

2022

Oregon's Licensed Health Care Workforce Supply

Based on data collected through January 2022

DRAFT

**Oregon Health Authority
Office of Health Analytics**



**Health Care Workforce
Reporting Program**

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About the data in this report

Oregon's Health Care Workforce Reporting Program (HWRP) was created in 2009. As directed by Oregon Revised Statute 676.410, the HWRP collects and tabulates information from licensees of 17 health licensing boards upon renewal.

Executive Summary

Report objectives

This report on Oregon’s licensed health care workforce evaluates:

- ◆ how many professionals are licensed and practicing in Oregon as well as how much of their time was spent with patients;
- ◆ which counties professionals are working in and the supply available relative to the population size;
- ◆ and how many professionals specialize in primary care, behavioral health, oral health and more.

Why is it important to measure supply?

The health care workforce is a large contributor to the economy.

Understanding the supply of the licensed health care workforce in Oregon is essential to making evidence-based policy decisions about health care access, cost and quality and has implications for the broader state economy.¹ The healthcare sector is the largest employer in the United States, and employment in healthcare occupations is expected to increase 13 percent from 2021 to 2031.² Nationally, about 1 in 8 people who were employed work as health care professionals or within a health system^{3,4} with similar levels seen in Oregon.⁵ Historically, jobs in health care have been relatively resilient in times of recession⁶ and are good opportunities for improving social class, particularly for women.¹ The health care industry pivots on its workforce — labor costs make up about 50 percent of health care spending in the United States,^{7,8} while at the same time shortages of health care professionals are predicted due to the health care demands of aging populations and increases in chronic diseases.⁹⁻¹⁵

Demands on health care are increasing in Oregon.

Over the next decade, the population of those 65 years of age and older will likely grow at over 3 times the rate of the population 64 years and younger.¹⁶ Currently, just over half of the population has one or more chronic conditions.¹⁷ At the same time, more Oregonians had insurance coverage in 2021 at 95.4% compared with the national average of 90.8%.^{18,19}

Major events like the COVID-19 pandemic may impact supply and care delivery.

As the impact of the COVID-19 pandemic continues to unfold, there will be unforeseen impacts on the health care workforce. For example, the Oregon Center for Nursing reported difficulties with nursing students completing clinical rotations during the pandemic,²⁰ and there are likely excess pressures on currently practicing professionals, particularly those with private practices.²¹ Future reports will assess the ramifications of the COVID-19 pandemic on the licensed health care workforce supply.

Explore these data and learn more:

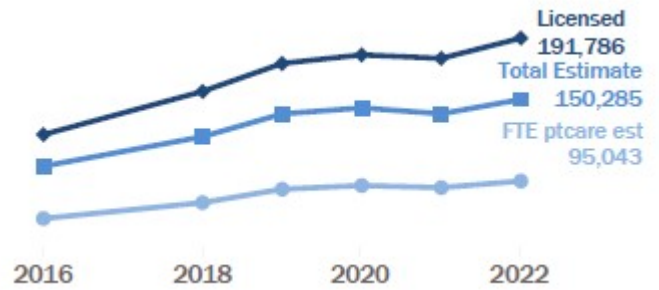
(Link to be added)

Oregon’s licensed health care workforce supply dashboard.

Key insights

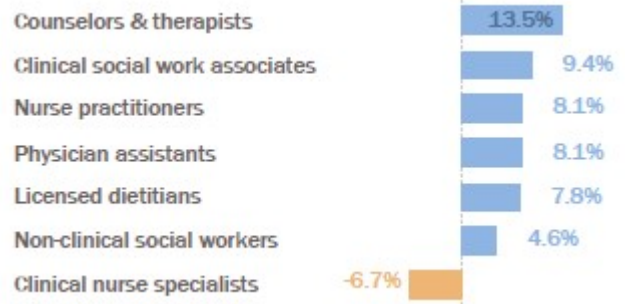
Data from nearly 192,000 licensed health care professionals are included in this report.

Three important supply estimates are discussed including number licensed, actively practicing and full-time equivalent (FTE) providers of direct patient care (page 5).



Direct patient care FTE increased over time for some occupations but not others.

Growth in direct patient care FTE was greatest for counselors and therapists, nurse practitioners, physician assistants, and licensed dietitians (page 7). Clinical nurse specialists, non-clinical social workers, and clinical social work associates lost the most direct patient care FTE on average over time.



Licensed behavioral health professionals were the largest specialty group with 12,056 actively practicing.

Other specialty groups include primary care, oral health, maternal child health, pediatric care and geriatric care professionals (page 9).

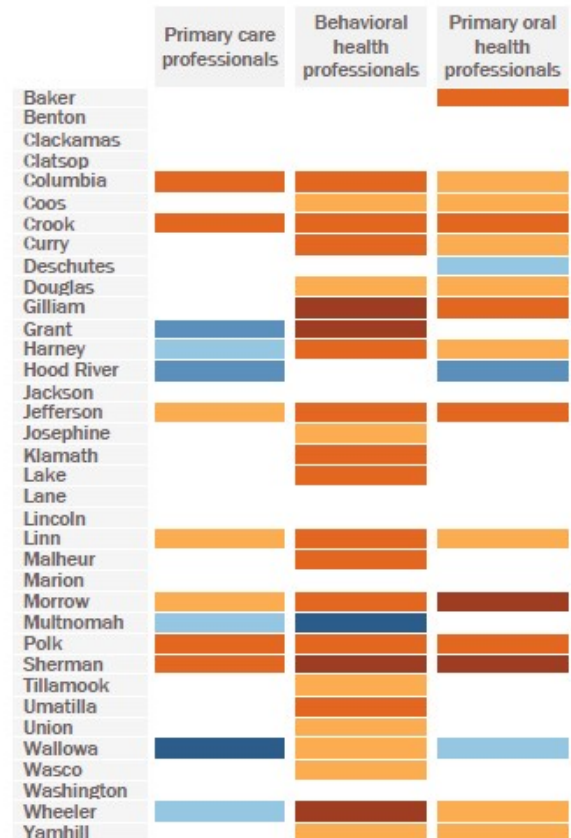


Behavioral health professionals are concentrated in Multnomah and neighboring counties and relatively underrepresented throughout the rest of the state.

The number of health care professionals in primary care, behavioral health, and oral health available for every 1,000 Oregonians was mapped by county (page 10). Health care professionals are generally well represented in Deschutes, Hood River, Multnomah, Willamette, and Washington counties and generally underrepresented in Columbia, Crook, Gilliam, Jefferson, Morrow, Sherman, and Wheeler counties. Primary care professionals are more evenly distributed throughout the state compared with other specialty groups.

Orange colors indicate that the county supply is less 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.

Percent difference from state



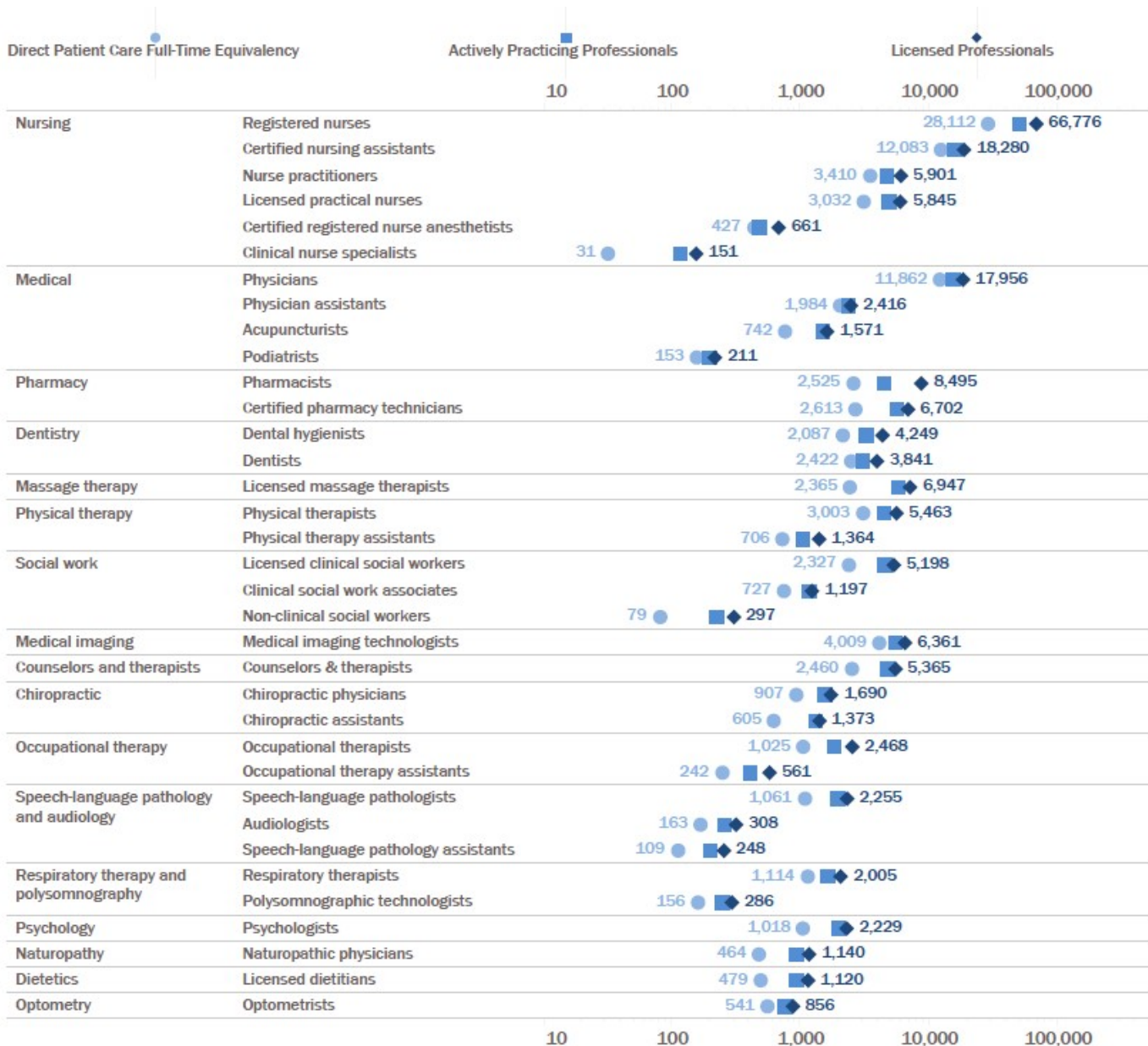
Findings

Supply estimates include licensed, actively practicing, and direct patient care FTE for 2022.

This analysis includes a wide range of occupations, including licensees practicing physical and behavioral health, eastern and western traditions, and allied health care occupations. The nursing workforce was the largest with 97,614 licensed professionals, followed by medical, pharmacy, and dentistry.

The number of hours worked per week and the amount of time spent in patient care varies by professional and by occupation, so direct patient care FTE is estimated from licensed and actively practicing to better understand the current supply of health care professionals available to the Oregon population. Knowing the number of licensed and actively practicing professionals helps us to understand the potential capacity of the workforce.

Of registered nurses, there were 66,776 holding active licenses in Oregon in 2022. Of those licensed, an estimated 49,501 were actively practicing, meaning they reported providing services to Oregon residents. Of all actively practicing registered nurses, there were an estimated 28,112 full-time equivalent (FTE) providers of direct patient care, where 1 FTE is equal to 40 hours of work in direct patient care per week. Supply estimates for each occupation can be found below.



Supply estimates vary over time by occupation and workforce.

The number of hours worked per week and the amount of time spent in direct patient care are practice characteristics that vary by occupation, workforce and year affecting supply estimates over time. For example, optometrists who held an active license in Oregon in 2022 actively practiced in Oregon at a higher average rate (87%; 742 actively practiced of 856 licensed) compared with pharmacists (51%; 4,343 actively practiced of 8,495 licensed).

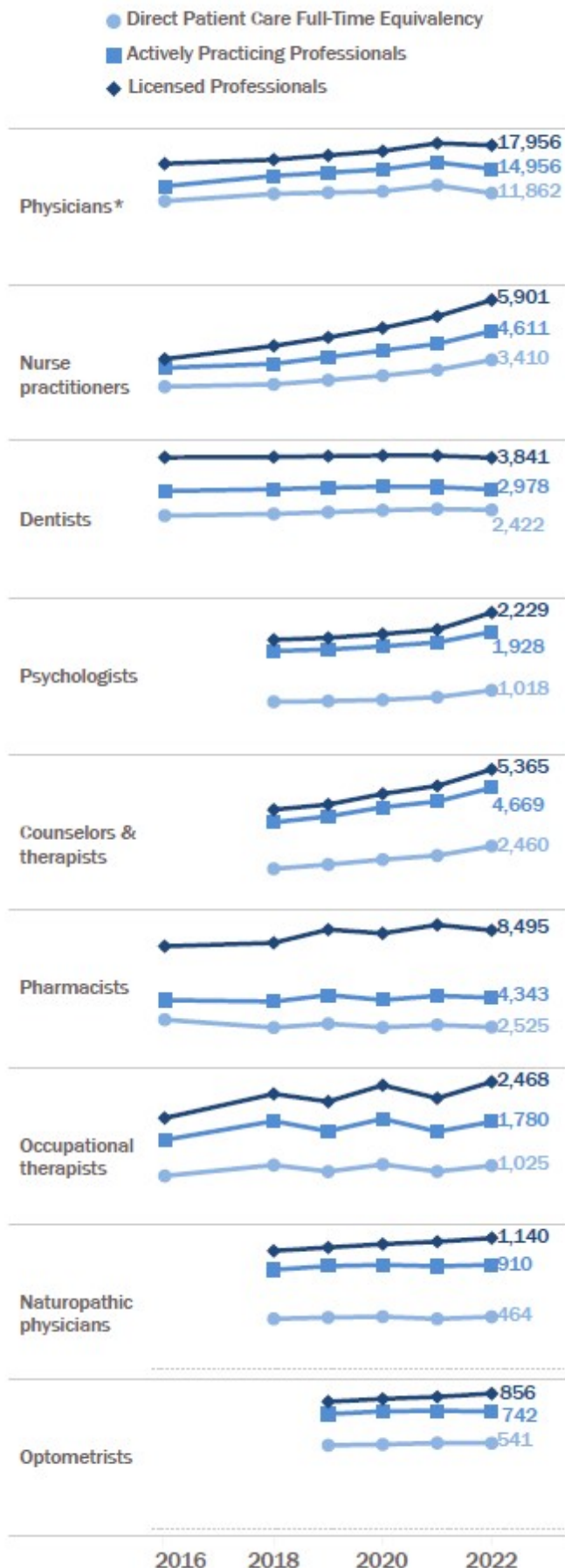
This active practice rate varies between occupations but also by year. For dentists, this rate remains relatively steady over time, while for nurse practitioners, the rate seems to be decreasing slightly over time. In terms of time spent in direct patient care, physicians spend more time in direct patient care on average (79% of time or 11,862 FTE from 14,956 who actively practiced) compared with psychologists (53% of time or 1,018 FTE from 1,928 who actively practiced). Occupational therapists, pharmacists, counselors and therapists spend about 50-60 percent of time in direct patient care on average. Professionals can also report spending time in administration and management, teaching, doing research or some other activity.

More information about these graphs

When assessing the supply of the health care workforce, it is essential to understand how factors like practice characteristics and license renewal cycles impact supply estimates and longitudinal trends. Importantly, these factors often vary by occupation. Longitudinal trends are affected by changes in Health Care Workforce Reporting Program methodology, duration of participation in the program by health licensing boards, and differing renewal cycles.

For some occupations, the number of licensed professionals 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 licensed professionals is known.

Licensing boards have either annual or biennial renewal cycles and supply estimates fluctuate for occupations that renew on biennial periodic cycles (pharmacy, occupational therapy, physical therapy, and speech-language pathology and audiology occupations). 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).



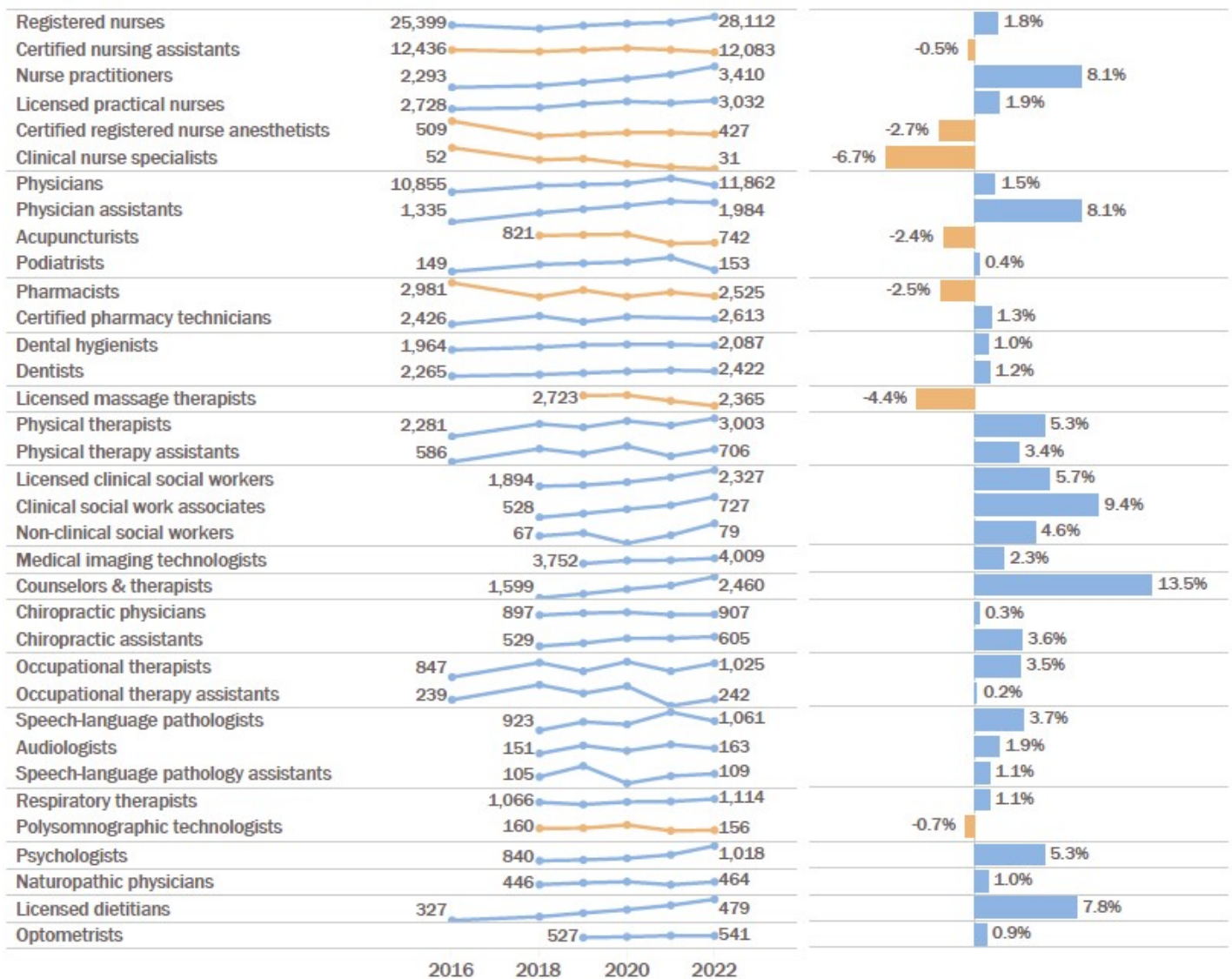
*Note: Estimates for physicians, physician assistants, podiatrists and acupuncturists for 2019 are an average of 2018 and 2020 estimates.

Average annual percent change in direct patient care FTE varies by occupation.

As Oregon’s population grows, the supply of direct patient care FTE must also grow to ensure continued access to health care professionals. Average annual percent change was calculated as follows:

$$\text{Average annual percent change} = \frac{\left(\frac{\text{last year FTE} - \text{first year FTE}}{\text{first year FTE}} \right)}{\# \text{ years}}$$

This change in direct patient care FTE varies by occupation, with some occupations keeping pace with the Oregon population’s average annual growth of 0.68 percent during the same time period. Noteworthy growth was observed for physician assistants, counselors and therapists, licensed dietitians, nurse practitioners, physical therapy occupations, and occupational therapy occupations. For advanced practice registered nurses, a 8.1 percent average annual growth for nurse practitioners overshadowed a 6.7 percent average annual decline in clinical nurse specialists and a 2.7 percent average annual decline in certified registered nurse anesthetists. Note axes are not the same between occupations and should not be compared.



Explore these data and learn more:
Oregon’s licensed health care workforce supply dashboard.

Licensing boards shared insight on factors that may affect supply.

The health professional licensing boards who collaborate with the HWRP responded to HWRP questions about possible factors affecting supply trends over time. The boards noted the importance of such factors as the availability of good in-state educational programs; workforce-friendly state policies and regulations, such as low licensing fees and progressive telemedicine policies; and professional associations' efforts to facilitate clinical rotations and promote health care workforce occupations at varying educational institutions. Boards also speculated that growth in direct patient care FTE may have increased during this time period because overall demand for services increased.

Changes in demand for services

For example, increases in demand for dentistry and physical therapy could have been driven by an aging population. Another factor increasing FTE for some occupations may be reduced social stigma, or wider acceptance of or interest in mental health, wellness and nutrition, sleep awareness, and naturopathic medicine services.

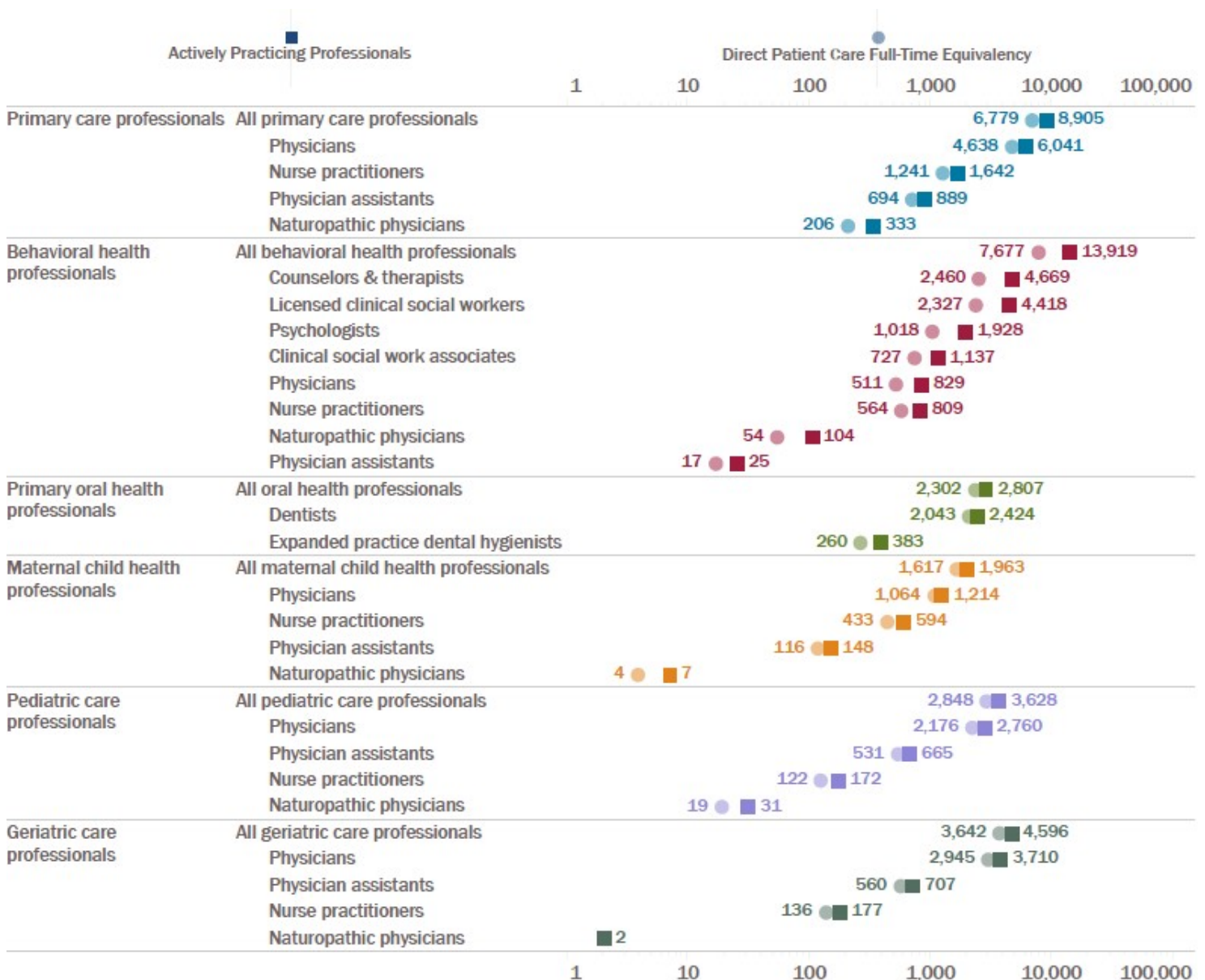
Factors that may affect supply trends over time

- The COVID-19 pandemic
- Overall demand for services
- Reduced social stigma, or wider acceptance of mental health, wellness and nutrition, sleep awareness, and naturopathic medicine services
- Workforce-friendly state policies and regulations
- Professional association support of students
- Insurance coverage and reimbursement
- Availability of in-state educational programs

Supply estimates are available for specialty groups of health care professionals for 2022.

In addition to evaluating the health care workforce supply by occupation, it is important to evaluate it through a multidisciplinary lens which groups health care professionals by specialty rather than by occupation. For example, physicians, nurse practitioners, physician assistants and naturopathic physicians may all specialize in primary care and provide this service to Oregonians. Supply estimates for the specialty groups of primary care, behavioral health, oral health, maternal child health, geriatric care and pediatric care professionals show the occupational diversity by specialty.

Behavioral health professionals were the largest specialty group with 13,919 licensees actively practicing. There were an estimated 8,905 primary care professionals actively practicing in Oregon, the majority of which were physicians. Geriatric care and pediatric care professionals are subgroups of primary care professionals. Because specialty providers were identified by their self-reported specialty and they may report multiple specialties, providers may fall into more than one of the specialty groups shown here.



Note: Some professionals are included in more than one specialty group; specialty groups are not mutually exclusive.

County provider-to-population ratios show differences in geographic distribution of professionals.

Determining whether the supply of health care professionals is sufficient to meet the needs of Oregonians across the state requires more than knowing the number of actively practicing professionals or direct patient care FTE for different health care occupations and specialty groups – it requires the assessment of supply estimates relative to the population at state and county levels. This sort of analysis gives insight into the density of health care professionals across Oregon. For measures that assess the supply of the workforce relative to a county's population, supply estimates for direct patient care FTE are used. The darker the color on the map, the higher the county ratio.

Statewide there were an estimated 16.2 primary care professionals per 10,000 Oregonians, although this provider-to-population ratio differs depending on county. County provider-to-population ratios for primary care providers range from 30.9 per 10,000 in Wallowa county to 6.1 per 10,000 in Columbia county, while some counties fall closer to the statewide average, like Douglas county at 16.0 per 10,000.

Statewide there were an estimated 17.1 behavioral health professionals per 10,000 Oregonians with 2.3 per 10,000 observed in Grant county and with the highest density observed in Multnomah (31.9 per 10,000).

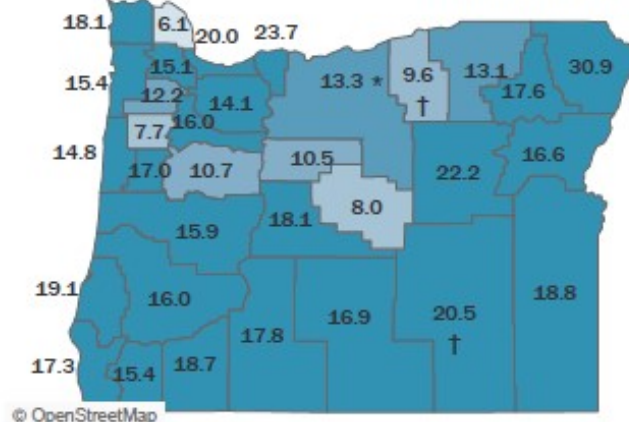
Statewide there were an estimated 5.8 oral health professionals per 10,000 Oregonians, with 0.7 per 10,000 observed in Morrow county and with the highest density observed in Hood River (9.2 per 10,000).

On telehealth and mobile practices

These data currently focus on physical practice locations where the professionals deliver care and do not reflect areas where telehealth is available, nor do they fully reflect providers with a mobile practice. Future reports will assess telehealth and mobile practice in more detail.

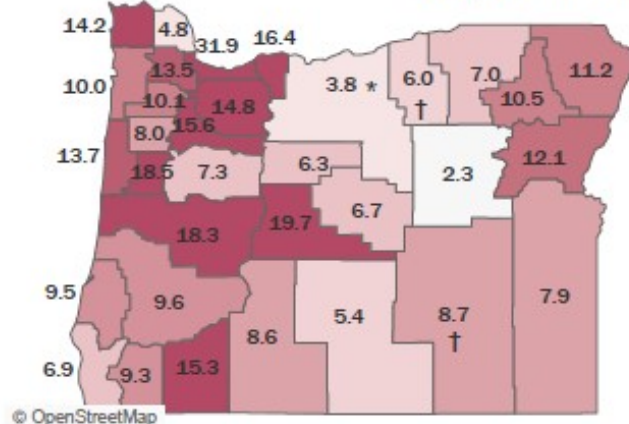
Primary care professionals

Statewide ratio: 16.2 per 10,000
County ratios: 6.1 to 30.9 per 10,000



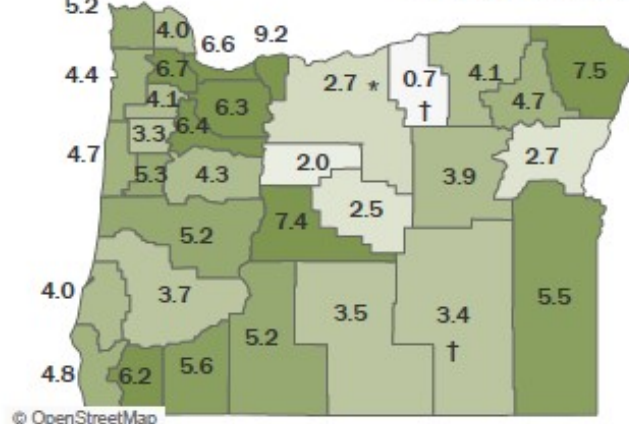
Behavioral health professionals

Statewide ratio: 17.1 per 10,000
County ratios: 2.3 to 31.9 per 10,000



Oral health professionals

Statewide ratio: 5.8 per 10,000
County ratios: 0.7 to 9.2 per 10,000

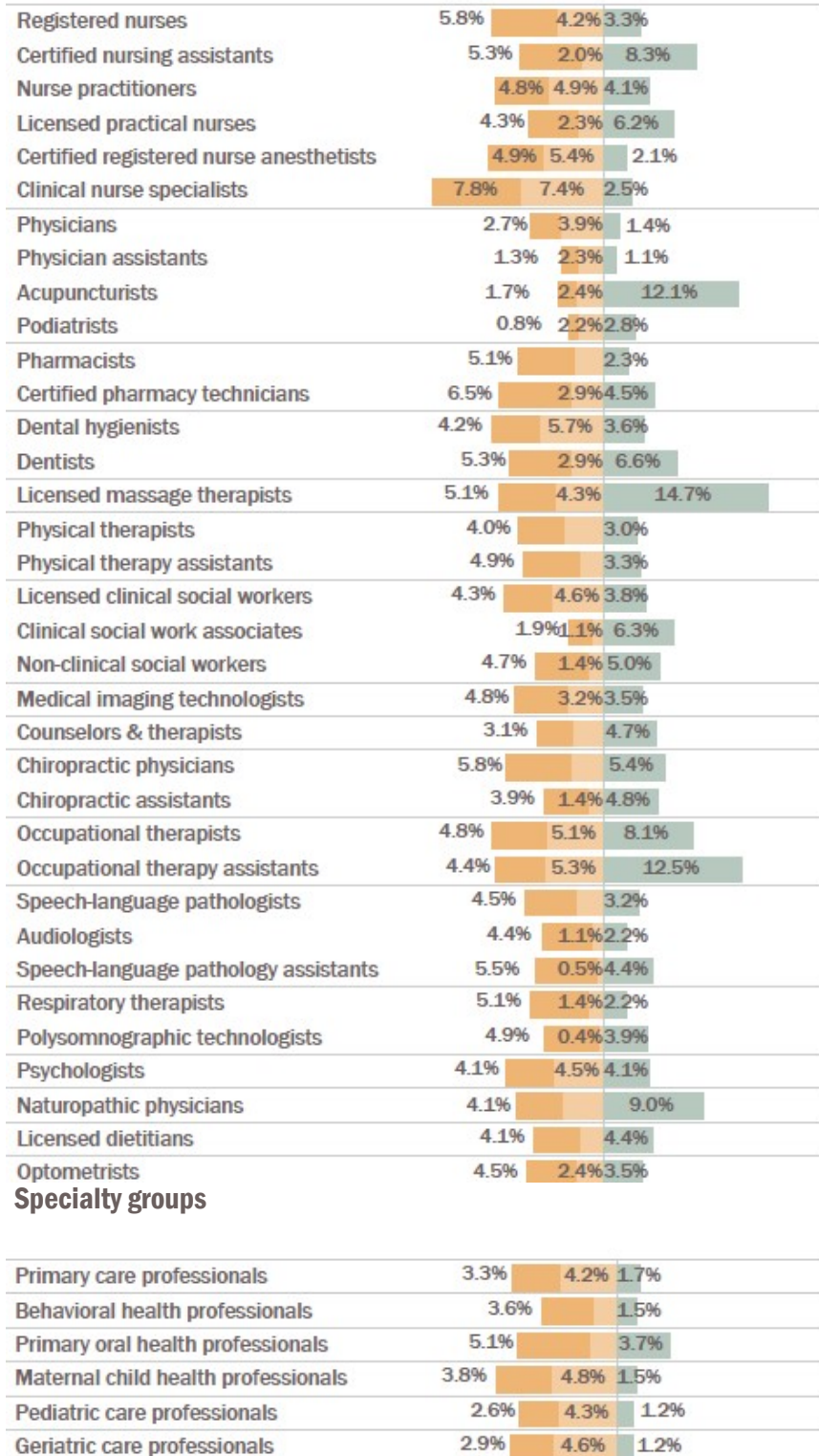
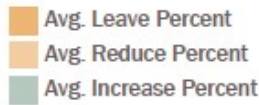


Population estimates sourced from 2021 Portland State University Population Research Center.

* Gilliam, Sherman, Wasco and Wheeler aggregated due to small numbers

† May be statistically unreliable due to small numbers, interpret with caution

All occupations



Future plans to increase hours, reduce hours or leave the workforce in 2021 and 2022.

Health care professionals reported plans for their practices over the next two years, including intentions to maintain, increase or decrease their practice hours, as well as intentions to leave the occupation or to move out of state. Those who intended to leave the Oregon workforce at the highest rates were clinical nurse specialists (7.8 percent), certified pharmacy technicians (6.5 percent), and chiropractic physicians (5.8 percent).

Those who intended to increase practice hours at the highest rates were licensed massage therapists (14.7 percent), Occupational therapy assistants (12.5 percent), acupuncturists (12.1 percent), naturopathic physicians (9.0 percent), and certified nursing assistants (8.3 percent). Note that plans to increase practice hours do not necessarily reflect the ability to do so; for example, providers might try to increase their hours but lack sufficient patient demand for services.

Out of the specialty groups, oral health professionals indicated the intention to leave the Oregon workforce at the highest rate of 5.1 percent, while 3.7 percent indicated that they intended to increase their practice hours over the next two years.

Supplemental materials

The Health Care Workforce Reporting Program (HWRP)

The HWRP collaborates with 17 health regulatory licensing boards (seven since 2009, ten more since 2016 and 2017) to collect, process, and analyze 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).

For more information about methodology and results, visit

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

Limitations

The Health Care Workforce Reporting Program (HWRP) collects data on occupations that are licensed in Oregon and are included in HWRP, so one major limitation of this data is that it 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. Currently we are unable to estimate the number of professionals who provide telehealth. 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 is not in the scope of this report; please find the most recent licensed health care workforce diversity report on our website.

Methodology and definitions

Data sources for this report include workforce data from HWRP for 2014 through the first quarter of 2022. 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 2018-2022; 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 2021.²²

Definitions

Workforce supply measures are stratified by occupation (license type), by specialty group or a combination of both.

- ◆ **Specialty groups** include primary care professionals, behavioral health professionals, oral health professionals, maternal child health professionals, pediatric care professionals, and geriatric care professionals. Specialty groups 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, OB/GYN/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 physicians assistants who report any of the primary care specialties in addition to acknowledging in subsequent questions that they provide pediatric or geriatric services.

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.

- ◆ **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.
- ◆ **The equivalent number of professionals providing full-time direct patient care (direct patient care FTE)** 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 are used for the HWRP reporting years 2016, 2018, 2019, 2020, 2021, and 2022 (respectively).

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24. Icons made by Tyler Gobberdiel and Adrien Coquet from The Noun Project, 2020.

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