

**OREGON BOARD OF PHARMACY**  
**DIVERSITY,  
EQUITY, INCLUSION  
AND BELONGING  
ACTION PLAN**  
**2024-2026**



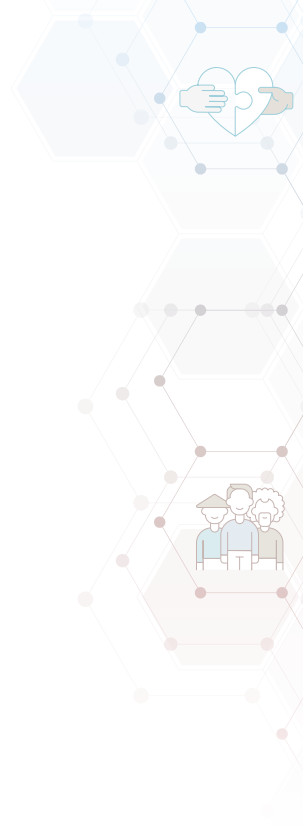
**OREGON BOARD  
OF PHARMACY**

**Diversity, Equity,  
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Action Plan  
2024-2026**



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## MISSION

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

## EQUITY STATEMENT

The Oregon Board of Pharmacy is committed to Diversity, Equity, Inclusion, and Belonging (DEIB) within its organization and for the public it serves. This commitment is reflected in board membership, agency staffing, the services provided, and its efforts to promote patient safety and ensure access to quality pharmacy care. Our actions, outlined in our DEIB and Affirmative Action Plans, demonstrate this commitment.

## VISION

All Oregonians have equitable access to medication and pharmacy services, provided safely and conveniently, through a network of highly skilled and dedicated Pharmacists, Interns and Pharmacy Technicians along with a well-regulated manufacturing and distribution network.

The following principles guide our approach: We are guided by the following principles:

- Promote a welcoming, safe, and inclusive culture for people of all backgrounds.
- Foster an inclusive environment where all current and prospective licensees and registrants receive fair and unbiased service from the agency staff and board.
- Advance Diversity and Equity in access through culturally responsive service delivery that addresses the changing climate within the pharmacy profession.
- Ensure all patients needing pharmacy services are able to receive safe and timely access to medications, regardless of place of residence, economic or social status, physical ability, ethnicity, or gender identity.



# VALUES

These values reflect both how the board and agency staff strive to conduct ourselves, and the behaviors the board seeks to instill across the practice of pharmacy in Oregon.

## EQUITY

*Each individual and group are valued, respected, and treated fairly ensuring equal access to medications and support for their unique and diverse requirements.*

## PROFESSIONALISM

*We are committed to promoting excellence in pharmacy practice through expertise, commitment, and competence.*

## SERVICE

*We deliver a consistent standard of excellence in all work and respond promptly to the needs of patients, Licensees, Registrants, providers, and partners.*

# OREGON BOARD OF PHARMACY

## INTEGRITY & ACCOUNTABILITY

*Transparency and honesty govern the board's work. We accept responsibility for our actions, products, decisions, and policies.*

## SAFETY

*We are committed to protecting the health, safety, and welfare of the public. Safety is the foundation of the board's Mission.*

## ADAPTABILITY

*We are open to new ideas and to responding to the changing needs and challenges in the field of healthcare and pharmacy.*

# GOALS

To embed Diversity, Equity, Inclusion and Belonging principles into our workplace culture, our mission, our communication methods, our agency policies, and decision-making processes with a focus on prioritized, measurable, and actionable strategies.

# TIMELINE

## A. Conception

- Develop Strategy Areas with a focus on inclusive communications, community engagement, disaggregated data, and creating an inclusive workplace with no tolerance for racism, hate and discrimination - 2/2024
- Develop Actions - 3/2024
- Develop Implementation Timeline - 5/2024

## B. Adoption

- Board Review - 4/2024
- Submit to Office of Cultural Change for last look- 6/2024

## C. Implementation

- Strategy #1 - Inclusive Communications
- Strategy #2 - Community Engagement
- Strategy #3 - Creating an Inclusive Workplace with no Tolerance for Racism, Hate and Discrimination
- Strategy #4 - Disaggregated Data as a Lever

# ENGAGEMENT APPROACH

The Oregon Board of Pharmacy (OBOP) has been working closely in partnership with the DAS Office of Cultural Change to explore and gather information, identify areas for improvement, develop best practices and policies and explore how to begin the journey of engaging with the community using outreach. The current outreach the agency provides is focused primarily on informing organizations and students about pharmacy related regulations. The agency is seeking to implement progressive and modern practices to encourage open communication and exploring additional methods to increase community engagement.

## HOW DO WE PLAN ON ENGAGING INTERESTED PARTIES IN OUR PLAN?

### ▶ **The agency will create and add a survey link to board website to gather data from licensees/registrants and interested parties**

1. Does the public have concerns about DEIB related to access to pharmacy services?
2. Do licensees/registrants have concerns about DEIB when interacting with OBOP?

### ▶ **GovDelivery**

1. Utilize current listserve database to communicate DEIB initiatives

### ▶ **Website**

1. Agency staff will develop a more robust Equity webpage with new DEIB resources
2. Agency staff will draft DEIB centered questions and add to current complaint form on board website

### ▶ **Word of mouth - Agency staff will encourage board and Public Health & Pharmacy Formulary Advisory Committee members to communicate DEIB initiatives**

### ▶ **Create a budget request to fund creating new marketing materials utilizing DAS Publishing & Distribution services**

### ▶ **Integrate DEIB initiatives into New Board Member & New Agency Staff Member orientation and interactive presentations**

### ▶ **Develop and implement outreach presentations for students attending Community Colleges/Pharmacy Technician Programs**

1. Develop a list of all Pharmacy Technician Programs being offered in Oregon
2. Set up presentation schedule for outreach

### ▶ **Agency staff will inquire and set up a meeting with the Oregon Department of Education to explore ideas and outreach opportunities for high school/middle school students about careers in pharmacy**

### ▶ **Participate in the 2025 Portland Workforce Alliance Expo**

1. Complete the process to participate in the Workforce Alliance Expo, recruit board and staff members to attend and engage with attendees about careers in pharmacy or state government



# EXPECTED PLAN COMPONENTS AND STRATEGY AREAS

## STRATEGY 1: INCLUSIVE COMMUNICATIONS

A communication approach that enables as many different and unique individuals as possible to be included in interactions with the Oregon Board of Pharmacy (OBOP). This style of communication, when practiced ensures that all forms of communication, not just written and spoken language are recognized, respected and accepted to ensure that agency staff is communicating effectively with applicants, licensees/registrants, and interested parties. By incorporating these best practices, the agency will improve our efforts for inclusive communication, an increase in transparency and will ensure that people who interact with OBOP will feel welcomed, valued, heard, respected, and able to participate in open, positive dialogue without barriers.

### ACTIONS:

- ▶ **Increase the quality of customer service provided by OBOP by ensuring people's needs are being met in a timely manner regardless of barriers created by language, ability, physical location, or lack of access to technology.**

Actions to increase quality of customer service include:

1. Review current customer service survey and internal processes to determine how satisfaction rates could be increased if applicable and if new methods of capturing customer satisfaction are necessary (e.g., adding current customer service survey to email signatures, provide current customer service survey to licensees who renew, not just new applicants)
2. Review and revise current forms and documents to meet accessibility standards (e.g., no green or red font for individuals with a visual impairment, review comprehension/readability level)
3. DEI Champions Committee will develop a survey and poll current staff members to determine if there is a need / interest for additional resources outside of the current statewide policy to assist with properly using pronouns while communicating with licensees/registrants/interested parties
  - DEI Champions Committee will compile survey results and if applicable, will explore available training materials related to unconscious bias, understanding microaggressions and listening and speaking with inclusivity

Timeline: January 2025





► **Develop and implement a pilot project to evaluate the need for registration application/renewal translation services from English to Spanish for Non-Prescription Drug Outlets to determine if barriers exist.**

1. DEI Champions will collaborate with Licensing Director to draft a short survey in English and Spanish
2. Agency staff will send the voluntary survey to registered Non-Prescription Drug Outlet Class A registrants
3. Agency staff will compile and review the results from the survey to determine if registration application/renewal translation services would be beneficial
4. If applicable, the Leadership Team will determine if it's possible for the licensing database/paper application and renewal forms to be translated into

Spanish and determine if the licensing database vendor and staff are able to modify the current licensing database to allow the end user to review, complete and submit an application/renewal form in Spanish

5. If translation services are determined to be beneficial and the 2025-2027 Legislatively Adopted Budget supports the acquisition for both the translation services vendor and the licensing database vendor services, the DEI Champions Committee will collaborate with the agency Designated Procurement Officer to seek a request for quote (RFQ) including an FAQ or guide in Spanish
6. Agency IT will investigate adding "Languages" conversion option to agency website (see OHA website for reference)

Timeline: July 2025

## STRATEGY 2: COMMUNITY ENGAGEMENT

Community engagement is the process of working collaboratively with a community to achieve shared goals. It's a two-way street where OBOP and community members connect and build relationships. The ultimate goal of community engagement is to create a stronger, more vibrant community where everyone feels like they have a voice, a shared vision with a focus on leveraging the strengths, knowledge, and experiences of community members as it relates to the regulation of pharmacy. Key ideas of what community engagement means:

- **Collaboration:** Working together with community members, organizations, businesses and individuals to address issues and find solutions
- **Empowerment:** Giving people the tools and resources they need to participate in decisions that affect them. This can be things like providing information in accessible formats, holding meetings in convenient locations, considering all public comments when adopting rules
- **Communication:** Sharing information with the community and listening to their feedback. This can be done through a variety of channels, such as social media, public meetings, and surveys.

### ACTIONS:

- ▶ **Strengthen and increase our network by identifying and creating a comprehensive list of community-based organizations and professionals who support different segments of the community and identify their expertise and the populations they serve (e.g., patient advocacy groups, non-profits, Governor's Office of Appointments, DAS HR, ask board/Public Health & Pharmacy Formulary Advisory Committee (PHPFAC) members for referrals).**

Timeline: December 2024

- ▶ **The agency will appoint a single point of contact (SPOC) to explore and compile a list of enterprise-wide efforts related to community engagement opportunities**

Timeline: August 2024

- ▶ **The agency appointed SPOC will proactively request board & PHPFAC members and agency staff to volunteer to participate in enterprise-wide opportunities**

The agency will remain engaged by recruiting board & PHPFAC members and agency staff to promote initiatives, develop and support new partnerships and or volunteer (e.g., outreach to local schools to present career opportunities in pharmacy & state government, volunteer for non-profit organizations other than just focusing on the annual food drive)



- ▶ **The Leadership Team will engage with identified community partners to develop partnerships to leverage partner resources for open recruitments for board and PHPFAC members, agency staff and workgroup/rules advisory committees**
- ▶ **The agency will determine and investigate joining additional professional organizations, including those that require subscription/membership fees, to increase the board’s visibility for open recruitments in order to reach a larger network of professionals.**

- ▶ **The agency will submit a budget request to allow for procurement of graphic design services from DAS Publishing & Distribution to design agency branded marketing materials**
- ▶ **The Leadership Team will explore approved opportunities to engage with the Legislative Assembly where applicable**

Timeline: Submitted April 2024

Timeline: February 2025

\*Pending budget approval

## STRATEGY 3: CREATING AN INCLUSIVE WORKPLACE WITH NO TOLERANCE FOR RACISM, HATE AND DISCRIMINATION

The Oregon Board of Pharmacy recognizes and deeply values the lived experiences, unique talents, skills and perspectives of a culturally rich and ethnically diverse board, PHPFAC and agency staff. By upholding our commitment to establishing a safe, inclusive, and accessible environment with no tolerance for racism, hate and discrimination, we are ensuring that everyone feels welcomed, respected, and valued. This approach will contribute to a thriving and supportive workplace that enhances the agency’s service to our mission, values, and organization.

Working in tandem with the agency’s Affirmative Action Plan, the creation of a DEI Champions Committee and an Employee Engagement Committee contributes to an environment where staff can communicate, create partnerships, listen with intent and create solutions to address challenges while also acknowledging the importance of work-life balance, self-care and the disparities due to multiple factors including inaccessibility to wellness services, cultural stigmas, and discrimination across historically marginalized communities. A focus on work-life balance, self-care and awareness may help reduce stress, improve engagement and encourage collaboration and support.

### ACTIONS:

- ▶ **OBOP 2025-27 Affirmative Action Plan**  
\*Placeholder, currently being amended

- ▶ **Current OBOP 2023-2025 AA Plan**

Timeline: June 2024

- ▶ **Establish a DEI Champions Committee consisting of Leadership Team members and representatives from each department**

Timeline: Established February 2024

- ▶ **Develop, draft and submit the OBOP DEI Plan**

Timeline: June 1, 2024

- ▶ **Collaborate with the Employee Engagement Committee (EEC) to obtain and distribute DEIB resources to board and PHPFAC members and agency staff**

Timeline: December 2024

- ▶ **Work with Office of Cultural Change to recruit a DEI Subject Matter Expert to present at a future All-Staff Meeting**

Timeline: January 2025

- ▶ **Establish Employee Engagement Committee (EEC) consisting of representatives from each agency department**

Timeline: Established February 2024





- ▶ **Hold Quarterly All-Staff meetings and incorporate various topics, guest speakers, and Subject Matter Experts**

Timeline: Established December 2023

- ▶ **Procure the Gallup Q12 Employee Engagement Survey**

Timeline: Estimated Fall 2024

- ▶ **Invest and implement 12-week Professional Development Leadership Training to develop a culture of learning**

Timeline: Procured and enrolled agency staff April 2024

- ▶ **Work-Life Balance/Health & Wellness - Provide agency staff with training opportunities related to work-life balance, health and wellness (e.g., Trauma Informed Care Services)**

Timeline: August 2024



## STRATEGY 4: DISAGGREGATED DATA AS A LEVER

To align with the state’s Data Strategy with a focus on establishing guiding themes and principles around effective management, ethical use, and data-informed culture in order to make data informed decisions that increase diversity, equity, inclusion, and belonging.

### ACTIONS:

- ▶ **The agency will execute the Gallup Q12 Employee Engagement Survey**  
Timeline: Estimated Fall 2024
- ▶ **Compile board member, PHPFAC member and agency staff workforce data**  
Timeline: Completed May 2024
- ▶ **Leadership Team will analyze the Gallup Q12 Employee Engagement Survey results and determine next steps to increase employee engagement**  
Timeline: Within the 1st Quarter of 2025



# BOARD OF PHARMACY WORKFORCE 2024

**8 BOARD MEMBERS**



- White - 3 | 37.5%
- Asian - 2 | 25.0%
- Hispanic or Latino - 1 | 12.5%
- No Answer Provided - 2 | 25.0%



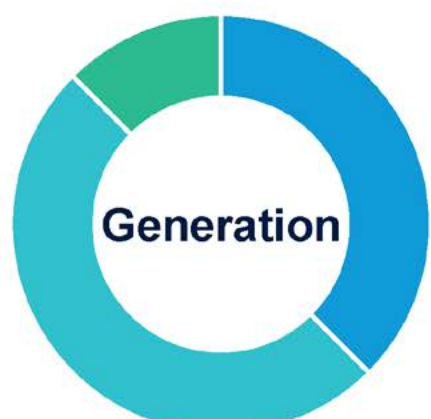
- Female - 6 | 75%
- Male - 2 | 25%



- Not a Veteran - 7 | 87.5%
- Veteran - 1 | 12.5%



- No Reported Disability - 8 | 100%
- Reported Disability - 0 | 0%



- Generation Z - 0 | 0%
- Millennials - 3 | 37.5%
- Generation X - 4 | 50.0%
- Baby Boomers - 1 | 12.5%
- Traditionalists - 0 | 0%

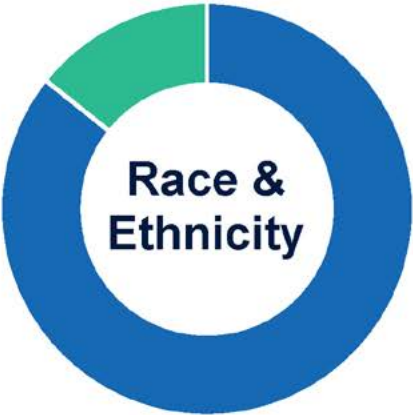
## Board Member Information

The Oregon Board of Pharmacy consists of nine board members, five members are licensed Pharmacists, two are licensed Pharmacy Technicians and two are representatives of the public. The Governor appoints each member of the Board for a term of four years, subject to approval by the State Senate and they may be reappointed.

\* The Oregon Board of Pharmacy has #9 appointed board members, data compiled 6/2024 reflects #8 appointed board members due to a vacancy.

**BOARD OF  
PHARMACY  
WORKFORCE  
2024**

**7 PHPFAC  
MEMBERS**



- White - 6 | 86%
- Asian - 0 | 0%
- Hispanic or Latino - 0 | 0%
- No Answer Provided - 1 | 14.3%



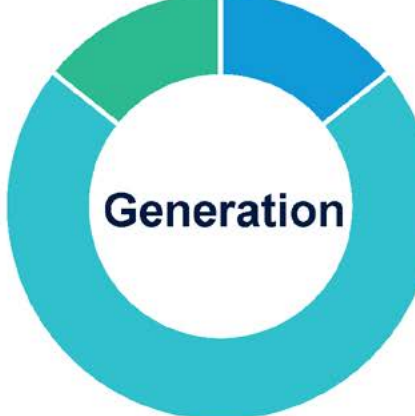
- Female - 4 | 57.1%
- Male - 3 | 42.9%



- Not a Veteran - 7 | 100%
- Veteran - 0 | 0%



- No Reported Disability - 7 | 100%
- Reported Disability - 0 | 0%



- Generation Z - 0 | 0%
- Millennials - 1 | 14.3%
- Generation X - 5 | 71.4%
- Baby Boomers - 1 | 14.3%
- Traditionalists - 0 | 0%

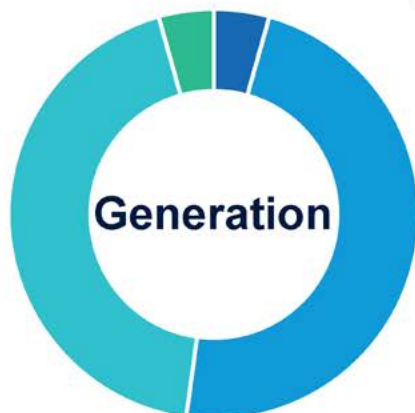
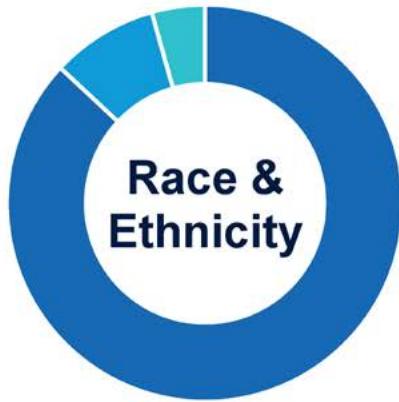
**Public Health and Pharmacy  
Formulary Advisory Committee**

The Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) is a multidisciplinary committee made up of 2 physicians, 2 nurse practitioners and 3 pharmacists appointed by the Governor.

\* The PHPFAC has #7 appointed committee members, data compiled 6/2024.



# BOARD OF PHARMACY WORKFORCE 2024 24 AGENCY STAFF



## Racial Representation by Job Classification

JOB CATEGORIES	#	Asian	Hispanic or Latino	Black or African American	White
Officials & Administrators	2	0   0%	0   0%	0   0%	2   100%
Professionals	12	1   10%	1   10%	0   0%	10   80%
Administrative Support	9	1   11%	0   0%	0   0%	8   89%

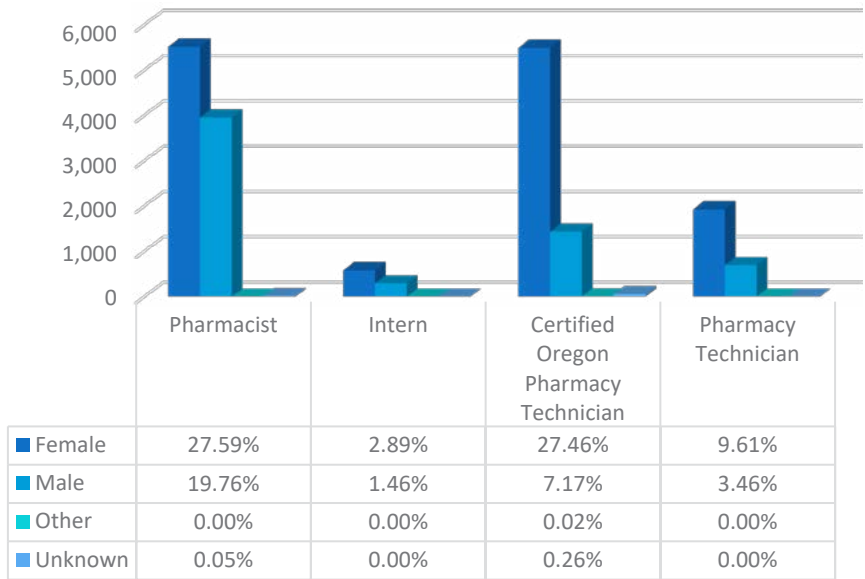
Data compiled 6/2024.

- **Compile and analyze Licensee Demographic Data by age, gender, race and Ethnicity to identify trends and gaps in licensee demographics and use this data to determine future community outreach goals**

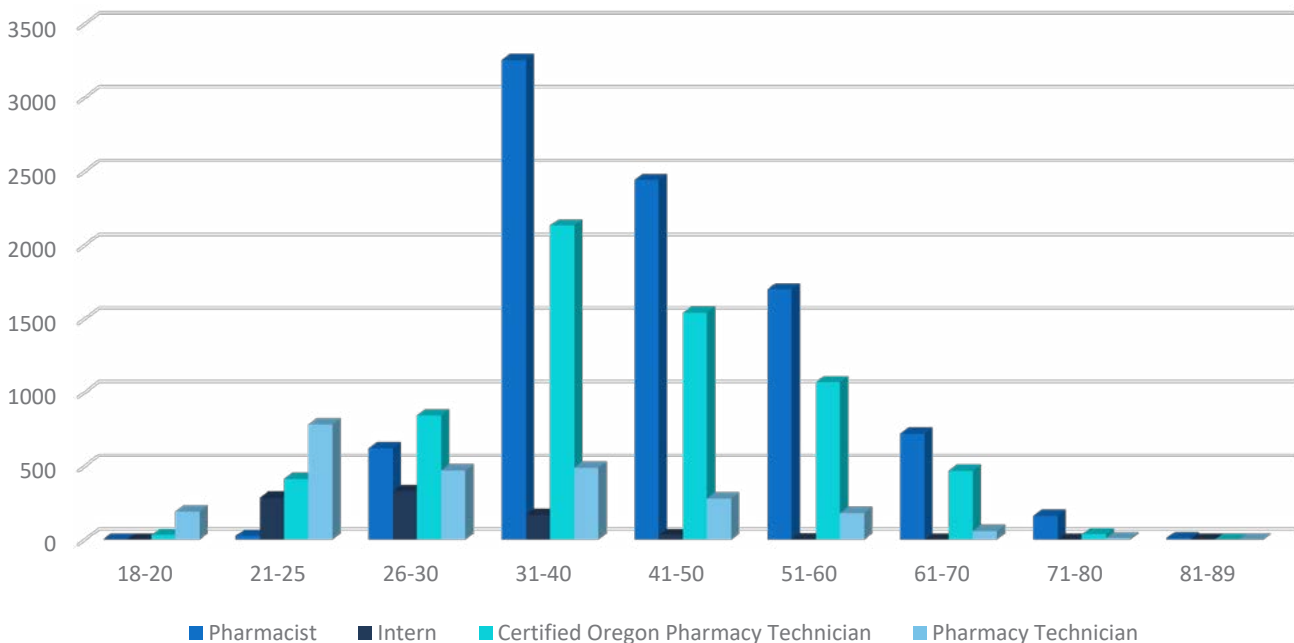
Timeline: Data compiled May 2024

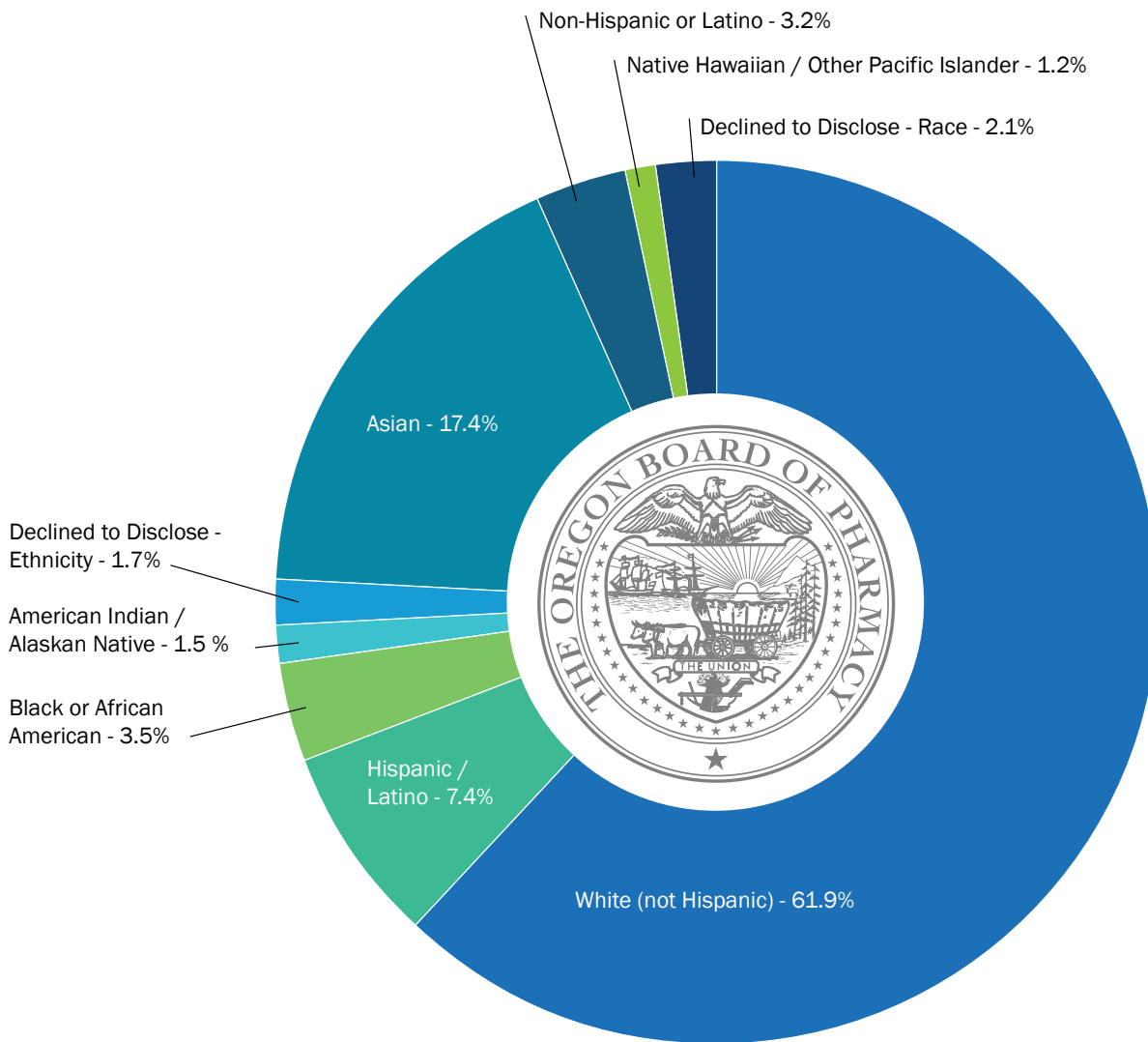
# BOARD OF PHARMACY WORKFORCE 2024 LICENSEES

### Licenses by Reported Gender



### Licenses by Age





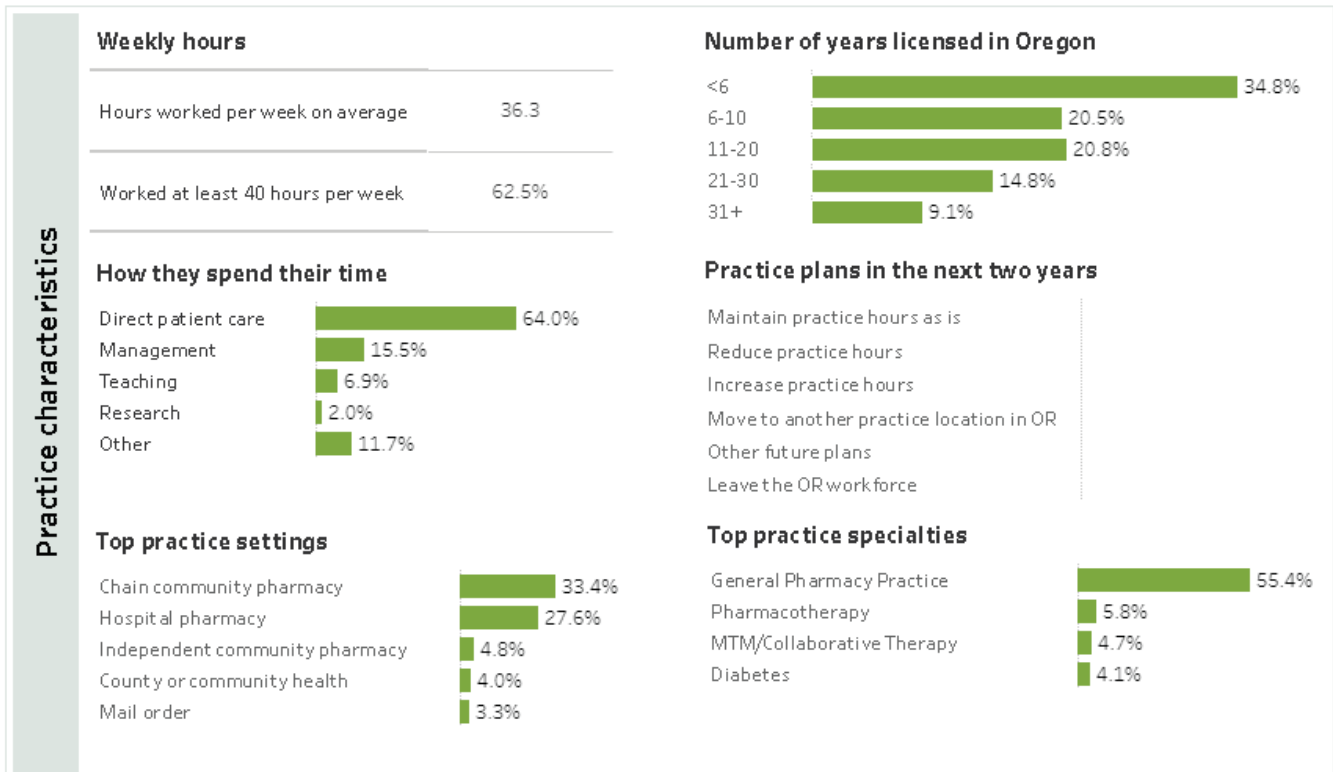
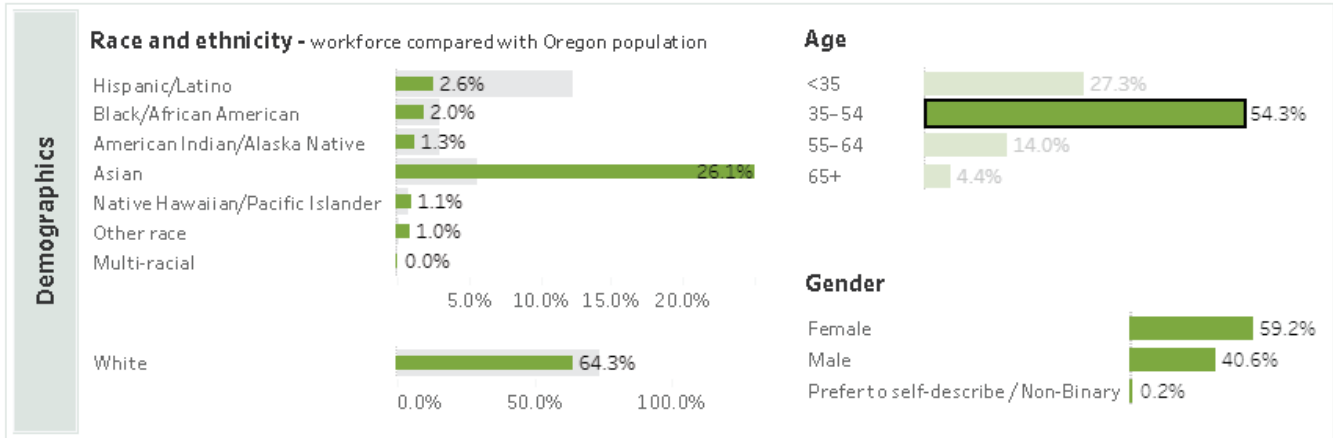
- White (not Hispanic) - 61.9%
- Asian - 17.4%
- Hispanic / Latino - 7.4%
- Non-Hispanic or Latino - 3.2%
- Black or African American - 3.5%
- Native Hawaiian / Other Pacific Islander - 1.2%
- American Indian / Alaskan Native - 1.5%
- Declined to Disclose - Race - 2.1%
- Declined to Disclose - Ethnicity - 1.7%

► **Compile and analyze most recent OHA Workforce Data for Pharmacists and Certified Oregon Pharmacy Technicians practicing in Oregon to identify pharmacy trends to inform policy discussion to bring to a future board meeting**

Timeline: Data (v. 2022) compiled from OHA website May 2024

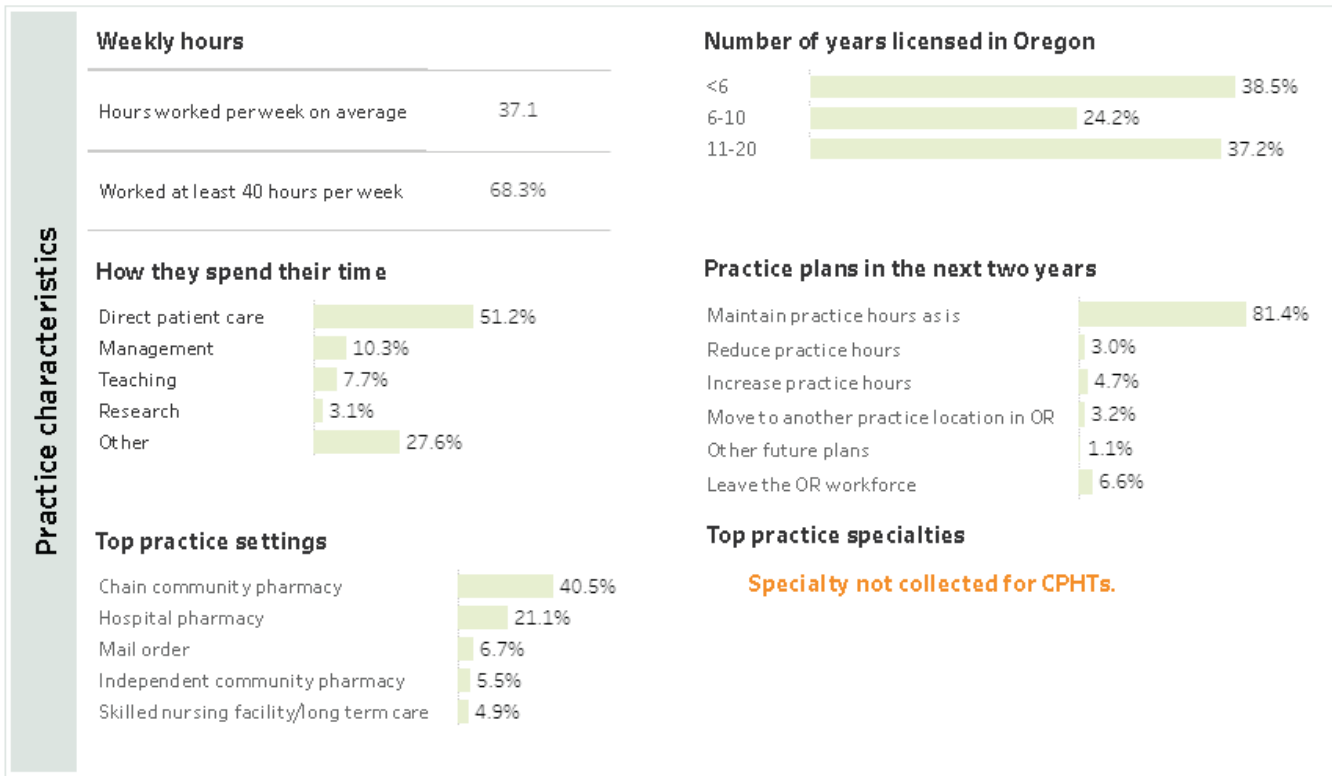
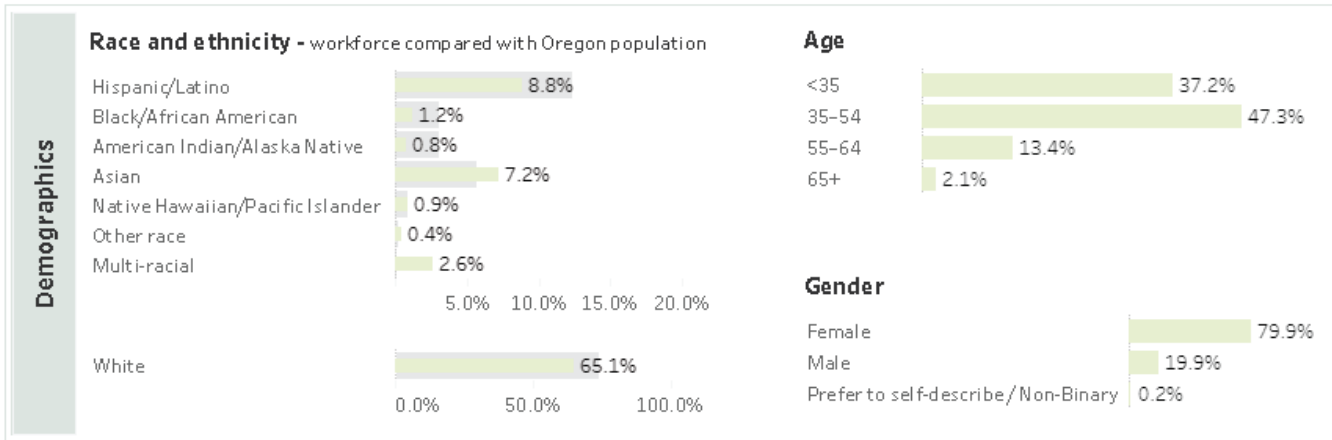


**PHARMACISTS PRACTICING IN OREGON 2022**



# WHO IS PRACTICING IN OREGON AND WHAT DO THEIR PRACTICES LOOK LIKE?

Certified pharmacy technicians practicing in Oregon in 2022



- **Compile and analyze OHA Workforce Supply between Counties to identify trends and gaps in population-to-provider ratios for Pharmacists, utilize data to inform board policy discussion at a future board meeting**

Timeline: Data (v. 2022) compiled from OHA website May 2024

## HOW DOES WORKFORCE SUPPLY FOR EACH OCCUPATION COMPARE BETWEEN COUNTIES AND THE STATE OVERALL?



### Population-to-provider ratio of pharmacists in 2022

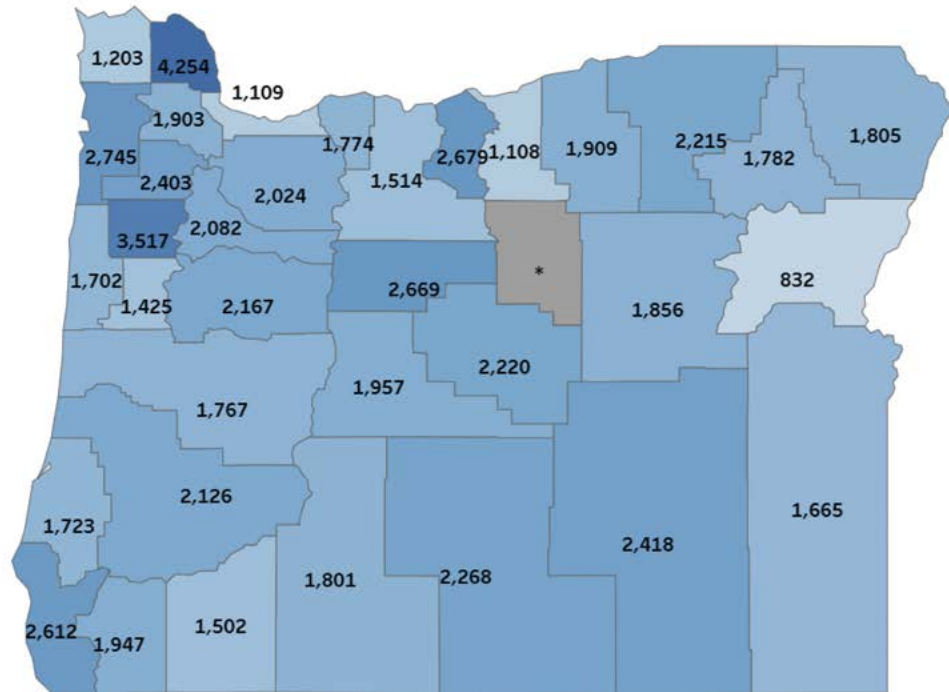
Ratio is based on the estimated direct patient care FTE in the county.



#### Lower numbers are better.

The darker the blue, the higher the ratio. A higher ratio suggests less access to care for individuals living in a certain region.

Gray indicates that no providers report a practice location in that county.



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# HOW DOES WORKFORCE SUPPLY FOR EACH OCCUPATION COMPARE BETWEEN COUNTIES AND THE STATE OVERALL?

## 2022 County and statewide estimates for Pharmacists

County	Population	Number estimated practicing	Direct patient care FTE	Population-to-provider ratio	
Baker	16,721	47	20.1	832	○
Benton	95,316	133	66.9	1,425	
Clackamas	422,185	359	208.6	2,024	
Clatsop	41,137	49	34.2	1,203	
Columbia	52,748	18	12.4	4,254	△
Coos	64,958	64	37.7	1,723	
Crook	24,866	17	11.2	2,220	
Curry	23,510	13	9.0	2,612	△
Deschutes	199,259	190	101.8	1,957	
Douglas	111,214	76	52.3	2,126	
Gilliam	1,995	3	1.8	1,108	
Grant	7,239	9	3.9	1,856	
Harney	7,497	7	3.1	2,418	
Hood River	23,949	24	13.5	1,774	
Jackson	223,521	228	148.8	1,502	
Jefferson	24,553	14	9.2	2,669	△
Josephine	88,204	67	45.3	1,947	
Klamath	69,512	58	38.6	1,801	
Lake	8,165	6	3.6	2,268	
Lane	383,181	370	216.9	1,767	
Lincoln	50,387	44	29.6	1,702	
Linn	128,929	95	59.5	2,167	
Malheur	31,626	36	19.0	1,665	
Marion	346,194	283	166.3	2,082	
Morrow	12,217	9	6.4	1,909	
Multnomah	816,310	1,418	736.4	1,109	
Polk	87,916	39	25.0	3,517	△
Sherman	1,875	2	0.7	2,679	△
Tillamook	27,447	20	10.0	2,745	△
Umatilla	80,169	62	36.2	2,215	
Union	26,729	24	15.0	1,782	
Wallowa	7,401	7	4.1	1,805	
Wasco	26,642	29	17.6	1,514	
Washington	600,895	589	315.8	1,903	
Wheeler	1,451	0	0.0	-	□
Yamhill	107,873	69	44.9	2,403	
Oregon		4,343	2,525.3	1,681	

Note: Shapes indicate whether county has no providers (red square), is above (yellow triangle) or below (green circle) the statewide ratio by 50%. Population-to-provider ratios are based on the estimated patient care FTE in the county. Values greater than county populations are due to less than 1.0 FTE in county.

- ▶ **Compile and analyze OHA Workforce Supply between Counties to identify trends and gaps in population-to-provider ratios for Certified Oregon Pharmacy Technicians, utilize data to inform board policy discussion at a future board meeting**

Timeline: Data (v. 2022) compiled from OHA website May 2024

## HOW DOES WORKFORCE SUPPLY FOR EACH OCCUPATION COMPARE BETWEEN COUNTIES AND THE STATE OVERALL?



### Population-to-provider ratio of certified pharmacy technicians in 2022

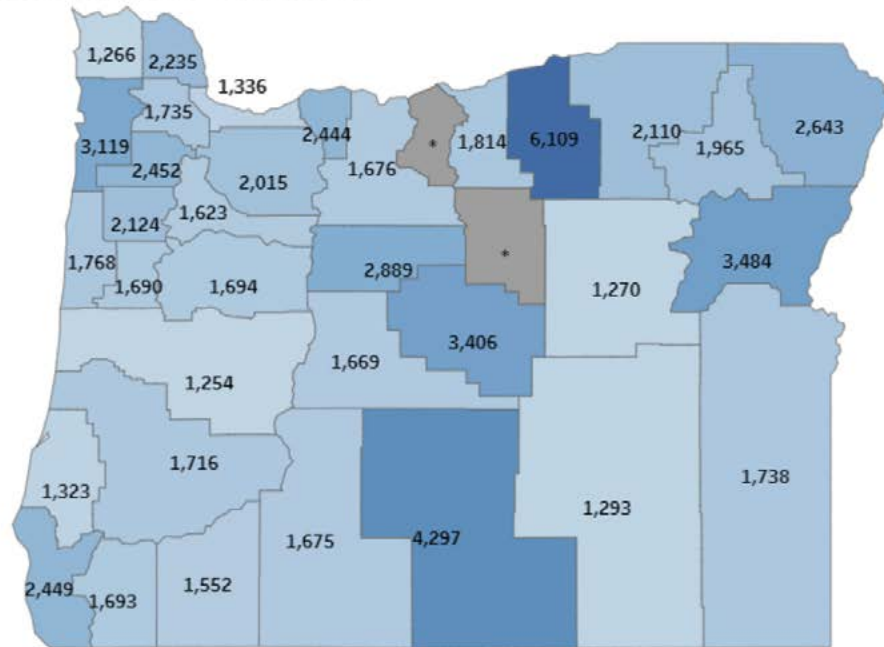
Ratio is based on the estimated direct patient care FTE in the county.



#### Lower numbers are better.

The darker the blue, the higher the ratio. A higher ratio suggests less access to care for individuals living in a certain region.

Gray indicates that no providers report a practice location in that county.



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# HOW DOES WORKFORCE SUPPLY FOR EACH OCCUPATION COMPARE BETWEEN COUNTIES AND THE STATE OVERALL?

## 2022 County and statewide estimates for Certified Pharmacy technicians

County	Population	Number estimated practicing	Direct patient care FTE	Population-to-provider ratio	
Baker	16,721	11	4.8	3,484	△
Benton	95,316	134	56.4	1,690	
Clackamas	422,185	508	209.5	2,015	
Clatsop	41,137	61	32.5	1,266	
Columbia	52,748	32	23.6	2,235	
Coos	64,958	79	49.1	1,323	
Crook	24,866	18	7.3	3,406	△
Curry	23,510	16	9.6	2,449	△
Deschutes	199,259	210	119.4	1,669	
Douglas	111,214	127	64.8	1,716	
Gilliam	1,995	1	1.1	1,814	
Grant	7,239	8	5.7	1,270	
Harney	7,497	11	5.8	1,293	
Hood River	23,949	16	9.8	2,444	△
Jackson	223,521	278	144.0	1,552	
Jefferson	24,553	13	8.5	2,889	△
Josephine	88,204	93	52.1	1,693	
Klamath	69,512	77	41.5	1,675	
Lake	8,165	5	1.9	4,297	△
Lane	383,181	574	305.5	1,254	
Lincoln	50,387	50	28.5	1,768	
Linn	128,929	144	76.1	1,694	
Malheur	31,626	39	18.2	1,738	
Marion	346,194	391	213.3	1,623	
Morrow	12,217	6	2.0	6,109	△
Multnomah	816,310	1,603	611.2	1,336	
Polk	87,916	62	41.4	2,124	
Sherman	1,875	0	0.0	-	□
Tillamook	27,447	18	8.8	3,119	△
Umatilla	80,169	64	38.0	2,110	
Union	26,729	28	13.6	1,965	
Wallowa	7,401	6	2.8	2,643	△
Wasco	26,642	33	15.9	1,676	
Washington	600,895	781	346.4	1,735	
Wheeler	1,451	0	0.0	-	□
Yamhill	107,873	81	44.0	2,452	△
Oregon		5,519	2,612.8	1,624	

Note: Shapes indicate whether county has no providers (red square), is above (yellow triangle) or below (green circle) the statewide ratio by 50%. Population-to-provider ratios are based on the estimated patient care FTE in the county. Values greater than county populations are due to less than 1.0 FTE in county.

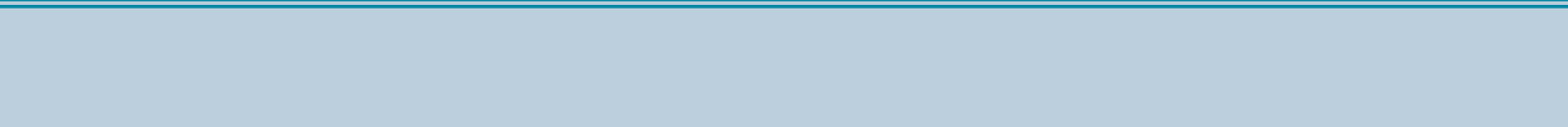
## REFERENCES

- Oregon Health Authority Health Care Workforce Reporting  
<https://www.oregon.gov/oha/hpa/analytics/pages/health-care-workforce-reporting.aspx>
- Oregon's Health Care Workforce Reporting Program  
<https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/HWRP-Program-Description.pdf>
- Healthcare Workforce Reporting Program Data  
[https://www.oregon.gov/oha/HPA/ANALYTICS/Documents/Dataprofile\\_Workforce.pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/Documents/Dataprofile_Workforce.pdf)

## RESOURCES

- OHSU Office of Rural Health  
<https://www.ohsu.edu/oregon-office-of-rural-health>
- OHSU Office of Rural Health Data, Publications & Maps  
<https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>
- OHSU Critical Access Pharmacies 2023  
<https://www.ohsu.edu/media/33126>
- Oregon Open Data Portal  
<https://data.oregon.gov>
- State of Oregon Diversity, Equity and Inclusion Action Plan 2021  
[https://www.oregon.gov/das/Docs/DEI\\_Action\\_Plan\\_2021.pdf](https://www.oregon.gov/das/Docs/DEI_Action_Plan_2021.pdf)







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