Health Care Workforce Reporting Program Data
## HPA Data Profile

The Health Care Workforce Reporting Program (HWRP) collects survey data from health care professionals licensed in Oregon every time they renew their licenses. The survey asks questions about providers' demographics, the care they provide, their plans for the future, and more. As of 2023, there are over 35 health care occupations licensed by 17 health licensing boards that are required to participate in the survey. Policymakers and researchers use this information to understand and improve the health care workforce so that people in Oregon can get the care they need.
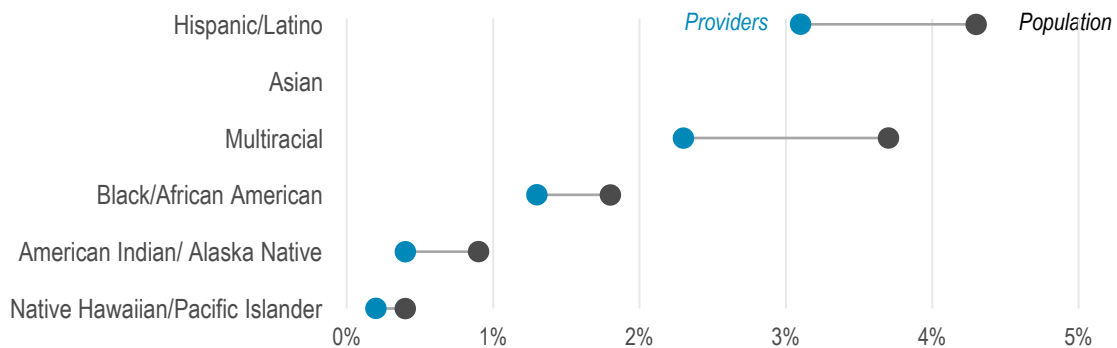
Health Care Workforce Reporting Program data can tell us things like…

Some counties in Central Oregon have fewer primary care professionals per resident than other areas of the state.
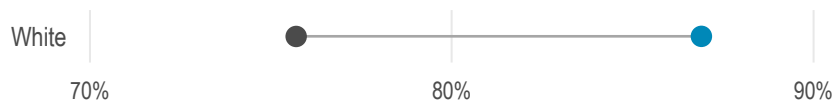
Rates per 10,000:   ■ <10   ■ 10-20   ■ 20-30   ■ 30+
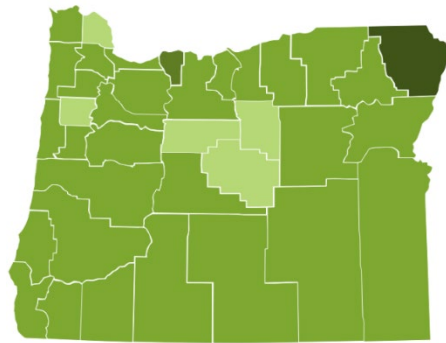
Compared with the **general population in Oregon**, there are fewer **behavioral health providers** who identify as people of color.

Behavioral health providers who identify as white, on the other hand, are overrepresented.

Regular reporting

The Health Care Workforce Reporting Program publishes several regular reports:

Data are updated annually in an interactive dashboard

Oregon's Licensed Health Care Workforce is an interactive (Tableau) dashboard that allows users to explore data for each of the health care professions that take the workforce survey. Key measures include:

- The total number of health care professionals licensed in Oregon
- The number of professionals actively practicing in Oregon
- The estimated "full-time equivalency" of professionals providing direct patient care
- Trends over time
- Geographic (county) distribution
- Provider demographics
- Practice characteristics, such as how the workforce spends their time, top practice specialties, and more

The *Licensed Health Care Workforce* dashboard is updated annually with data that were collected through the previous calendar year.

Two biennial reports provide analysis and key insights

Every January of odd-numbered years, the Health Care Workforce Reporting Program publishes:

1. ***Oregon's Licensed Health Care Workforce Supply***, which includes analysis, key insights, and deeper dives into the data that are published in the annual dashboard. *Oregon's Licensed Health Care Workforce Supply* is an important source of information for the *Health Care Workforce Needs Assessment*, which is a biennial report to the Legislature.

   Read the most recent Workforce Supply Report.

2. ***Diversity of Oregon's Health Care Workforce***, which explores the race, ethnicity, gender, and language makeup of licensed health care professionals, and examines whether the workforce is representative of communities in Oregon. This report is a requirement of the Health Care Workforce Committee.[1]

   Read the most recent Diversity Report.

While the dashboard shows only data about individual occupations (that is, license types), the biennial reports also analyze supply and diversity of the broader workforce categories such as primary care or maternal health. These categories are based on providers' self-reported specialty areas of practice. Learn more on page 7 in the section called *Broader workforce categories.*

The dashboard and reports, as well as other historical reports back to 2011, can be accessed on the Health Care Workforce Reporting Program webpage.

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[1] The Health Care Workforce Committee is a subcommittee of the Oregon Health Policy Board. It coordinates the state's efforts to achieve a dynamic health care workforce that helps all people in Oregon reach their full health potential.

About the data

This section includes some helpful information about where Health Care Workforce Reporting Program data come from, what types of information are available, and important things to keep in mind when using these data.

How the data are collected

The Health Care Workforce Reporting Program collaborates with 17 health professional licensing boards to collect data from providers through an online survey when they renew their licenses every 1-2 years. Providers are **required** to complete the online survey as part of the renewal process. Learn more about licensing boards in the box below.

> ### Licensing Boards 101
>
> To practice in Oregon, health care providers must be licensed by a state health licensing board. There are 17 boards focusing on different areas of the workforce that are part of the program.
>
> Providers must get a license to begin practicing in Oregon, and they must **renew** their license every 1-2 years (different boards have different timelines). HWRP Survey data are collected each time a provider **renews** their license.
>
> Read the full list of participating boards, licensed professions, and their renewal timelines.

Every year, each licensing board submits a file containing data about all of their licensed providers to the Health Care Workforce Reporting Program. The survey data that were collected during providers' license renewals are then merged with these files to create an annual database.

Data elements

While the surveys differ slightly between license types, they generally include provider demographics, education, languages spoken, practice locations, number of hours worked at each location, future practice plans, and information about specialty area of practice. For selected occupations[2] the survey also includes whether the provider sees Medicaid clients.

Who is represented in the survey?

- The Health Care Workforce Reporting Program collects data from **all** renewing licensees, making it a "full count" survey (as opposed to a sample survey).
- Because the survey is taken when providers **renew** their license, new providers who are being licensed for the first time are not included in the survey. However, new providers are **counted** in the overall workforce supply estimates because they are included in the boards' file about **all** active licensees – they just don't have survey data.
- Survey data are collected from 17 boards, as required by Oregon law. In 2022, these 17 boards covered about 35 license types. While some licensing boards administer only one license type, many administer two or three (for example, the Board of Pharmacy administers licenses for pharmacists and certified pharmacy assistants). Oregon's nursing

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[2] Medical professions, naturopathic physicians, chiropractic physicians, dentists, nurse practitioners, counselors and therapists, social workers, and psychologists

workforce includes six distinct occupations, such as registered nurses, certified nursing assistants, nurse practitioners, and more. Boards sometimes add new license types, so the exact occupations covered by these 17 boards may change over time.

Timing and frequency

Different boards renew licenses (and thus collect data) on different timelines. Some renew every year (annually) while others renew every two years (biennially).

In about January of each year, the Health Care Workforce Reporting Program creates a new annual database. For boards that renew annually, the annual database includes data collected in the prior year. For boards that renew biennially, the annual database contains survey data collected in the prior two years.

This means that the **2022 database** includes the **number of all providers licensed as of January 2022** and it includes **survey data collected during all license renewals that occurred during the previous 1-2 years** (depending on the board). Similarly, the 2023 database includes the number of all providers licensed as of January 2023 and survey data collected during the previous 1-2 years. **Learn more about time lag, comparing trends over time, and how license renewal schedules can impact the data on page 5.**

Comparable annual data are available as far back as 2016 for some occupations; others are available only back to 2018 or 2019. Learn more in the box below.

> **Health Care Workforce Program History**
>
> The Health Care Workforce Reporting Program was established in 2009 by House Bill 2009 and required data collection for just seven licensing boards, covering 17 occupations. The first data were published in 2011.
>
> In 2015, the Oregon Legislature added ten more licensing boards to the program with Senate Bill 230 – more than doubling the total number of occupations included in the data.
>
> With these major changes, the Health Care Workforce Reporting Program took the opportunity to make improvements to data collection methods. For that reason, **most data reported before 2016 are not comparable to later years.**

REALD and SOGI

What are REALD and SOGI?

REALD and SOGI[3] are types of standardized demographic information. REALD stands for: **R**ace, **E**thnicity and **L**anguage, **D**isability. SOGI stands for: **S**exual **O**rientation and **G**ender **I**dentity.

Collecting data with REALD and SOGI standards helps us identify and address health disparities, and support data justice in communities that are most affected by health disparities. Learn more on OHA's website.

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[3] As of this publication, only draft SOGI data collection standards have been released

REALD and SOGI in Health Care Workforce Reporting Program data

REALD data collection has been implemented by the Health Care Workforce Reporting Program since 2021 with two exceptions:

- One of the disability questions is not included: *Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?*
- <u>All</u> disability questions are excluded from the four license types administered by the Oregon Medical Board.

The reason for these omissions is concern among licensing boards about unintended harm of these questions if shared with licensing boards or others outside OHA. It should also be noted that the Oregon Medical Board is the only board that administers their own survey (in close collaboration with the Health Care Workforce Reporting Program).

Things to remember when using Health Care Workforce Reporting Program data

Who is and is not included

Only health care providers that are required to report by Oregon law are included in the survey. Additional licensed types (for example, some allied health professionals) and non-licensed health care professionals – such as Traditional Health Care Workers and Health Care Interpreters – are not included.

Not all licensees are actively working in Oregon

The number of providers licensed in the state is reported directly by each of the licensing boards in January of each year. But it's important to remember that **not all providers who hold a license are actively working in their fields in Oregon.** Furthermore, not all providers who *are* actively are working work full time. For that reason, the Health Care Workforce Reporting Program produces two estimates:

1. The number of providers who are **actively practicing** in Oregon; and
2. The "full-time equivalency" of practicing professionals in direct patient care.

These two measures provide a more nuanced picture of the actual supply of health care professionals in Oregon. The interactive Tableau dashboard, *Oregon's Licensed Health Care Workforce*, allows users to toggle between each of the measures.

New licensees don't take the survey

The workforce survey is completed only by providers who are **renewing** their licenses. Providers who are being licensed for the first time do not take the survey. Supply estimates account for these licenses, however the annual survey results such as demographics and practice characteristics do not reflect providers who are new to the field.

Time lag

Because survey data are only collected at renewal, the data reported during a calendar year may be up to two years old. For example, the 2023 database includes the **number** of all licensees that held a current license in January 2023, but it contains **survey data** from those providers' most recent renewal – which could be up to two years prior. Learn more in the Timing and Frequency section on the previous page.

Comparing trends over time

As described in the box on page 4, data from 2016 onward should not be compared with earlier years. In addition to that, **questions are sometimes modified or added** to make sure the survey provides relevant information for policymakers and researchers. For example, when telehealth became an important policy topic during the COVID-19 pandemic, questions about the practice were added to the survey. Users who want to do their own analysis of raw workforce data should consult with program staff to understand nuances that may impact trends over time.

License renewal schedules can create noise in the data for some occupations

Different boards renew licenses (and thus collect data) on different schedules. There are two components:

1) The renewal **cycle:** *how often* licensees are required to renew their license (either annually or biennially); and

2) The renewal **period:** *when during the year* licensees can renew (either ongoing, or during a specific window).

Occupations that renew on a biennial cycle[4] and during a specific period will often show a cyclical drop in the number of licensees during years when no renewals take place. That's because most licensees who decide to **leave** the workforce will simply forgo renewing their license during the renewal period. As a result, there will be a **drop** in the total number of licenses at timepoints following the renewal period.

Figure 2. on the next page illustrates an example with the Physical Therapy Licensing Board, which renews licenses on a biennial cycle from January to March.

Figure 2. The example below shows how a biennial renewal cycle impacts trends over time.

The total count of providers dropped slightly in spring 2018 ■ after providers who decided to leave the workforce didn't renew their licenses during the renewal period ■ ■ ■. That drop will be reflected when data are collected for the database ☐ the following year (2019). The same pattern will repeat every odd year, following the license renewal period.

Legend: ■ ■ ■ *License renewal period*   ■ *Providers leave workforce*   ☐ *Database is updated*

The drop in workforce that occurred in 2018 will be reflected in the 2019 database.

The same pattern will repeat in 2020- 2021.

As a result, the number of licensed physical therapists appears to fall in odd years, as shown in the line chart at right:

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[4] pharmacy, occupational therapy, physical therapy, and speech-language pathology and audiology occupations

Specialty areas of practice

As described earlier, the survey collects data about providers' *specialty* areas of practice. **Specialty areas of practice are loosely defined and subjective.** Two providers may do the exact same thing, and one judges (and reports) that YES they provide primary care; while the other judges (and reports) that NO they don't really provide primary care. Therefore, this element of the data has more uncertainty – or is a rougher estimate – than other elements such as practice location or education. Furthermore, the specialty areas included as options in the survey varies by board.

Broad workforce categories

As described on page 2, the Health Care Workforce Reporting Program sometimes calculates and reports estimates for broad workforce categories such as primary care, pediatrics, oral health, behavioral health, or maternal health care. These categories typically include multiple occupations (that is, license types) as well as multiple self-reported specialty areas. For example, Table 1. below shows how "behavioral health professional" was defined in the 2021 Workforce Supply Report. **There are many different ways these broad workforce categories could be defined.** Therefore, estimates from the Health Care Workforce Reporting Program may differ from other sources.

Table 1. Licenses and specialty areas of practice included in the *behavioral health professionals* category (2021).

Occupations (license types)	Self-reported specialty areas of practice
– All psychologists – All counselors and therapists – All 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 or mental health – naturopathic physicians who specialize in mental health

Impacts of the COVID-19 pandemic

In response to the COVID-19 emergency declaration, many boards adopted permanent or temporary rules relaxing certain requirements in an effort to expand workforce capacity. For example, some boards allowed providers who were licensed in another state to practice in Oregon during an emergency; or automatically extended all licenses that were set to expire. Rules like these will impact Health Care Workforce data in subtle and varied ways. At the same time, the pandemic has had many impacts on both the supply of, and demand for, Oregon's health care workforce.

Requesting data

The Health Care Workforce Reporting Program makes de-identified public-use health care workforce datasets available for a variety of purposes including research, program evaluation, or other activities that support OHA's mission. Instructions to request data are on the Health Care Workforce Reporting Program webpage under "Data Requests."

Health Care Workforce Reporting Program data in action

HWRP data are a vital source of information for many policies and programs. A few examples include:

Allocating resources to underserved communities

State and national policymakers have established many programs to improve access to health care in underserved areas. Eligibility for these programs usually depends on special "health care needs designations" which are based on specific, measurable criteria – **including population-to-provider ratios that are calculated using Health Care Workforce Reporting Program data.**

Based on these designations, clinics and providers can apply for enhanced resources. There are [four types of designations](#) that determine eligibility for almost a dozen different programs. For example, physicians who provide services in designated *Health Professional Shortage Areas* (HPSAs) can apply for special bonus payments. Such bonus payments serve as an incentive to bring more providers to underserved parts of Oregon.

Health care need designations bring in more than $50 million in federal dollars to Oregon communities, clinics and providers to help address the health care workforce shortages experienced by people in Oregon.

Providing transparency to the public during the COVID-19 pandemic

During the COVID-19 pandemic, OHA created a dashboard that allowed the public to explore the percentage of providers vaccinated against COVID-19. Data were shown by occupation and race/ethnicity as well as by county. To create this dataset, analysts combined HWRP data with records from Oregon's [ALERT Immunization Information System](#).

Footer

Please email HPA.IDEA.Team@odhsoha.oregon.gov if you:
- Found an error or something that needs to be updated in this document; or
- Would like this document in other languages, large print, braille, or a format you prefer.

Quick Facts

Name	Health Care Workforce Reporting Program data
Acronym	HWRP data
Summary	A survey of all renewing health care licensees. Information is self-reported by licensees on demographics and practice details, such as hours worked each week, specialties, and future plans. The program also annually reports the total number of licensees and several supply estimates.
Data type	Full-count survey
Populations	Licensed health care providers
Frequency	Annual
Available since	2010, however due to method changes beginning in 2016, data from 2010-2015 are not comparable to later years
Required?	Yes: House Bill 2009 (2009), Senate Bill 230 (2015), and Oregon Revised Statute 676.410
Regular reporting	*Oregon's Licensed Health Care Workforce* (interactive dashboard, updated annually) and two biennial reports: *Oregon's Licensed Health Care Workforce Supply*; and *Diversity of Oregon's Health Care Workforce*
Website	www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx
Lead staff	Andy Davis
Internal requests	email Andy.Davis@oha.oregon.gov
External requests	Complete the Health Care Workforce Program's data request process. Instructions and forms available on the Health Care Workforce Reporting Program webpage under "Data Requests."
General contact	wkfc.admin@odhsoha.oregon.gov
Security level[5]	Level 3 (restricted)
Data dictionary?	Yes: Available on the Health Care Workforce Reporting Program webpage under "Data Requests"
REALD	REALD data collection has been implemented in health care workforce survey since 2021. See page 4 for details.
SOGI	Surveys include 'Male,' 'Female,' 'Prefer to self-describe' (with open field), and the option to decline to answer
Suggested citation	Oregon Health Authority, Health Care Workforce Reporting Program

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[5] Learn more: https://www.oregon.gov/das/policies/107-004-050.pdf