2026 Oregon Rural Health Conference Presentation Slides

Strengthening Oregon's Health Care Workforce: Rural Workforce Needs and Provider Incentive Outcomes

Presentation to the 43rd Annual Oregon Rural Health Conference

Jill Boyd, Neelam Gupta, Deepti Shinde, and Alyssa Sloane

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Clinical Supports, Integration, and Workforce Unit
Health Policy and Analytics Division

Objectives

- Part 1: Overview of preliminary findings of the health care workforce needs assessment, produced every two years as required by legislation.
  - Discussion of challenges and opportunities surrounding health care workforce with a focus on rural areas.

- Part 2: Health Care Provider Incentive Program review of new workforce incentives for students and practicing professionals.
  - Health Care Workforce Career Pathways Scholarships
  - Health Care Workforce Scholarships
  - Health Care Workforce Retention Scholarships

Part 1: 2027 Health Care Workforce Needs Assessment

Report background

- House Bill 3261 (2017) requires the Oregon Health Policy Board and its Health Care Workforce Committee to partner with Oregon Health Authority (OHA) to conduct an assessment of the health care workforce required to meet patient and community needs every two years. The assessment must consider:
  - The workforce needed to address health disparities among medically underserved populations in Oregon.
  - The workforce needs that result from continued expansion of health insurance coverage in Oregon.
  - The need for health care providers in rural communities.
- The assessment also informs proposals for OHA's health care provider incentive programs to address identified needs.
- OHA contracted with University of Washington Center for Health Workforce Studies and WWAMI Rural Health Research Center to develop the fifth assessment report with OHA and its partners, which is due to the legislature by February 1, 2027.



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:** Health Care Workforce Reporting Program Survey, Mental Health and Addiction Certification Board of Oregon (MHACBO), Traditional Health Worker (THW) and Health Care Interpreter Dashboards, Higher Education Coordinating Commission (HECC) educational completion data
  - **National datasets:** Area Health Resource File, Behavioral Risk Factor Surveillance System, American Community Survey, 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, will likely shift demand to emergency rooms, federally qualified health centers (FQHCs).
- 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 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

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Since 2024 →

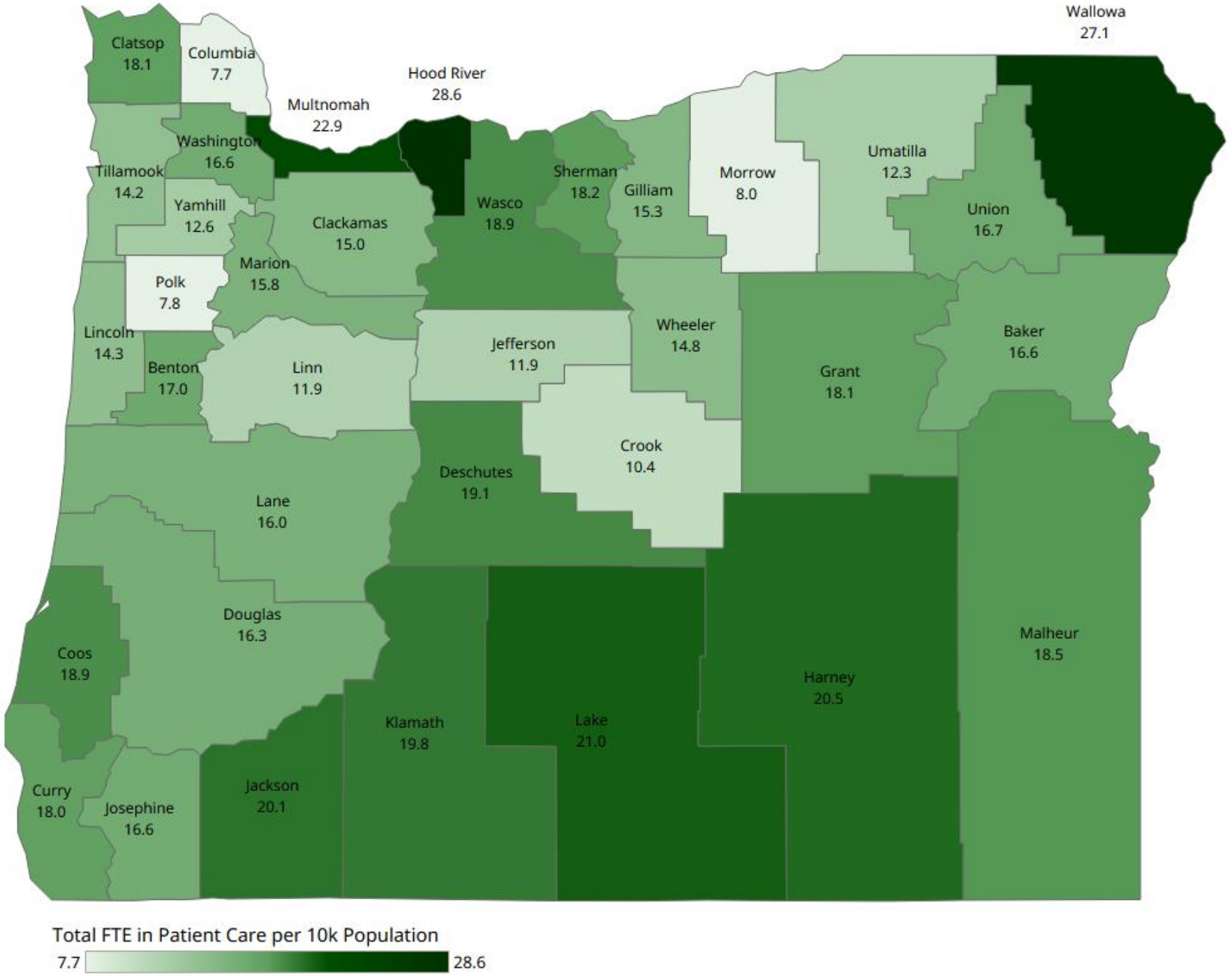
- **6.1% increase** in the number actively practicing
- **4.4% increase** in direct patient care FTEs

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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



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Primary Care Workforce – Supply and Distribution Key Findings

- **6.1% increase in the size** of the primary care workforce
  - 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 – Other Key Findings

- Most **NPs and NDs practice in clinic settings** while **physicians are spread more evenly across clinic and hospital** settings
- **Most report providing telehealth services** (excluding MDs/DOs/PAs) and **most 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 a large number of replacement job openings expected, 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

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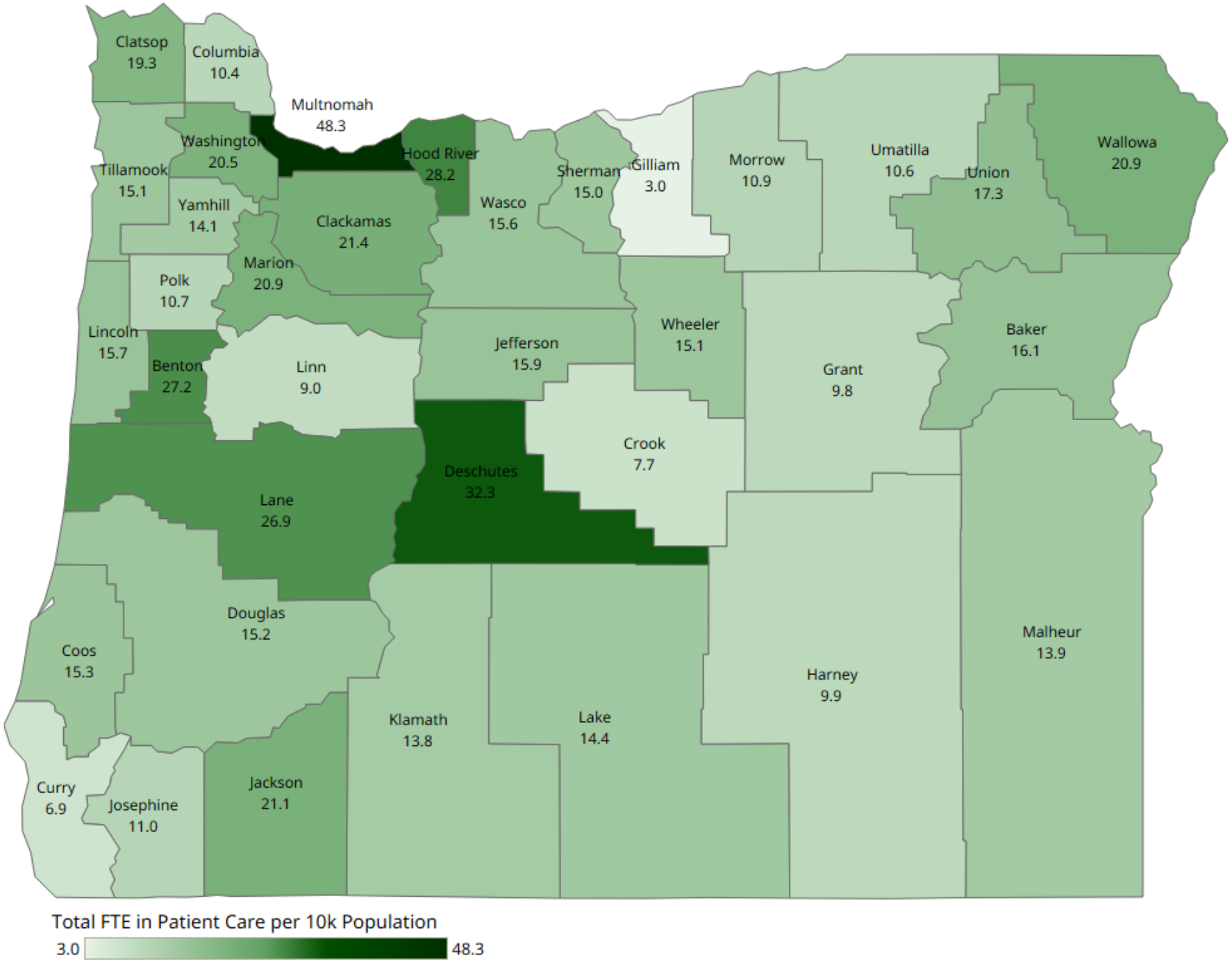
- **18% increase** in the <u>number actively practicing</u>
- **17.5% increase** in <u>direct patient care FTEs</u>

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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



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Behavioral Health Workforce – Supply and Distribution Key Findings

- **18.0% increase in the number actively practicing**
  - 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**

Behavioral Health Workforce – Other Key Findings

- 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 60+ educational institutions offering BH training programs in the state; do see BH program **completions decreasing** from 2023 to 2024 across all occupations.
- Increased demand with highest among mental health counselors; immediate plans across most of licensed workforce is to **remain in current positions at current hours**

Oral Health Workforce - Supply

	All Oral Health Occupations	Dentists	Dental Hygienists
Estimated number of actively practicing oral health licenses, n	5,704	2,428	3,276
Estimated number actively practicing per 10,000 population	13.3	5.6	7.6
Estimated direct patient care FTE, n	4,196	2,046	2,150
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

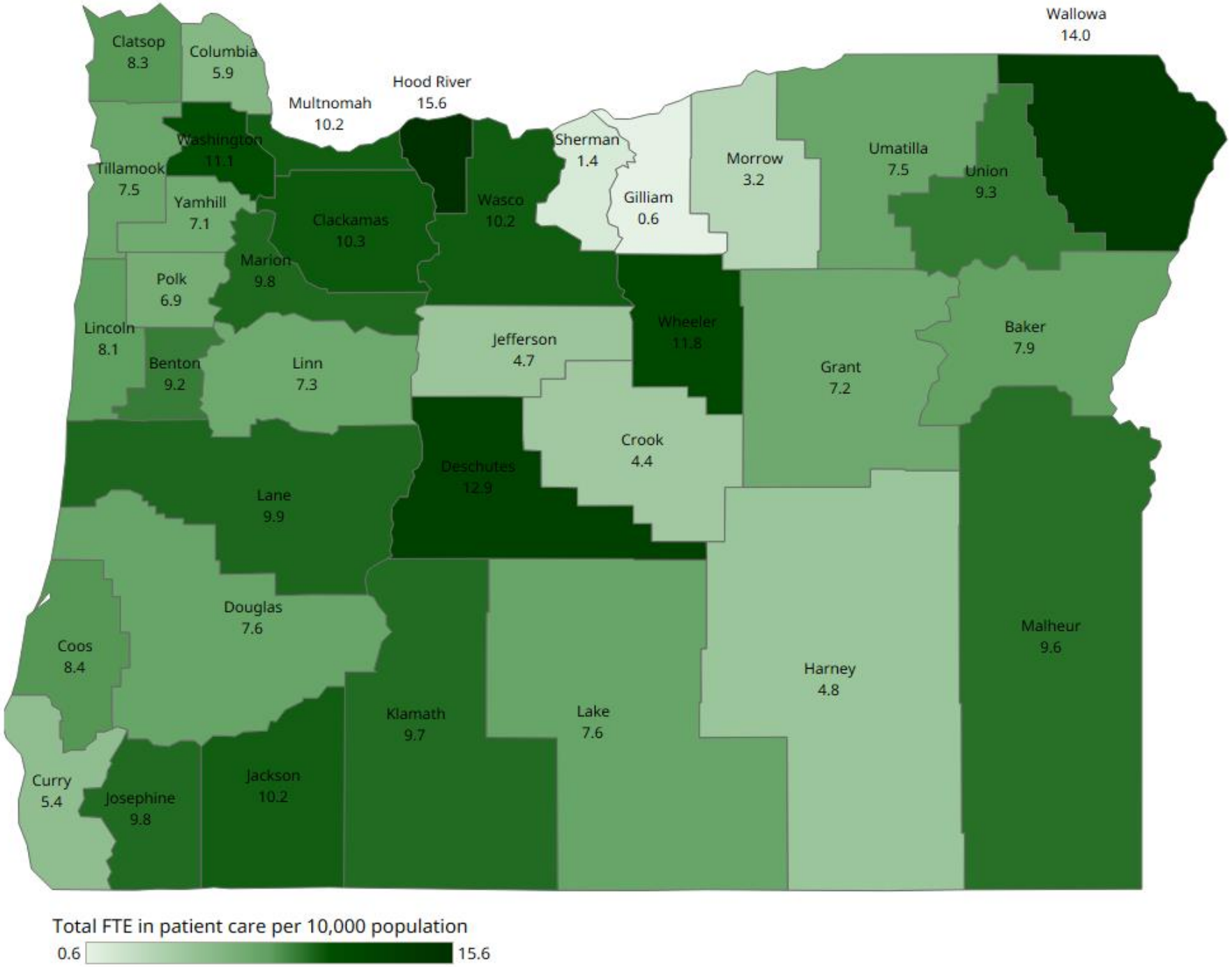
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Oral Health Workforce Distribution:

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

Oregon overall = 9.8



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Oral Health Workforce – Supply and Distribution Key Findings

- **0.8% increase in the number actively practicing**
  - 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

Oral Health Workforce – Other Key Findings

- **Medicaid capacity is limited.**
  - 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 education 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** and support the new dental therapy school in Oregon launched in 2026
- 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 consider **tracking Rural Health Transformation Program funding** that is addressing the concerns identified in this assessment

Part 2: Health care workforce scholarships

Overview: Health Care Provider Incentive Program (HCPIP)

The Oregon Legislature passed **House Bill 3261** (2017) that created **the Health Care Provider Incentive Fund and HCPIP**, which consolidated multiple incentives into a single "pool" (ORS 676.450).



More information on Health Care Workforce Scholarships

- Provides funding for tuition and fees to help grow, strengthen, and diversify the health care workforce
- Intended to support recruitment and retention efforts by:
  - Helping students at various career entry points gain confidence and knowledge of the health care fields to pursue their field of study[1] (recruitment)
  - Increase productivity and reduce rates of turnover[2] (retention)

Next round of scholarship funding opportunities available **November 2026**

[1]National Conference of State Legislatures (June 2023); https://documents.ncsl.org/wwwncsl/Health/Career-Pathways-f02.pdf
[2] https://laudio.com/insights/the-cost-of-rn-signing-bonuses-is-far-higher-than-their-impact-on-retention

Health Care Workforce Pathways Scholarship: Background

- Supports secondary school students and graduating seniors interested in pursuing a health care career
- Two-year grant (starting July 2025) awarded to six programs taking place year-round and/or during summer to serve almost 470 students in Year 1
- Awarded programs are across the state:
  - 22.8% rural
  - 22.6% partially rural
  - 29.2% mixed rural and urban
  - 25.4% urban

Health Care Workforce Pathways Scholarship Awardees, 2023-2025 biennium

Educational Program	Service Area	Number of Students (Year 1)	Funding Awarded
Jefferson County School District	Jefferson County	10	$252,000
Northeast Oregon Area Health Education Center (NEOAHEC)	statewide	93	$307,750
Lane County Educational Service District	Lane County	102	$362,000
Oregon Area Health Education Center (ORAHEC)	Statewide	132	$363,126
Sky Lakes Medical Center Foundation	Klamath and Jackson Counties	16	$125,000
Willamette Career Academy	Willamette County	115	$125,000
	Total	**468**	**$1.53M**

Health Care Workforce Pathways Scholarship: Data

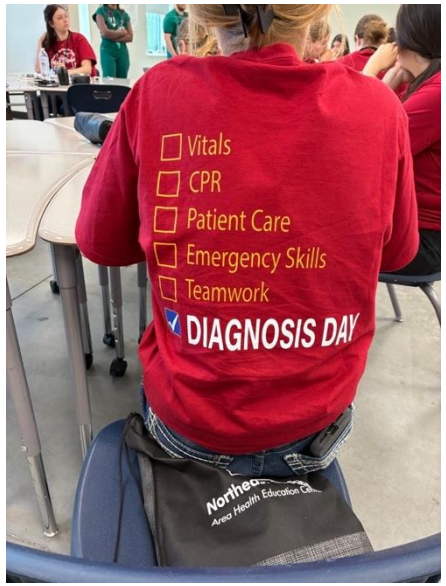
Primary race or ethnicity of students
June 30, 2025-December 31, 2025

Primary race or ethnicity (n = 363)†	Percent
White	47.6%
Hispanic and Latino/a/x/e	25.7%
Asian	4.4%
Multi-Racial	4.4%
American Indian and Alaska Native	0.0%
Black and African American‡	-
Native Hawaiian and Pacific Islander‡	-
Don't Know*	2.9%
Don't want to answer	14.0%
Missing (no response)	13.2%

This table summarizes a subset of all recipients who provided REALD information; among the 468 program recipients, 364 completed the REALD questionnaire. Response rates may, however, vary by item.
*Estimates may be statistically unreliable due to small numbers; interpret with caution.
†Primary race or ethnicity summarizes responses to the following question: If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?
‡Estimate suppressed due to small numbers; statistically unreliable.



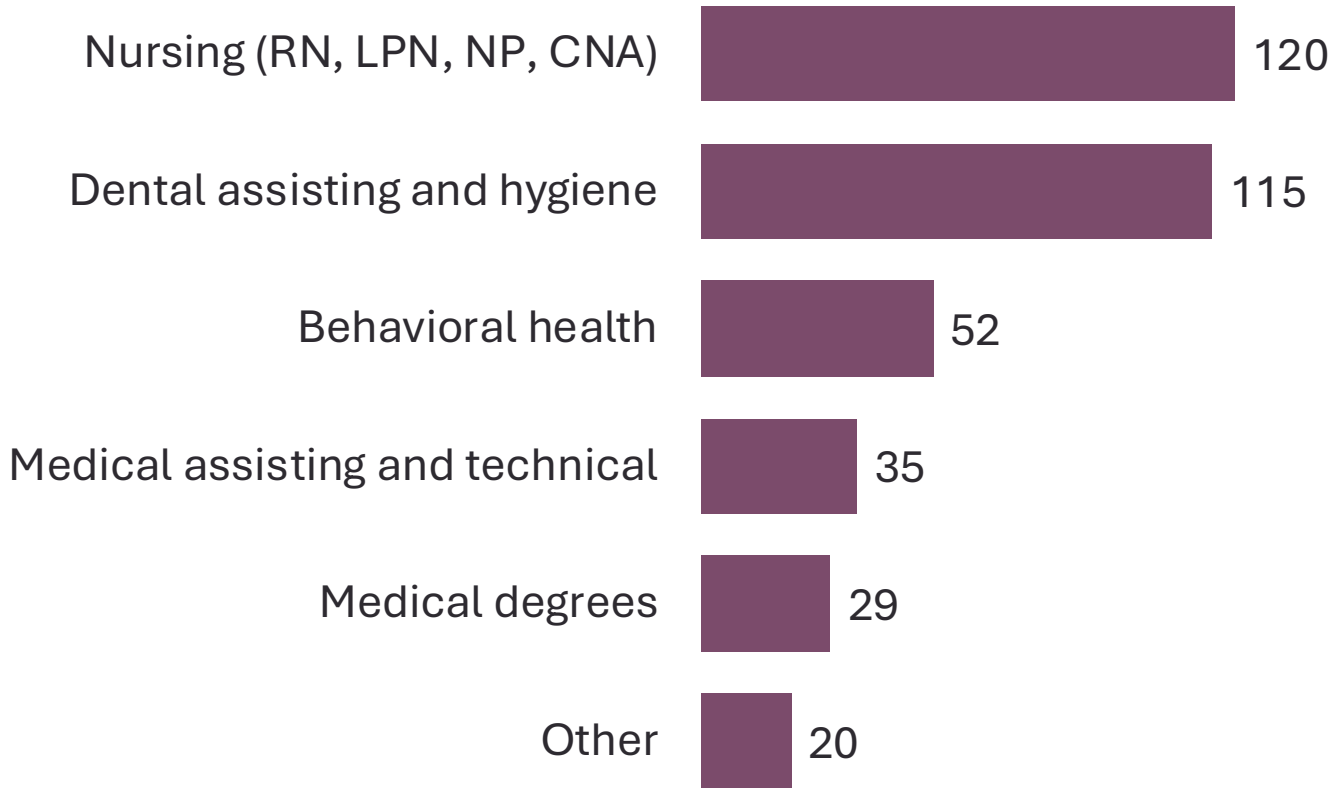




Health Care Workforce Scholarship: Background

- Provides funding for education and training programs to administer scholarships to postsecondary students pursuing health care credentials who are committed to serving rural and underserved areas of Oregon.
- Highest proportion of students (supported across all three biennia 2019-2025) were pursing the following:
  - Nursing: Certified nursing assistant (CNA), licensed practical and registered nurse (LPN and RN), nurse practitioner (NP)
  - Dental care: Dental assisting and hygiene
  - Behavioral health degrees: Associate- and Master-level programs

What students were studying 2019-2025
(number of students)



Health Care Workforce Scholarship: Data

- 371 students supported across three biennia
- Partnering educators increased from three graduate programs (2019-21) to 12 postsecondary, community college, and university programs (2021-25)

Educational institutions and number of recipients, 2019-2025

Educational Program	Awardees
Capitol Dental Care	36
Chemeketa Community College	92
COMP-NW	1-5†
George Fox University	1-5†
National University of Natural Medicine (NUNM)	10
Pacific University	10
Umpqua Community College	93
Central Oregon Community College	34
Eastern Oregon University	12
Nurse Re-Entry Program (Health and Education Consultants)	32
Rogue Community College	20
Southern Oregon University	16
Merritt Health and Wellness LLC	7
Total	**371**

†Estimate suppressed due to small numbers; statistically unreliable

Health Care Workforce Scholarship: Data

- Data collection began in the 2021-23 biennium
- 39% of the students identified as people of color or Tribal members

Health Care Workforce Scholarship students* by primary race and ethnicity, 2021-2025

Primary Race or Ethnicity	Percent of Students
American Indian and Alaska Native†	-
Asian‡	3.3%
Black and African American‡	2.2%
Don't Know/Don't want to answer	11.9%
Hispanic and Latino/a/x/e	18.1%
Multi-Racial	14.4%
Native Hawaiian and Pacific Islander†	-
Other†	-
White	48.9%

Data Source: Grantee data reporting for 2021-2023 and 2023-2025 biennium recipients only.

*Out of 371 Health Care Workforce Scholarship recipients from 2021-2025, 295 recipients provided REALD-SOGI data (80%). 25 were missing responses on primary race and ethnicity.

†Estimate suppressed due to small numbers; statistically unreliable.

‡Estimates may be statistically unreliable due to small numbers; interpret with caution.

Health Care Workforce Retention Scholarship

Mental Health & Addiction Certification Board of Oregon (MHACBO)

4,082
registrations covered

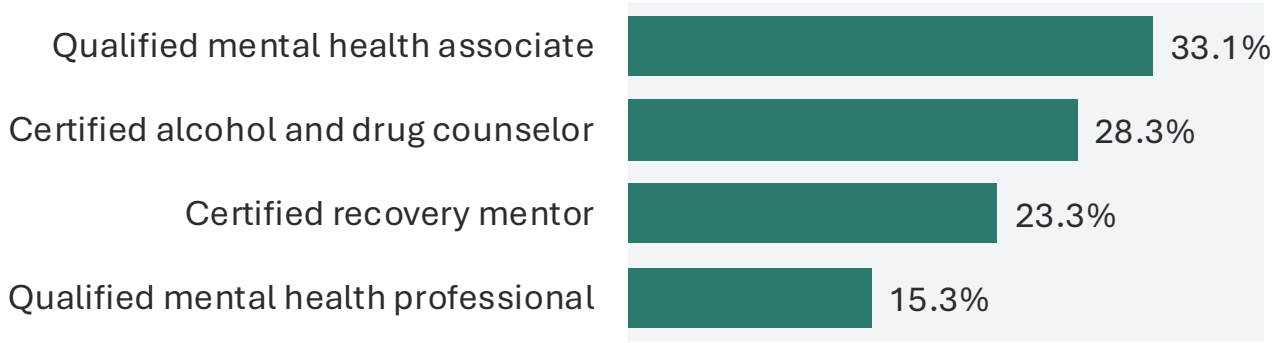
481
exams covered

90%
passed, among those who took exam

Approved Education Provider
MHACBO
Provider: 24-009

Supports retention of behavioral health workforce by funding Mental Health & Addiction Certification Board of Oregon (MHACBO) for registration and advanced exam costs

Which certifications people were registering for



Health Care Workforce Retention Scholarship

Health Care Workforce Interpreters

- Supports programs to provide continuing education training of Health Care Interpreters to renew certification and remain in the field
- Most interpreter recipients were enrolled in training (38%) or had completed it (37%)
- 87% of interpreter recipients use a language other than English at home

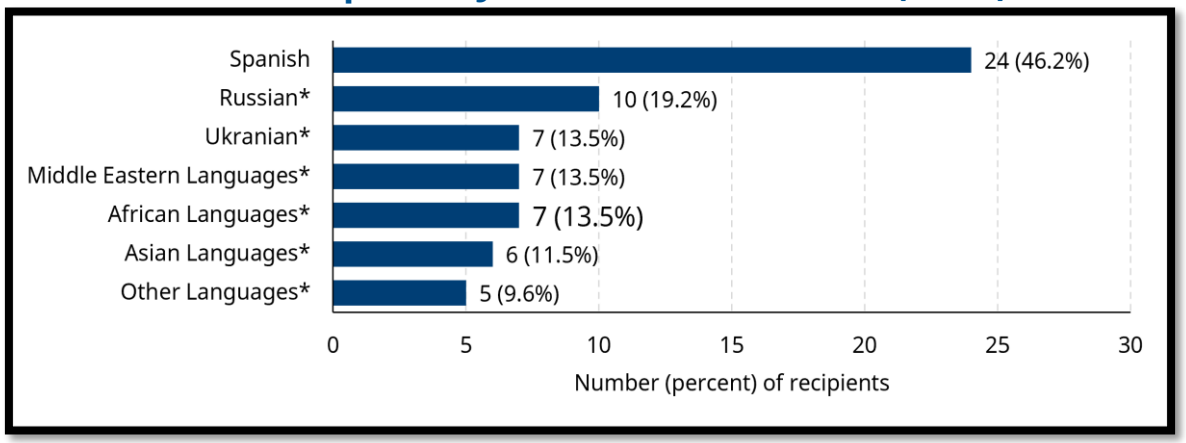
Health Care Interpreter Retention Incentive recipients by clinical position category, June – December 2025 (n=102)

Clinical position category	Percent of recipients
Health care interpreters in training (60-hour training program)	17.7%
Certified health care interpreters (24-hour CEU)	16.7%
Current health care providers	14.7%
Missing clinical position information	46.1%

Data Source: Grantee data reporting for reporting period 6/30/2025-12/31/2025. Total recipients exclude 8 participants who withdrew from the program. Medical assistants and other current health care providers are subcategories of current health care providers and are not added to the total.

*Estimates may be statistically unreliable due to small numbers; interpret with caution.

Certified languages of Health Care Interpreter Retention Incentive recipients, June – December 2025 (n=52)



Data Source: Grantee data reporting for reporting period 6/30/2025-12/31/2025. Percentages do not sum to 100 because individuals can be certified in more than one language. Middle Eastern languages includes Arabic, Dari, Kurdish, and Pashto. African languages includes Swahili, Somali, Shona, Mandingo, and Maay maay. Asian languages includes Vietnamese, Mandarin, Burmese, and Chuukese. Other languages includes French, Haitian Creole, and Urdu. Individual languages within these groups are not reported because each has fewer than 5 recipients.
*Estimates may be statistically unreliable due to small numbers; interpret with caution.

Thank You

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Care Provider Incentive Program at providerincentives@odhsoha.oregon.gov or 541-671-9239 (voice/text). We accept all relay calls.

Health Policy and Analytics Division
Clinical Support, Integration, and Workforce Unit
Health Care Provider Incentive Program
providerincentives@odhsoha.oregon.gov
541-671-9239

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