Oregon's Licensed Health Care Workforce Supply, 2024

November 2024

OREGON HEALTH AUTHORITY

Health Care Workforce Reporting Program

Table of 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.

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

Executive Summary

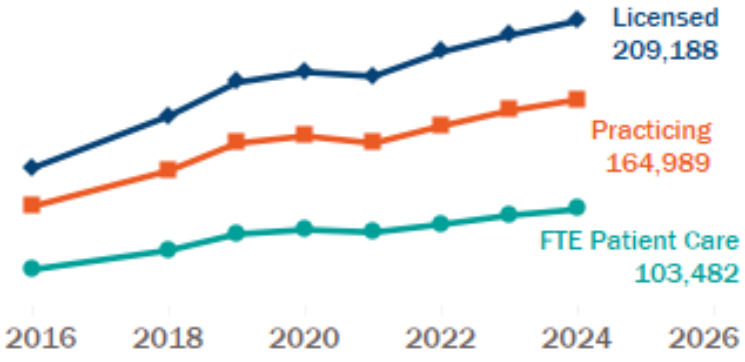
This report highlights trends in the supply of Oregon's licensed health care workforce and addresses the following questions:

- How many health care professionals hold an active license and are practicing in Oregon?
- How much of those practicing professionals' time is spent delivering care to patients?
- Which occupational populations are increasing over time and which are declining?
- How many professionals specialize in primary care, behavioral health and oral health?
- How many professionals plan to leave the Oregon workforce in the next two years?

Key Takeaways

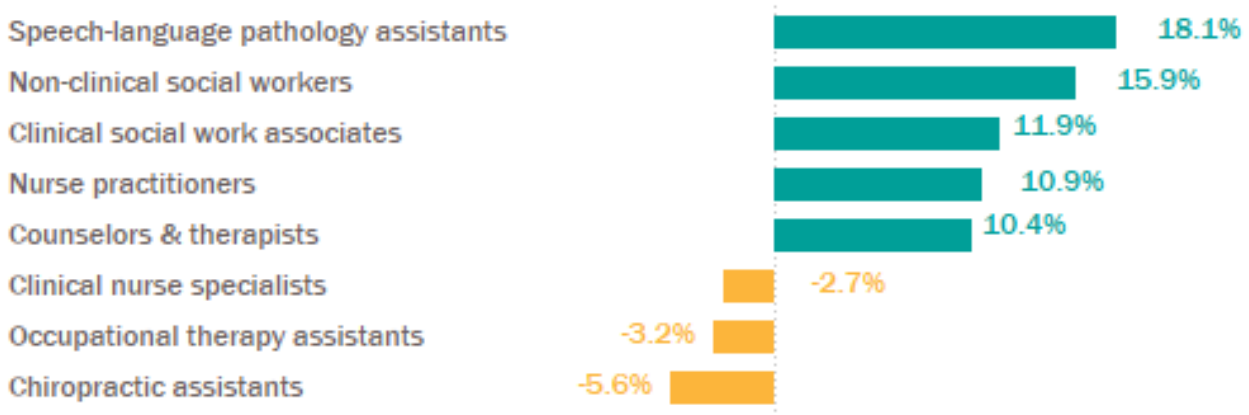
- **Oregon's licensed health care workforce is growing.**
  This growth is reflected in three different measures of workforce supply: the total number of licensed professionals, the estimated number of practicing professionals, and the estimated full-time equivalents (FTE) of direct patient care. While there is growth across all three measures, the gap between licensed and practicing professionals, as well as the gap between practicing professionals and direct patient care FTE are getting wider over time (page 8).

Supply trends for all licensed occupations, 2016 - 2024



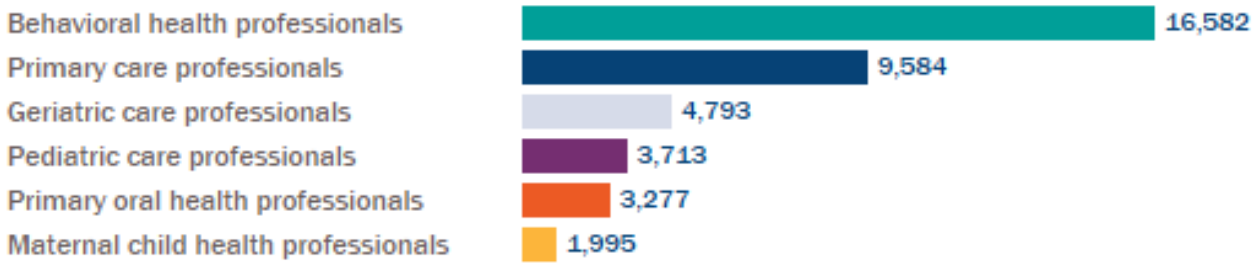
- **The supply of direct patient care is increasing in most licensed health care occupations but not all.** The average annual growth in direct patient care FTE over the last five years was greatest for speech-language pathology assistants, non-clinical social workers, clinical social work associates, nurse practitioners, and counselors and therapists. Occupations in decline include chiropractic assistants, occupational therapy assistants, and clinical nurse specialists (page 16).

Average annual percent change in FTE, 2020 - 2024



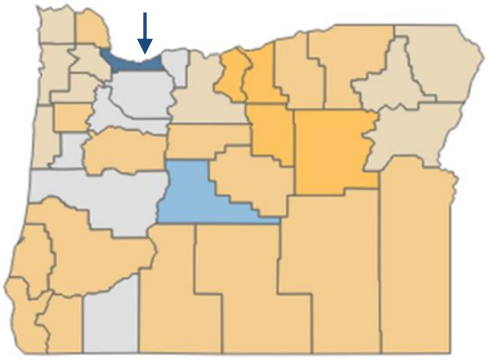
- **Behavioral health is the largest clinical focus area with an estimated 16,582 licensees.** Next largest is primary care with an estimated 9,584 licensees. Other focus areas include oral health, maternal and child health, pediatric care and geriatric care professionals (page 19).

Clinical focus area groups



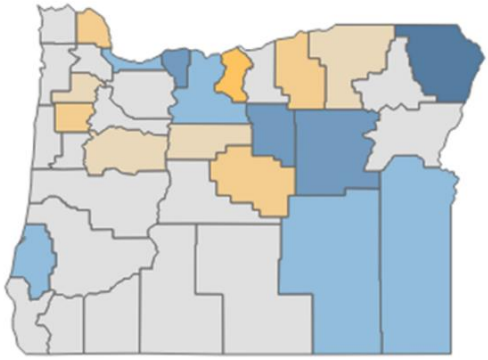
Percent difference in per capita clinical focus area licenses by county

Behavioral Health Care



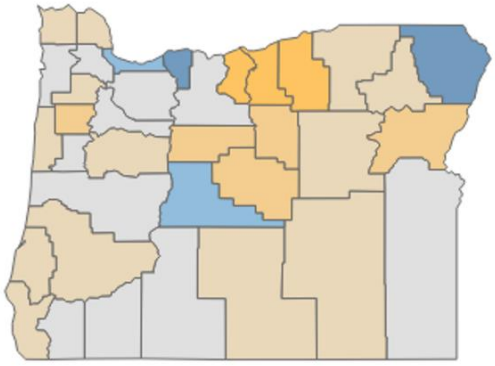
Behavioral health professionals are concentrated in Multnomah County and relatively underrepresented throughout the rest of the state.

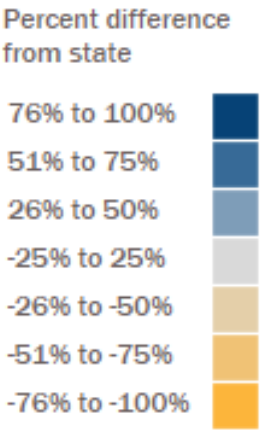
Primary Care



Primary Care and Oral Health professionals are more evenly distributed, though several counties face shortages.

Oral Health Care



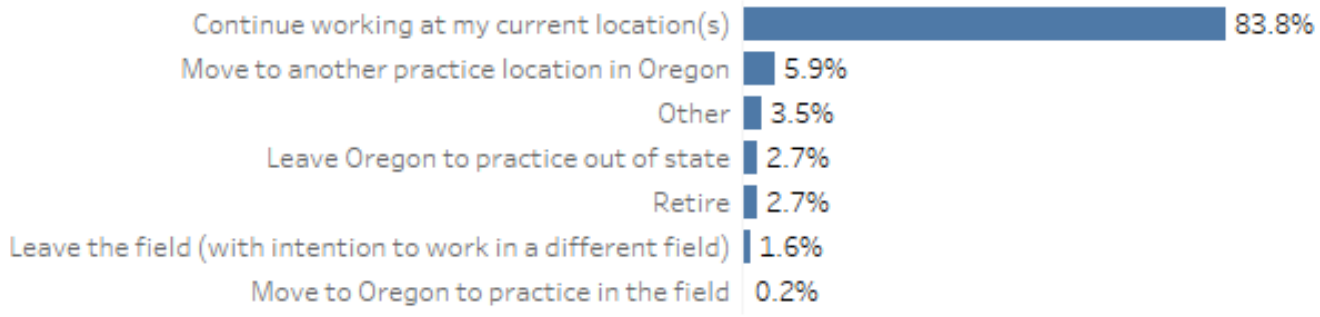


Yellow colors indicate that the county supply is lower than supply statewide. Blue colors indicate that the county supply is higher than supply statewide.

In both cases, the darker the color the larger the difference.

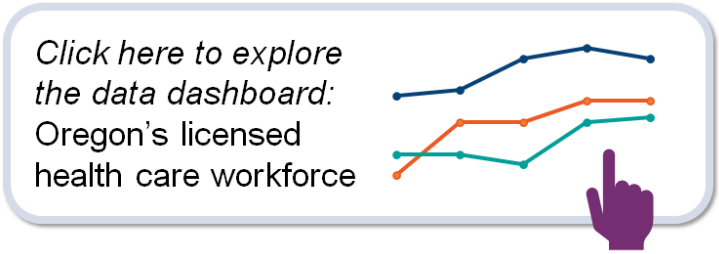
- **The majority (83.8 percent) of health care professionals are planning to stay at their current workplace for the next two years.** While 5.9 percent plan to move to another practice location and continue working in the field, 7 percent of practicing professionals are planning on leaving the Oregon health care workforce within the next two years by either leaving Oregon to practice out of state, retiring or leaving their current health care field (page 22). Most of those who plan to leave the Oregon workforce are aged 66-75 years, while the next largest age group of those planning to leave is 26-35 years (page 23).

Future work plans for all licensed health care professionals



Introduction and background

This report highlights health care workforce trends in Oregon from 2016 to 2024 by examining data collected from over 209,000 licensed professionals by the Oregon Health Care Workforce Reporting Program (HWRP) license renewal survey. The providers in this data represent a wide range of health care occupations and specialties that play a crucial role in delivering health care to Oregonians.[1] The HWRP also maintains data dashboards that are updated annually and can be used to delve deeper into HWRP data.



It is important to note that the HWRP survey collects data only from **licensed** health care providers from 17 health care licensing boards. Other health care occupation types, such as certified health care workers, traditional and community health care workers, office management staff, and support services workers, are not represented in these data.

What is "supply"?

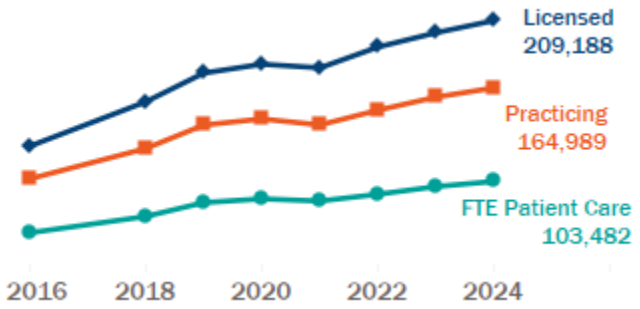
When examining the workforce, "supply" generally refers to the number of people qualified and available to fill a certain job. Supply is one aspect of access to care, but there are additional factors such as whether the provider accepts Medicaid or other types of insurance, the availability of language translation and interpreter services, and disability access for facilities and services. While the number of active licensees is reported annually by each licensing board, not all people who hold an active license are practicing with their license, and those who are practicing may work less than full-time and may spend varying amounts of their work time providing care to patients.

[1] For full list of participating licensing boards, information on the HWRP program and survey methodology, and data limitations, see the Supplemental Material section starting on page 26.

To evaluate these different aspects of supply, this report includes three important supply numbers for the different occupations and clinical focus areas in the health care workforce, including:

- **number of licensed providers,**
- **estimated number of actively practicing providers, and**
- **estimated full-time equivalents (FTE) providers of direct patient care.**

Figure 1. Supply trends for all licensed occupations, 2016 - 2024



In **Figure 1**, these three supply numbers are shown for the entire 2024 licensed health care workforce.[2] While there are additional important measures of health care delivery such as demand and need, HWRP data alone is not able to provide insights into these measures.[3]

Why is it important to measure health care workforce supply?

Understanding the supply of the licensed health care workforce in Oregon is essential in informing evidence-based policy decisions about health care access, cost and quality. Collecting data in a systematic way from the health care workforce helps us to identify and address workforce shortages, monitor trends over time, and evaluate the effects of programs and policies.

For example, Oregon's Office of Rural Health uses HWRP data to determine areas of unmet need in rural and frontier communities in Oregon.[4] The HWRP also submits the data from the Health Care Workforce Licensing Survey to the Health Resources and Services Administration to calculate federally designated Health Professional Shortage Area (HPSA) scores for geographic areas, specific

[2] For more details on the differences between these three measures of supply, see the text box on page 12.
[3] Forte G. Why Health Workforce Projections are Worth Doing. AAMC Research and Action Institute. 29 Jun 2023.
[4] Oregon Office of Rural Health. Oregon Areas of Unmet Health Care Need Report. Sep 2023.

populations, or facilities that have a shortage of health care providers.[5] HPSA scores are used to determine if health care providers qualify for programs like the National Health Service Corp (NHSC) or if facilities can be designated a Federally Qualified Health Center (FQHC). Finally, studies conducted at the direction of the Oregon Legislature such as a 2022 report on the nursing workforce in Oregon as well as the biennial Health Care Workforce Needs Assessment analyze HWRP data to make data-informed policy recommendations.[6] [7]

The health care workforce is a large contributor to Oregon's economy. The health care workforce contributes significantly to the state economy. Oregon's health care and social assistance industry increased nearly 6 percent between June of 2023 and June of 2024.[8] Around 11 percent of Oregonians who are employed work as health care professionals or within a health system.[9] There are similar trends at the national level. The health care sector is the largest employer in the United States and employment in health care occupations is expected to increase faster than the average for all occupations from 2022 to 2032.[10]

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[5] Health Resources & Services Administration. Health Workforce Shortage Areas. Available from: https://data.hrsa.gov/topics/health-workforce/shortage-areas

[5] PSU Population Research Center. Population Forecasts: Oregon Final Forecast Table by Age. 2024 [cited 10 Jun 2024]. Available from: https://www/pdx/edu/population-research/population-forcasts

[6] Bates T, Shen E, Spetz J, Bitton J, Allgeyer R. The Future of Oregon's Nursing Workforce: Analysis and Recommendations. Nov 2022.

[7] Li T, Luck J, Irvin, V, Peterson C, Kaiser A. Oregon's Health Care Workforce Needs Assessment 2023.

[8] Oregon Employment Department Workforce and Economic Research Division. Current Employment Estimates (CES). Available from: https://www.qualityinfo.org/
Note: The Health Care and Social Assistance sector comprises establishments providing health care and social assistance for individuals. While HWRP only reports on licensed health care workers, Oregon Employment Department reports Health Care and Social Assistance as a sector.

[9] Kaiser Family Foundation. Health Care Employment as a Percent of Total Employment [Internet]. May 2023 [cited Jun 10 2024]. Available from: https://www.kff.org/other/state-indicator/health-care-employment-as-total/

[10] U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Healthcare Occupations. Available from: https://www.bls.gov/ooh/healthcare/home.htm

Demands on health care systems are increasing in Oregon

There are several reasons why demands on Oregon's health care system and health care workforce are increasing. The Oregon population, like in other states, is aging. Over the next decade, the population of people 65 years of age and older will likely grow at over three times the rate of the population 64 years and younger.[11] In addition to an aging population who will require increased amounts of medical care, just over half of the adult population in Oregon has at least one chronic condition such as diabetes, arthritis, and heart disease.[12] [13]

Increased rates of substance use disorder (SUD) and increases in mental health needs means an increased demand for behavioral health services. A recent report on mental health care in the United States looked at factors such as the prevalence of mental illness and access to behavioral health care and assigned Oregon an overall ranking of 47th in the nation.[14] There has also been a surge in opioid overdose deaths in Oregon over the last five years, with unintentional opioid overdose deaths increasing from 280 deaths in 2019 to 1,392 in 2023.[15] In response, Governor Tina Kotek has made behavioral health a priority area for her administration, with a focus area on growing and diversifying the behavioral health workforce.[16]

There are labor shortages in the health care workforce across the US, and persistent workforce shortages are expected due to the health care demands of

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[11] PSU Population Research Center. Population Forecasts: Oregon Final Forecast Table by Age; [cited 2024 Aug 1]. Available from: https://www.pdx.edu/population-research/population-forecasts

[12] Foley KT, Luz CC. Retooling the health care workforce for an aging America: A current perspective. Gerontologist. 2021;61(4):487-496. doi:10.1093/geront/gnaa163. Available from: https://pubmed.ncbi.nlm.nih.gov/33095881/

[13] Health Promotion and Chronic Disease Prevention. Adult Chronic Conditions Data Portal [Internet]. Oregon Health Authority; 2024 [accessed Jun 10 2024]. Available from: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Adult-Prevalence.aspx

[14] Reinert M, Fritze D, Nguyen T. The State of Mental Health in America 2024. Mental Health America, Alexandria VA. July 2024.

[15] Oregon Health Authority Public Health Division, Oregon ESSENCE. Opioid Overdose Public Health Surveillance Update July 31st, 2024.

[16] Office of Oregon Governor. Governor's Priorities: Behavioral Health; [cited 2024 Aug 6]. Available from: https://www.oregon.gov/gov/priorities/Pages/behavioral-health.aspx

aging populations, increases in the prevalence of chronic diseases, and the SUD crisis and increasing behavioral health needs. A 2024 report estimated that Oregon requires nearly 27,000 additional health care workers to adequately meet the health care needs of the population.[17]

The Covid-19 pandemic had a profound impact on the health care workforce

Health care employment numbers in Oregon followed a "V" shape during the early days of the COVID-19 pandemic in 2020. Employment in health care fell 8.2 percent (over 17,000 jobs) from February to April 2020, with the majority of these (15,900 jobs) in ambulatory care settings like doctor and dentist offices and outpatient care facilities, and then rebounding to near-baseline levels in May of 2020 as non-urgent and elective medical procedures were allowed to resume.[18]

There was a similar employment pattern nationwide during the pandemic. Data from the US Bureau of Labor Statistics show all health care industry sectors in the United States experienced sudden decreases in employment in the second quarter of 2020, the beginning of the pandemic.[19] Employment returned to near pre-pandemic levels between late 2020 and the second quarter of 2021 for most sectors except skilled nursing facilities and residential care facilities, where employment numbers remain lower than they were pre-pandemic.[20]

While health care workers dealt with overwhelming conditions in the workplace, the pandemic also disrupted many components of the educational and training pipeline for health care professionals in training. Oregon's community college enrollment dropped notably as previously in-person classes had to pivot to online

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[17]Oregon Higher Education Coordinating Commission. Oregon 2024 Talent Assessment. May 2024.

[18]Oregon Health Authority and Oregon Workforce and Talent Development Board. Effects of the Pandemic on Oregon's Healthcare Workforce. 2020 Nov 13.

[19] US Bureau of Labor Statistics. Table B-1. Employees on nonfarm payrolls by industry sector and selected industry detail. 2024 [Accessed 6 Jun 2024]. Available from: https://www.bls.gov/news.release/empsit.t17.htm

[20] Cantor J, Whaley C, Simon K, Nguyen T. US health care workforce changes during the first and second years of the COVID-19 pandemic. JAMA Health Forum. 2022;3(2):e215217. Available from: http://dx.doi.org/10.1001/jamahealthforum.2021.5217

education.[21] For many health care professional training programs, the in-person clinical components of training were interrupted. The Oregon Center for Nursing reported difficulties faced by nursing students completing clinical rotations in 2020 when nearly all healthcare facilities in the Portland Metro area cancelled or modified nursing students' clinical placements in the Fall 2020 term.[22]

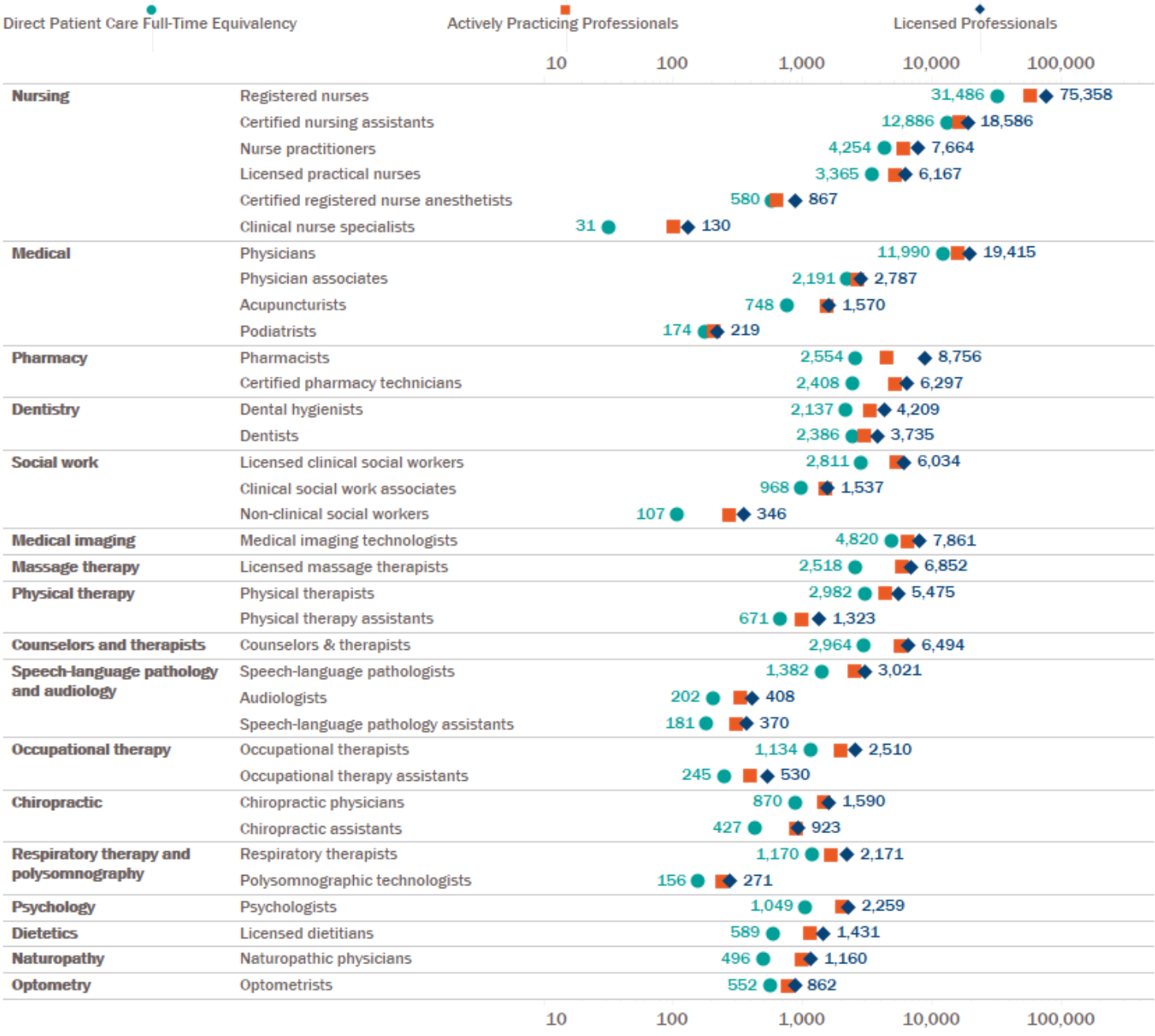
Findings

Supply estimates for licensed health care professionals in Oregon, 2024

The HWRP survey collects information about a wide range of health care professionals, including a variety of physical and behavioral health care occupations. The nursing workforce is by far the largest group with 108,772 individuals (52 percent of the licensed health care workforce), followed by the medical, pharmacy and dentistry groups. Knowing the supply of licensed and actively practicing professionals helps us to understand the potential capacity of the workforce, while examining FTE provides information on the supply of licensed professionals currently available to provide health care to the Oregon population. For example, there were 75,358 registered nurses (RNs) holding an active license in Oregon in January of 2024. Of those licensed, an estimated 56,534 RNs (75 percent of those holding an active license) were actively practicing with their nursing license and providing services to Oregon residents. From this group of actively practicing registered nurses, there was an estimated 31,486 direct patient care FTE in Oregon as of January 2024 (**Figure 2**).

[21] Jaquiss N. Willamette Week. Oregon Community College Enrollment Plummets During Pandemic. 2020 Nov 14.
[22] Berry MD, Bitton, JR. NOT WORKING WELL: Clinical Placement for Nursing Students in an Era of Pandemic. Oregon Center for Nursing; 2020.

Figure 2. Supply of licensed health care professions in Oregon, 2024



Number of Licensed Professionals vs. Actively Practicing vs. Direct Patient Care FTE: What is the difference?

Licensed Professionals: The total count of individuals who currently hold an active license in Oregon, regardless of whether they are actively practicing or not. This number is the Licensed Professionals count (the dark blue diamond) shown in Figure 5.

Actively Practicing Professionals: The estimated number of individuals who hold an active license **and** who are also actively practicing with their license. This number is the Actively Practicing Professionals count (the medium blue square) shown in Figure 5. There are different sized gaps between the dark blue diamond (licensed professionals) and the medium blue square (actively practicing professionals) for each occupation, showing the different numbers of professionals who have licenses but are not currently using them.

Direct Patient Care Full-time Equivalent: The estimated number of actively practicing professionals with 1 FTE equal to 40 hours per week of direct patient care. Practicing professionals may work less or more than full-time and the number of hours worked per week as well as the amount of time spent in patient care varies by profession. For example, a provider who reports spending 20 hours per week in direct patient care would count as 0.5 direct patient care FTE while a provider spending 60 hours a week would count as 1.5 FTE. This number is shown as a light blue circle in Figure 5.

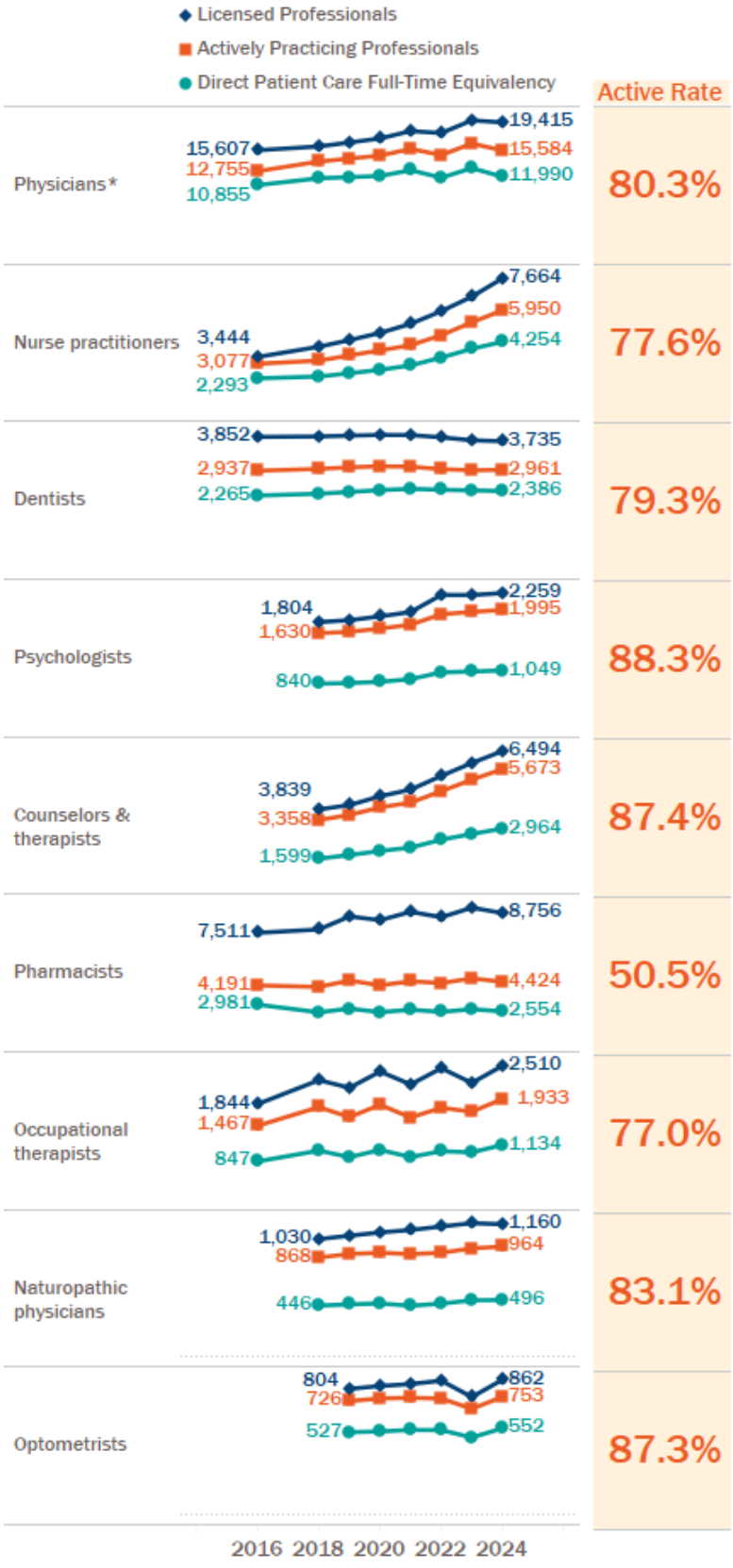
While the Active License supply numbers are counts that come directly from the lists of active license holders submitted annually by the licensing boards, the supply numbers of Actively Practicing Professionals and Direct Patient Care FTE displayed on Figure 5 are estimates. This is because the HWRP survey is taken by professionals renewing their license but not by new licensees, and information about whether an individual is actively practicing in Oregon, hours worked, and the percent of time spent in direct patient care come from the HWRP survey. In calculating estimates, we assume that the new licensees actively practice in Oregon at the same rate as renewing licensees, and that the average amount of time renewing licensees spent in direct patient care applies to new licensees as well. For more details on these methods, please see the HWRP methodology documentation here.

Supply estimates over time for selected occupations

The number of hours worked per week and the amount of time spent in direct patient care vary by occupation and change over time. For example, optometrists who held an active license in Oregon in 2024 actively practiced in Oregon at a higher average rate (87 percent; 753 actively practicing of 862 licensed) compared with pharmacists (51 percent; 4,424 actively practiced of 8,756 licensed).

This active practice rate varies by occupation over time as well. For dentists, this rate remains relatively steady over time while for nurse practitioners, the rate seems to be decreasing slightly over time. In 2024, only 51 percent of pharmacists holding an active license reported currently practicing. In terms of time spent in direct patient care, physicians spend more time in direct patient care on average (77 percent of time or 11,990 FTE from 15,584 who actively practiced) compared with psychologists (53 percent of time or 1,049 FTE from 1,995 actively practicing psychologists).

Figure 3. Supply estimates over time



Some occupations, including psychologists, counselors and therapists, and naturopaths, have a large gap between the number of actively practicing professionals and the amount of direct patient care FTE. On the HWRP survey, professionals can report spending time in administration and management, teaching, doing research or some other activity in addition to time spend on direct patient care. The breakdown of how professionals spend their time can be explored within individual occupations on the Demographics & Practice tab of the HWRP dashboard.

More information about the graphs in Figure 3

For some occupations, the number of licensees is available 2010 and onward while other occupations are only included 2018 or 2019 and onward. Reliable estimates for actively practicing and direct patient care FTE are available for 2016 and onward where the number of licensees is known.

Licensing boards have either annual or biennial renewal cycles and supply estimates fluctuate predictably for occupations that renew on biennial periodic cycles (pharmacy, occupational therapy, physical therapy, and speech-language pathology and audiology occupations). That is why some occupations have an oscillating up-and-down pattern over time. For those occupations, the number of licensees is higher in renewing years compared with non-renewing years as licensees generally leave the workforce at time of license renewal, which is reflected the following year. Beginning in 2018, supply estimates have been reported annually (instead of biennially).

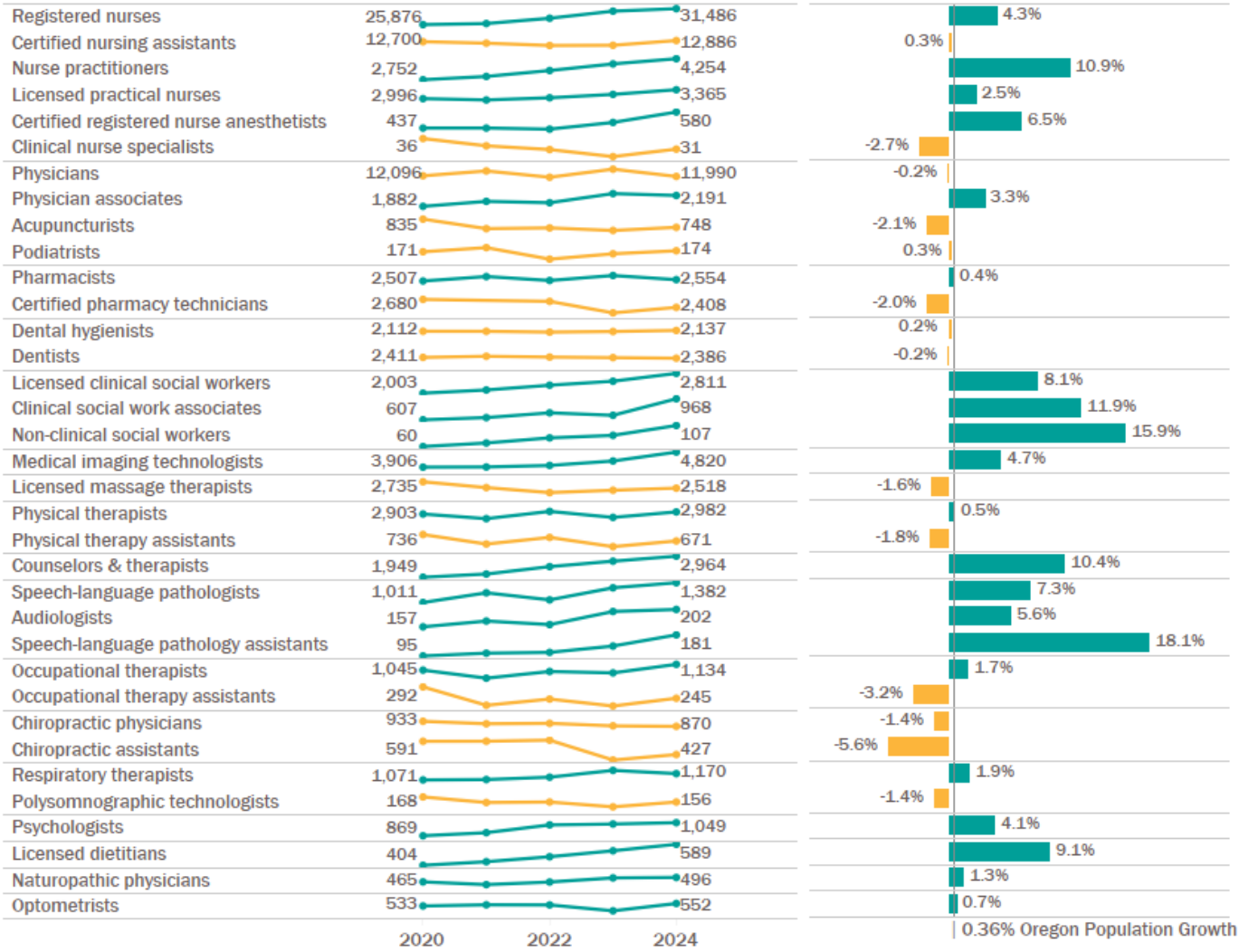
Average annual percent change in Direct Patient Care FTE across 2020 - 2024

Figure 4 shows the average annual percent change in direct patient care FTE over the past five years. Over this same period of time, Oregon population's average annual growth was 0.36 percent and while many occupations kept pace with Oregon's population growth, others did not. The bars in **Figure 4** are teal if

the percent change is at or above Oregon's population growth of 0.36 percent and yellow if the percent change is below 0.36 percent.

As Oregon's population grows, the supply of direct patient care FTE available to Oregonians must grow at a similar rate to ensure comparable access to health care professionals over time. To examine how this supply of direct patient care is changing with time, we calculated the average annual percent change over a five-year window. This allows us to look at how much, on average, direct patient care FTE has increased or decreased each year over the past five years.

Figure 4. Average annual percent change in Direct Patient Care FTE, 2020 - 2024



Speech language pathology assistants have the highest rate of growth over the past five years with an average annual increase in direct patient care FTE of 18.1

percent. All of the social work occupations have grown significantly, with average annual growth for licensed clinical social workers at 8.1 percent, clinical social work associates at 11.9 percent, and non-clinical social workers at 15.9 percent. Counselors and therapists, another behavioral health occupation group, have grown at a high rate since 2020, increasing an average of 10.4 percent in direct patient FTE every year.

The supply of direct patient care for licensed dietitians has also increased significantly, with an average annual growth of 9.1 percent, and in the nursing occupations where the number of nurse practitioners are increasing at an average rate of 10.9 percent annually. According to the U.S. Bureau of Labor Statistics, nurse practitioners are projected to be the fastest growing occupation in the county,[23] and Oregon Employment Department projections report that nurse practitioners are the fastest growing health care practitioner occupation in the state, with employment numbers expected to increase by 52.6 percent between 2022 and 2032.[24] While the amount of patient care FTE of licensed and practicing registered nurses, nurse practitioners, licensed practical nurses, and certified registered nurse anesthetists is increasing, the average annual growth of certified nursing assistants (0.3 percent) is not keeping pace with Oregon's population growth and the number of clinical nurse specialists (a type of advanced practice registered nurse) decreased annually by 2.7 percent on average over the past five years.

Chiropractor and chiropractic assistant direct patient care FTE are both in decline. Chiropractic assistants declined the most of any licensed profession over the five-year study period at 5.6 percent annually. Other occupations with an average annual growth that is not keeping pace with Oregon's population growth of 0.36 percent include physicians, podiatrists, acupuncturists, certified pharmacy technicians, dentists and dental hygienists, licensed massage therapists,

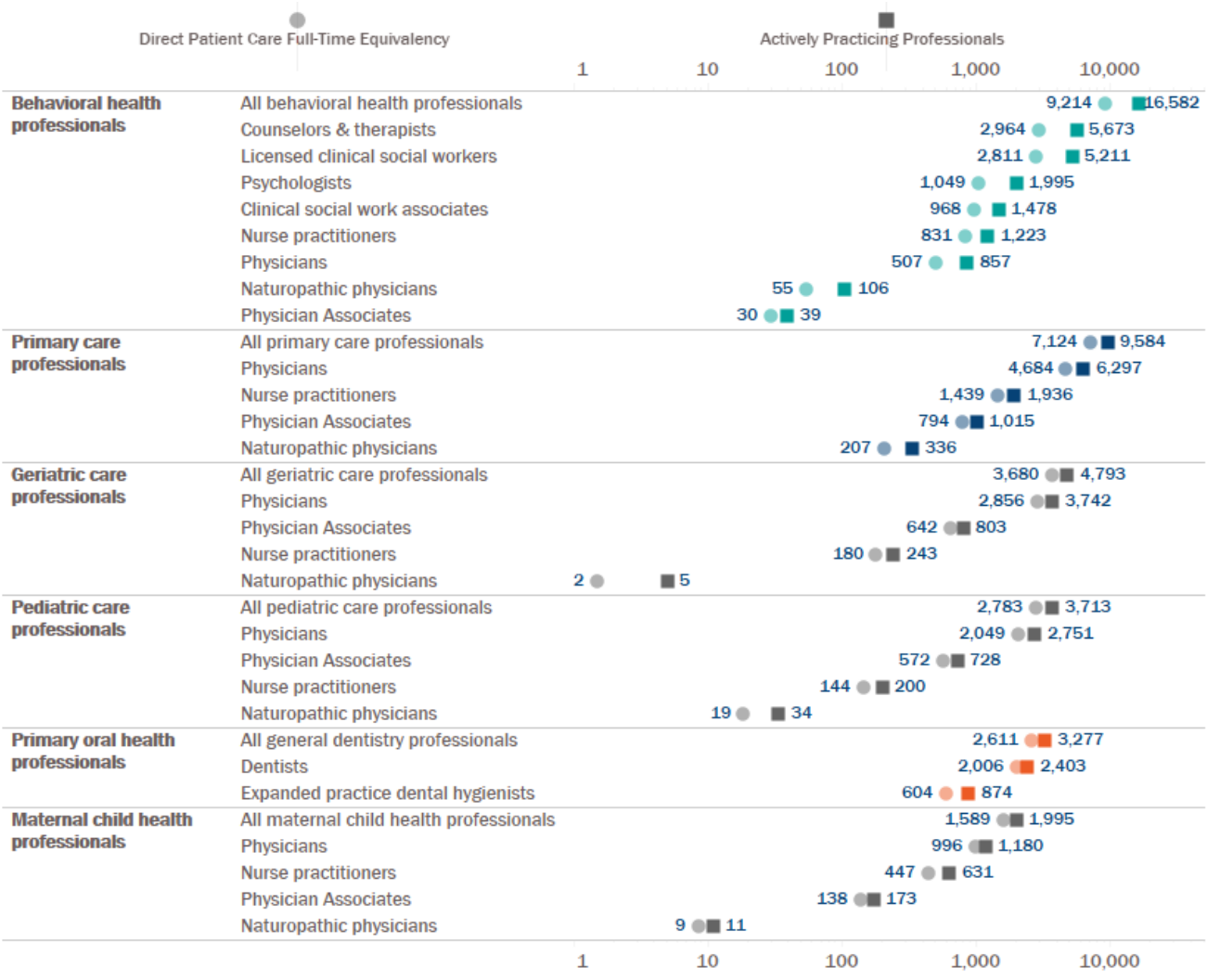
[23] U.S. Bureau of Labor Statistics. Fastest Growing Occupations. [cited 2024 Jun 19]. Available from: https://www.bls.gov/ooh/fastest-growing.htm
[24] Oregon Employment Department Workforce and Economic Research Division. Occupational Employment Projections, 2022-2032. [cited 2024 Jun 7] Available from: https://www.qualityinfo.org/data

physical therapy assistants, occupational therapy assistants, and polysomnographic technologists.

Supply estimates by clinical focus area

In addition to evaluating the health care workforce supply by occupation, it is important to evaluate it through a multidisciplinary lens that groups health care professionals by clinical focus area. For example, physicians, nurse practitioners, physician assistants and naturopathic physicians may all provide primary care services. Because providers may report multiple specialties or areas of practice, providers may fall into more than one clinical focus area groups. Additionally,

Figure 5. Clinical focus area supply estimates, 2024



Note: Some professionals are included in more than one clinical focus area

some of these clinical focus areas, such as geriatric care and pediatric care, are subgroups of other areas, such as primary care.

Behavioral health professionals are the largest clinical focus area, with 16,582 licensees actively practicing in Oregon as of January 2024 – a 19 percent increase from the estimated 13,919 behavioral health providers licensed as of January 2022. There are an estimated 9,584 primary care professionals actively practicing in Oregon, with physicians making up the majority (66 percent) of this group.

Across clinical focus areas, behavioral health has the largest gap between the number of licensees and the estimated amount of direct patient care FTE. Within the 16,582 licensees, there were only 9,214 FTE of behavioral health providers. This represents only 56 percent of the possible FTE if all licensees were providing patient care full time. Primary care (74 percent), oral health (80 percent) and maternal health (80 percent) all have much higher rates of direct patient care per licensee.

County provider-to-population ratios differ across Oregon

The county provider-to-population ratio (the number of providers compared to the number of individuals within a given county) helps us understand how well the supply of health care professionals can meet health care needs within a given area. For each of these graphs, the lighter areas have lower provider-to-population ratios, meaning that one provider is spread across a larger number of potential patients. The maps in **Figure 6** use direct patient care FTE to calculate provider-to-patient ratios. These ratios are based on physical practice locations where providers deliver care and do not reflect telehealth practices.

Statewide, there were an estimated 17.0 primary care professionals per 10,000 people in Oregon, although this provider-to-population ratio differs depending on county. County provider-to-population ratios for primary care providers range from 4.6 per 10,000 in Sherman County to 34.6 per 10,000 in Wallowa County,

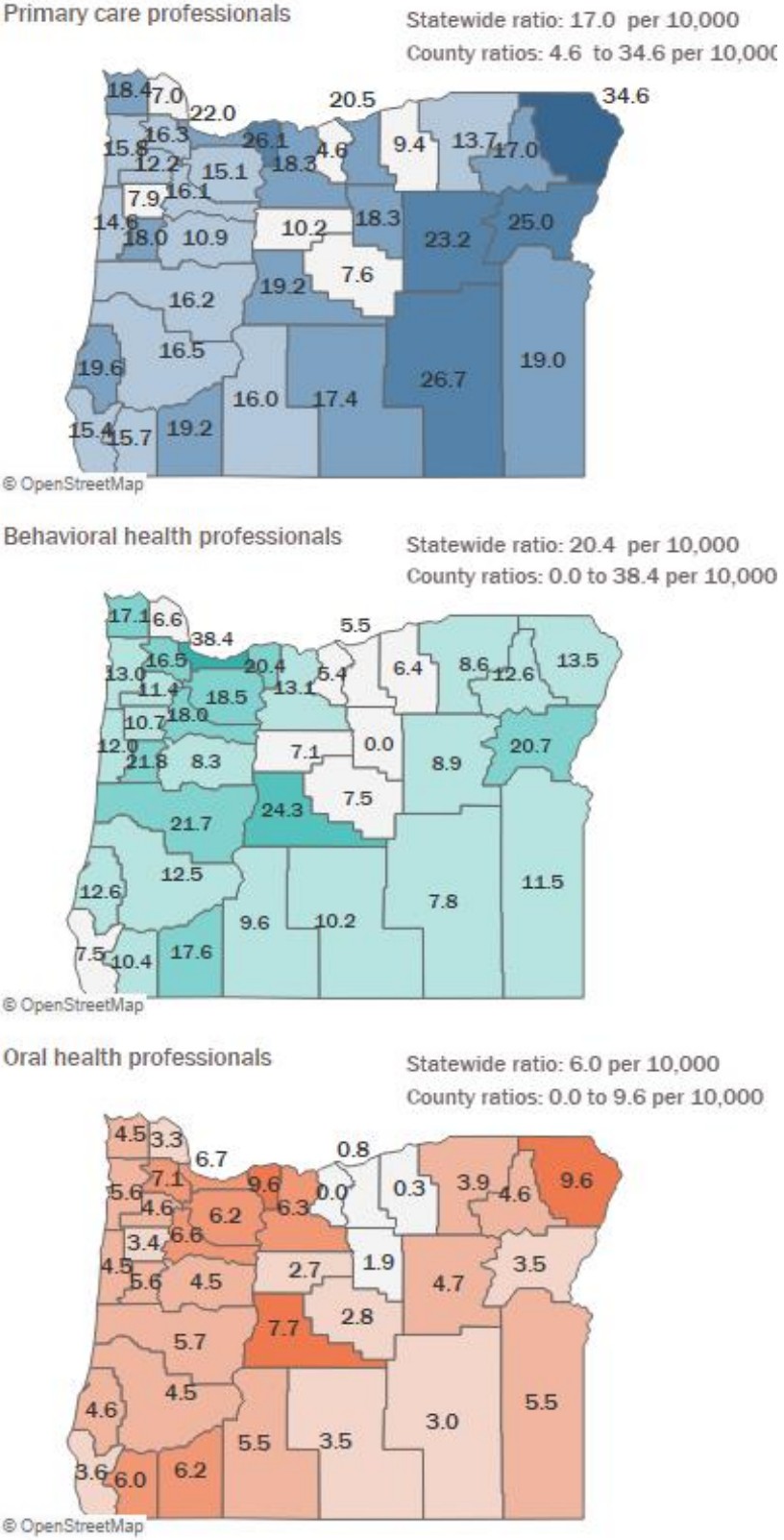
while some counties fall closer to the statewide average, like Union County at 17.0 per 10,000.

Behavioral health professionals are less evenly distributed than primary care and oral health professionals. Multnomah County has the highest density of behavioral health providers at 38.4 providers per 10,000 people in Oregon, much higher than the statewide average estimated at 20.4 per 10,000.

Statewide, there were an estimated 6.0 oral health professionals per 10,000 people in Oregon, with no providers observed in Morrow County and with the highest density observed in Hood River and Wallowa Counties with 9.6 per 10,000.

Population estimates sourced from Portland State University Population Research Center

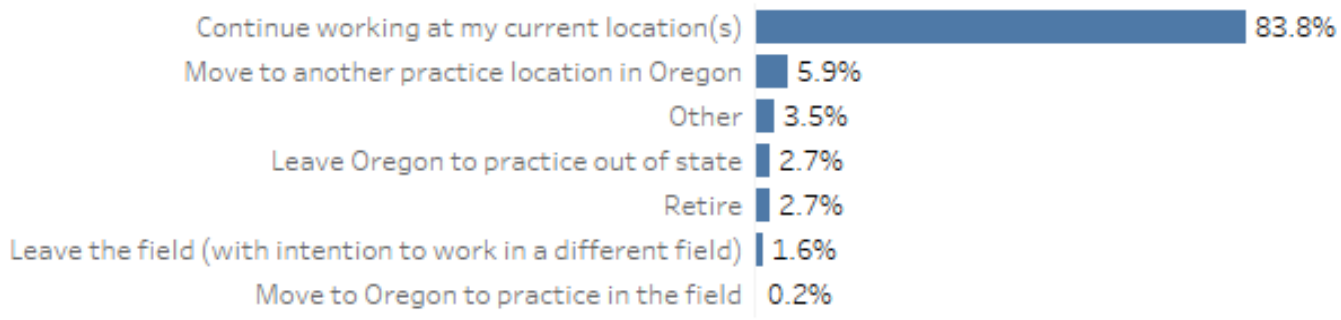
Figure 6. Clinical focus area population-to-provider ratios by county



Future plans to increase hours, reduce hours or leave the workforce

The Health Care Workforce Survey asks two questions on the plans of each licensee within the next two years: their plans for working and their plans for how much they will work. **Figure 7** shows the distribution of plans for working. Over 83 percent of licensees report that they plan to continue working at their current location. Another 5.9 percent report planning to move to another practice location in Oregon. Combined, 89.9 percent of respondents indicated that they would continue or begin practice in Oregon.

Figure 7. Plans for working



When asked about future work plans, 2.7 percent of respondents who are actively practicing reported planning to retire and the same amount reported planning to leave Oregon and practice out of state. Another 1.6 percent reported planning to leave their profession and work in a different field. In total, 7 percent of practicing professionals indicated they would no longer practice in Oregon.

Figure 7 shows the age distribution of responses. The percent who plan to leave is in orange, and the percent who plan to stay is in blue. The thickness of the bars represents the share of total licensee population size, so thicker bars represent a larger share of the population of licensees than thinner bars.

The highest percentage share of those who plan to leave the workforce (“leavers”) are those aged 66-75 years (22.5 percent), while the largest actual number of leavers is in the 56-65 age range (1,905). These groups are either approaching or exceeding the nominal retirement age in Oregon, and they generally indicated retirement on the survey as their reason for planning to leave.

In contrast, the second and third largest segments of leavers by population are the 26-35 (6.3 percent, 1,702 licensees) and 36-45 cohorts (4.2 percent, 1,371 licensees). These are not licensees planning for retirement, but largely represent plans to leave the field or move out of state.

Figure 7. Future work plan distribution

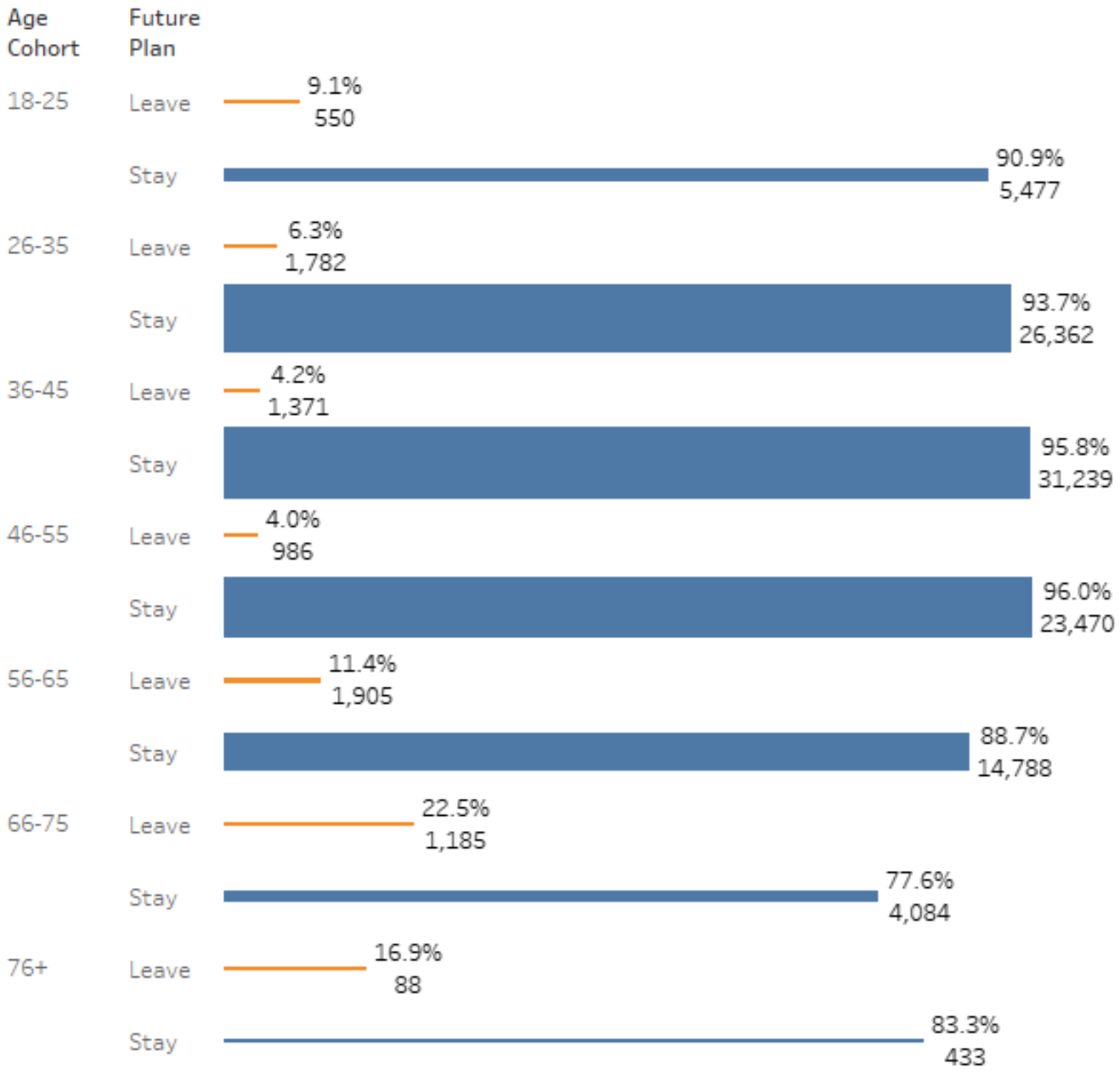


Figure 8 shows how licensed professionals plan to change the number of hours they work in the next two years – either increasing, reducing, or maintaining their current work time. The majority (82.8 percent) of respondents do not expect to change their hours worked, while 13.4 percent anticipate decreasing hours and 10.2 are planning to increase their work hours.

Figure 8. Planned changes to work hours

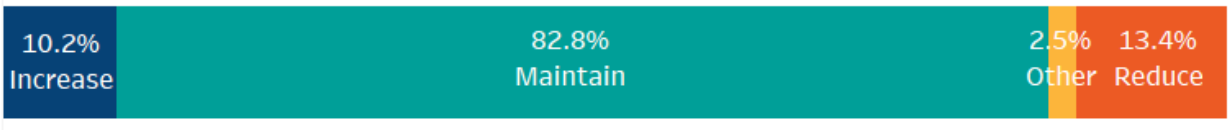


Figure 9 examines response patterns by profession and educational barrier to entry into a profession. Professions marked in **orange (●)** are considered "high barrier" and require a doctoral level degree, while those in **teal (●)** are "lower barrier" as they do not require a bachelor's degree. Those in **yellow (●)** require a degree ranging from bachelor's to master's level.

Most occupations have more licensees who plan to reduce hours than licensees who plan to increase hours in the two years. However, several occupations (primarily **lower-barrier** professions) have high percentages of licensees who plan to increase their work hours compared to the percentage of licensees who want to decrease hours. These occupations, which are all above the diagonal gray line, include certified nurse assistants, licensed practical nurses, clinical social work associates, chiropractic assistants, and licensed massage therapists.

Figure 9. Future work plan distribution

Table 1. Licensed health care profession label key

Label	Profession	Label	Profession
AUD	audiologists	ND	naturopathic doctors
CA	chiropractic assistants	NonCl_SW	non-clinical social workers
CNA	certified nursing assistants	NP	nurse practitioners
CNS	clinical nurse specialists	OPT	optometrists
COU	counselors & therapists	OT	occupational therapists
CPHT	certified pharmacy technicians	OTA	occupational therapy assistants
CRNA	certified registered nurse anesthetists	POL	polysomnographic technologists
CSWA	certified social work associates	PSY	psychologists
DC	chiropractic physicians	PT	physical therapists
DEN	dentists	PTA	physical therapy assistants
HYG	dental hygienists	RN	registered nurse
LCSW	licensed clinical social workers	RPH	pharmacists
LD	licensed dietitians	RT	respiratory therapists
LMT	licensed massage therapists	SLP	speech-language pathologists
LPN	licensed practical nurses	SLPA	speech-language pathology assistants
MI	medical imaging technologists		

*License types issued by the Oregon Medical Board (OMB), including physicians, physician associates, podiatrists and acupuncturists, are not included on Figure 9 due to differences in how OMB collects data on future plans and future hours.

Supplemental Materials

The Health Care Workforce Reporting Program (HWRP)

The HWRP collaborates with the 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

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, peer support specialists, licensed professional counselor interns, lab scientists/technicians, medical assistants, ophthalmologist technicians and more.

Survey data comes only from renewing licensees, so this report assumes that new licensees would respond similarly to renewing licensees. There is a time lag

in reporting, so estimates reflect a historical point in time. Length of participation in the HWRP varies by board, so reliable estimates over time vary by occupation. For those reasons, data from this report should not be compared with data from earlier reports. Data is collected for up to two practice locations, so data may not be accurate for health care professionals who have three or more practice locations or who have a mobile practice. Lastly, diversity of the workforce is not in the scope of this report; please find the most recent licensed health care workforce diversity report on our website.

Methodology

Data sources for this report include workforce data from HWRP for 2014 through January 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 2018-2024; month of verification varied by occupation in 2016), were included in this report. Estimates are dependent on licensees who completed the survey. Each licensee can report workforce data for up to two practice locations. Please refer to the HWRP's General Methods documentation on the website for further details. Other data sources for this report include population estimates from Portland State University (PSU) for 2014 through 2023.

Definitions

Workforce supply measures include licensed, actively practicing, direct patient care full-time equivalency (FTE), provider-to-population ratios and provider-to-selected target population ratios at the state and county levels. Workforce supply measures are stratified by occupation (license type), by clinical focus area or a combination of both.

Clinical focus areas include primary care professionals, behavioral health professionals, oral health professionals, maternal child health professionals, pediatric care professionals and geriatric care professionals. Clinical focus areas are not mutually exclusive, so some professionals are included in more than one.

Primary care professionals 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 professionals 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 professionals include dentists who specialize in oral health, pediatric dentistry or public health; and expanded practice dental hygienists who specialize in oral health, pediatric dentistry or public health and who report holding an expanded practice permit.

Maternal child health professionals include physicians and physician assistants who specialize in obstetrics and gynecology, neonatology/perinatal or maternal and fetal medicine. Also included are primary care physicians and physician assistants who answer a subsequent question saying they provide maternal child health in their practice (important for rural communities where primary care physicians provide the bulk of maternity care); nurse practitioners who specialize in maternal-child health, obstetrics/gynecology/women's health and naturopathic physicians who specialize in obstetrics.

Pediatric and geriatric care professionals are subgroups of primary care professionals and include nurse practitioners and naturopathic physicians who specialize in pediatrics or geriatrics respectively, as well as physicians and physician assistants who report any of the primary care specialties in addition to acknowledging in subsequent questions that they provide pediatric or geriatric services.

Licensed professionals include all health care professionals who hold an active license from an Oregon health licensing board.

Actively practicing professionals are estimated by multiplying the number of licensed professionals by the proportion of survey respondents who indicate they currently provide services to Oregon residents and have a practice location in Oregon.

Direct patient care FTE (the equivalent number of professionals providing full-time direct patient care) is estimated by multiplying the number of actively practicing professionals by the average hours spent in direct patient care per week divided by 40 (note that this calculation caps the number of hours per week at 80 per practice location).

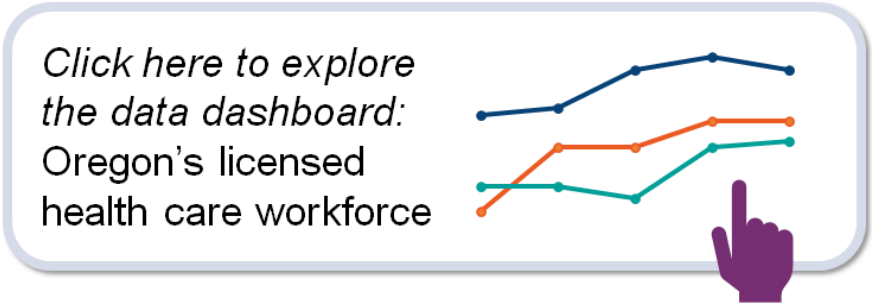
Provider-to-population ratios are calculated by dividing direct patient care FTE by the PSU population estimate for the reporting year. PSU estimates for 2016, 2017, 2018, 2019, 2020 and 2021, 2022, 2023 are used for the HWRP reporting years 2016, 2018, 2019, 2020, 2021, 2022, 2023, 2024 respectively.

Suggested Citation

Oregon Health Authority. (2024). Oregon's Licensed Health Care Workforce Supply, 2024. Portland, Oregon: Oregon Health Authority. https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx

Questions

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



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