

The Diversity of Oregon's Health Care Workforce

Based on data collected during 2015 and 2016

This fact sheet provides a snapshot of the state's health care workforce diversity using data collected by the Oregon Health Authority in collaboration with seven health professional licensing boards.

Race, ethnicity, and gender

Oregon's population has become more diverse. Since 2009, the non-Hispanic white population has decreased from 80.4% to 77.2% (ACS; 5 year estimates), while other racial and ethnic populations have been increasing (Figure 1). Oregon's health care workforce is less racially and ethnically diverse than the state as a whole (Figure 2), with non-Hispanic Whites and Asians being overrepresented and Hispanics being underrepresented.

Table 1 (Page 2) shows the distribution of health care professions' race, ethnicity and gender, among those that reported race, ethnicity and gender, as compared with the state's population. Differences are noted at the 0.5 percentage point level. Overall, Hispanic and multi-racial health care providers are underrepresented in almost all professions. Non-Hispanic white health care providers are overrepresented in all professions except pharmacists and certified nursing assistants.

Females are overrepresented in most professions, however men tend to be overrepresented in fields requiring more advanced training (e.g. dentistry and medicine).

The licensed health care workforce in nearly all Oregon counties is less Hispanic than the overall population (Gilliam is the exception, but has only one provider). Figure 3 (Page 2) shows the difference between the percentage of Hispanic health care professionals and the Hispanic population by county, with darker blue indicating a bigger gap. Counties with a larger-than-average Hispanic population have a higher number of Hispanic health professionals, but they how the largest gaps.

Traditional health workers (THWs) may help offset these gaps. THWs include five primary worker types, including: Community Health Workers, Peer Support Specialists, Peer Wellness Specialists, Personal Health Navigators, and Doulas. Utilization of THWs helps to assure delivery of high-quality, culturally competent care which is instrumental in achieving Oregon's Triple Aim. OHA has certified over 1,500 THWs, as of December 2016. Since THWs do not renew their licenses through a state licensing board, however, data on them are not included in this report.

Figure 1: Increasing diversity in Oregon

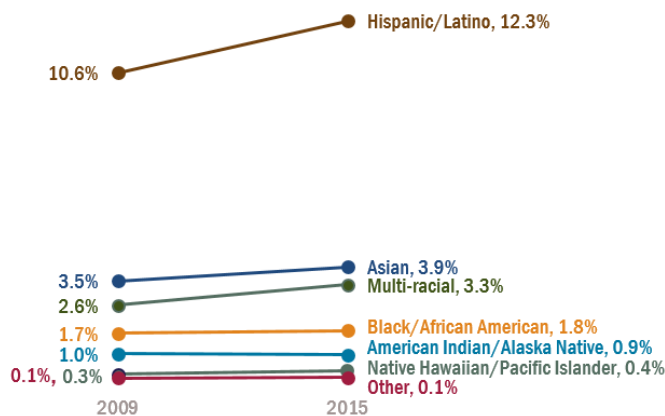
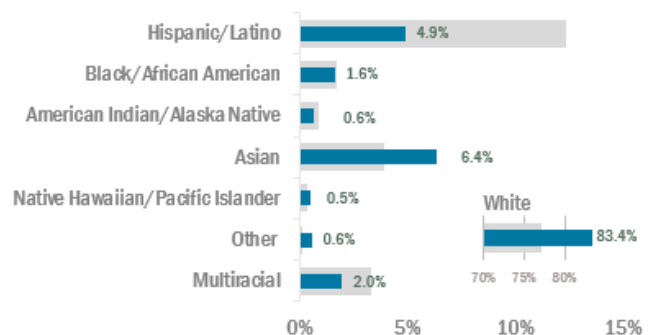
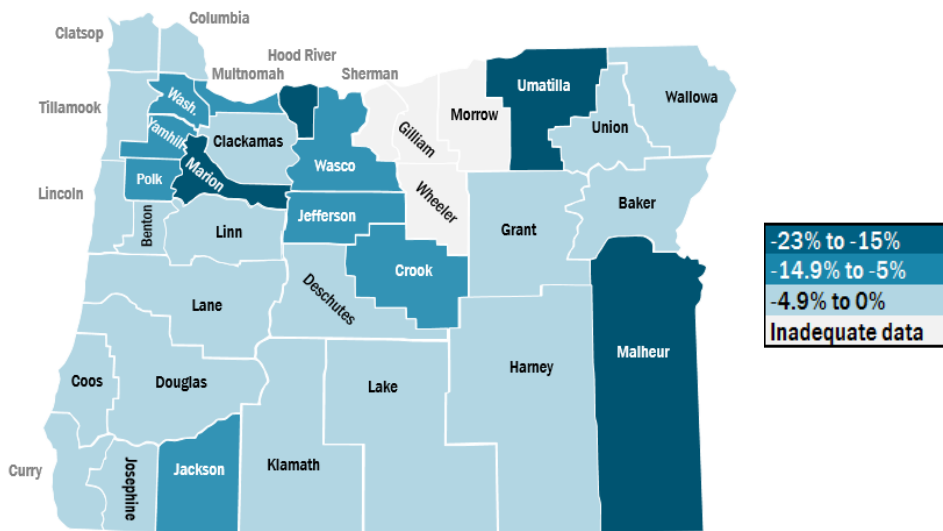


Figure 2: Health care workforce vs Population



Note: Chart does not include "other" or "multi-racial" categories. Providers with missing data were excluded from the analysis. Approximately 0.2 percent of the workforce records are missing race and ethnicity data because it was not entered by the licensee or it was not collected by the licensing board. Another 9.2 percent of licensees declined to report race or ethnicity. Racial categories exclude Hispanics.

Figure 3: Gap in Hispanic/Latino health care professionals compared to county population



A negative value means that the percentage of health professionals who identify as Hispanic/Latino is smaller compared with the Hispanic/Latino population.

For example, 33% of Malheur county's population identify as Hispanic/Latino, while only 10% of the county's health care workforce identify as Hispanic/Latino – a gap of 23%.

Table 1: Race, Ethnicity, and Gender Distribution: Health Care Workforce vs Population

	Hispanic/Latino	Non-Hispanic							Female	Male
		White	Black/AA	AI/AN	Asian	NH/PI	Other	Multi-racial		
Dentistry										
Dentists	3.0%	80.2%	0.6%	0.2%	12.6%	0.4%	1.3%	1.7%	24.9%	75.1%
Dental hygienists	3.5%	87.5%	0.5%	0.5%	4.6%	0.2%	0.7%	2.4%	97.3%	2.7%
Dietetics										
Dietitians	2.3%	92.2%	0.0%	0.5%	3.9%	0.0%	0.2%	0.9%	97.6%	2.4%
Medicine										
Physicians	3.2%	80.7%	1.2%	0.2%	12.4%	0.3%	1.1%	1.1%	37.1%	62.9%
Podiatrists	2.1%	86.2%	0.7%	0.0%	9.0%	0.7%	0.0%	1.4%	21.0%	79.0%
Physician assistants	3.1%	90.5%	0.7%	0.4%	3.4%	0.4%	0.4%	1.2%	63.8%	36.2%
Nursing										
Nurse practitioners	2.9%	90.4%	0.7%	0.4%	2.9%	0.5%	0.4%	1.9%	88.0%	12.0%
Certified registered nurse anesthetists	4.0%	88.9%	0.3%	0.0%	4.5%	0.0%	0.3%	2.0%	45.8%	54.2%
Clinical nurse specialists	2.1%	93.1%	0.0%	0.0%	2.1%	0.0%	0.0%	2.8%	93.3%	6.7%
Registered nurses	3.3%	88.7%	0.8%	0.6%	3.9%	0.4%	0.4%	1.9%	88.0%	12.0%
Licensed practical nurses	6.6%	80.3%	3.2%	1.2%	4.5%	0.7%	0.5%	3.0%	87.6%	12.4%
Certified nursing assistants	13.3%	69.3%	6.1%	1.2%	5.8%	1.3%	0.6%	2.5%	83.8%	16.2%
Occupational therapy										
Occupational therapists	1.6%	91.1%	0.3%	0.3%	4.1%	0.0%	0.3%	2.2%	90.0%	10.0%
Occupational therapist assistants	3.5%	90.1%	0.4%	0.0%	3.2%	0.0%	1.4%	1.4%	86.8%	13.2%
Pharmacy										
Pharmacists	2.3%	75.6%	0.9%	0.5%	17.3%	0.4%	1.1%	1.8%	55.2%	44.8%
Certified pharmacy technicians	8.0%	78.5%	1.0%	1.0%	7.4%	1.1%	0.3%	2.8%	80.3%	19.7%
Physical therapy										
Physical therapists	2.6%	88.6%	0.2%	0.2%	6.0%	0.3%	0.4%	1.8%	65.9%	34.1%
Physical therapist assistants	1.6%	92.7%	0.5%	0.5%	1.5%	0.5%	0.3%	2.2%	75.7%	24.3%
State Population	12.3%	77.2%	1.8%	0.9%	3.9%	0.4%	0.1%	3.3%	51.0%	49.0%

Note: Providers with missing data were excluded from the analysis. Approximately 1.8 percent are missing gender data. Racial categories exclude Hispanics. AA = African American, AI/AN = American Indian or Alaska Native, NH/PI = Native Hawaiian or Pacific Islander

Above state population Similar to state population Below state population

Language

Twenty percent of health care professionals reported speaking languages other than English. The health care workforce is a more linguistically diverse than the population (Figure 4).

Spanish is spoken by almost 10 percent of the health care providers. Seventy-five percent of these providers are located in six counties (Clackamas, Jackson, Lane, Marion, Multnomah, and Washington). Statewide, nurse practitioners, physician assistants, and physicians are most likely to be Spanish speakers (18%, 16%, and 16% respectively). Clinical nurse specialists (1%), occupational therapy assistants (4%), and licensed dietitians (6%) are least likely to speak Spanish. More than seven percent (7.2%) of registered nurses, which comprise the largest group in the health care workforce, speak Spanish. After Spanish, the second most spoken language in the entire health care workforce is French, and the third is Tagalog.

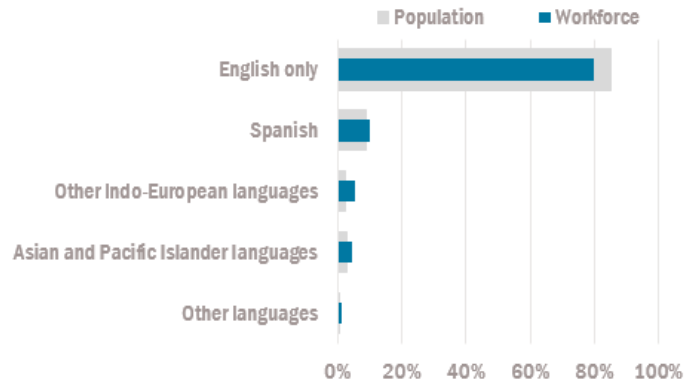
At the time of this report, additional data on proficiency, certification and language use were available from all boards except the Oregon Medical Board. For these licensees, two in ten Spanish speakers are native speakers and 4,260 providers reported using Spanish while providing patient care. Of these, only 4% reported being certified but 35% received training in medical terminology.

There is no guarantee that a provider who speaks a particular language will be available when a non-English-speaking client needs one. Health care interpreters (HCI) help to fill the gaps.

The utilization of language services, such as interpretation by qualified and certified HCIs, has been shown to improve cross-cultural communication, leading to increased compliance with recommended treatment plans, improved health care outcomes, overall reduction of healthcare cost, and ultimately, reduction in health disparities. Oregon's Health Care Interpreter program is based on Title 6 of the federal Civil Rights Act and Oregon law (ORS 413.550). To comply with these laws, OAR 333-002-0000 was implemented to develop an HCI workforce and ensure the availability of quality health care interpretation for patients who are considered Limited English Proficient (LEP).

Certified and qualified interpreters must have formal training and experience and certified interpreters must pass National certification exams. Oregon has 257 qualified and 91 certified health care interpreters, as of January 2017.

Figure 4: Oregon's health care workforce is more linguistically diverse than the population



About this fact sheet:

The Health Care Workforce Reporting Program (HWRP) collects workforce-related information directly from health care professionals via a questionnaire embedded in the license renewal process. Data reported in this fact sheet were collected during a two-year period (2015-2016).

For questions about this report, contact:

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For more information about methodology and results, visit:

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

Sources:

Oregon population data comes from five-year ACS estimates (data collected over 60-month period, 2011–2015)

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