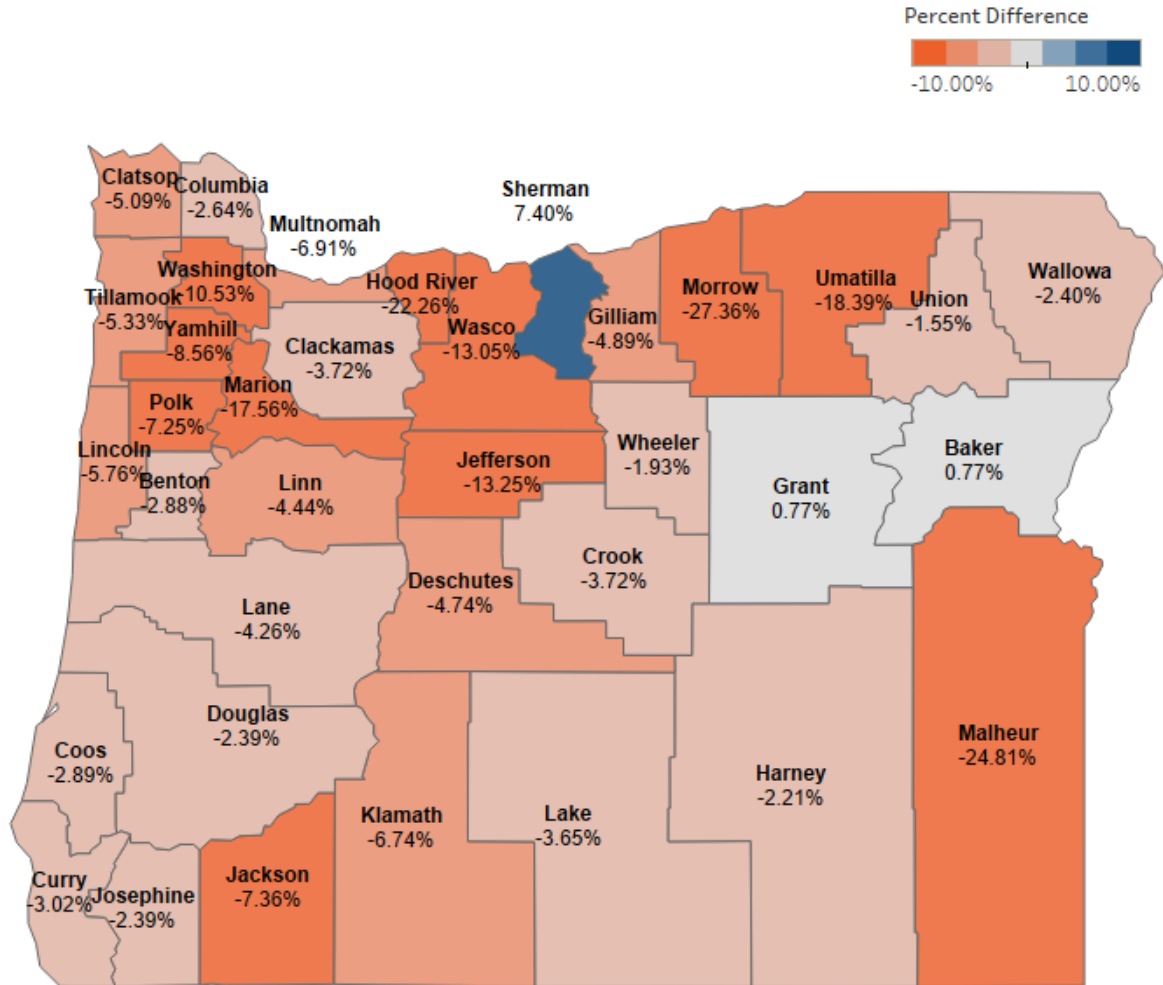Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference

-10.00%   10.00%

Clatsop 0.51%
Columbia 0.06%
Multnomah 0.24%
Sherman -1.90%
Washington 0.50%
Hood River 0.34%
Morrow -0.40%
Umatilla 0.38%
Union 0.20%
Wallowa 1.00%
Tillamook 1.13%
Yamhill 0.74%
Wasco 0.48%
Gilliam 0.00%
Clackamas 0.66%
Marion -0.19%
Polk 0.14%
Lincoln 0.47%
Benton 0.29%
Linn 0.69%
Jefferson 0.00%
Wheeler -0.10%
Grant 0.14%
Baker -0.13%
Crook 0.21%
Deschutes 0.37%
Lane 0.55%
Douglas 0.49%
Malheur 0.02%
Coos 0.79%
Harney 0.56%
Klamath 0.50%
Lake 0.57%
Curry 0.47%
Josephine 0.82%
Jackson 0.36%

Health care license holders compared to Oregon population (group, 2024): Other race
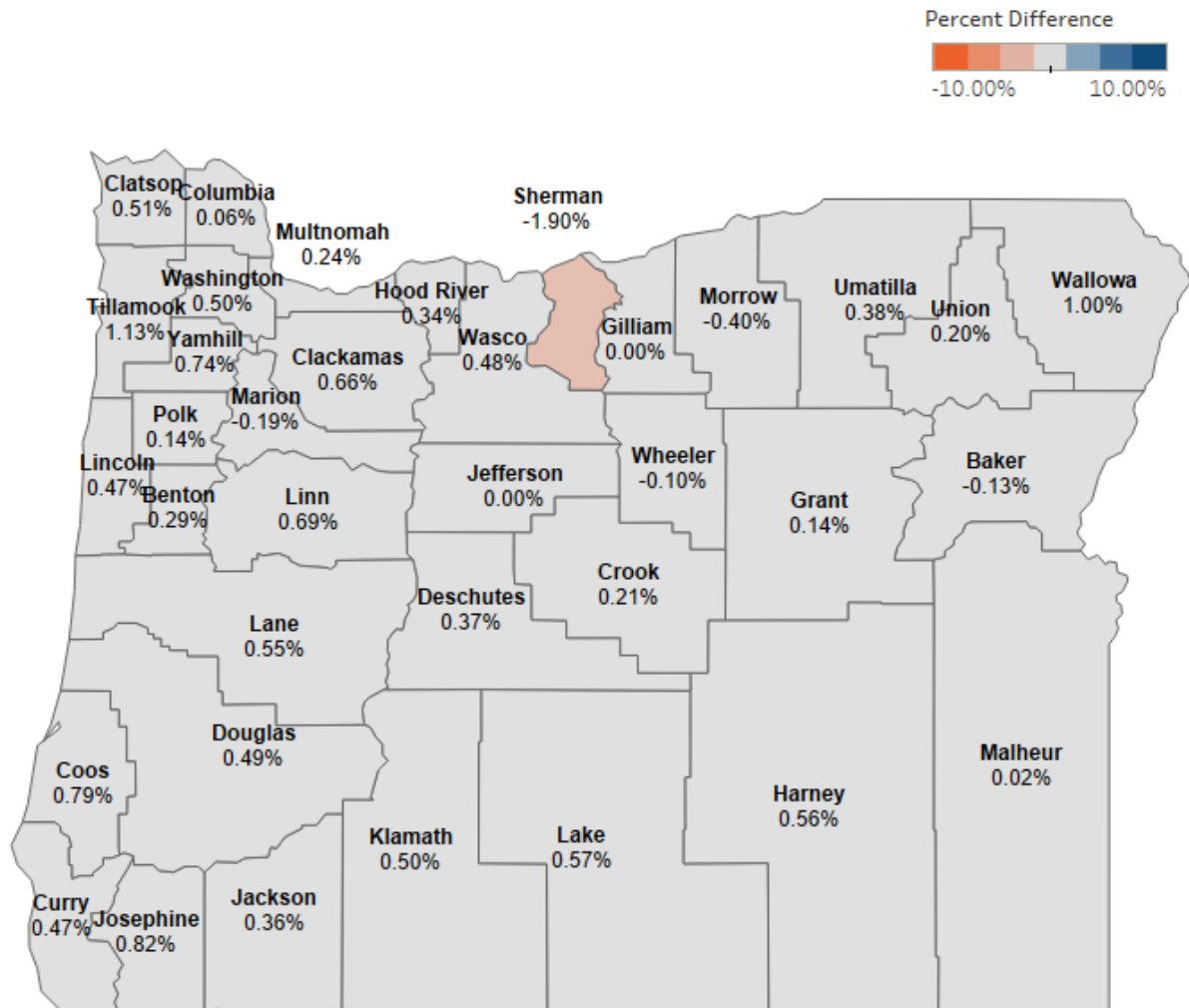
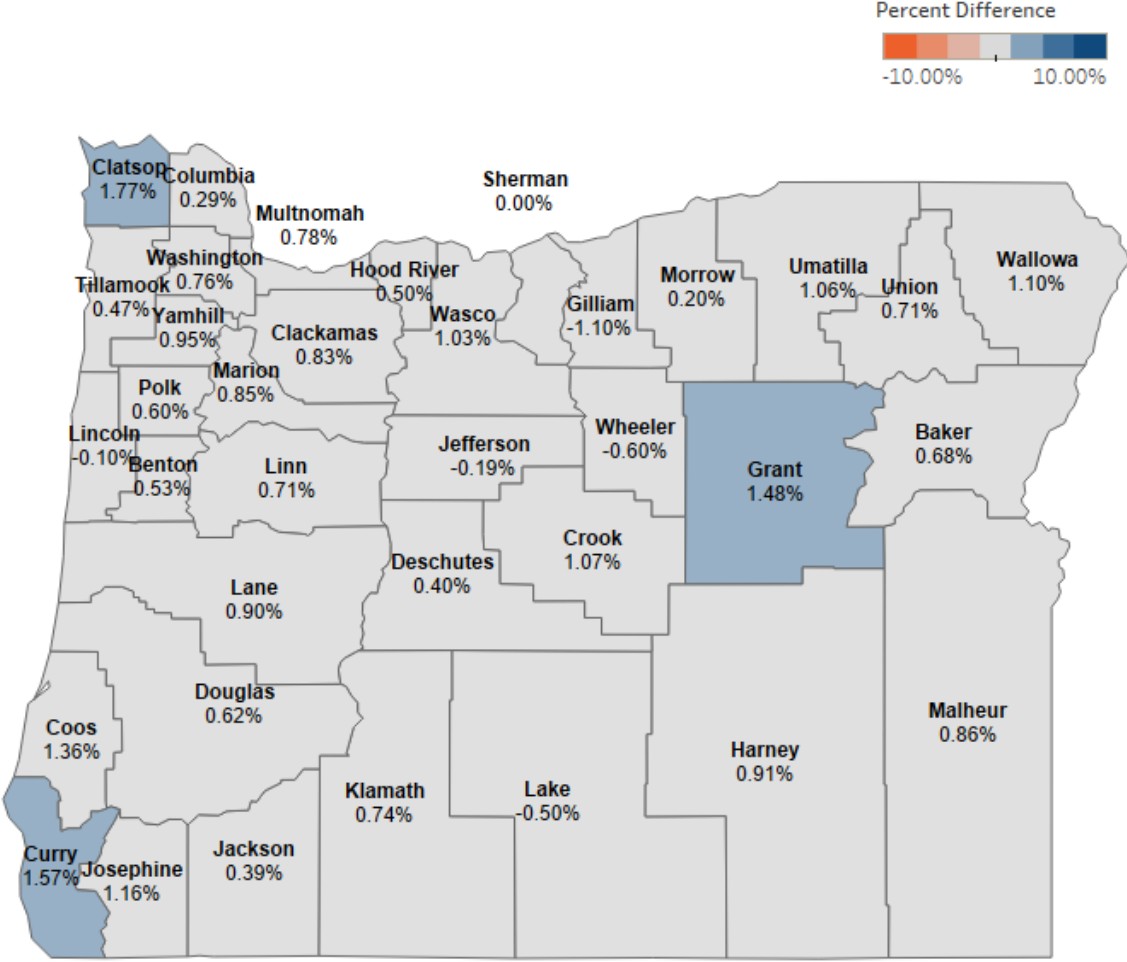Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference

-10.00%   10.00%

County	Value
Clatsop	1.77%
Columbia	0.29%
Sherman	0.00%
Multnomah	0.78%
Washington	0.76%
Hood River	0.50%
Morrow	0.20%
Umatilla	1.06%
Wallowa	1.10%
Tillamook	0.47%
Yamhill	0.95%
Clackamas	0.83%
Wasco	1.03%
Gilliam	-1.10%
Union	0.71%
Marion	0.85%
Polk	0.60%
Lincoln	-0.10%
Benton	0.53%
Linn	0.71%
Jefferson	-0.19%
Wheeler	-0.60%
Grant	1.48%
Baker	0.68%
Crook	1.07%
Lane	0.90%
Deschutes	0.40%
Douglas	0.62%
Malheur	0.86%
Coos	1.36%
Harney	0.91%
Klamath	0.74%
Lake	-0.50%
Curry	1.57%
Josephine	1.16%
Jackson	0.39%

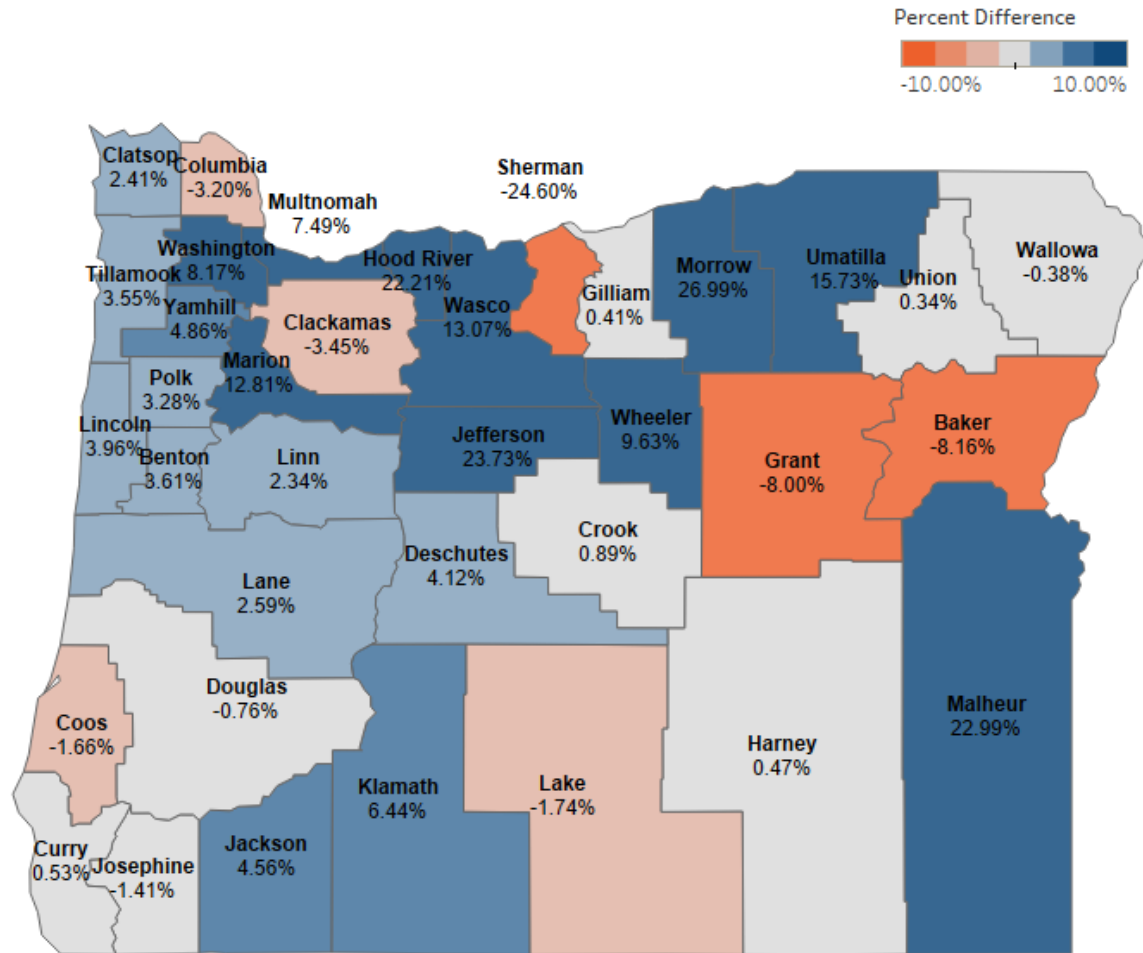## Health care license holders compared to Oregon population (group, 2024): White

Positive/Blue represents higher workforce representation, negative/orange represents lower workforce representation.

Percent Difference
-10.00%   10.00%

Clatsop 2.41%
Columbia -3.20%
Multnomah 7.49%
Sherman -24.60%
Washington 8.17%
Tillamook 3.55%
Hood River 22.21%
Morrow 26.99%
Umatilla 15.73%
Union 0.34%
Wallowa -0.38%
Yamhill 4.86%
Clackamas -3.45%
Wasco 13.07%
Gilliam 0.41%
Marion 12.81%
Polk 3.28%
Lincoln 3.96%
Benton 3.61%
Linn 2.34%
Jefferson 23.73%
Wheeler 9.63%
Grant -8.00%
Baker -8.16%
Crook 0.89%
Deschutes 4.12%
Lane 2.59%
Douglas -0.76%
Coos -1.66%
Harney 0.47%
Malheur 22.99%
Klamath 6.44%
Lake -1.74%
Curry 0.53%
Josephine -1.41%
Jackson 4.56%

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Questions

For questions about this report, please contact: wkfc.admin@oha.oregon.gov

Click here to explore the data dashboard: Oregon's licensed health care workforce
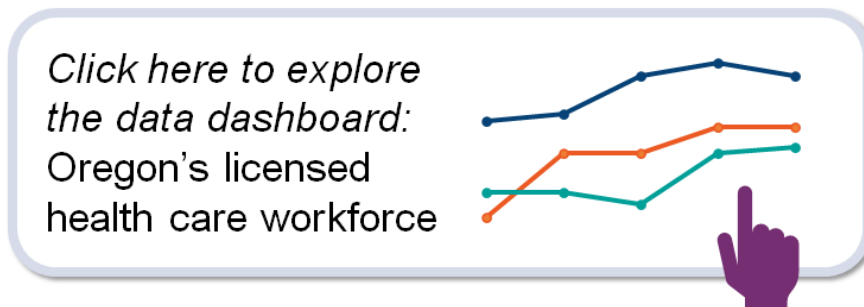
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