

Draft Report for the Oregon 2027 Health Care Workforce Needs Assessment

Oregon Health Policy Board

October 27, 2026

Prepared by the University of Washington Center for Health Workforce Studies
and the WWAMI Rural Health Research Center

Goals for today



Overview of Draft Needs
Assessment Report



Gather feedback on draft report
and review instructions on
providing additional comments
via the feedback form by
November 3, 2026

Roadmap for today

- 30 minutes
 - Brief background of report along with list of each section in full report
 - Brief methods overview
 - Key findings from the main report sections – social determinants of work, health care workforce landscape, primary care, oral health, and behavioral health workforce groups, and measures of need and capacity
 - Overview – recommended areas of focus
- 25 minutes for feedback (guiding questions will be provided)

Please note

The findings included in this presentation are preliminary and have yet to be contextualized or validated by program staff or subject matter experts. This is why we are gathering feedback from you today, as well as others in the coming weeks.

Background

- House Bill 3261 requires a Health Care Workforce Needs Assessment be prepared for and submitted to the legislature every two years – this is the sixth report
- OHA set a goal of eliminating health inequities by 2030 - sufficient supply of a well-supported health care workforce is essential for this.
- Narrower scope than past assessments:
 - Focuses on three health workforce groups: Primary Care, Oral Health, and Behavioral Health
 - Contextual information impacting the health care workforce including Social Determinants of Work
- The report will be presented to OHPB for an approval vote at the Jan. 5, 2027 meeting.

Draft Report Sections

- Executive Summary
- Background
- Methods
- Social Determinants of Work
- Health Care Workforce Landscape
- The Primary Care Workforce in Oregon
- The Oral Health Workforce in Oregon
- The Behavioral Health Workforce in Oregon
- Measures of Current Needs and Available Resources
- Recommended Areas of Focus
- References
- Acknowledgements
- Appendices

Brief methods

- Datasets used:
 - **Oregon datasets (all 2026):** Health Care Workforce Reporting Program survey, Mental Health and Addiction Certification Board of Oregon (MHACBO) data, traditional health worker (THW) and health care interpreter dashboards, Higher Education Coordinating Commission (HECC) educational completion data, Oregon Employment Department demand data
 - **National datasets:** 2024 Area Health Resource File, 2024 Behavioral Risk Factor Surveillance System, 2024 American Community Survey, 2018-2024 Integrated Postsecondary Education Data System
- Key supply variables:
 - **Number of actively practicing** = the number of those licensed in Oregon who are also currently working (includes volunteers)
 - **Number of Full-time Equivalents (FTEs) dedicated to direct patient care**, where 1 FTE = 40 hours per week of direct patient care
- Reviewed multiple reports for additional context and data
- Subject matter experts

Social Determinants of Work (SDW)

- SDW are structural conditions that shape an individual's ability to find, keep, and thrive in a job
- Examined 7 areas: Housing, transportation, childcare, school quality, digital access, food security, workforce-supportive policies
- Childcare and housing stability – largest evident concerns
 - **One third of households pay >30% household income** on housing.
 - Worst on the west side of the state, ranges from 12.9% to 46.3%
 - **34 of Oregon's 36 counties** are childcare deserts – most severe in central Oregon
- **Oregon has several workforce-supportive policies** – paid family medical leave, Medicaid expansion, and earned income tax credit refunds

Health Workforce Landscape

- Significant uncertainty due to Medicaid cuts. Currently ~33% of Oregonians on Medicaid, likely to shift demand to emergency rooms, federally qualified health centers
- Leader in the nation for broad/more independent scope of practice for key occupations
- Complex credentialing for some professions such as behavioral health workforce (work underway to address this)
- Multiple existing programs and strategies to expand workforce supply and capacity

Primary Care Workforce - Supply

	Total, all independently practicing* primary care occupations	Physicians (MD/DOs)	Naturopathic Physicians (NDs)	Nurse Practitioners (NPs)	Physician Associates (PAs)	Registered Nurses (RNs)
Estimated number actively practicing primary care licenses	10,166	6,346	366	2,300	1,154	9,964
Estimated number of actively practicing per 10,000 population	23.6	14.8	0.9	5.3	2.7	23.2
Estimated direct patient care FTE	7,441	4,643	226	1,688	884	5,461
Estimated direct patient care FTE per 10,000 population	17.3	10.8	0.5	3.9	2.1	12.7

*Total excludes RNs

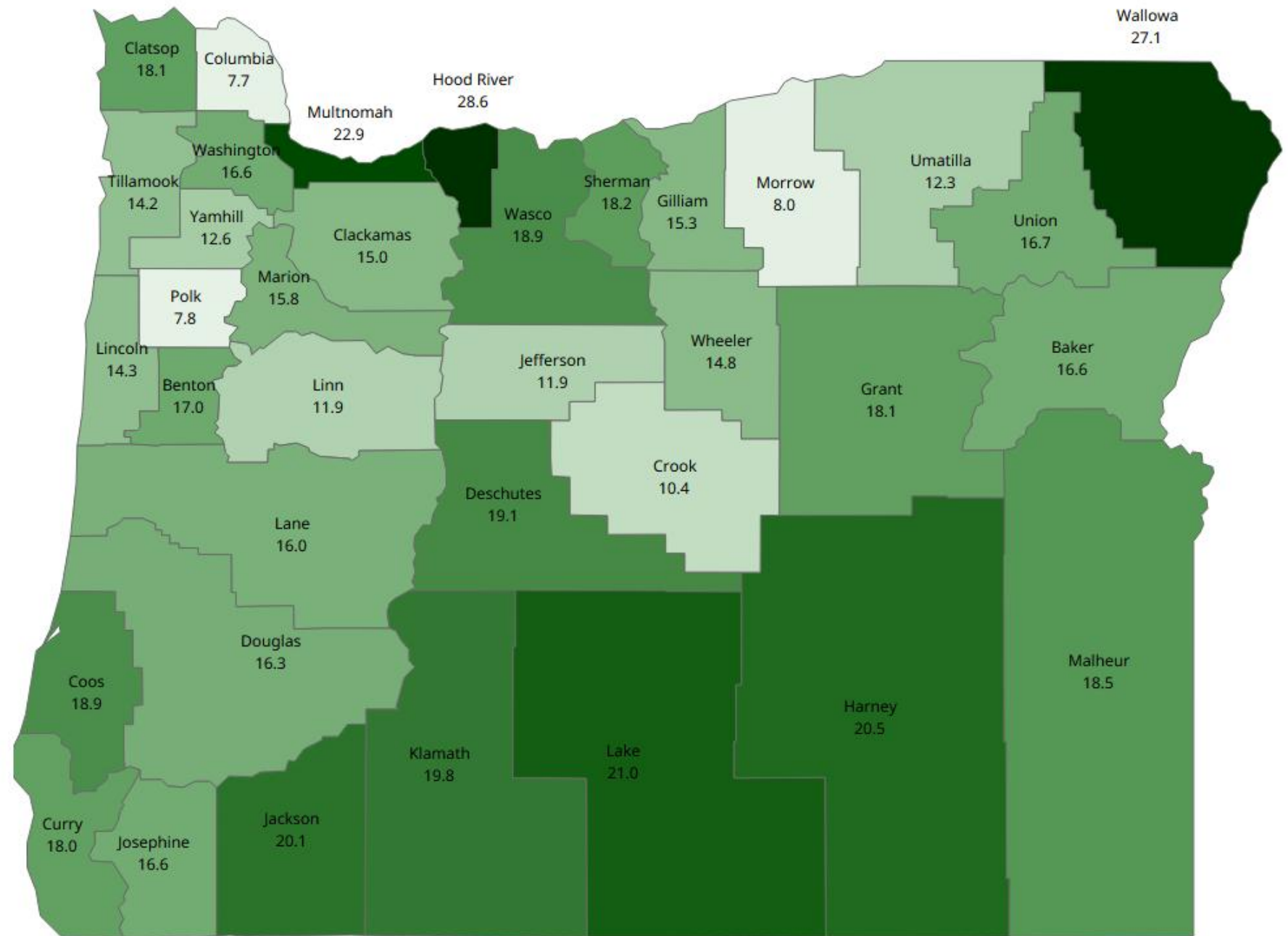
Since 2024 →

- **6.1% increase** in the number actively practicing
- **4.4% increase** in direct patient care FTEs

Primary Care Workforce Distribution:

Direct patient care FTE per 10,000 population of the actively licensed and independently practicing primary care workforce by county, 2026

Oregon overall = 17.3



Total FTE in Patient Care per 10k Population
7.7 28.6

Primary Care Workforce – Supply and Distribution Key Findings

- **6.1% increase in the size** of the primary care workforce (2024-2026)
 - Most of this increase driven by growth among primary care NPs (18.8%) and PAs (13.7%)
- **4.4% increase in number of direct patient care FTEs**, although per capita totals are similar (17.0 to 17.3 per 10,000 population)
 - 0.9% decrease in physician direct patient care FTEs
 - Increase of direct patient care FTEs among NPs (17.3%), PAs (9.2%) and NDs (11.3%)
- **24.9% practice in rural areas**, most concentrated on the west side of the state
 - **37.6% of NPs** in rural areas
- **52.8% report family medicine** as primary or secondary specialty
 - Family medicine most common among naturopathic doctors, NPs, PAs
 - Physicians' specialties more distributed, with high proportions also in internal medicine and pediatric specialties

Primary Care Workforce – Demographics Key Findings

- Licensed primary care occupations **predominantly identify as female (76%) and White (65%)**, with Hispanic or Latino/a/x populations and American Indian or Alaska Native populations underrepresented

Selected race and ethnicity groups	Primary Care	Oregon
American Indian or Alaska Native	0.6%	1.6%
Black/African American	2.4%	1.8%
Hispanic or Latino/a/x	4.1%	14.7%

- 24.0% report speaking a language other than English
- Medical assistants (MAs) – also **predominantly female (84.1%) and White (71.4%)**, along with “Other/mixed race” (21.5%).*
 - 20.0% **speak a language other than English**

*Race and ethnicity groups for MAs according to census groupings in the American Community Survey

Primary Care Workforce – Other Key Findings

- **Most NPs and NDs practice in clinic settings while physicians are spread more evenly across clinic and hospital settings**
- **24.2%** report working more than 40 hours per week
- **85.5% provide telehealth services** (excluding MDs/DOs/PAs) and **80.4% MDs/DOs report seeing patients covered by Medicaid** at least some of the time
- Educational completions are **increasing for registered nurses and support occupations; decreasing for NPs and relatively flat for MDs.**
- **Future plans indicate short-term stability.** Demand expected to increase across most primary care occupations with many replacement job openings expected (due to retirement, changing jobs, changing occupations), especially for MAs

Behavioral Health Workforce Supply

	Total, all behavioral health occupations	Physicians (MD/DOs)	Naturopathic Physicians (NDs)	Psychologists (PhD/PsyD)	Nurse Practitioners (NPs)	Physician Assistants (PAs)	Counselors and Therapists (LPC/LMFT)	Licensed Clinical Social Workers (LCSW)	Clinical Social Work Associates (CSWA)
Estimated number actively practicing behavioral health licenses, n	19,569	884	96	2,161	1,760	56	6,578	6,325	1,709
Estimated number actively practicing per 10,000 population	45.5	2.1	0.2	5.0	4.1	0.1	15.3	14.7	4.0
Estimated direct patient care FTE, n	10,825	535	46	1,116	1,162	43	3,443	3,375	1,105
Estimated direct patient care FTE per 10,000 population	25.1	1.2	0.1	2.6	2.7	0.1	8.0	7.8	2.6

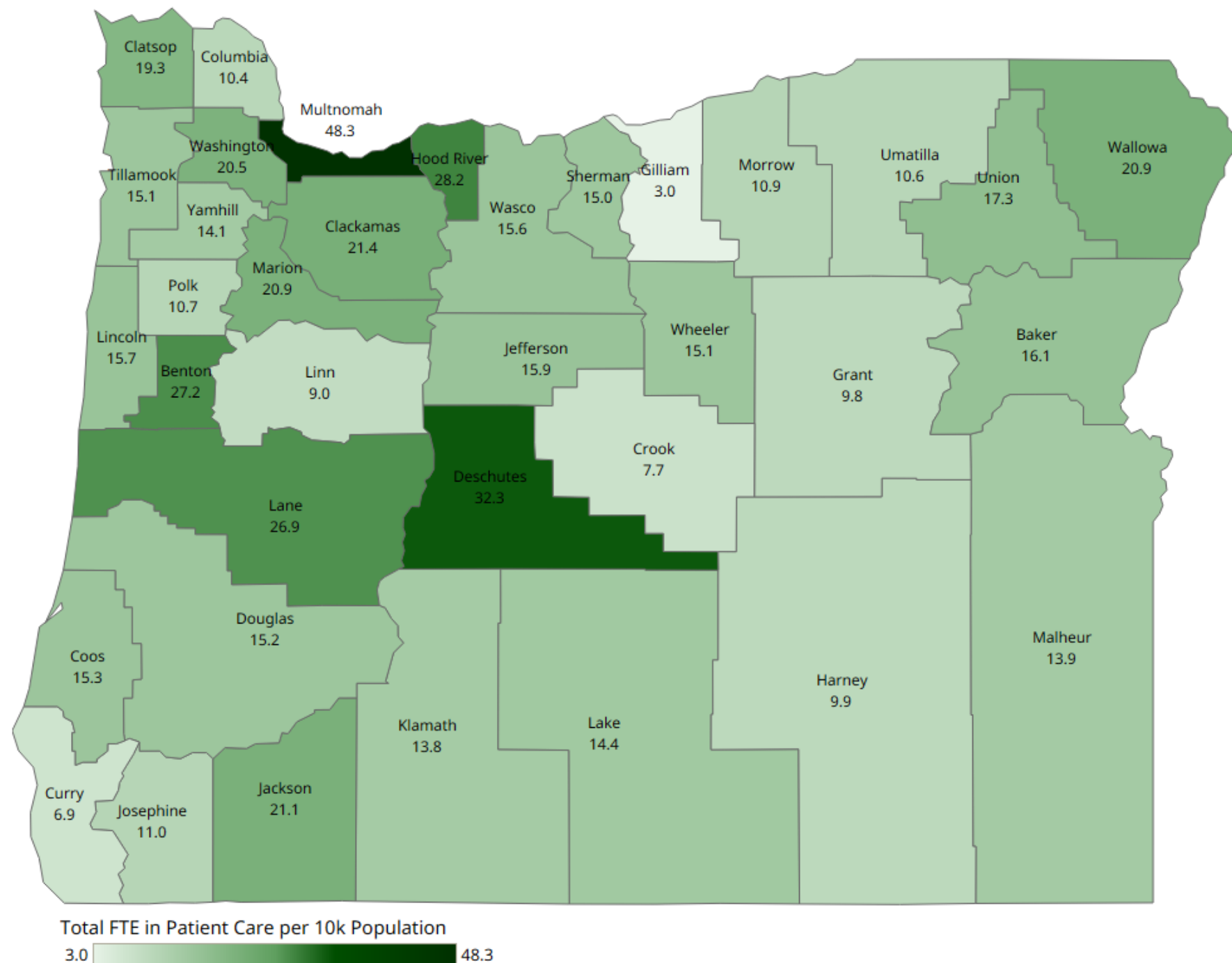
Since 2024 →

- **18% increase** in the number actively practicing
- **17.5% increase** in direct patient care FTEs

Behavioral Health Workforce Distribution:

Direct patient care FTE per 10,000 population of the actively licensed behavioral health workforce by county, 2026

Oregon overall = 25.1



Behavioral Health Workforce – Supply and Distribution Key Findings

- **18.0% increase in the number actively practicing (2024-2026)**
 - Largest growth among NPs (43.9%) and licensed social workers (21.4%)
- **17.5% increase in direct patient care FTEs**
 - Largest among NPs, LCSWs
 - Ratio of direct patient care FTEs to total number in practice higher among NPs
- **15.8% practice in rural areas**, most concentrated on the west side of the state
 - **18.3% of NPs** in rural areas, **~17% among LPCs/LMFTs, LCSWs, CSWAs**
- 14,992 total certified credentials among **11,855 individuals in the certified-only** BH workforce

Behavioral Health Workforce – Demographics

Key Findings

- **Predominantly identify as female (73.8%) and White (71.1%),** with Hispanic populations underrepresented
- | Selected race and ethnicity groups | Licensed Behavioral Health | Oregon |
|------------------------------------|----------------------------|--------|
| American Indian or Alaska Native | 0.8% | 1.6% |
| Black/African American | 3.5% | 1.8% |
| Hispanic or Latino/a/x | 4.3% | 14.7% |
- 14.1% report speaking a language other than English
 - Certified BH workers are younger, less female, and more racially diverse than the licensed BH workforce (9.9% Hispanic or Latino/a/x; 6.5% Black or African American; 3.0% American Indian or Alaska Native)

Behavioral Health Workforce – Other Key Findings

- 18.0% report **working more than 40 hours a week**
- 81.0% of **licensed BH providers offer telehealth services** and 53.7% **serve Medicaid-covered patients** – mostly by PAs and CSWAs.
- **Multiple pathways into the BH workforce**, with 25+ educational institutions offering BH training programs in the state; do see BH program **completions decreasing** from 2023 to 2024 across some occupations (LCSW and psychologists).
- Increased demand with highest among mental health counselors, with high levels of replacement job openings among therapists and LCSWs
- Immediate plans across most of the licensed workforce is to **remain in current positions at current hours**

Oral Health Workforce - Supply

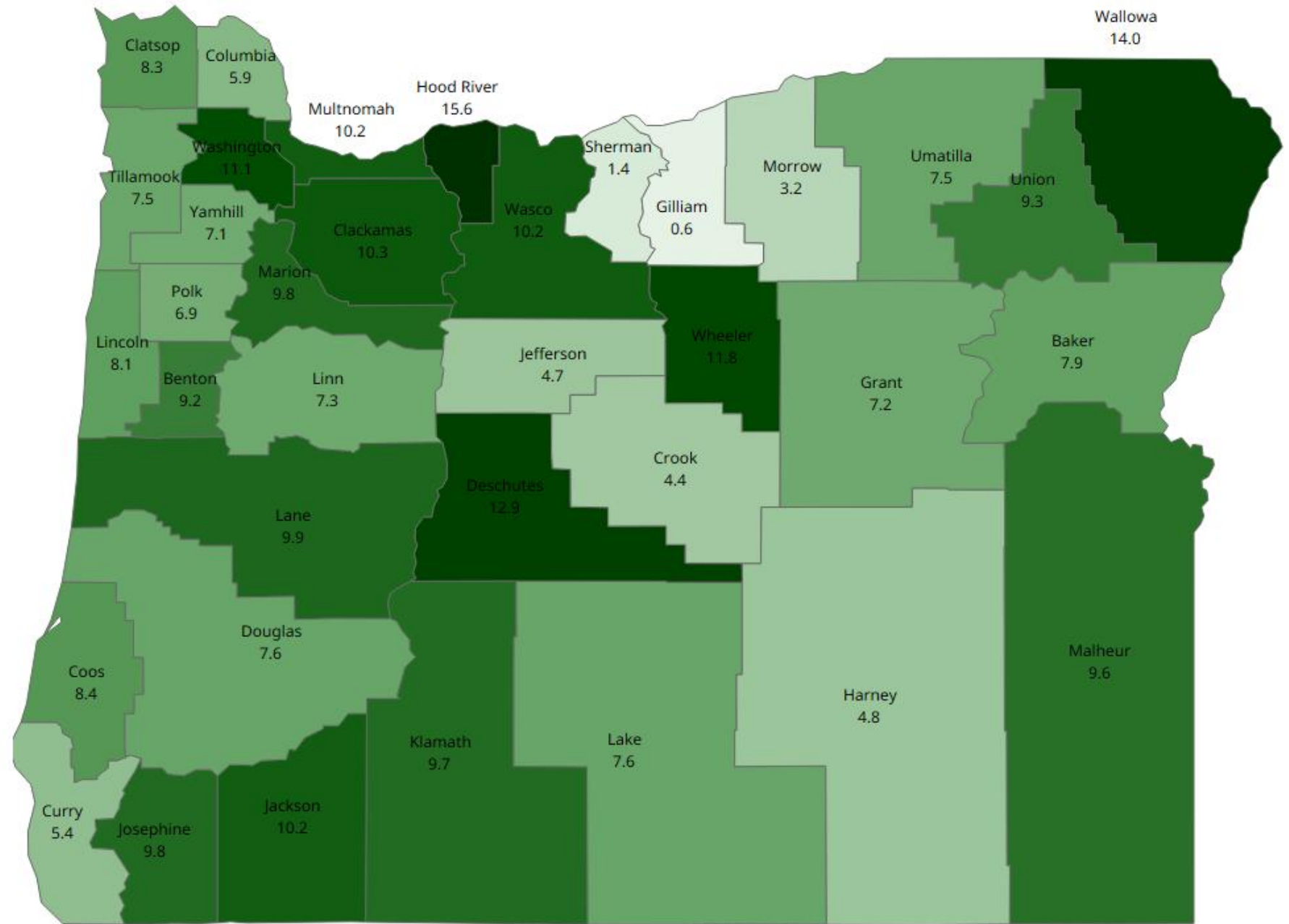
	All Oral Health Occupations	Dentists	Dental Hygienists	Dental Therapists
Estimated number of actively practicing oral health licenses, n	5,726	2,428	3,276	22
Estimated number actively practicing per 10,000 population	13.3	5.6	7.6	--
Estimated direct patient care FTE, n	4,213	2,046	2,150	17
Estimated direct patient care FTE per 10,000 population	9.8	4.8	5.0	--

- Since 2024 →
- **0.8% increase** in the number actively practicing
 - **1.3% increase** in direct patient care FTEs

Oral Health Workforce Distribution:

Direct patient care FTE per 10,000 population of the actively licensed oral health care workforce by county, 2026

Oregon overall = 9.8



Total FTE in patient care per 10,000 population
0.6 15.6

Oral Health Workforce – Supply and Distribution Key Findings

- **0.8% increase in the number actively practicing (2024-2026)**
 - Similar between dentists (1.0%) and dental hygienists (0.6%)
 - Number of **expanded practice dental hygienist permit holders increased by 14%**
- **1.3% increase in direct patient care FTEs**
 - **2.0%** among dentists
 - **0.6%** among dental hygienists
- **26.8% practice in rural areas**, most concentrated on the west side of the state
 - All counties have a dentist; 2 have 0 dental hygienists
 - 29.0% dental therapists in rural areas

Oral Health Workforce – Demographics Key Findings

- **Predominantly identify as female (68.2%) and White (60.6%),** with Hispanic and Black or African American populations underrepresented

Selected race and ethnicity groups	Licensed Oral Health	Oregon
American Indian or Alaska Native	1.0%	1.6%
Black/African American	0.4%	1.8%
Hispanic or Latino/a/x	4.7%	14.7%

- **24%** of the licensed workforce **speak a language other than English**
- Dental Assistants also predominantly identify as female; **higher proportion identify as Hispanic or Latino/a/x (13.4%)** than dentists and dental hygienists (American Community Survey data); **13.7%** speak a language other than English

Oral Health Workforce – Other Key Findings

- **10.6%** report working **more than 40h per week**
- **6.6%** report providing **telehealth services**
- About **31% of Oregon dentists** accept Medicaid, with the number of claims increasing from 2023 to 2025.
 - 40% of those accepting Medicaid report that 50% or less of their patients carry Medicaid coverage
- Dental hygiene and dentistry completions have remained relatively stable, but **dental assisting completions have declined over time.**
- Demand is projected to grow across all occupations; a high number of expected **replacement job openings for dental assistants.**

Measures of Need and Capacity - Key Findings

- **Birth outcomes such as low birthweight rates** in Oregon **better than the national** average, with the all-cause mortality rate similar to the U.S. overall
- **Behavioral health outcomes such as suicide rates were worse** in Oregon than national average
- Number of **Rural Health Clinics decreased** from 117 to 100 and number of **FQHC sites increased** from 191 to 213 (2023-2026)
- 65 hospitals; hospital-based behavioral health services limited
- Areas of Unmet Health Care Need score for Oregon is 49.8, up from 49.6 in 2025
 - **Increase** in (1) # of Primary Care Service Areas without any primary care capacity, (2) preventable hospitalizations, (3) dental ED rates
 - **No change** in rates of ED visits for mental health/substance use
 - **Decreasing** Primary Care Services Areas without any mental health providers.

Recommended Areas of Focus - Primary Care Workforce

- Explore opportunities to facilitate adoption and incorporation of **team-based care models**.
- Examine and address **decreasing educational completions among NPs**.
- Support **RNs to function in primary care at the top of their scope**, including providing nurse visits, complex care coordination, and supporting the social determinants of health.
- Explore **opportunities to expand medical assistant (MA) roles**.

Recommended Areas of Focus – Behavioral Health Workforce

- **Build on existing work**, with some targeted focus on addressing:
 - **Further examine underlying reasons for the gap between the number of actively practicing behavioral health occupations and reported direct care FTE.**
Strategies to address can include facilitating manageable caseloads, peer support, options for telehealth and flexible work arrangements.
 - **Address decreasing educational completions, which may reflect barriers to entry.** Early exposure to behavioral health careers, reducing financial burden, expanding access to clinical supervision, facilitating entry for out-of-state providers.
 - **Facilitate simplification and alignment of behavioral health certification pathways.**

Recommended Areas of Focus – Oral Health Workforce

- Examine reasons for **low use of Expanded Practice Dental Hygienist (EPDH)** permits
- Continue to **track dental therapists** including entrants into and completions from the new dental therapy school in Oregon.
- Facilitate **use of expanded function dental assistants (EFDAs)**
- Facilitate **growth of the dental assistant workforce** through apprenticeships and on-the-job training
- **Address decreasing completions** apparent among the dental assistant workforce
- Targeted work to **better track the dental assistant workforce** through partnering for state-wide data collection.
- Continue supporting, and potentially **grow, incentive programs targeting oral health**

Recommended Areas of Focus – Cross-cutting issues

- Address **maldistribution of the health workforce** through continued and expanded investment in targeted grow-your-own programs and clinical placements in rural areas.
- Continue and **expand on efforts to promote workforce demographics that are representative of the population**, including growing K-12 pathway programs targeted to underrepresented populations in the health care workforce.
- Address **Social Determinants of Work needs**, particularly childcare and housing.
- Continue funding and supporting strategies to **facilitate retention**.
- Highlight and **track Rural Health Transformation Program funding** that is addressing the concerns identified in this assessment as targets where future funding may be needed.

Feedback and Questions

- What does this report do well?
- What could be improved upon?
 - Do the key findings presented in the executive summary capture major points in the draft report?
 - Where is “more” versus “less” needed, particularly with respect to recommended areas of focus?
 - Are there any major gaps? How could these be incorporated?