Table of Contents
Draft for Discussion and Supporting Materials
Ad Hoc Committee on Health Care Workforce | Creating an Arizona Health Workforce Data System

Section 1...................................................... Executive Summary
Section 2...................................................... Draft Proposal
Section 3...................................................... Health Workforce Data Collection FAQs
Section 4...................................................... State Inventory
Section 5...................................................... Federal Minimum Data Set
Section 6...................................................... State Minimum Data Set
Section 7...................................................... Example Legislation

For questions on the materials included
Please contact:
Daniel Derksen, MD
Director, Arizona Center for Rural Health
dderksen@email.arizona.edu
Ad Hoc Committee on Health Care Workforce
Creating an Arizona Health Workforce Data System

Draft for Discussion
December 18, 2017
Executive Summary

The Ad Hoc Committee on Health Care Workforce will submit a report on or before January 10, 2018 to the President of the Senate and Speaker of the House of Representatives. The Committee shall: “...research and make recommendations for the collection of publication relevant data concerning the health care professions workforce, including (1) the organization and administration of the data collection process; (2) identify costs and funding mechanisms related to data collection and reporting; and (3) means to provide appropriate oversight of the data collection process and fund expenditures.”

The Committee recommends that the Legislature take steps to begin development of an Arizona Health Workforce Data System (AzHWDS).

The Committee finds that the health sector is vital to Arizona’s economy and that its health professional workforce is crucial to assure that high quality health care is accessible to all Arizonans.

However, Arizona lacks a consistent, affordable, and easily accessible source of important information about its health care workforce. Arizona needs this type of database. Some states have model health workforce databases used for recruiting, retention, planning, and development by existing health care employers; attracting new businesses to the state; enhancing the rural health infrastructure; addressing unmet health needs and planning for future health workforce demand and supply; using data for loan repayment and programs intended to address health workforce shortages; and assessing educational capacity, programs, and effectiveness in graduating health professionals that practice in Arizona.

The Committee recommends the following:

1. That the Legislature pass legislation that directs by January 1, 2020 – that the licensing Boards regulating MDs, PAs, DOs, RNs, CNAs, Social Workers, Counselors, Marriage and Family Therapists, Substance Abuse Counselors, Psychologists and Behavioral Analysts – collect workforce data as part of the licensing and renewal process.
2. That the bill directs the Department of Health Services to promulgate rules establishing the uniform, minimum data set collection requirements for the regulatory boards.
3. That the Arizona Area Health Education Center be encouraged to assist in the process to:
   a. Review best practices from other states;
   b. Convene stakeholders to participate in the process;
   c. Make recommendations for minimum data set requirements;
   d. Make recommendations to the legislature about establishing an appropriate entity to collect, analyze, report, and disseminate information on Arizona’s health care workforce;
   e. Estimate and make recommendations about the funding of that entity, and appropriate measures to assure health care workforce data collection and reporting.
Rationale
To assure ready access to high quality health care for all Arizonans, timely, unbiased, accurate health professions data can help inform policy, legislative, and regulatory interventions. The Health Services Resources Administration (HRSA) recommends that states routinely collect health workforce data at the time of licensing and renewal using standard minimum data sets (MDS)\(^1\) to more accurately capture clinical full time equivalent capacity and ability to meet demand across the state. North Carolina has an health care workforce data collecting and reporting system that could serve as a model for Arizona.

Factors influencing the health care workforce supply and demand include:
- Supply – Arizona health professions training programs’ capacity;
- Demand – by consumers / patients covered by public or private payers, self-pay and uninsured;
- Distribution – to urban and rural areas, serving Arizona’s diverse populations and communities;
- Recruitment & Retention – of health professionals to practice in Arizona and incentives to practice.
- Other factors and determinants – the aging of the population and the health workforce providers, educational attainment, socioeconomic factors, employment, income, race and ethnicity.

An AzHWDS should be centralized system that provides timely, accurate and objective data that is accessible to all policy makers and stakeholders to use for workforce planning.

An AzHWDS should:
- Start with existing, publicly available, secondary health workforce data (e.g., HRSA)
- Build capacity to collect, analyze, and report using data at the time of licensing, renewal (e.g., NC) using a Minimum Data Set (MDS) approach
- Have online data visualization reports and formatting for use by policymakers;
- Annually report data (e.g., state health workforce data books);
- Allow for more in-depth health workforce analyses as needed;
- Work closely with the appropriate licensing boards (e.g., Arizona State Board of Nursing, Arizona Osteopathic Board, Arizona Medical Board, Arizona State Board of Behavioral Health Examiners;
- Be unbiased, timely, accurate, cost efficient, and consistent with HRSA minimum data sets;
- Allow appropriate entities to analyze and report on data collected (i.e., with appropriate state oversight, IRB approved, proven ability to protect personally identifiable information, proven ability to appropriately house and protect data and servers).

\(^1\) HRSA Health Workforce Data Minimum Data Sets at: [https://bhw.hrsa.gov/health-workforce-analysis/data](https://bhw.hrsa.gov/health-workforce-analysis/data)
Background

The U.S. and state health systems are undergoing dramatic transformation, increasing the need to have timely and accurate health care workforce data for analysis, and reporting. There are many factors that contribute to the supply and demand for health services including:

- **Supply** – Arizona health professions training programs’ capacity, location and balance of urban and rural training venues; mechanisms to enhance delivery of health services such as team-based and interprofessional care, telehealth, electronic health records, self-management, and education;
- **Demand** – by consumers / patients covered by public or private payers, self-pay and uninsured;
- **Distribution** – to urban and rural areas, serving Arizona’s diverse populations and communities;
- **Recruitment & Retention** – of health professionals to practice in Arizona and incentives to practice.
- **Payment for Health Services** – how and whether providers are reimbursed for health services.
- **Oversight** of health professions licensing, credentialing, certification, and reporting.
- **Other factors and determinants** – the aging of the population and the health workforce providers, educational attainment, socioeconomic factors, employment, income, race and ethnicity, and how health services are delivered and accessed.

Since 2010, the number and percentage of individuals and families with public and private health insurance coverage has dramatically increased in the U.S. (91.2% are insured) and in Arizona (almost 90%). Since 2010, Arizona has been in the top five states in health sector job growth.

While health insurance coverage rates and health sector economic growth are promising trends, disparities persist in terms of health insurance coverage, ready access to high quality health care, and health outcomes in certain areas and populations. For example, the uninsured rate is higher for rural, Latino, and American Indian populations. The distribution of workforce personnel and the personnel per population ratios reflect a disparity in health care access. The ability of rural hospitals and clinics to recruit and retain enough health professionals to meet demand is of ongoing concern.

Table 1. Selected Health Professions per 100,000 Population in Arizona by RUCA²

<table>
<thead>
<tr>
<th>Rural Urban Commuting Area Classification</th>
<th>Population (Claritas 2013)</th>
<th># of Licensed Physicians</th>
<th># of Licensed Physician Assistants</th>
<th># of Licensed Nurse Practitioners</th>
<th># of Licensed Certified Nurse Midwives</th>
<th># of Licensed Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>6,148,248</td>
<td>12,617</td>
<td>1,805</td>
<td>2,827</td>
<td>161</td>
<td>6,322</td>
</tr>
<tr>
<td>Large Rural Town</td>
<td>356,863</td>
<td>520</td>
<td>102</td>
<td>87</td>
<td>9</td>
<td>198</td>
</tr>
<tr>
<td>Small Rural Town</td>
<td>126,889</td>
<td>147</td>
<td>31</td>
<td>32</td>
<td>4</td>
<td>48</td>
</tr>
<tr>
<td>Isolated Small Rural Town</td>
<td>35,596</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>6,667,596</td>
<td>13,287</td>
<td>1,942</td>
<td>2,955</td>
<td>174</td>
<td>6,573</td>
</tr>
</tbody>
</table>

² AzCRH 2015 Supply and Demand Study of Arizona Health Practitioners and Professionals. At: https://crh.arizona.edu/sites/default/files/022616_AzCRH_Supply_and_Demand_Report.pdf
Table 2. Selected Behavioral Health Professions at Federally Qualified Health Centers in Arizona\(^3\)

<table>
<thead>
<tr>
<th>Staff type</th>
<th>2010 (N)</th>
<th>[min-max]</th>
<th>2011 (N)</th>
<th>[min-max]</th>
<th>2012 (N)</th>
<th>[min-max]</th>
<th>2013 (N)</th>
<th>[min-max]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>0.4 (5)</td>
<td>[0.1-1.0]</td>
<td>2.5 (4)</td>
<td>[0.2-8.8]</td>
<td>0.3 (9)</td>
<td>[0.0-0.8]</td>
<td>0.3 (7)</td>
<td>[0.0-0.8]</td>
</tr>
<tr>
<td>Psychologists</td>
<td>1.0 (1)</td>
<td>[1.0-1.0]</td>
<td>0.7 (2)</td>
<td>[0.4-1.0]</td>
<td>3.0 (2)</td>
<td>[1.0-5.0]</td>
<td>3.1 (2)</td>
<td>[0.1-6.0]</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1.8 (4)</td>
<td>[0.1-3.6]</td>
<td>1.9 (5)</td>
<td>[0.5-4.7]</td>
<td>1.8 (9)</td>
<td>[0.6-4.4]</td>
<td>2.0 (9)</td>
<td>[0.6-4.8]</td>
</tr>
<tr>
<td>Other Licensed Behavioral Health</td>
<td>2.7 (8)</td>
<td>[0.7-7.0]</td>
<td>2.5 (8)</td>
<td>[0.3-7.8]</td>
<td>1.8 (11)</td>
<td>[0.2-7.9]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.0 (3)</td>
<td>[1.0-1.0]</td>
<td></td>
<td></td>
<td>1.3 (2)</td>
<td>[1.0-1.6]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The routine collection of objective, comprehensive, standardized data can inform key questions about health workforce supply, demand and access to health services.

**North Carolina Model**

The University of North Carolina’s Sheps Center houses and manages the Health Professions Data System (HPDS), continuous and equivalent data files since 1979, the oldest in the country. HPDS reports are published and available to the public as an annual report\(^4\) and via an online data visualization system.\(^5\) Many states, including Arizona, lack up to date information to answer questions such as:

- How many full-time equivalent (FTE) licensed health professionals work in an area?
- Are there enough health providers in an area to meet the needs of the population?
- Where do the health professionals work? (outpatient, inpatient, other facility or entity)
- Does the health provider accept new patients? Those covered by Medicare?
- How many graduates are there from Arizona health professions training programs?

The Sheps Center partners with North Carolina’s licensing boards for multiple health professions to collect Minimum Data Sets (MDS) at the time of licensing and renewal. Data collection is fully integrated in the licensing and renewal processes. Data belongs to the licensing boards, and each October 31, the boards share a point-in-time data snapshot with the Shep Center, who is responsible for annual and other reports\(^6\) used to:

- Describe the supply and distribution of the current workforce;
- Document provider or service shortages;
- Document the need for new educational programs;
- Evaluate educational outcomes – how many remain in state to practice, practice in rural or underserved areas, serve special populations;
- Inform state graduate medical education (GME) funding and policies;
- Describe the racial and ethnic diversity in the health professions;

---

\(^3\) AzCRH 2015 Safety Net Health Care in Arizona. At: http://crh.arizona.edu/2015-Safety-Net-Care-AZ


\(^5\) North Carolina Health Professions Data System. https://nchealthworkforce.sirs.unc.edu

• Support workforce and economic initiatives;
• Assess the impact of new roles in health care settings.

Other Approaches to Health Workforce Data Collection

The Health Resources and Services Administration (HRSA) houses the Bureau of Health Workforce and the National Center for Health Workforce Analysis (NCHWA). The NCHWA serves as a national resource on workforce research, information, and data. They collect and distribute data including the Area Health Resource Files (AHRF). The AHRF include data from over 50 sources at the county and state level. While the AHRF and other data resources (e.g., national licensure) are important for national and state level research and forecasting, they are limited in the data they offer. Licensure based workforce analysis does not capture educational background, demographics, employment status, actual practice locations, time in practice at each location, plans to retire, direct patient care full time equivalent activity, willingness to accept new patients, or limitations in accepting new or continuing to see existing patients by payer (e.g., accepting patients covered by Medicare, Medicaid, or private health insurance).

The core recommendation from the NCHWA is that states establish the capacity to routinely collect health workforce information to provide policy makers access to relevant and timely workforce data. There are four systematic approaches collecting routine health workforce data:

1) **Obtaining Data at the Time of Licensure or Renewal (Best Practice)**
   **State Examples: North Carolina, South Carolina, Virginia**
   Data are collected as part of the licensure process at initial application and renewal. This approach aims to collect information from 100% of the state’s licensed workforce. The data may be gathered from both mandatory and optional questions.

   **Advantages:** efficient and cost-effective; surveys can be customized providing information relevant to state needs; enables collection of expanded information compared to licensing data.
   **Disadvantages:** variance in organizational structure of licensing boards.

2) **Conducting Surveys**
   **State Examples: New York, Wisconsin**
   Data are collected via surveys separately or as an add-on to the licensure process.

   **Advantages:** can be coordinated in partnership with licensure board resources; can provide specific information relevant to state needs; provides expanded information compared to licensing data.
   **Disadvantages:** increased staff, time, and funding requirements compared to integrating data collection into licensure; response rates may vary.

3) **Continuous Monitoring**
   **State Examples: Iowa, Nebraska**
   Data collection begins with profession-based cohorts using licensing information. Individuals are tracked using survey data collection and secondary data sources (e.g., news clippings).

   **Advantages:** can be coordinated in partnership with but does not rely on licensure board resources.
Disadvantages: increased staff, time, and funding requirements compared to integrating data collection into licensure; variable response rates.

4) Collecting Data from Secondary Sources
Secondary data sources are extracted from national and publicly available datasets. These data can help count and assess the distribution of the workforce. Relevant secondary data sources include the National Provider Identification (NPI) file, the American Medical Association (AMA) Masterfile, and data from the Bureau of Labor Statistics and U.S. Census.

Advantages: can be coordinated in partnership with but does not rely on licensure board resources.
Disadvantages: Licensing data is very limited, does not capture multiple practice locations, clinical hours or other data that might inform state planning efforts (e.g., employment status, plans to retire, educational background, demographics).

The Health Workforce Technical Assistance Center (HWTAC) implemented a survey to collect information from states on their workforce data collection and monitoring systems.

In the area of workforce supply, the survey as of 2015 found:

- Organizations in 32 states reported collecting workforce supply data.
- Organizations collecting workforce data included state agencies, universities, nursing centers, and Area Health Education Centers (AHECs).
- Data collection most frequently targeted physicians (27 states), nurse practitioners (23 states), dentists (22 states) and registered nurses (22 states).
- In 13 of the 32 states health workforce data collection is mandatory. For 10, data collection is mandatory for all professions, and in 3 data collection is mandatory for subset of professions.
- In 19 states health workforce data collection is voluntary.
- 26 states integrate data collection as part of the licensing process.
- 8 states report using a survey that is not part of the licensing process.
- The most frequently collected data include demographic characteristics, education background, and practice characteristics.

In the area of workforce demand, the survey as of 2015 found:

- 15 states collect data on workforce demand, and in 14 states it is collected on a regular basis.
- Data collection most frequently targeted registered nurses (10 states) physicians, (9 states), nurse practitioners (9 states), and LPNs (9 states).
- The most frequently collected data include data on vacancies (11 states), recruitment difficulty (10 states), and turnover (9 states).

In the area of the workforce educational pipeline, the survey as of 2015 found:

- 19 states collect data about the health workforce educational pipeline.
- Data collection most frequently targeted registered nurses (13 states) physicians, (11 states), and LPNs (10 states).
• The most frequently collected data include data on graduation rate (17 states), enrollment rates (15 states), and graduate demographic characteristics (13 states) Project Description.

Key Partnerships
The overall success of establishing a AzHWDS depends on establishing and sustaining relationships with key stakeholders.

• Arizona Area Health Education Center and the Five AHEC Regional Centers
• Arizona Department of Health Services
• Health Professions Licensing Boards (starting with the Arizona State Board of Nursing, Arizona Osteopathic Board, Arizona Medical Board, Arizona State Board of Behavioral Health Examiners)
• Center for Health Information and Research (CHIR), Arizona State University
• County Health Departments
• Health Care Organizations (Arizona Nurses Association, Arizona Medical Society, Arizona Osteopathic Medical Association, Arizona Chapters of the National Association of Social Workers, the American Association for Marriage and Family Therapy, etc.)
• Health Care Systems
• Patient and Public Advocacy Groups
• Health Professions Training Institutions and Entities
• Arizona Center for Rural Health
## Timeline

<table>
<thead>
<tr>
<th>Table 3. Proposed Timeline for establishing an AzHWDS</th>
<th>Months</th>
<th>1-3</th>
<th>4-6</th>
<th>7-9</th>
<th>10-12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legislation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft legislation to support the development of an AzHWDS</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support legislation in the committee process</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pass legislation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a detailed work plan for a collaborative and participatory process to establish an MDS as the foundation of the AzHWDS</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin stakeholder meetings</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review best practices from other states</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct environmental scan</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop framework for Arizona Health Workforce Databook and Online Data System</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Produce final report including; MDS data elements; recommendations for technical specifications etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Implement report feedback process; review final report with all stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preparing for Implementation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the implementation unit</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation unit develops detailed AzHWDS technical plan (including process to address privacy and confidentiality concerns); phased approach; and budget based on report from the planning phase</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation unit develops detailed AzHWDS reporting plan</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Implementation unit reviews AzHWDS technical and reporting plan with key stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pending review and approval from stakeholders and regulatory body - Implementation unit begins creating technical framework for data collection, cleaning, and analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation unit begins phase 1 of MDS data collection with identified “early adopter” boards</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create beta version of the workforce databook and visualization platform</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Send visualization site and databook to stakeholders for feedback</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Product Launch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate feedback into visualization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move visualization site live</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Years 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expanded implementation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation unit fully integrates each of the preliminary licensing boards into the MDS process</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Databook published</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visualization tool and databook marketed to stakeholders</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation unit collects feedback and makes recommendations for improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Health Workforce Data Collection FAQs

As implementation of health reform initiatives accelerate, states are increasingly aware of the need to collect state-level health workforce data to determine adequacy of the current health workforce to meet the expected increase in demand for health services. This brief is intended to assist states and organizations who are engaged in health workforce planning by answering some frequently asked questions about health workforce data collection.

**Q:** What are some different ways to collect health workforce data?

**A:** There are generally 4 methods to collect health workforce data:

1. **Licensure Process.** Data are collected as part of the licensure process when health professionals apply for their initial license and when they renew, capturing 100% of the workforce. This is one of the most efficient and cost-effective methods to collect data. Some questions on the licensure forms may be mandatory, while others are optional. The organizational structure of the licensing boards will present different opportunities and barriers to data collection. (Examples: North Carolina, South Carolina, Virginia)

2. **Surveys.** Data are collected through surveys, either in conjunction with the licensure process or as a separate effort. This method requires more staff time and money. Response rates may vary, but this is a good option if health workforce questions cannot be included directly on the licensure forms. (Examples: New York, Wisconsin)

3. **Continuous Monitoring.** Data collection begins with a list of all licensees in one or more professions. From there, states track individuals through surveys, news clipping services, and other methods to determine practice status, practice setting, and other characteristics. This method can be costly, but it may provide more up-to-date information. (Examples: Iowa, Nebraska)

4. **Secondary Data Sources.** Secondary data sources can also be used to enumerate the workforce in a specific state. These data sources include the National Provider Identification (NPI) file, the American Medical Association (AMA) Physician Masterfile, the US Bureau of Labor Statistics, and the Census Bureau's American Community Survey, as well as state professional associations. Additionally, all-payer claims databases can be used to enumerate the health workforce in select states, but there are significant limitations.

---

**Q:** What is the MDS?

**A:** The Minimum Data Set (MDS) provides basic, consistent guidelines for fundamental health workforce questionnaires. These questions can be used by anyone who wants to collect data on the supply of health workers, whether through the licensure process or surveys, and can be adapted for additional professions. MDS questions focus on essential demographic, education, and practice characteristics.


---

**Q:** What states have implemented the MDS?

**A:** Many states are already collecting health workforce data, with a customized MDS in place to collect any additional data they need for health workforce planning. Some examples of states that are already collecting an MDS include North Carolina, Virginia, New York, Indiana, and Minnesota.

For more information on which states are collecting data, visit [http://www.healthworkforceta.org/resources/state-health-workforce-data-collection-inventory/](http://www.healthworkforceta.org/resources/state-health-workforce-data-collection-inventory/), or contact HWTAC.
Q: How do you work with licensure boards to collect and share data?

A: Relationships are key. Licensure boards are important partners in health workforce data collection, but their main priority is regulation to protect patient safety. They often don't have resources (ie, funding, staff, time) to collect additional data, and in some states, current legislation restricts their ability to share data.

Show the boards the value of collecting additional workforce data as it relates to evidence-based regulation, and look for ways to minimize their burden, especially during the initial development period. Treat them as a valued partner and bring them into the conversation very early to build trust.

Q: How easy is it to get licensure boards to add or change questions?

A: This will vary from state to state. It is important to remain cognizant of a) the financial cost to the board to change online renewal questions; b) the time that it takes respondents to complete their licensure renewal form; and c) the need for comparability across time. Only request changes or additions when absolutely necessary.

Some states mandate the collection of data through legislation, which affects how easy it is to add or change questions. For example, Florida’s data collection is legislated, and any question must go through a lengthy public comment period to be added or changed. This process has the potential to subject questions to bias from the public and special interest groups.

Q: Do you have examples of questions that we could ask?

A: Yes. The National Forum of State Nursing Workforce Centers, and the Federation of State Boards of Physical Therapy (FSBPT) have developed suggested Minimum Data Sets. Additionally, HRSA has developed MDS standards, and the WWAMI Center for Health Workforce Studies at the University of Washington has a questionnaire library containing data collection instruments volunteered by several states. The HWTAC is also planning to post selected instruments from states in 2016.

http://bhpr.hrsa.gov/healthworkforce/data/minimumdataset/
http://www.nursingworkforcecenters.org/minimum-dataset-surveys/
http://www.fsbpt.org/FreeResources/RegulatoryResources/MinimumDataSet.aspx
http://depts.washington.edu/uwchws/chws-questionnaire-library.php

Q: I’m interested in allied health and administrative support workers. They’re not always licensed. How do you count them?

A: For those professions, it may be necessary to conduct surveys, or rely on other data sources such as professional associations or the BLS, noting limitations as appropriate.

Q: What staff and resources are needed to undertake health workforce data collection and analysis?

A: This depends on many different factors, such as how many health professionals you want to track, the method used to collect data (licensure, survey, continuous monitoring, secondary data), the types of deliverables for which you’re accountable, and organization structure. If the data system is embedded within a larger organization, such as a university or state government office, it is likely that some administration, finance, and infrastructure resources are already available for basic operation. If the data system is a stand-alone organization, you will need to secure funding.
In terms of staff, you may consider having a director to guide the work, make decisions, present results and acquire funding; one or more project managers/researchers to analyze data, write reports and present results; and a data manager to collect, clean and analyze data. Other positions may include communications specialist, visualization specialist, research assistant, administrative assistant, grants manager, and financial manager.

Additional resources needed include computer hardware and software for data management, statistical analysis, GIS, and graphic design.

Q: How do you fund health workforce data collection and analysis?

A: Data systems can be funded through state appropriations, private foundations, grants and contracts, and on a cost-recovery basis. Each funding mechanism has its challenges. State appropriations are tenuous; administrations and priorities change, and budgets get cut. Foundations are often geared to fund initiatives that show more tangible results. Grants are often time-limited. Cost-recovery is subject to demand for data and services, and limits the type of analyses and reports that you can do. Stakeholders who require data may be persuaded to fund the analysis costs to meet their specific needs, but they frequently are not willing or able to fund the fixed infrastructure costs. Consider the appropriate funding source for the specifics of your data collection effort, given the meaning and value of the project.
Inventory of State Health Workforce Data Collection
SUGGESTED CITATION

TABLE OF CONTENTS

BACKGROUND............................................................................................................................1

METHODS....................................................................................................................................2

FINDINGS......................................................................................................................................4

  HEALTH WORKFORCE SUPPLY DATA.................................................................................4

  HEALTH WORKFORCE DEMAND DATA............................................................................9

  HEALTH WORKFORCE EDUCATIONAL PIPELINE DATA..................................................13

DISCUSSION..............................................................................................................................16

CONCLUSION.............................................................................................................................17
BACKGROUND

The Health Workforce Technical Assistance Center (HWTAC), under a cooperative agreement with the National Center for Health Workforce Analysis (NCHWA), provides technical assistance to states and organizations engaged in health workforce planning. In the last decade, there has been growing interest in developing health workforce data collection and monitoring systems in states. This is especially the case today, as health reform initiatives are implemented in nearly every state. In response to this interest, HWTAC is conducting a survey of states to learn more about their health workforce data collection and analysis efforts. This report describes findings to date from a survey about data collection on health workforce supply and demand, and the educational pipeline in specific U.S. states. For more detailed information about health workforce data collection activities taking place around the country, including contact information for the organizations responsible for collecting the data, please visit the HWTAC website at www.healthworkforceta.org.
METHODS

An online survey about health workforce data collection in U.S. states was developed in the fall of 2014 and pilot tested in early 2015. Invitations to complete the on-line survey were sent to all primary care offices, state nursing workforce centers, and other groups believed to be engaged in health workforce data collection. HWTAC staff followed up with non-respondents. The survey is ongoing and the state inventory is continually being updated as more responses are received.
FINDINGS

Since the survey was launched, 40 organizations in 32 states have responded, indicating that they collect health workforce data. This number is expected to grow as organizations continue to respond to the survey. All responding organizations reported collecting health workforce supply data (e.g., demographic educational and practice characteristics of health professionals). Fewer organizations reported collecting data on health workforce demand (e.g., employer recruitment and retention difficulties) or the health workforce educational pipeline (e.g., graduation rates and trainee/graduate characteristics). This report summarizes key findings from the survey related to data collection efforts in these 3 areas.
Health Workforce Supply Data

Organizations in 32 states collect health workforce supply data.

Figure 1. States Where Health Workforce Supply Data Collection Has Been Reported

Health Workforce Supply Data
- Collecting Data (32)
- No Response (19)
State level health workforce supply data collection are most likely to target physicians [27 states], nurse practitioners (NPs) [23 states], dentists [22 states], and registered nurses (RNs) [22 states].

<table>
<thead>
<tr>
<th>State</th>
<th>CRNA</th>
<th>DEN</th>
<th>DH</th>
<th>LPN</th>
<th>MDW</th>
<th>NP</th>
<th>PA</th>
<th>PHA</th>
<th>PHY</th>
<th>PSY</th>
<th>PT</th>
<th>RN</th>
<th>SW</th>
<th>OTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Colorado</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Georgia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hawaii</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Indiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Kansas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Minnesota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mississippi</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Missouri</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Montana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nebraska</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nevada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Jersey</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Mexico</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>North Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>North Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>South Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Texas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Utah</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Virginia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>West Virginia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wyoming</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>22</td>
<td>17</td>
<td>19</td>
<td>20</td>
<td>23</td>
<td>20</td>
<td>12</td>
<td>27</td>
<td>12</td>
<td>12</td>
<td>22</td>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>

CRNA: Certified Registered Nurse Anesthetists.
DEN: Dentists.
DH: Dental Hygienists.
LPN: Licensed Practical Nurses.
MDW: Nurse Midwives/Midwives.
NP: Nurse Practitioners.
PA: Physician Assistants.
PHA: Pharmacists.
PHY: Physicians.
PSY: Psychologists.
PT: Physical Therapists.
RN: Registered Nurses.
SW: Social Workers.
OTH: Other Health Professions.
In 13 states health workforce data collection is mandatory. In 10 of those states, data collection is mandatory for all of the professions for which data are collected. In 3 states data collection is mandatory for a subset of professions for which data are collected (Missouri, New York, and Wisconsin.)

Figure 2. Mandatory and Voluntary Health Workforce Supply Data Collection

Data collection is most likely to be mandatory for the following professions: RNs [9 states], NPs [9 states], physicians [8 states], midwives [8 states], licensed practical nurses (LPNs) [8 states], and certified registered nurse anesthetists [8 states].

Table 2. Mandatory Health Workforce Supply Data Collection by State and Profession

<table>
<thead>
<tr>
<th>State</th>
<th>CRNA</th>
<th>DEN</th>
<th>DH</th>
<th>LPN</th>
<th>MDW</th>
<th>NP</th>
<th>PA</th>
<th>PHA</th>
<th>PHY</th>
<th>PSY</th>
<th>PT</th>
<th>RN</th>
<th>SW</th>
<th>OTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Missouri</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Mexico</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>North Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Texas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>West Virginia</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>
In 26 states health workforce supply data are collected on a regular basis at the time of licensing/relicensing. In most of these states health workforce supply data are only collected through a survey that is part of the licensing/relicensing process. However, a few states report different data collection strategies for different professions. Eight states report using a recurring survey that is not part of the licensing/relicensing process.

Table 3. Health Workforce Supply Data Collection Strategies by State

<table>
<thead>
<tr>
<th>State</th>
<th>A survey that is part of the licensing process</th>
<th>A survey that is not part of the licensing process</th>
<th>Telephone interviews</th>
<th>In-person interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nebraska</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Nevada</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
<td><strong>8</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>
The most frequent supply variables collected are demographic characteristics (30 states), practice characteristics (30 states), and educational backgrounds (26 states). 25 states report collecting data on health professionals in all three of these categories.

Table 4. Health Workforce Supply Data Collection by State and Type of Data

<table>
<thead>
<tr>
<th>State</th>
<th>Demographic Characteristics</th>
<th>Education Background</th>
<th>Practice Characteristics</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mississippi</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Jersey</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>West Virginia</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>26</td>
<td>30</td>
<td>8</td>
</tr>
</tbody>
</table>
Health Workforce Demand Data

Organizations in 15 states collect health workforce demand data.

Figure 3. States Where Health Workforce Demand Data Collection Has Been Reported
Health workforce demand data collection most frequently targets RNs (10 states), physicians (9 states), NPs (9 states), and LPNs (9 states).

Health workforce demand data is collected on a regular basis in 14 states.

Table 5. Health Workforce Demand Data Collection by State and Profession

<table>
<thead>
<tr>
<th>State</th>
<th>CRNA</th>
<th>DEN</th>
<th>DH</th>
<th>LPN</th>
<th>MDW</th>
<th>NP</th>
<th>PA</th>
<th>PHA</th>
<th>PHY</th>
<th>PSY</th>
<th>PT</th>
<th>RN</th>
<th>SW</th>
<th>OTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Colorado</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nebraska</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nevada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Hampshire</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>North Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>South Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Utah</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>
Health workforce demand data are most likely to be collected for hospitals (10 states) and nursing homes (8 states).

Table 6. Health Workforce Demand Data Collection by State and Setting

<table>
<thead>
<tr>
<th>State</th>
<th>Community Health Centers</th>
<th>Home Health Agencies</th>
<th>Hospitals</th>
<th>Nursing Homes</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Nevada</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>North Dakota</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>South Carolina</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Utah</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
The most frequently collected demand data are on vacancies (11 states), recruitment difficulty (10 states), and turnover (9 states). In 4 states, information is also collected on retention difficulties.

Table 7. Health Workforce Demand Data Collection by State and Type of Data

<table>
<thead>
<tr>
<th>State</th>
<th>Vacancies</th>
<th>Turnover</th>
<th>Recruitment Difficulty</th>
<th>Retention Difficulty</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Louisiana</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>New Hampshire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>North Dakota</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>South Carolina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Utah</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>
Health Workforce Educational Pipeline Data

Organizations in 19 states collect information about the health workforce educational pipeline.

Figure 4. States in which Health Workforce Educational Pipeline Data Are Collected
Health workforce educational pipeline data are most likely to be collected for RNs (13 states), physicians (11 states), and LPNs (10 states).

Educational pipeline data collection is recurring in 17 states.

Table 8. Health Workforce Education Pipeline Data Collection by State and Profession

<table>
<thead>
<tr>
<th>State</th>
<th>CRNA</th>
<th>DEN</th>
<th>DH</th>
<th>LPN</th>
<th>MDW</th>
<th>NP</th>
<th>PA</th>
<th>PHA</th>
<th>PHY</th>
<th>PSY</th>
<th>PT</th>
<th>RN</th>
<th>SW</th>
<th>OTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Mississippi</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Missouri</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Nevada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Jersey</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>North Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>South Dakota</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Texas</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Utah</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>West Virginia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>11</td>
<td>4</td>
<td>6</td>
<td>13</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
Educational pipeline data are collected from education programs in 15 states and from individuals in training in 7 states.

Information is most likely collected about graduation rates (17 states), enrollment rates (15 states) and the demographic characteristics of trainees (13 states). In a few states data are collected about trainees’ post-graduation plans (4 states) and job market experiences (1 state).

Table 9. Health Workforce Education Pipeline Data Collection by State and Type of Data

<table>
<thead>
<tr>
<th>State</th>
<th>Graduation Rates</th>
<th>Enrollment Rates</th>
<th>Demographic Characteristics</th>
<th>Job Market Experiences</th>
<th>Graduation Plans</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Nevada</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>North Dakota</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Utah</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>West Virginia</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>15</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
The Health Workforce Data Collection Inventory is an ongoing project. To date 40 organizations in 32 states have reported collecting health workforce data. The majority of organizations that are collecting data are state agencies and universities, nursing centers, and AHECs. Of the 18 states where no responses have been received, it is anticipated that some organizations are collecting data and others are planning to launch data collection efforts.

Every survey respondent to date indicated that they collect health workforce supply data (40); fewer organizations report collecting health workforce demand data (15) and education pipeline data (19). While in some states there are efforts to collect health workforce data on a wide array of health professions, the most likely professions are physicians and licensed nursing professions (eg, NPs, RNs, and LPNs).
CONCLUSION

In order for health reform initiatives to succeed, there is an urgent need to better understand the supply and distribution of a state's health workforce. Lack of relevant and timely data on the health workforce is a significant barrier to the development of effective health workforce programs and policies to support improvements in the health care delivery system. Expanded, prompt collection of data about the health workforce is essential.

There is growing interest and activity among states to collect the health workforce data needed to inform effective health workforce planning. This HWTAC initiative aims to describe and routinely update workforce data collection efforts underway in states. The inventory is designed to be a resource for states, where they can learn from each other about best practices in data collection.
The Health Workforce Minimum Data Set (MDS): What You Need to Know

David Armstrong, Jean Moore

What is the MDS?
Consistent data collection is needed for effective health workforce planning at both the state and national level. Basic health workforce supply data can be used to: describe the supply and distribution of health care professionals; build better supply and demand forecast models; and inform the development of health workforce programs and policies and evaluate their effectiveness.

The quality of current health workforce supply data is variable, however. There are substantial differences in the data being collected and there are issues of timeliness, completeness, and accuracy of the data. While many organizations collect data, “fundamental” questions are often asked differently; this lack of standardization limits comparability. To address these issues, NCHWA established the MDS which provides basic, minimum, consistent guidelines for fundamental health workforce survey questions. These questions are for use by all groups who collect data on the supply of health workers.

What are the MDS Questions?
The MDS questions focus on characteristics in three key areas: demographics, education and practice.

Demographic Questions:
- Birth date
- Gender
- Race/Ethnicity

Optional Demographic Questions:
- State or Country of Birth
- Languages Spoken Fluently

Education Questions:
- Professional education, entry level, including degree, year and state/county
- Professional education, highest level, including degree, year and state/county (includes residency training)
- Licensure – type, initial year and state
- Specialty (as applicable)
- Certifications (as applicable)

Optional Education Questions:
- Name and location of educational institution(s)

Practice Questions:
- Employment status
- Number of positions
- Hours by activity
  - Patient Care
  - Research
  - Teaching
  - Administration
- Practice setting
- Practice location
  - Clinical hours by location
- Title

Optional Practice Questions:
- Patients served (e.g., Medicaid, Medicare, etc.)
- Practice capacity
- Retirement plans
How can MDS data be used?

An important question for policy makers is how MDS data can be used to support health workforce planning efforts. MDS data can play a crucial role in health workforce planning if used effectively. It can help answer several important policy related questions including:

- What is the supply and distribution of the health workforce by setting and location?
- What is the primary care provider capacity in the state?
- What is the racial/ethnic diversity of a health profession in relation to the diversity of the population served?
- What are the characteristics of health professionals who practice in underserved communities?

Before collecting data...

Before beginning data collection it is important to identify the research questions that the data must answer. HRSA’s MDS questions are designed to provide the fundamental information needed for effective health workforce analysis. The MDS is not designed to answer every health workforce question posed. More detailed data are often needed for more complex health workforce analyses. Hence, it is imperative to identify key research questions that will be answered using these data and then design the data collection instruments with the workforce analysis plan in mind.

Useful Links


About

The primary objective of the Health Workforce Technical Assistance Center (HWTAC) is to support the efforts of the National Center for Health Workforce Analysis (NCHWA) by providing technical assistance to states and organizations engaged in health workforce planning. An important goal of NCHWA is to expand and improve health workforce data collection. NCHWA established the Health Professions Minimum Data Set (MDS) to facilitate this effort.

*The Health Workforce Technical Assistance Center (HWTAC) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U81HP26492, a Cooperative Agreement for a Regional Center for Health Workforce Studies, in the amount of $1,820,048. This content and conclusions are those of HWTAC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*
MDS: PHYSICIANS

Demographics

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. Birth date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Sex: O Male O Female

3. Race (1 or more categories may be selected)—Recommended as Optional
   - O White
   - O Black or African American
   - O American Indian or Alaska Native
   - O Asian
   - O Native Hawaiian/Other Pacific Islander
   - O Other (specify) ___________
   *The workgroup acknowledges that this is a condensed list and state boards may choose to use more detailed response sets (e.g., HHS Data Standards for Race and US Census Bureau Race Categories).*

4. Ethnicity
   Are you Hispanic, Latino/a, or of Spanish origin?
   - (1 or more categories may be selected)—Recommended as Optional
     - O No
     - O Yes, Mexican, Mexican American, Chicano/a
     - O Yes, Puerto Rican
     - O Yes, Cuban
     - O Yes, Another Hispanic, Latino/a, or of Spanish origin (specify) ___________

5. Do you speak a language other than English at home? (optional)
   - O Yes
   - O No

6. What is this language? (if you answered Yes to #5)
   - O Spanish
   - O Other Language (identify) __________

Education & Training

6. Medical Education

   A. What is your medical degree?
      - O M.D.
      - O D.O.
      - O M.B.B.S.

   B. What year did you complete your medical degree? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

   C. Where did you complete your medical degree?
      - O United States (specify state): __________
        Medical School Name __________
      - O Foreign Country (specify): __________

7. Residency Training/Graduate Medical Education

   A. First Specialty Training
      - Location (State) __________
      - Number of Years of Training __________
      - Year Completed __________
B. Subspecialty Training
- Location (State) ____________________
- Number of Years of Training___________
- Year Completed____________________

C. Additional Training
- Location (State) ____________________
- Number of Years of Training___________
- Year Completed___

8. Training and Certification

<table>
<thead>
<tr>
<th>Completed Accredited</th>
<th>Residency Program / Fellowship</th>
<th>Board Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Specialty</td>
<td>O Yes O No</td>
<td>O Yes O No</td>
</tr>
<tr>
<td>Secondary Specialty</td>
<td>O Yes O No</td>
<td>O Yes O No</td>
</tr>
</tbody>
</table>

Practice Characteristics

9. What is your employment status?
- O Actively working in a position that requires a medical license
- O Actively working in a field other than medicine
- O Not currently working
- O Retired

10. Are you currently providing direct clinical or patient care on a regular basis?
- O Yes
- O No

11. If no, how many years has it been since you provided clinical or patient care?
- O Less than 2 years
- O 2 to 5 years
- O 5 to 10 years
- O More than 10 years

12. Which of the following best describes the area(s) of practice in which you spend most of your professional time:

<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Principal</th>
<th>Secondary</th>
<th>Completed Accredited Residency Program or Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Medicine</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cardiology</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Child Psychiatry</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Colon and Rectal Surgery</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Dermatology</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Family Medicine/General Practice</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gynecology Only</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
13. Which of the following categories best describes your primary and secondary practice or work setting(s) where you work the most hours each week?

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Principal</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office/Clinic—Solo Practice</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Office/Clinic—Partnership</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Office/Clinic—Single Specialty Group</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Office/Clinic—Multi Specialty Group</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hospital—Inpatient</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hospital—Outpatient</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hospital—Emergency Department</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
14. How many weeks did you work in medical related positions in the past 12 months? __

15. For all medical related positions held in (insert state name), indicate the average number of hours per week spent on each major activity:

- Clinical or patient care: _______ hours/week
- Research: _______ hours/week
- Teaching/Education: _______ hours/week
- Administration: _______ hours/week
- Volunteering (medical related only): _______ hours/week
- Other (specify): _______ hours/week

Another approach to obtaining this information would be to ask licensees: (1) number of weeks worked in the past 12 months, (2) average number of hours worked per week, and (3) the percentage of time per week spent on each major activity (e.g., clinical or patient care, research etc.).

16. What is the location of the site(s) where you spend most of your time providing direct clinical or patient care? Please enter the complete address for up to three locations and your direct patient care hours per week at each site.

(The workgroup strongly recommends collecting full addresses if all possible, but zip codes only would be acceptable for a minimal data set.)

Principal Location Address

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City/Town | State | Zip Code: □□□□□
Direct patient care hours per week at site: _______

**Second Location Address**

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Direct patient care hours per week at site: _______

**Third Location Address**

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Direct patient care hours per week at site: _______
MDS: PHYSICIAN ASSISTANTS*

REQUIRED ITEMS

Demographics

1. Birth date □ □ □ □ □ □ □ □ □ □

2. Sex
   ○ Male      ○ Female

3. How would you classify your race?
   ○ American Indian or Alaska Native    ○ Asian
   ○ Black or African American           ○ Native Hawaiian or Other Pacific Islander
   ○ White                                ○ Other (specify)
   ○ Prefer not to answer

4. Are you Hispanic, Latino/a, or of Spanish origin?
   ○ No
   ○ Yes, Mexican, Mexican American, Chicano/a
   ○ Yes, Puerto Rican
   ○ Yes, Cuban
   ○ Yes, another Hispanic, Latino/a, or of Spanish origin
   ○ Prefer not to answer

Education & Training

5. Which of the following describes the degree or certificate you were awarded upon completion of your PA training?
   ○ Certificate/Diploma   ○ Associate degree
   ○ Bachelor’s degree     ○ Master’s degree
   ○ Military Training Certification ○ Other (specify)

6. What year did you complete your physician assistant education? □ □ □ □ □ □ □ □ □ □

7. Where did you complete your physician assistant education?
   Physician Assistant School/Program Name ________________________________

8. Training and Certification

   Are you Certified by National Commission on Certification of Physicians Assistants (NCCPA)?  ○ Yes   ○ No

   Have you completed Physician Assistant Post-Graduate Training?  ○ Yes   ○ No

   Have you completed Specialty Certification?  ○ Yes   ○ No
Practice Characteristics

9. What is your employment status? (mark all that apply)
   - O Actively working in a position that requires a physician assistant license
   - O Actively working in a field other than physician assistant
   - O Not currently working
   - O Retired

10. Please indicate which of the following best describes the area of practice of your supervising physician(s) in your principal and secondary clinical position(s). (Check all that apply)

<table>
<thead>
<tr>
<th>Principal Practice</th>
<th>Secondary Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Medicine</td>
<td>O</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>O</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>O</td>
</tr>
<tr>
<td>Dermatology</td>
<td>O</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>O</td>
</tr>
<tr>
<td>Family Medicine/General Practice</td>
<td>O</td>
</tr>
<tr>
<td>General Pediatrics</td>
<td>O</td>
</tr>
<tr>
<td>Gynecology Only</td>
<td>O</td>
</tr>
<tr>
<td>Hospital Medicine (Hospitalist)</td>
<td>O</td>
</tr>
<tr>
<td>Internal Medicine – General Practice</td>
<td>O</td>
</tr>
<tr>
<td>Internal Medicine – Subspecialties</td>
<td>O</td>
</tr>
<tr>
<td>Allergy and Immunology</td>
<td>O</td>
</tr>
<tr>
<td>Cardiology</td>
<td>O</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>O</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>O</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>O</td>
</tr>
<tr>
<td>Hematology</td>
<td>O</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>O</td>
</tr>
<tr>
<td>Nephrology</td>
<td>O</td>
</tr>
<tr>
<td>Oncology</td>
<td>O</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>O</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>O</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>O</td>
</tr>
<tr>
<td>Neurology</td>
<td>O</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>O</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>O</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>O</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>O</td>
</tr>
<tr>
<td>Pathology</td>
<td>O</td>
</tr>
<tr>
<td>Pediatric Subspecialties</td>
<td>O</td>
</tr>
<tr>
<td>Physical</td>
<td>O</td>
</tr>
<tr>
<td>Medicine/Rehabilitation</td>
<td>O</td>
</tr>
<tr>
<td>Preventive Medicine/Public Health</td>
<td>O</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>O</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>O</td>
</tr>
<tr>
<td>Radiology</td>
<td>O</td>
</tr>
<tr>
<td>Surgery - General</td>
<td>O</td>
</tr>
</tbody>
</table>
Surgery - Subspecialties

- Cardiothoracic
- Colon and rectal
- Gynecology and obstetrics
- Gynecologic oncology
- Neurologic
- Ophthalmic
- Oral and maxillofacial
- Orthopedic
- Otorhinolaryngology
- Pediatric
- Plastic and maxillofacial
- Urology
- Vascular

Other

11. Which of the following best describes the type of practice setting in which your principal and secondary clinical PA position(s) are located?

<table>
<thead>
<tr>
<th>Principal</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office-based private practice</strong></td>
<td></td>
</tr>
<tr>
<td>Solo practice</td>
<td>O</td>
</tr>
<tr>
<td>Single specialty physician group</td>
<td>O</td>
</tr>
<tr>
<td>Multi-specialty physician group</td>
<td>O</td>
</tr>
<tr>
<td><strong>Hospital (non-VA, non-government)</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient department</td>
<td>O</td>
</tr>
<tr>
<td>Outpatient department</td>
<td>O</td>
</tr>
<tr>
<td>Emergency department</td>
<td>O</td>
</tr>
<tr>
<td>Ambulatory surgical center</td>
<td>O</td>
</tr>
<tr>
<td>Behavioral/mental health facility</td>
<td>O</td>
</tr>
<tr>
<td>Community Health Center (Federally Qualified Health Center)</td>
<td>O</td>
</tr>
<tr>
<td><strong>Federal Government facility/hospital/unit</strong></td>
<td></td>
</tr>
<tr>
<td>Bureau of Prisons (BOP)</td>
<td>O</td>
</tr>
<tr>
<td>Indian Health Service (IHS)</td>
<td>O</td>
</tr>
<tr>
<td>Public Health Service (PHS)</td>
<td>O</td>
</tr>
<tr>
<td>United States Military</td>
<td>O</td>
</tr>
<tr>
<td>Veterans Administration (VA)</td>
<td>O</td>
</tr>
<tr>
<td>Rural health clinic</td>
<td>O</td>
</tr>
<tr>
<td>Home health care agency</td>
<td>O</td>
</tr>
<tr>
<td>Extended care facility (non-hospital)/nursing home</td>
<td>O</td>
</tr>
<tr>
<td>Hospice</td>
<td>O</td>
</tr>
<tr>
<td>Occupational health setting</td>
<td>O</td>
</tr>
<tr>
<td>Public or community health clinic (non-federally qualified)</td>
<td>O</td>
</tr>
<tr>
<td>Rehabilitation facility</td>
<td>O</td>
</tr>
<tr>
<td>School-based or college-based health center or school clinic</td>
<td>O</td>
</tr>
<tr>
<td>Free clinic</td>
<td>O</td>
</tr>
<tr>
<td>Other setting (specify): ___________________________</td>
<td>O</td>
</tr>
</tbody>
</table>

12. Please enter the zip code and the number of hours you work in a typical week at your principal and secondary clinical position(s).
**Principal practice site**

Zip Code of practice site: [ ] [ ] [ ] [ ]

Hours worked at site: [ ] [ ]

**Secondary Practice Site (if applicable)**

Zip Code of practice site: [ ] [ ] [ ] [ ]

Hours worked at site: [ ] [ ]

### ALTERNATE 12

12. Direct Patient Care: Practice Locations

Please enter the location of the sites of your principal and secondary clinical positions:

**Principal Practice Site**

Number Street

City/Town State

Zip Code [ ] [ ] [ ] [ ]

**Secondary Practice Site (if applicable)**

Number Street

City/Town State

Zip Code [ ] [ ] [ ] [ ]

13. During the regular hours of a typical work week, what number of hours do you spend on the following activities at your principal and secondary clinical position(s)? (Totals should add to hours worked as provided for question 12.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Principal</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct, face-to-face patient care (inpatient)</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>Direct, face-to-face patient care (outpatient)</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>Indirect (collateral) patient care (e.g., phone calls, reviewing labs, charting)</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>Administration (e.g., of own practice, hospital committees)</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>Teaching/precepting</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>Continuing education (e.g., courses, journal reading, video)</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>
Research □□ □□
Activities related to quality improvement or patient safety □□ □□
Volunteerism □□ □□
Other activities (please specify: ________) □□ □□

14. Do you have a National Provider Identification (NPI) number?
  O No      O Yes     If yes, NPI number: □□□□□□□□□□□□

15. Are you planning to leave your principal clinical PA position in the next 12 months?
  O Yes
  O No
RECOMMENDED, BUT OPTIONAL ITEMS

A. Which of the following best describes your current employment arrangement at your principal practice location?
   - O Self employed
   - O Salaried employment
   - O Hourly employment
   - O Locum tenens
   - O Other (specify): _____________________

B. Number of Physicians at each practice location:
   
   Principal □□□ □□□
   Secondary □□□

C. Do you personally communicate with patients in a language other than English?
   - O Yes  O No
   
   If yes – What language(s)? ______________________

*Note: This MDS reflects the incorporation of MDS-based questions approved by and used in the NCCPA Professional Profile.
Nursing Supply Minimum Data Set

1. Jurisdiction

2. License Number

3. First Name _______________________________

4. Last Name _______________________________

5. What is your gender?
   a. Male
   b. Female

6. What is your race/ethnicity? (Mark all that apply)
   a. American Indian or Alaska Native
   b. Asian
   c. Black/African American
   d. Native Hawaiian or Other Pacific Islander
   e. White/Caucasian
   f. Hispanic/Latino

7. What is your date of birth?
   Month    Day    Year

8. What type of nursing degree/credential qualified you for your first U.S. nursing license?
   a. Vocational/Practical certificate-nursing
   b. Diploma-nursing
   c. Associate degree-nursing
   d. Baccalaureate degree-nursing
   e. Master’s degree-nursing
   f. Doctoral degree-nursing

9. What is the name of the school (education program) you graduated from that qualified you for your first U.S. RN license?

10. In what city and state was this education program located?
    __________________  _____________
    City    State

11. What is your highest level of education?
a. Vocational/Practical certificate-nursing  
b. Diploma-nursing  
c. Associate degree-nursing  
d. Associate degree-other field  
e. Baccalaureate degree-nursing  
f. Baccalaureate degree-other field  
g. Master’s degree-nursing  
h. Master’s degree-other field  
i. Doctoral degree-nursing  
j. Doctoral degree-other field

12. What type of license do you currently hold?  
   a. RN  
   b. LPN  
   c. Advanced Practice RN license (include all advanced license statuses in your state)

13. What is the status of the license currently held?  
   a. Active  
   b. Inactive

14. Are you currently licensed/certified as a…  
   a. Nurse Practitioner  
   b. Clinical Nurse Specialist  
   c. Certified Registered Nurse Anesthetist  
   d. Certified Nurse Midwife  
   e. Not licensed/certified as any of the above

15. What is your employment status? (Mark all that apply)  
   a. Actively employed in nursing  
      i. Yes  
         1. Full-time  
         2. Part-time  
         3. Per diem  
      ii. No  
   b. Actively employed in a field other than nursing  
      i. Yes  
         1. Full-time  
         2. Part-time  
         3. Per diem  
      ii. No  
   c. Working in nursing only as a volunteer  
   d. Unemployed  
      i. Seeking work as a nurse  
         ii. Not seeking work as a nurse  
      e. Retired

16. If unemployed, please indicate the reasons.
a. Taking care of home and family  
b. Disabled  
c. Inadequate Salary  
d. School  
e. Difficulty in finding a nursing position  
f. Other

17. In how many positions are you currently employed as a nurse?  
a. 1  
b. 2  
c. 3 or more

18. How many hours do you work during a typical week in all your nursing positions?

19. Please indicate the state and zip codes of your primary and secondary employer and total hours worked at each position.

<table>
<thead>
<tr>
<th>Primary Practice Site</th>
<th>Secondary Practice Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Hours Worked this Site</th>
<th>Total Hours Worked this Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
   a. Hospital  
b. Nursing Home/Extended Care/Assisted Living Facility  
c. Home Health  
d. Correctional Facility  
e. Academic Setting  
f. Public Health  
g. Community Health  
h. School Health Service  
i. Occupational Health  
j. Ambulatory Care Setting  
k. Insurance Claims/Benefits  
l. Policy/Planning/Regulatory/Licensing Agency  
m. Other

21. Please identify the position title that most closely corresponds to your primary nursing
MDS: Nursing
developed by the National Forum of State Nursing Workforce Centers and the National Council of State Boards of Nursing (NCSBN)

practice position.
   a. Consultant/Nurse Researcher
   b. Nurse Executive
   c. Nurse Manager
   d. Nurse Faculty
   e. Advanced Practice Nurse
   f. Staff Nurse
   g. Other-Health Related
   h. Other-Not Health Related

22. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
   a. Acute care/Critical Care
   b. Adult Health/Family Health
   c. Anesthesia
   d. Community
   e. Geriatric/Gerontology
   f. Home Health
   g. Maternal-Child Health
   h. Medical Surgical
   i. Occupational health
   j. Oncology
   k. Palliative Care
   l. Pediatrics/Neonatal
   m. Public Health
   n. Psychiatric/Mental Health/Substance Abuse
   o. Rehabilitation
   p. School Health
   q. Trauma
   r. Women’s Health
   s. Other

23. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
   a. Hospital
   b. Nursing Home/Extended Care/Assisted Living Facility
   c. Home Health
   d. Correctional Facility
   e. Academic Setting
   f. Public Health
   g. Community Health
   h. School Health Service
   i. Occupational Health
   j. Ambulatory Care Setting
   k. Insurance Claims/Benefits
   l. Policy/Planning/Regulatory/Licensing Agency
   m. Other
n. No Secondary Practice Position

24. Please identify the position title that most closely corresponds to your secondary nursing practice position.
   a. Consultant/Nurse Researcher
   b. Nurse Executive
   c. Nurse Manager
   d. Nurse Faculty
   e. Advanced Practice Nurse
   f. Staff Nurse
   g. Other-Health Related
   h. Other-Not Health Related
   i. No Secondary Practice Position

25. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.
   a. Acute care/Critical Care
   b. Adult Health/Family Health
   c. Anesthesia
   d. Community
   e. Geriatric/Gerontology
   f. Home Health
   g. Maternal-Child Health
   h. Medical Surgical
   i. Occupational health
   j. Oncology
   k. Palliative Care
   l. Pediatrics/Neonatal
   m. Public Health
   n. Psychiatric/Mental Health/Substance Abuse
   o. Rehabilitation
   p. School Health
   q. Trauma
   r. Women’s Health
   s. Other
   t. No Secondary Practice Position

26. Please list all states in which you hold an active license to practice as an RN or LPN/VN:

    ______  ______  ______  ______  ______  ______  ______

27. Please list all states in which you are currently practicing:

    ______  ______  ______  ______  ______  ______  ______

28. In what country did you receive your entry-level education?
29. **If you are licensed/certified/recognized as a Nurse Practitioner or Nurse Midwife,** indicate the specialty of the physicians(s) with whom you have a practice. If you have your own practice, please select the specialty that best describes your practice.

*Indicate ONE primary practice specialty and ONE secondary practice specialty, if applicable, from the list below:*

<table>
<thead>
<tr>
<th>Primary practice</th>
<th>Secondary practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>✅</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✅</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Glossary of Operational Definitions

Active – a license that is up to date on all licensure and/or renewal requirements

Certified Nurse Midwife (CNM) – an RN who through a formal post-basic education program has developed expertise in the specialty area of midwifery and who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

Certified Registered Nurse Anesthetist (CRNA) – an RN who through a formal post-basic education program has developed expertise in the specialty area of anesthesiology and who possesses evidence of certification according to the requirements of the Council on Certification of Nurse Anesthetists or its predecessor

Clinical Nurse Specialist (CNS) - an RN who through a formal post-basic education program has developed expertise within a specialty area of nursing practice. In addition to the delivery of direct patient/client care, the role may include consultative, educational, research, and/or administrative components. Certification and/or state recognition may be required for practice as a CNS.

Employed in nursing – A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse.

Full-time – An individual employed for a full work week as defined by the employer.

Highest level of education – the highest degree obtained; in the event that a person holds the same level of education in two different fields (ex. a master’s in nursing and a master’s in education) the nursing degree should be selected

Inactive (in regard to licensure) - A license that was not renewed or a license placed on inactive status at the request of the licensee.

LPN – (or LVN) Licensed Practical Nurse or Licensed Vocational Nurse – An individual who holds a current license to practice as a practical or vocational nurse in at least one jurisdiction of the United States.

Nurse Practitioner - an RN prepared in a formal, post-basic nurse practitioner program, who functions in an independent primary health care provider role addressing the full range of patient's/client's health problems and needs within an area of specialization. Certification and/or state recognition may be required for practice as an NP.

Part-time - An individual employed less than full time or less than a full work week, as defined by the employer.

Per diem – an arrangement wherein a nurse is employed directly on an as needed basis, less than part-time as defined by the facility and usually has no benefits.

Primary Position – The position at which you work the most hours during your regular work year.

RN – Registered Nurse (RN) An individual who holds a current license to practice within the
scope of professional nursing in at least one jurisdiction of the United States.

Secondary Position – The position at which you work the second greatest number of hours during your regular work year.

Employment Setting - The setting in which nursing personnel provide nursing services. See examples below:

Hospital (Exclude nursing home units in hospitals but include all clinics and other services of the hospital)
- Non-federal, short-term hospital (for example, acute care hospital)
- Non-federal, long-term hospital
- Non-federal psychiatric hospital (for example, state mental hospital)
- Federal government hospital
- Other type of hospital

Nursing Home/Extended Care Facility
- Nursing home unit in hospital
- Freestanding skilled nursing facility (nursing home)
- Facility for mentally retarded
- Inpatient hospice
- Other type of extended care facility

Home Health
- Health care (including hospice care) provided in the patient’s home

Correctional Facility
- Jail or prisons

Academic Setting
- LPN/LVN program
- Diploma program (RN)
- Associate degree program (RN)
- Baccalaureate and/or higher degree nursing program (RN)
- Other

Public Health
- Official state health department
- Official state mental health agency
- Official city or county health department

Community Health
- Combination (official/voluntary) nursing service
- Visiting nurse service (VNS/VNA)
- Other home health agency
- Community mental health center
- Community/neighborhood health center
- Planned parenthood/family planning center
- Day care center
MDS: Nursing
developed by the National Forum of State Nursing Workforce Centers and the National Council of State Boards of Nursing (NCSBN)

Rural health center
Retirement community center

School Health Service
Board of education (public school system)
Private or parochial elementary or secondary school
College or university
Other

Occupational Health (Employee Health Service)
Private industry
Government
Other

Ambulatory Care Setting Employee (e.g., Physician/Dentist office)
Solo practice (physician)
Solo practice (nurse)
Partnership (one or more physicians)
Partnership (one or more nurses)
Group practice (physicians)
Group practice (nurses)
Partnership or group practice (mixed group of professionals)
Freestanding clinic (physicians)
Freestanding clinic (nurses)
Ambulatory surgical center (non-hospital-based)
Dental practice
Health Maintenance Organization (HMO)

Insurance Claims/Benefits
Insurance Company

Policy/Planning/Regulatory/Licensing Agency
Central or regional office of Federal agency
State Board of Nursing
Health planning agency
Nurse Workforce Center

Other
Nursing or health professional membership association
Medical supplier (e.g., Drug Company, equipment, etc.)
Other

Employment position/position title – the position an individual holds at their place of employment

Advanced Practice Nurse - An umbrella classification (not an intended title, per se) for the purpose of regulation. Individuals are licensed as Advanced Practice Nurses in the categories of Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife and Clinical Nurse Specialist. Each individual who practices nursing at an advanced level does so with
substantial autonomy and independence and a high level of accountability. The scope of practice in each of the advanced roles is distinguishable from the others. Each jurisdiction establishes the legal scope of practice for each role.

Consultant/Nurse Researcher – An individual who conducts research in the field of nursing

Nurse Executive - involved with management and administration concerns. They provide leadership roles in the designing of care, the planning and developing of procedures and policies, and administration of budgets in hospitals, health clinics, nursing homes, and ambulatory care centers.

Nurse Manager - An individual who has line management position with 24-hour accountability for a designated patient care services which may include operational responsibility for patient care delivery, fiscal and quality outcomes.

Nurse Faculty – An individual employed by a school of nursing or other type of nursing education program; nurse faculty are generally involved in teaching, research and service.

Staff Nurse – a nurse in direct patient care who is responsible for the treatment and well-being of patients

Employment Specialty – the specific area in which a nurse is specialized or practices

Acute care/Critical Care – nurses in this specialty provide care to patients with acute conditions. They also provide care to pre- and post-operative patients

Anesthesia – nurses in this specialty provide care to patients receiving anesthesia during operative procedures

Community – nurses in this specialty provide health care services that focus on both treatment and prevention for all members of the community.

Geriatric/Gerontology – nurses in this specialty provide the special care needed in rehabilitating and maintaining the mental and physical health of the elderly.

Home Health - nurses in this specialty provide care for people in their homes, such as those recovering from illness, an accident, or childbirth

Maternal-Child Health – nurses in this specialty provide medical and surgical treatment to pregnant women and to mother and baby following delivery

Medical/Surgical – nurses in this specialty provide diagnostic and therapeutic services to acutely ill patients for a variety of medical conditions, both surgical and non-surgical

Occupational health - nurses in this specialty provide on-the-job health care for the nation's workforce, striving to ensure workers' health, safety, and productivity

Oncology – nurses in this specialty provide care and support for patients diagnosed with cancer.
Palliative Care - nurses in this specialty provide sensitive care and pain relief to patients in the final stages of life. They protect patients from unnecessary, painful therapies, and often provide care at home, in order to maximize meaningful time patients can spend with family and loved ones.

Pediatrics/Neonatal – nurses in this specialty provide care and treatment to young patients ranging in age from infancy to late teens; provide care and support for very sick or premature newborn babies

Public Health – nurses in this specialty provide population-based community services

Psychiatric/Mental Health/Substance Abuse - nurses in this specialty aid and support the mental health of patients with acute or chronic psychiatric needs.; pain management nurses who help regulate medications and provide care for those addicted to drugs or alcohol, or who are suffering from other types of substance abuse.

Rehabilitation – nurses in this specialty provide physical and emotional support to patients and the families of patients with illnesses or disabilities that affect their ability to function normally and that may alter their lifestyle.

School Health – nurses in this specialty are dedicated to promoting the health and well being of children of all ages in an academic environment.

Trauma - nurses in this specialty provide emergency care to patients of all ages. These nurses work to maintain vital signs and prevent complications and death.

Women’s Health – nurses in this specialty provided care for women across the life cycle with emphasis on conditions that are particular to women

Sources: “Definitions” Interagency Collaborative on Nursing Statistics (ICONS) http://www.iconsdata.org/definitions.htm


Healthy People 200, “Healthy People in Healthy Communities.” http://www.healthypeople.gov/Publications/HealthyCommunities200/healthycom0hk.pdf
MDS: SUBSTANCE ABUSE/ADDICTION COUNSELORS

Demographics

Year
1. Birth date [ ]

2. Sex: O Male O Female

3. Race/Ethnicity (mark one or more boxes)
   O American Indian or Alaska Native
   O Asian
   O Black or African American
   O Hispanic/Latino of any race
   O Native Hawaiian or Other Pacific Islander
   O White/Caucasian
   O Prefer not to answer

Education & Training

4. Do you currently hold an addiction counseling certification?
   O Yes O No

5. What year did you attain your addiction counseling certification? [ ]

6. Do you currently hold an addiction counseling license?
   O Yes O No

7. What year did you attain your addiction counseling license? [ ]

8. Please mark all counseling certifications you currently hold.
   O Certified Alcohol and Drug Counselor (CADC)
   O Certified Advanced Alcohol and Drug Counselor (CAADC)
   O Certified Clinical Supervisor (CCS)
   O Certified Advanced Alcohol and Drug Counselor (CAADC)
   O Certified Prevention Specialist (CPS)
   O Certified Criminal Justice Addictions Professional (CCJP)
   O Certified Co-Occurring Disorders Professional (CCDP)
   O Certified Co-Occurring Disorders Professional Diplomate (CCDPD)
   O National Certified Counselor (NCC)
   O National Certified Addiction Counselor I
   O National Certified Addiction Counselor II
   O Master Addictions Counselor (MAC)
   O Certified Clinical Mental Health Counselor (CCMHC)
   O National Certified School Counselor (NCSC)
   O None
   O Other (please specify; include state-specific and non-reciprocal credentials): ___________

9. Where did you obtain your addiction counseling certification or license?
   State (postal abbreviation) [ ]
10. What is your highest level of education you have completed?
   O High school diploma/GED
   O Associate degree
   O Bachelor’s degree
   O Master’s degree
   O Doctoral degree

11. What year did you complete your highest level of education? □□□□

12. Where did you complete your highest level of education?
   State (postal abbreviation) □□

Practice Characteristics

13. What is your employment status? (mark all that apply)
   O Actively working in a substance abuse/addiction counseling position that requires a substance abuse/addiction counseling license/certification
   O Actively working in a substance abuse/addiction counseling position that does not require a substance abuse/addiction counseling license/certification
   O Actively working in a field other than substance abuse/addiction counseling
   O Not currently working
   O Retired

14. For all positions held, indicate the average number of hours spent per week (excluding call) on each substance abuse/addiction counseling major activity:

<table>
<thead>
<tr>
<th>Direct Patient care</th>
<th>Clinical Supervision</th>
<th>Clinical/Community Consultation and Prevention</th>
<th>Administration</th>
<th>Other</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>□□□□</td>
<td>□□□□</td>
<td>□□□□</td>
<td>□□□□□□□□□□□□□□□□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OPTIONAL 14B. For all direct patient care, indicate the average number of hours spent per week (excluding call) on each major activity:

   Assessment / Evaluation: □□
   Medication prescription and management: □□
   Treatment: □□

15. Did you work part-time or full time as a substance abuse/addiction counselor in the past year:
   O Full-time   O Part-time

16. Do you have a National Provider Identification (NPI) number?
   O No   O Yes: □□□□□□□□□□□□□□□□□□□□□□□□

**The remaining items should be completed only by substance abuse/addiction counselors**
practicing direct patient care.**

17. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing direct patient care:

<table>
<thead>
<tr>
<th>Principal practice site</th>
<th>Secondary Practice Site (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code of practice site:</td>
<td>Zip Code of practice site:</td>
</tr>
<tr>
<td>Direct care hours at site*:</td>
<td>Direct care hours at site*:</td>
</tr>
</tbody>
</table>

ALTERNATE

17. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing addiction counseling:

**Principal Location Address**

Number
Street
City/Town
State
Zip Code

**Secondary Location Address** (if applicable)

Number
Street
City/Town
State
Zip Code
18. Which best describes the type of setting that most closely corresponds to your principal and secondary (if applicable) direct patient care practice location(s): (Select One)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Principal</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized substance abuse outpatient treatment facility</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Community health center</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Mental health clinic</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Methadone clinic</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Primary or specialist medical care</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Child welfare</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Criminal justice</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Government hospital</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Non-federal hospital: Inpatient</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Non-federal hospital: General Medical</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Non-federal hospital: Psychiatric</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Non-federal hospital: Other - e.g. nursing home unit</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Private practice</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Detox</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Residential setting</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Recovery support services</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>School health service</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Faith-based setting</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other setting (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. What best describes your employment plans for the next 12 months?

- O Increase hours
- O Decrease hours
- O Seek non-clinical job
- O Retire
- O No change
- O Seek career advancement
- O Move to a different career
- O Unknown

OPTIONAL

20. Is your principal practice site formally affiliated with a network of other practices or health providers?

- O No
- O Yes, Staff Model HMO
- O Yes, Medical-Hospital Organization
- O Yes, Independent Practice Association
- O Yes, Federally Qualified Health Center
- O Yes, other: ______________________

21. Which of the following best describes your current employment arrangement at your principal practice location?

- O Self employed
- O Salaried employment
- O Hourly employment
- O Temporary
- O Other (specify): _____________________
22. **Number of substance abuse/addiction counselors at each practice location:**

- Principal □□□
- Secondary □□□

23. **Are you able to communicate with patients in a language other than English?**

- O Yes  O No

**If yes – What language(s)?** ______________________
State-Level Health Workforce Data Collection, Analysis, and Dissemination: An Introduction

Katie Gaul, Erin Fraher

Resource Brief, Feb. 2015

Background

With the transformation of the U.S. health care delivery system, states are more motivated to collect timely, objective, and comprehensive state-level health workforce data because policymakers and stakeholders lack the basic information needed to answer questions about the supply, demand, and distribution of health professionals. For example, states often ask:

- How many health professionals do we currently have and in what settings and places do they work?
- For what types of health professions and in what settings/places will demand for their services outpace supply?
- How many nurses do we currently have and how many diploma and associate degree nurses go on to pursue an advanced degree?
- Are we retaining the health professionals that we train in our state?
- Are health professionals serving in the geographic areas, specialties, and practice settings where they are needed most?
- How can we retool our education and regulatory systems to meet the needs of a rapidly changing health care system?

This brief addresses common challenges facing states that are interested in using health workforce data to inform state health workforce policy decisions. It is relevant to states that are just beginning to collect health workforce data, as well as states that have workforce data collection efforts underway but wish to go further in using them to support policy decisions.

Starting a Data System

Opportunities

While many health profession labor markets are local, most policy levers affecting the training and deployment of health professionals can be applied at the state level. Access to basic health workforce data is essential to plan for educational programs, shape regulatory policies, identify shortage areas, forecast employment needs, and justify funding requests. Data can also be used to evaluate the impact that policy decisions have on workforce. These can be applied in reforms that focus on state mental health or Medicaid reform, or changes in medical or dental school admissions policies. Proper information about a state’s current health workforce is necessary to evaluate existing programs and to plan for future needs.

Challenges

Collecting, analyzing and disseminating health workforce data is a complex task and there are several challenges to consider.

1. Motivational: The need for more accurate, timely, and comprehensive workforce data may appear clear, but persuading policymakers, funders, and owners of data to invest in resources (time, staff, and funding) can be a daunting task. The challenge is how to bring the right stakeholders to the table and convince them that this is a crucial activity.

2. Organizational: Who will be responsible for collecting the data and where will the data be housed? The answers to these questions will
affect the perceived objectivity of the data and analyses. Deciding where to house the data can also sometimes generate turf wars between agencies as stakeholders jockey for control of the data. Other important questions to consider are: will the collection of health workforce data be part of a legislative mandate?; how will you protect data confidentiality when it comes?; and who will be able to access the data, for what purposes, and at what cost?

3. **Analytical:** Once data has been collected, it is important to clean, analyze, and report the data in a way that is timely and useful to state policy makers. How current and accurate is it? Determining who is actively practicing in the state and where they are practicing is useful, but can be difficult depending on the quality of the data. Other useful analyses may include:

- Age-sex breakdowns to help indicate whether the number of entering professionals is enough to replace those who are approaching retirement
- Comparing the racial diversity of the workforce to the populations they serve
- Summarizing training location to identify how many professionals were educated in the state or region
- Mapping the distribution of health professionals to identify gaps in access to care

4. **Financial:** How will the development and continued operation of a state-level health workforce data system be funded?

**Other Considerations**

**Maintain objectivity:** To build trust with stakeholders, it is important to maintain objectivity on what are often contentious health workforce policy debates. Set clear boundaries between the organizations(s) collecting and reporting the data and those that are using the data for advocacy purposes. To the extent possible, house the data system under a neutral party where it will be free from political, professional, and advocacy influences.

*Don’t reinvent the wheel:* The National Center for Health Workforce Analysis (NCHWA) and key partners have developed Minimum Data Set (MDS) guidelines. The MDS is a set of basic questions that states and organizations can build upon to collect the data they need about their health workforce. Additionally, the Health Workforce Technical Assistance Center (HWTAC) and the National Governors Association (NGA) have been assisting various states in their health workforce data collection efforts. The HWTAC and NGA are resources for best practices and put states and organizations in contact with other states that are developing or have developed their own data systems.

*Determine what data to collect:* Whether developing a new data system or expanding an existing system, decisions need to be made about the:

1. Number and types of health professions from whom to collect data;
2. Frequency of data collection; and
3. Amount of data to collect about the profession.

For example, since 1979, North Carolina has collected and reported licensure data annually on 19 different health professions. New York surveys health professionals at re-registration every 2 years for physicians and every 3 years for other professions. The National Sample Survey of Registered Nurses was administered and reported on every 4 years.

These decisions will affect your analyses, results, staffing, funding, ability to answer policy questions and, fundamentally, how to set up a data system.

---


4 [http://www.nga.org/cms/center/health](http://www.nga.org/cms/center/health)
Determine data collection method:
How you collect data depends on the partners, stakeholders, and funding. Most established data systems draw on one of the following mechanisms:

- **Licensure System:** Data are collected when health professionals apply for their initial license and when they renew. This is one of the most efficient and cost-effective methods to collect data. Some questions are mandatory, others are optional. The organizational structure of the licensing boards—whether they operate independently or are housed under the umbrella of state government—will present different opportunities and barriers to collecting and sharing data. **Examples: North Carolina, South Carolina, Virginia**

- **Surveys:** Data are collected through periodic surveys, either in conjunction with the licensure process or as a separate effort. This method requires more staff time and money, and response rates may vary, but this is a good option if licensure data are unavailable. **Examples: New York, Wisconsin**

- **Continuous Monitoring:** Data collection begins with a list of all licensees in one or more professions. From there, states track individuals through surveys, news clipping services and other methods to determine practice status, practice setting, and other characteristics. This method can be costly, especially for states with many health professionals, but it may provide more up-to-date information. **Examples: Iowa, Nebraska**

Other secondary data sources that can be used to enumerate the workforce in a specific state include the National Provider Identification (NPI) file, the American Medical Association (AMA) Physician Masterfile, the US Bureau of Labor Statistics, and the Census Bureau's American Community Survey, among others. Additionally, all-payer claims databases can also be used to enumerate the health workforce in select states, but there are significant limitations. It is important to understand the primary sources, costs, and limitations of each data set.

**Relationships Matter:** Good working relationships and trust between stakeholder groups are crucial to the initial and continued success of a health workforce data system. Stakeholders are a data system’s audience, champions, and funders. They help identify research and policy questions and provide financial support. They utilize, promote, and help contextualize the data, and can point out issues that need to be addressed.

Building and maintaining strong relationships requires strong leadership and communication. Third-party facilitation can help groups work together and overcome barriers to collaborating. Additionally, relationships can solidify through funding opportunities. For example, state health care workforce development planning and implementation grants awarded by the Health Resources and Services Administration (HRSA) in 20105 required a link to the state’s departments of commerce and/or labor. For many states, this was an opportunity to create new partnerships and expand their body of work.

**Maintaining a Data System**

Once a health workforce data system is in place, keeping it going requires continuous effort. Results must be produced, and documentation must be completed to support a case for continued funding.

**Opportunities**

*Leverage results and relationships:* States with existing data systems have data to show as fruits of their labor, and they have begun to form solid

---


D-C405-4199-BFE2-78F8BF352C5D3
relationships with stakeholders. It is valuable to leverage these tangible results and relationships when it comes time to secure additional and/or sustained funding.

**Opportunities for expansion:** States with established data systems covering a small number of health professions can expand their system to include additional professions or collect additional information on their professions. As health care professionals work in teams, it is advantageous to collect data on multiple health professions to depict a more complete picture of the workforce in a particular state.

**Data sharing:** States that have more well-developed data systems have been able to successfully navigate data sharing challenges and other obstacles. They may be able to share information about developing data use agreements, and about developing policies on filling data requests and providing analytic files for additional research purposes.

**Challenges**
Regardless of whether a data system has been recently established or has been in operation for decades, states still face a number of challenges maintaining and advancing their data systems.

**Funding:** Relatively fixed infrastructure costs are required to maintain a data system, in order to continue collecting and cleaning data. Variable analysis costs are also needed in order to compile the data and disseminate them in a meaningful way. Expanding a data system to answer more complex questions and develop more useful tools requires additional resources.

There is often a lack of funding for the collection and analysis of data to inform policy. Foundations are often geared to fund initiatives that show more tangible results. Stakeholders who require data may be persuaded to fund the analysis costs to meet their specific needs, but they frequently are not willing or able to fund the fixed infrastructure costs.

**Developing research and policy agendas:** Developing a research agenda requires a deeper understanding of health workforce issues and health policy. Developing a policy agenda is a fine line to walk; those that are perceived to have crossed the line to advocacy can lose the trust of their stakeholders and can lose their funding as well. Sometimes it may be better for outside entities to drive policy, while states provide the data upon which they can make recommendations.

**Capacity and priorities:** Once planners and policy makers learn that health workforce data are available for analysis, requests may come pouring in. It can be difficult to prioritize or refuse requests, particularly if they are coming from the state legislature, current funders, or potential future funders. One option to manage incoming requests is to establish a fee structure and develop consistent protocols for filling data requests.

**Conclusions**
Collecting, analyzing, and disseminating health workforce data is a valuable service to states and to other stakeholders. Policy decisions can be made based on valid data rather than anecdotal evidence.

Regardless of whether a state is struggling to develop a data system or has one already established, there are both opportunities and challenges.

---

The Health Workforce Technical Assistance Center (HWTAC) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U81HP26492, a Cooperative Agreement for a Regional Center for Health Workforce Studies, in the amount of $1,820,048. This content and conclusions are those of HWTAC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Appendix I: Technical Notes on Methods

This report is based on registration data obtained on selected licensed health professional categories within North Carolina between November 1, 2013 and October 31, 2014.

Data on the licensed health professionals profiled in this report were collected from both initial and renewal licensure forms by their respective licensing boards. All boards supplied computerized copies of their files containing all necessary data to the Cecil G. Sheps Center for Health Services Research. All data files were run through a series of editing programs and procedures to check for inconsistencies.

Data were updated on a regular basis at each board with new licensees as well as changes in address. Physician data were checked and corrected for residency status using data supplied by hospitals with postgraduate medical education programs. Physicians are the only profession assigned to county location based on ZIP code information.

Counties for which teen pregnancy rates appear as an asterisk indicate that those data were suppressed by the North Carolina State Center for Health Statistics as rates based on fewer than 20 cases are considered unstable and were therefore not reported.

Population percentages appearing in the county and region pages may not add up to 100% due to rounding.
Appendix II: Definition of Terms

*Health Professions Related*

1) **Active**...........................................Licensed individuals who are currently practicing in their respective field.

2) **Inactive**...........................................Licensed individuals who are retired, employed in another field or otherwise not practicing in their respective field.

3) **Unknown Activity Status** .................Licensed individuals for whom practice status is not reported. Experience has shown that these usually are persons just entering their field. They are therefore considered active.

4) **In-State** ...........................................Licensed individuals who practice in North Carolina if they are active or who reside in North Carolina if they are inactive. If business county is missing for active individuals, mailing county is used.

5) **Out-of-State** ....................................Licensed individuals who practice outside of North Carolina if they are active or who reside outside of North Carolina if they are inactive. If business county is missing for active individuals, mailing county is used.

6) **Physicians** ......................................Doctors of medicine and doctors of osteopathy licensed with the N.C. Medical Board.

7) **Federal physician**.............................Physician whose primary employer is the federal government and whose principal setting of primary practice is a health facility on a military installation, in a V.A. hospital, in the Public Health Service, in the Indian Health Service, or in another federal health facility. Federally-funded primary health care clinics serving the private sector are not considered a federal facility. Federal physicians are not required to be licensed by the N.C. Medical Board. Counts include only those federal physicians who hold active licenses from the North Carolina Medical Board.

8) **Resident physician**.............................A physician who is presently enrolled in a postgraduate medical education training program at Duke University Medical Center, University of North Carolina at Chapel Hill–UNC Hospitals, East Carolina University–Pitt County Memorial Hospital, Wake Forest University Baptist Medical Center, Greensboro AHEC–Moses Cone Hospital, Charlotte AHEC–Carolinas Medical

---

18 Definition of the North Carolina Medical Board.
Demographics

102 BIRTHS: Resident live births. Live births occurring to residents of the area during the calendar year. Data downloaded from the LINC Data System; see http://www.linc.state.nc.us/. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.

103 DEATHS: Resident deaths. Deaths occurring to residents of the area during the calendar year. Data downloaded from the LINC Data System; see http://www.linc.state.nc.us. Source: Department of Health and Human Services, North Carolina Public Health, State Center for Health Statistics.

104 LABORFORCE: Labor Force by Place of Residence. Estimates represent the sum of the average annual employed (variable 105) and unemployed (variable 106) persons by place of residence. "Place of residence" estimates were developed with data secured from establishments (i.e., place of work employment) and adjusted to remove the effects of commuting and multiple jobholding. The data through 1983 are based on the 1970 census commuting patterns through a residency adjustment. Beginning in 1984, the adjustments are based on the 1980 census commuting patterns. This variable is an annual average of monthly data for the calendar year. County level data are revised both one and two years after the reference year ends. The data are presented in unrounded form from 1986 forward to permit aggregation of county data (e.g., to the MSA or regional level), while the data for earlier years are rounded to the nearest ten, as they are in publications from the Labor Market Information Division. State level data are rounded to the nearest 100, both on LINC and in publications, and are periodically revised independent of the county revisions so that they differ significantly from the sum of counties. See also variable 201, MONTHLYLF, the monthly equivalent. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major revision in the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see http://www.linc.state.nc.us. Data for 1999 downloaded from: http://www.ncesc.com. Source: Department of Commerce.

105 EMPLOYED: Employment by Place of Residence. All persons who worked for pay or profit, or worked without pay for 15 hours or more per week in a family farm or business. Includes agricultural employment, nonagricultural wage and salary employment, unpaid family workers, and domestic workers in private households. "Place of residence" estimates were developed with data secured from establishments (i.e., place of work employment) and adjusted to remove the effects of commuting and multiple jobholding. This variable is an annual average of monthly data for the calendar year. County level data are revised both one and two years after the reference year ends. The data are presented in unrounded form from 1986 forward to permit aggregation of county data (e.g., to the MSA or regional level), while the data for earlier years are rounded to the nearest ten, as they are in publications from the Labor Market Information Division. State level data are rounded to the nearest 100, both on LINC and in publications, and are periodically revised independent of the county revisions so that they differ significantly from the sum of counties. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major revision in the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see http://www.linc.state.nc.us. Data for 1999 downloaded from: http://www.ncesc.com. Source: Department of Commerce.

19 Formerly Coastal AHEC
20 Variable numbers, names and definitions are from the Log Into North Carolina (LINC) Database, N.C. State Data Center.

106 UNEMPLOYED: Unemployment by Place of Residence. This variable is an annual average of monthly data for the calendar year and is the estimated number of residents who did not work at all during the month but were able, available and looking for work. Includes all jobless persons looking for work, regardless of whether or not they qualify for unemployment insurance benefits. County level data are revised both one and two years after the reference year ends. The data are presented in unrounded form from 1986 forward to permit aggregation of county data (e.g., to the MSA or regional level), while the data for earlier years are rounded to the nearest ten, as they are in publications from the Labor Market Information Division. State level data are rounded to the nearest 100, both on LINC and in publications, and are periodically revised independent of the county revisions so that they differ significantly from the sum of counties. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major redesign to the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see http://www.linc.state.nc.us. Source: Department of Commerce. Data for 1999 downloaded from: http://www.ncesc.com.

107 UNEMPRATE: Unemployment Rate by Place of Residence. The average annual number of unemployed (variable 106) as a percentage of the average annual civilian labor force (variable 104). County level data are revised both one and two years after the reference year ends. State level may be revised at other times as well. Prior to 1986, the rate is based on unemployment and labor force figures which have been rounded to the nearest 10 (nearest 100 for the state), as is the case in publications from the Labor Market Information Division. The purpose of this rounding is to emphasize the fact that the numbers are estimates. Beginning with 1986, the numbers are unrounded, to permit aggregation to the MSA or regional level; the unemployment rate is based on these unrounded numbers, and hence may differ slightly in some cases from the published rates. This variable is derived from variables 104 and 106 by the formula 100 * V106 / V104. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major redesign to the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see http://www.linc.state.nc.us. Source: Department of Commerce. Data for 1999 downloaded from: http://www.ncesc.com.

136 INFANTDEATHS: Infant deaths. An infant death is defined as death of a live born infant under one year of age. The infant death rate is defined as resident infant deaths per 1,000 resident live births for the calendar year, which can be computed as variable 136 divided by variable 102, multiplied by 1,000. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.

501 PREGNANCIES: Pregnancies for females, all ages. The total number of the following events during the calendar year to resident women of all ages: live births, fetal deaths of 20 or more weeks gestation and induced abortions. Stillbirths of less than 20 weeks gestation are not included in this count. The sum of the counties does not always equal data for the state since the state includes persons whose county of residence is unknown. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.

NA PREGNANCY RATE: Pregnancy rates are created by dividing pregnancies by female population ages 15-44 and multiplying by 1,000. This yields pregnancy rate per 1,000 women of childbearing
age. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.

502 PREGTEEN: Pregnancies for females 15-19. The total number of the following events during the calendar year to resident women ages 15-19: live births, fetal deaths of 20 or more weeks gestation and induced abortions. Stillbirths of less than 20 weeks gestation are not included in this count. The sum of the counties does not always equal data for the state since the state includes persons whose county of residence is unknown. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.

NA TEEN PREGNANCY RATES (15-19): Pregnancy rates are created by dividing the number of teen pregnancies by female population ages 15-19 and multiplying by 1,000. This yields pregnancy rate per 1,000 women of this age group. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.

512 HOSPDISCH: General Hospital Discharges. Discharges of residents of the county in all short stay, acute care general hospitals in the state during the federal fiscal year. Excluded are federal and state hospitals, with the exception of one state facility which is included, UNC Hospitals, in Orange County. Normal ("well") newborn babies are excluded. Counties which border other states reflect under-reporting of discharges since only discharges to residents of the county from hospitals in North Carolina are counted. Counties affected are mainly Alleghany, Camden, Caswell, Cherokee, Clay, Columbus, Currituck, Dare, Gates, Hertford, Pasquotank, and Perquimans. See HOSPBEDGEN for beds included in short-stay, acute care, and general hospitals. Source: Department of Insurance. Compiled by the Cecil G. Sheps Center for Health Services Research, derived from data from Truven Health Analytics (formerly Thomson Healthcare), Fiscal Year 2014.

513 LONGTERM: Nursing facility beds. This count includes beds licensed as nursing facility beds, meaning those offering a level of care less than that offered in an acute care hospital, but providing licensed nursing coverage 24 hours a day, seven days a week. In addition to these beds, licensed long-term nursing care (extended nursing care) beds in non-federal, non-state general hospitals are included. Data for each county represent the sum of the beds in the facilities located in that county. Data for the state reflect the sum of licensed beds in the counties. Long-term nursing care beds in both nursing facilities and hospitals are licensed annually for the calendar year. Source: State Medical Facilities Plan, Department of Health and Human Services, Division of Health Service Regulation; see http://www.dhhs.state.nc.us/dhhs/ncsmfp/index.html.

523 BIRTHLOWWT: Low-weight births under 2500 grams. Newborns weighing less than 2500 grams (5 pounds, 8 ounces) at birth, regardless of length of gestation, as reported on the birth certificate for the calendar year, to mothers who are residents. Low-weight births are at increased risk of infant death and illness. The term premature is used in a number of publications. Source: LINC Data System; see http://www.linc.state.nc.us/. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics

103 DEATHS: Resident deaths. Deaths occurring to residents of the area during the calendar year. Source: LINC Data System; see http://www.linc.state.nc.us/. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics

524 HOSPBEDGEN: Beds in general hospitals. Defined as “beds in use” in hospitals, which are designated for short-stay use as licensed at the end of the third calendar quarter of the year. Included are beds for general medical or surgical use, beds that are for general psychiatric disorders, rehabilitation beds, eye-ear-nose-and-throat beds and pulmonary
disease beds. Excluded are beds in all federal hospitals and state hospitals. Data for each county represent the sum of the beds in the general hospitals located in that county. Data for the state reflect the sum of beds in the counties. Source: State Medical Facilities Plan, Department of Health and Human Services, Division of Health Service Regulation; see http://www.dhhs.state.nc.us/dhshr/ncsmfp/index.html.

MEDICAID: Count of Medicaid eligibles. An eligible is defined as a person who receives a Medicaid ID card authorizing Medicaid coverage for any portion of the state fiscal year. An eligible is counted in each county of residence during the fiscal year. The sum of the counties does not equal the state total since eligibles are unduplicated with respect to the state for the fiscal year. Data downloaded from the LINC Data System; see http://www.linc.state.nc.us.

PERSINC: Total personal income by place of residence (000s). The income received by, or on behalf of, all the residents of the area. Includes income received by persons from all sources - from participation in production, from transfer payments, from government and business, and from government interest (which is treated like a transfer payment). Personal income is the sum of wage and salary disbursements, other labor income, proprietors' income with inventory valuation and capital consumption adjustments, rental income of persons with capital consumption adjustment, personal dividend income, personal interest income, and transfer payments, less personal contributions for social insurance. For counting income, persons are defined as individuals, nonprofit institutions, private non-insured welfare funds, and private trust funds. The last three are referred to as “quasi-individuals.” Proprietors’ income is treated in its entirety as received by individuals. Life insurance carriers and private non-insured pension funds are not counted as persons, but their saving is credited to persons. Personal income is entirely different from money income, which is the measure of income used by Census and CPS. Source: Department of Commerce, Bureau of Economic Analysis. Data for 1996 through 1999 and 2003 editions downloaded from Bureau of Economic Analysis at http://www.bea.doc.gov/. Data for all other years downloaded from the LINC Data System; see http://www.linc.state.nc.us.

BEAPOP: Population estimate by place of residence (BEA denominator). BEA uses the U.S. Census Bureau county population totals as of July 1. Population is measured at midyear, whereas income is measured as a flow over the year. The state population figure used by BEA will agree with the the U.S. Census Bureau county estimates but may not be the most current state level figure released by the Census Bureau. These population figures should be used only with BEA income figures to calculate per capita estimates. Source: Department of Commerce, Bureau of Economic Analysis. Data for 1996 through 1999 and 2003 editions downloaded from Bureau of Economic Analysis at http://www.bea.doc.gov/. Data for all other years downloaded from the LINC Data System; see http://www.linc.state.nc.us.

PERCAPINC: Per Capita Income by Place of Residence (3005): The total personal income of residents of an area divided by the resident population of the area. See BEAPOP and PERSINC. Per capita personal income serves as an indicator of the quality of consumer markets and of the economic well-being of the residents of an area. It should be used with caution for several reasons: (1) An unusually high or low per capita income may be the temporary result of unusual conditions such as a bumper crop, a major construction project, or a catastrophe. In some cases, a high per capita income is not representative of the standard of living in an area. Conversely, a county with a large institutional population may show an unusually low per capita income. (2) Population is measured at mid-year, and income is measured as a flow over the year, so a significant change in population during the year could cause a distortion in the per capita figures. (3) Farm proprietors' income reflects return from current production; it does not measure current
cash flows. Sales out of inventories, though included in current gross farm income, are excluded from net farm income because they represent income from a previous year's production. Additions to inventories are included in net farm income at current market prices. (4) In counties that are characterized by small population and almost total dependence upon farming, the per capita income will react more sharply to the vagaries in weather, world market demand, and changing government policies related to agriculture than in counties where the sources of income are more diversified. (5) Substantial differences between BEA estimates of per capita income and Census Bureau estimates are due to differences in definition of income, collection mode, and method of computation. The BEA data are derived primarily from administrative records, while the census data are self reports of individuals. This variable is derived from variables 3001 and 3004 as 1000 * V3001 / V3004. Data for 1996 through 1999 and 2003 editions downloaded from Bureau of Economic Analysis at http://www.bea.doc.gov. Data for all other years downloaded from the LINC Data System; see http://www.linc.state.nc.us. Source: Federal Agency Data: Bureau of Economic Analysis.

5001 POPULATION (Estimate). This is the census estimate from the State Demographer (April 1, 2010). See variables 401-424 for age/race/sex breakdown of the same data for counties (available through the “Population by age/race/sex” topic report option on the main menu). Data downloaded from http://www.osbm.state.nc.us/nocosbm/facts_and_figures/socioeconomic_data/population_estimate.s.htm. Source: N.C. Office of State Budget and Management.
**Location**

1) MSA21 “Core Based Statistical Area” (CBSA) is the OMB’s collective term for Metropolitan and Micropolitan statistical areas. OMB has not defined an affirmative title for areas outside CBSAs. Source: U.S. Census Bureau and Office of Management and Budget, 2013. 
*Nonmetro in previous Data Book editions
**Metro in previous Data Book editions

<table>
<thead>
<tr>
<th>Metropolitan</th>
<th>Alexander</th>
<th>Burlington</th>
<th>Buncombe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burke</td>
<td>Cabarrus</td>
<td>Caldwell</td>
<td>Catawba</td>
</tr>
<tr>
<td>Chatham</td>
<td>Craven*</td>
<td>Cumberland</td>
<td>Currituck</td>
</tr>
<tr>
<td>Davidson*</td>
<td>Davie</td>
<td>Durham</td>
<td>Edgecombe</td>
</tr>
<tr>
<td>Forsyth</td>
<td>Franklin</td>
<td>Gaston</td>
<td>Gates*</td>
</tr>
<tr>
<td>Guilford</td>
<td>Haywood*</td>
<td>Henderson*</td>
<td>Hoke</td>
</tr>
<tr>
<td>Iredell*</td>
<td>Johnston</td>
<td>Jones*</td>
<td>Lincoln*</td>
</tr>
<tr>
<td>Madison</td>
<td>Mecklenburg</td>
<td>Nash</td>
<td>New Hanover</td>
</tr>
<tr>
<td>Onslow</td>
<td>Orange</td>
<td>Pamlico*</td>
<td>Pender*</td>
</tr>
<tr>
<td>Person*</td>
<td>Pitt</td>
<td>Randolph</td>
<td>Rockingham*</td>
</tr>
<tr>
<td>Rowan*</td>
<td>Stokes</td>
<td>Union</td>
<td>Wake</td>
</tr>
<tr>
<td>Wayne*</td>
<td>Yadkin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonmetropolitan</th>
<th>Alleghany</th>
<th>Ashe</th>
<th>Avery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaufort</td>
<td>Bertie</td>
<td>Bladen</td>
<td>Camden</td>
</tr>
<tr>
<td>Carteret</td>
<td>Caswell</td>
<td>Cherokee</td>
<td>Chowan</td>
</tr>
<tr>
<td>Clay</td>
<td>Cleveland</td>
<td>Columbus</td>
<td>Dare</td>
</tr>
<tr>
<td>Duplin</td>
<td>Graham</td>
<td>Granville</td>
<td>Greene*</td>
</tr>
<tr>
<td>Halifax</td>
<td>Harnett</td>
<td>Hertford</td>
<td>Hyde</td>
</tr>
<tr>
<td>Jackson</td>
<td>Lee</td>
<td>Lenoir</td>
<td>McDowell</td>
</tr>
<tr>
<td>Macon</td>
<td>Martin</td>
<td>Mitchell</td>
<td>Montgomery</td>
</tr>
<tr>
<td>Moore</td>
<td>Northampton</td>
<td>Pasquotank</td>
<td>Perquimans</td>
</tr>
<tr>
<td>Polk</td>
<td>Richmond</td>
<td>Robeson</td>
<td>Rutherford</td>
</tr>
<tr>
<td>Sampson</td>
<td>Scotland</td>
<td>Stanly</td>
<td>Surry</td>
</tr>
<tr>
<td>Swain</td>
<td>Transylvania</td>
<td>Tyrrell</td>
<td>Vance</td>
</tr>
<tr>
<td>Warren</td>
<td>Washington</td>
<td>Watauga</td>
<td>Wilkes</td>
</tr>
<tr>
<td>Wilson</td>
<td>Yancey</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) HSA: Counties are assigned to a Health Service Area (HSA) in the following manner:

<table>
<thead>
<tr>
<th>HSA I</th>
<th>Alexander</th>
<th>Alleghany</th>
<th>Ashe</th>
<th>Avery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Buncombe</td>
<td>Burke</td>
<td>Caldwell</td>
<td>Catawba</td>
<td></td>
</tr>
<tr>
<td>Cherokee</td>
<td>Clay</td>
<td>Cleveland</td>
<td>Graham</td>
<td></td>
</tr>
<tr>
<td>Haywood</td>
<td>Henderson</td>
<td>Jackson</td>
<td>McDowell</td>
<td></td>
</tr>
<tr>
<td>Macon</td>
<td>Madison</td>
<td>Mitchell</td>
<td>Polk</td>
<td></td>
</tr>
<tr>
<td>Rutherford</td>
<td>Swain</td>
<td>Transylvania</td>
<td>Watauga</td>
<td></td>
</tr>
<tr>
<td>Wilkes</td>
<td>Yancey</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

21 Prior to 1993 MSA locations were not included in NC HPDS Data Book publications.
3) **AHEC** Counties are assigned to an Area Health Education Center (AHEC) region in the following manner:

<table>
<thead>
<tr>
<th>HSA II</th>
<th>Alamance</th>
<th>Caswell</th>
<th>Davidson</th>
<th>Davie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piedmont</td>
<td>Forsyth</td>
<td>Guilford</td>
<td>Randolph</td>
<td>Rockingham</td>
</tr>
<tr>
<td>Stokes</td>
<td></td>
<td>Surry</td>
<td></td>
<td>Yadkin</td>
</tr>
<tr>
<td>HSA III</td>
<td>Cabarrus</td>
<td>Gaston</td>
<td>Iredell</td>
<td>Lincoln</td>
</tr>
<tr>
<td>So. Piedmont</td>
<td>Mecklenburg</td>
<td>Rowan</td>
<td>Stanly</td>
<td>Union</td>
</tr>
<tr>
<td>HSA IV</td>
<td>Chatham</td>
<td>Durham</td>
<td>Franklin</td>
<td>Granville</td>
</tr>
<tr>
<td>Capitol</td>
<td>Johnston</td>
<td>Lee</td>
<td>Orange</td>
<td>Person</td>
</tr>
<tr>
<td>Vance</td>
<td></td>
<td>Wake</td>
<td></td>
<td>Warren</td>
</tr>
<tr>
<td>HSA V</td>
<td>Anson</td>
<td>Bladen</td>
<td>Brunswick</td>
<td>Columbus</td>
</tr>
<tr>
<td>Cardinal</td>
<td>Cumberland</td>
<td>Harnett</td>
<td>Hoke</td>
<td>Montgomery</td>
</tr>
<tr>
<td>Moore</td>
<td></td>
<td>New Hanover</td>
<td>Pender</td>
<td>Richmond</td>
</tr>
<tr>
<td>Robeson</td>
<td></td>
<td>Sampson</td>
<td></td>
<td>Scotland</td>
</tr>
<tr>
<td>HSA VI</td>
<td>Beaufort</td>
<td>Bertie</td>
<td>Camden</td>
<td>Carteret</td>
</tr>
<tr>
<td>Eastern</td>
<td>Chowan</td>
<td>Craven</td>
<td>Currituck</td>
<td>Dare</td>
</tr>
<tr>
<td>Duplin</td>
<td></td>
<td>Edgecombe</td>
<td>Gates</td>
<td>Greene</td>
</tr>
<tr>
<td>Halifax</td>
<td></td>
<td>Hertford</td>
<td>Hyde</td>
<td>Jones</td>
</tr>
<tr>
<td>Lenoir</td>
<td></td>
<td>Martin</td>
<td>Nash</td>
<td>Northampton</td>
</tr>
<tr>
<td>Onslow</td>
<td></td>
<td>Pamlico</td>
<td>Pasquotank</td>
<td>Perquimans</td>
</tr>
<tr>
<td>Pitt</td>
<td></td>
<td>Tyrrell</td>
<td>Washington</td>
<td>Wayne</td>
</tr>
<tr>
<td>Wilson</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

22 Formerly Coastal AHEC
2014 N.C. Health Professions Data Book

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake (6)</td>
<td>Durham</td>
</tr>
<tr>
<td></td>
<td>Franklin</td>
</tr>
<tr>
<td>Eastern (7)</td>
<td>Beaufort</td>
</tr>
<tr>
<td></td>
<td>Chowan</td>
</tr>
<tr>
<td></td>
<td>Gates</td>
</tr>
<tr>
<td></td>
<td>Jones</td>
</tr>
<tr>
<td></td>
<td>Pamlico</td>
</tr>
<tr>
<td></td>
<td>Tyrrell</td>
</tr>
<tr>
<td>Northwest (9)</td>
<td>Alexander</td>
</tr>
<tr>
<td></td>
<td>Burke</td>
</tr>
<tr>
<td></td>
<td>Davie</td>
</tr>
<tr>
<td></td>
<td>Stokes</td>
</tr>
<tr>
<td></td>
<td>Yadkin</td>
</tr>
<tr>
<td>Southern</td>
<td>Bladen</td>
</tr>
<tr>
<td>Regional (10)</td>
<td>Richmond</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) **DEHNR**  Counties are assigned to Department of Environment, Health and Natural Resources (DEHNR) regions in the following manner:

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>Avery</td>
</tr>
<tr>
<td></td>
<td>Cherokee</td>
</tr>
<tr>
<td></td>
<td>Henderson</td>
</tr>
<tr>
<td></td>
<td>Mitchell</td>
</tr>
<tr>
<td></td>
<td>Swain</td>
</tr>
<tr>
<td>Region II</td>
<td>Alexander</td>
</tr>
<tr>
<td></td>
<td>Gaston</td>
</tr>
<tr>
<td></td>
<td>Rowan</td>
</tr>
<tr>
<td>Region III</td>
<td>Alamance</td>
</tr>
<tr>
<td></td>
<td>Davie</td>
</tr>
<tr>
<td></td>
<td>Randolph</td>
</tr>
<tr>
<td></td>
<td>Watauga</td>
</tr>
<tr>
<td>Region IV</td>
<td>Chatham</td>
</tr>
<tr>
<td></td>
<td>Granville</td>
</tr>
<tr>
<td></td>
<td>Nash</td>
</tr>
<tr>
<td></td>
<td>Vance</td>
</tr>
<tr>
<td>Region V</td>
<td>Anson</td>
</tr>
<tr>
<td></td>
<td>Harnett</td>
</tr>
<tr>
<td></td>
<td>Robeson</td>
</tr>
</tbody>
</table>
### Region VI
- Beaufort
- Craven
- Greene
- Lenoir
- Perquimans
- Wayne
- Bertie
- Currituck
- Hertford
- Martin
- Pitt
- Campan
- Dare
- Hyde
- Pamlico
- Tyrrell
- Chowan
- Gates
- Jones
- Pasquotank
- Washington

### Region VII
- Brunswick
- New Hanover
- Carteret
- Onslow
- Columbus
- Pender
- Duplin

### PCR:

5) Counties are assigned to Perinatal Care Regions (PCR) in the following manner:

<table>
<thead>
<tr>
<th>Western</th>
<th>Buncombe</th>
<th>Cherokee</th>
<th>Clay</th>
<th>Graham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>Haywood</td>
<td>Henderson</td>
<td>Jackson</td>
<td>McDowell</td>
</tr>
<tr>
<td>Macon</td>
<td>Madison</td>
<td>Mitchell</td>
<td>Polk</td>
<td></td>
</tr>
<tr>
<td>Rutherford</td>
<td>Swain</td>
<td>Transylvania</td>
<td>Yancey</td>
<td></td>
</tr>
<tr>
<td>Northwestern</td>
<td>Alexander</td>
<td>Alleghany</td>
<td>Ashe</td>
<td>Avery</td>
</tr>
<tr>
<td>Region II</td>
<td>Burke</td>
<td>Caldwell</td>
<td>Catawba</td>
<td>Davidson</td>
</tr>
<tr>
<td>Davie</td>
<td>Forsyth</td>
<td>Guilford</td>
<td>Iredell</td>
<td></td>
</tr>
<tr>
<td>Rowan</td>
<td>Randolph</td>
<td>Rockingham</td>
<td>Stokes</td>
<td></td>
</tr>
<tr>
<td>Surry</td>
<td>Watauga</td>
<td>Wilkes</td>
<td>Yadkin</td>
<td></td>
</tr>
<tr>
<td>Southwestern</td>
<td>Anson</td>
<td>Cabarrus</td>
<td>Cleveland</td>
<td>Gaston</td>
</tr>
<tr>
<td>Region III</td>
<td>Lincoln</td>
<td>Mecklenburg</td>
<td>Stanly</td>
<td>Union</td>
</tr>
<tr>
<td>Northeastern</td>
<td>Alamance</td>
<td>Caswell</td>
<td>Chatham</td>
<td>Durham</td>
</tr>
<tr>
<td>Region IV</td>
<td>Franklin</td>
<td>Granville</td>
<td>Johnston</td>
<td>Lee</td>
</tr>
<tr>
<td>Orange</td>
<td>Person</td>
<td>Vance</td>
<td>Wake</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeastern</td>
<td>Bladen</td>
<td>Brunswick</td>
<td>Columbus</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Region V</td>
<td>Harnett</td>
<td>Hoke</td>
<td>Montgomery</td>
<td>Moore</td>
</tr>
<tr>
<td>New Hanover</td>
<td>Pender</td>
<td>Richmond</td>
<td>Robeson</td>
<td></td>
</tr>
<tr>
<td>Sampson</td>
<td></td>
<td>Scotland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern</td>
<td>Beaufort</td>
<td>Bertie</td>
<td>Camden</td>
<td>Carteret</td>
</tr>
<tr>
<td>Region VI</td>
<td>Chowan</td>
<td>Craven</td>
<td>Currituck</td>
<td>Dare</td>
</tr>
<tr>
<td>Duplin</td>
<td>Edgecombe</td>
<td>Gates</td>
<td>Greene</td>
<td></td>
</tr>
<tr>
<td>Halifax</td>
<td>Hertford</td>
<td>Hyde</td>
<td>Jones</td>
<td></td>
</tr>
<tr>
<td>Lenoir</td>
<td>Martin</td>
<td>Nash</td>
<td>Northampton</td>
<td></td>
</tr>
<tr>
<td>Onslow</td>
<td>Pamlico</td>
<td>Pasquotank</td>
<td>Perquimans</td>
<td></td>
</tr>
<tr>
<td>Pitt</td>
<td>Tyrrell</td>
<td>Washington</td>
<td>Wayne</td>
<td></td>
</tr>
</tbody>
</table>
Appendix III: Procedures for Requesting Additional Information

Procedures for Requesting Additional Information

This appendix describes the health professions information available through the North Carolina Health Professions Data System at the Cecil G. Sheps Center for Health Services Research and the necessary procedures for obtaining data.

The Sheps Center maintains health professions data files through a cooperative effort with each licensing board for the following categories of health professionals licensed in North Carolina:

- Certified Nurse Midwives
- Chiropractors
- Dental Hygienists
- Dentists
- Nurses (RNs and LPNs)
- Nurse Practitioners
- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Pharmacists
- Physical Therapists
- Physical Therapist Assistants
- Physicians, includes MDs and DOs licensed by the North Carolina Medical Board
- Physicians in Residency Training
- Physician Assistants
- Podiatrists
- Practicing Psychologists
- Psychological Associates
- Respiratory Therapists
Although the Sheps Center does have files for each year since 1975, the data prior to 1979 are relatively inaccurate, and therefore their use is discouraged.

Health professionals provide the data to the respective licensing boards at the time of initial license or renewal. The data are tabulated by the Sheps Center, but at all times remain the property of the boards. The data are confidential because they include detailed information on the individuals licensed. Therefore, any requests for names, addresses, or other information that would lead to identification of any individuals cannot be honored without the prior written approval of the appropriate licensing board.

Data are provided in several formats: electronic mailing lists, cross-tabulations, frequencies and graphic representations. A two-week interval is normally required to process data requests, with a minimum charge dependent upon the type of output. Please visit the Health Professions Data System web site at http://www.shepscenter.unc.edu/hp for more information.

When board approval is necessary, the following steps should be taken:

1. Contact the Sheps Center’s NC Health Profession Data System by phone (919) 966-9985, email (nchp@unc.edu) or letter to discuss the details or your request. Direct verbal or written approval from the executive officer of the appropriate board is required before any data can be released by the Sheps Center.

2. A written request should be sent to the executive officer of the appropriate board (see list on following pages) explaining the need for the data in question, variables and years of data requested, and the preferred format of the data. If the data are for an announcement or a survey, a copy of the brochure or questionnaire to be sent is usually helpful. The letter should request that approval be granted to the Sheps Center to provide the data. If board approval is required, Sheps staff require a copy of approval in before data requests are filled.

Board approval is normally not required if the data requested do not identify individuals. For requests of this type only a letter, email or telephone call to the Sheps Center is required. A phone call is helpful to ensure that your request is clear.

If data are required immediately, the request should indicate the urgency. An urgent request will be processed as soon as it can be scheduled into the workload, and an additional charge will be assessed. However, no assurance can be given as to delivery date earlier than two weeks after the request has been received. If board approval is required, the two week period begins after the Sheps Center receives a copy of the approval letter. Whenever possible, a two-week interval should be anticipated for the processing of routine requests; a longer period will be required if extensive programming is needed.

23 Certified nurse midwife data are available starting from 1985; respiratory therapist data are available starting from 2004. Occupational therapist and occupational therapy assistant data are available starting from 2006.
Addresses of Health Professions Licensing Boards

N.C. Board of Chiropractic Examiners
174 Church Street
Concord, NC 28025-4759
Ms. Megan Langley, Interim
(704) 793-1342
FAX (704) 793-1385
Email: megan@ncchiroboard.com
www.ncchiroboard.com

N.C. Midwifery Joint Committee
PO Box 2129
Raleigh, NC 27602-2129
Ms. Elizabeth Korb
(919) 782-3211
FAX (919) 781-9461
Email: email@ncbon.com
www.ncbon.com

N.C. State Board of Dental Examiners
2000 Perimeter Park Dr., Suite 160
Morrisville, NC 27560
Mr. Bobby D. White, Chief Operations Officer
(919) 678-8223
FAX (919) 678-8472
Email: info@ncdentalboard.org
www.ncdentalboard.org

N.C. Board of Pharmacy
PO Box 4560
Chapel Hill, NC 27515-4560
Mr. Jay Campbell, Executive Director
(919) 246-1050
FAX: (919) 246-1056
www.ncbop.org

N.C. Medical Board
PO Box 20007
Raleigh, NC 27619-0007
Mr. R. David Henderson, Executive Director
(919) 326-1100, (919) 326-1109, or
1-800-253-9653 (in-state)
FAX: (919) 326-0036
Email: info@ncmedboard.org
www.ncmedboard.org

N.C. Board of Nursing
PO Box 2129
Raleigh, NC 27602-2129
Ms. Julie George, Executive Director
(919) 782-3211
FAX: (919) 781-9461
Email: email@ncbon.com
www.ncbon.com

N.C. Board of Occupational Therapy
PO Box 2280
Raleigh, NC 27602-2280
Ms. Elizabeth Kirk, Administrator
(919) 832-1380
FAX: (919) 833-1059
Email: administrator@ncbot.org
www.ncbot.org

N.C. State Board of Optometry
109 North Graham Street
Wallace, NC 28466-2713
Dr. John Robinson, Executive Director
(910) 285-3160 or 1-800-426-4457 (in-state)
FAX: (910) 285-4546
Email: info@ncoptometry.org
www.ncoptometry.org

N.C. Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705-5582
Mr. Ben F. Massey, Jr., PT, Executive Director
(919) 490-6393 or 1-800-800-8982 (in-state)
FAX: (919) 490-5106
Email: ncptboard@mindspring.com
www.ncptboard.org

N.C. Board of Podiatry Examiners
1500 Sunday Drive, Suite 102
Raleigh, NC 27607-5151
Ms. Penney De Pas, Executive Secretary
(919) 861-5583
FAX (919) 787-4916
Email: info@ncbpe.org
www.ncbpe.org
Data Listing for Each Profession

The following pages list the data available for each profession. The professions are sorted in alphabetical order. When data are not available for all years, the years for which data are available will be indicated in parentheses.
1. License/certification number
2. Licensing date (month and year)
3. Name
   first
   middle initial
   last
4. Mailing address (1984-2013)
   office name (if business address)
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
5. Office address (if different from mailing address) (1984-1999)
   office name
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
6. Home address (1979-1983)
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
   business name
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
8. Preferred mailing address (1979-1983)
   1 = home
   2 = business
   * = unknown
9. Location codes (based on mailing address if individual is inactive or if the business address is unknown; otherwise based on the business address)
   county
   state
   1 = in state
   2 = out of state
   9 = state unknown
   AHEC
   HSA
10. Birth year
11. Gender
   1 = male
   2 = female
   * = unknown
12. Race
   1 = White
   2 = Black
   3 = American Indian
   4 = Asian
   5 = Other
   6 = Hispanic
   * = Unknown
   1 = yes
   2 = no
   * = unknown
14. Basic professional education-state
15. Basic professional education-school
16. Basic professional education-year
17. Activity status
   1 = active
   2 = inactive
   * = unknown
   1 = working in other field
   2 = retired
   3 = homemaker
   4 = in professional training
   5 = other
   * = unknown
   Reason inactive (1979-1981)
   1 = other work - wants work in profession
   2 = other work - doesn't want work in profession
   3 = not working - wants work in profession
   4 = doesn't want work - retired
   5 = doesn't want work - homemaker
   6 = doesn't want work - training
   7 = doesn't want work - other reason
   * = reason unknown
19. Primary specialty
   1 = neurology
   2 = orthopedics
   3 = roentgenology
   4 = other specialty
   0 = none
   * = unknown
22. **Form of employment (1982-2014)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>solo—self employed</td>
</tr>
<tr>
<td>2</td>
<td>non-solo—self employed</td>
</tr>
<tr>
<td>3</td>
<td>individual practitioner</td>
</tr>
<tr>
<td>4</td>
<td>partnership or group</td>
</tr>
<tr>
<td>5</td>
<td>local government</td>
</tr>
<tr>
<td>6</td>
<td>county government</td>
</tr>
<tr>
<td>7</td>
<td>state government</td>
</tr>
<tr>
<td>8</td>
<td>Federal government</td>
</tr>
<tr>
<td>9</td>
<td>other</td>
</tr>
<tr>
<td>*</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Form of employment (1979-1981)**

- **Self employed:**
  - 11 = solo
  - 12 = partnership or group
- **Non-governmental employer:**
  - 21 = individual practice
  - 22 = retail or wholesale trade
  - 23 = partnership or group
  - 24 = group health plan facility
  - 25 = other
- **Governmental employer:**
  - 31 = local
  - 32 = county
  - 33 = state
  - 34 = federal-civilian
  - 35 = federal-military
- **Miscellaneous:**
  - 41 = unpaid worker
  - 44 = other
  - * = unknown


- **Nonfederal:**
  - 11 = hospital
  - 12 = nursing home
  - 13 = free-standing clinic
  - 14 = group pre-paid health facility
  - 15 = practitioner's office
  - 16 = other
- **Federal:**
  - 21 = military
  - 22 = V.A., public health, Indian health
  - 23 = other
- **Miscellaneous:**
  - 30 = school, college, university or other educational institution
  - 71 = other type of setting
  - * = unknown

**Employment setting (1979-1981)**

- **Nonfederal:**
  - 11 = hospital
  - 12 = nursing home
  - 13 = clinic
  - 14 = group health facility
  - 15 = practitioner's office
  - 16 = other
- **Federal:**
  - 21 = military
  - 22 = other

24. **Total hours practiced per average week**

25. **Percent time in patient care**

26. **Hours per week in retailing (1979-1981)**

27. **Hours per week in teaching (1979-1981)**

28. **Hours per week in research (1979-1981)**

29. **Hours per week in administration (1979-1981)**

30. **Hours per week in other activity (1979-1981)**

31. **Number of weeks worked past 12 months (1979-1981)**

* If a variable is not available for all years, it will be noted in parentheses.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Approval number</td>
<td>16. Type of Practice Setting: Physician or Group Medical Practice (2011-2013)</td>
</tr>
<tr>
<td>2.</td>
<td>Year of Approval</td>
<td>17. Type of Practice Setting: Medical/Nursing School (2013)</td>
</tr>
<tr>
<td>3.</td>
<td>Primary Worksite</td>
<td>18. Type of Practice Setting: HMO (2011-2013)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Basic professional education-year</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Location codes (based on primary worksite)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>county</td>
<td></td>
</tr>
<tr>
<td></td>
<td>state</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = in-state</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = out of state</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.8 = state unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ambulatory care setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>public health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>academic setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>community health</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Type of Practice Setting: County Health Department (2011-2013)</td>
<td>23. Type of specialized care (2011-2013)</td>
</tr>
<tr>
<td>11.</td>
<td>Type of Practice Setting: Hospital – In-patient (2011-2013)</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Type of Practice Setting: Hospital – Out-patient (2011-2013)</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Type of Practice Setting: Free-Standing Birthing Center (2011-2013)</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Supervising physician specialty (2011-2013)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **License/certification number**
2. **Licensing date**
3. **Name**
   - first, middle initial, last
4. **Home address**
   - street
   - city
   - state
   - ZIP code
   - county
   - AHEC
   - HSA
5. **Business address**
   - business name
   - street
   - city
   - state
   - ZIP code
   - county
   - AHEC
   - HSA
   - 1 = home
   - 2 = business
   - * = unknown
7. **Location codes (based on home address if individual is inactive or if business is unknown; otherwise based on business address)**
   - county
   - state
   - 1 = in state
   - 2 = out of state
   - * = state unknown
   - AHEC
   - HSA
8. **Birth year**
9. **Gender**
   - 1 = male
   - 2 = female
   - * = unknown
    - 1 = White
    - 2 = Black
    - 3 = American Indian
    - 4 = Asian
    - 5 = Other
    - 6 = Hispanic
    - * = Unknown
    - 1 = yes
    - 2 = no
    - * = unknown
    - 1 = never married
    - 2 = married
    - 3 = separated/divorced
    - 4 = widowed
    - * = unknown
14. **Basic professional education - school**
15. **Basic professional education - state**
16. **Basic professional education - year**
17. **Basic professional education**
    - 1 = less than high school
    - 2 = high school or equivalent
    - 3 = nursing school, diploma
    - 4 = associate degree
    - 5 = baccalaureate degree
    - 6 = master's degree
    - 7 = doctorate
18. **Advanced training in dental hygiene**
19. **Advanced training - preceptor trained**
20. **Advanced training - certificate or diploma**
21. **Advanced training - associate degree**
22. **Advanced training - bachelor's degree**
23. **Advanced training - master's degree**
24. **Advanced training - other degree**
25. **Degree in other field (1979-1981)**
    - 1 = yes
    - 2 = no
    - * = unknown
26. **Highest degree, other field (1979-1981)**
    - 1 = diploma
    - 2 = associate
    - 3 = bachelor's degree
    - 4 = master's degree
    - 5 = doctorate
    - 6 = other
    - * = unknown
    - 8 = not applicable
27. **Activity status**
    - 1 = active
    - 2 = inactive
    - * = unknown
   1 = working in other field
   2 = retired
   3 = homemaker
   4 = in professional training
   5 = other
   * = unknown

**Reason inactive** (1979-1981)
   1 = other - wants work in profession
   2 = other work - doesn't want work in prof.
   3 = not working - wants work in profession
   4 = doesn't want work - retired
   5 = doesn't want work - homemaker
   6 = doesn't want work - training
   7 = doesn't want work - other reason
   * = reason unknown

29. **Form of employment** (2003-2014)
   3 = individual practitioner
   4 = partnership or group
   5 = local government
   6 = county government
   7 = State government
   8 = Federal government
   9 = other
   * = unknown

   1 = solo - self employed
   2 = non-solo - self employed
   3 = individual practitioner
   4 = partnership or group
   5 = local government
   6 = county government
   7 = State government
   8 = Federal government
   9 = other
   * = unknown

**Form of employment** (1979-1981)
   1 = dentist(s) - private
   2 = state government
   3 = federal government
   4 = local government
   5 = private industry
   6 = other
   * = unknown

    Nonfederal:
    11 = hospital
    12 = nursing home
    13 = free-standing clinic
    14 = group pre-paid health facility
    15 = practitioner's office
    16 = other

    Federal:
    21 = military
    22 = V.A., public health, Indian health
    23 = other

    Miscellaneous:
    30 = school, college, university or other educational institution
    71 = other type of setting
    * = unknown

31. **Number of practice locations** (1979-1981)
32. **Dental employers - total number** (1979-1981)
33. **Dental employers - number general practitioners** (1979-1981)
34. **Dental employers - number pedodontists** (1979-1981)
35. **Dental employers - number periodontists** (1979-1981)
36. **Dental employers - number other specialists** (1979-1981)
37. **Currently providing patient care** (1979-1981)
   1 = yes
   2 = no
   * = unknown

38. **Total hours per week** (1979-1984; 1986-2014)
39. **Hours per week - prophylaxis** (1979-1981)
40. **Hours per week - oral hygiene** (1979-1981)
41. **Hours per week-oral health instruction** (1979-1981)
42. **Hours per week-other patient services** (1979-1981)
43. **Hours per week - administration** (1979-1981)
44. **Hours per week - teaching dental or dental auxiliary students** (1979-1981)
45. **Number of weeks worked last 12 months** (1979-1981)

---

* If a variable is not available for all years, it will be noted in parentheses. There are no data available for 1985.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>License/certification number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Licensing date</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Name</td>
<td>first, middle initial, last</td>
</tr>
<tr>
<td>4</td>
<td>Home address</td>
<td>street, city, state, ZIP code, county, AHEC, HSA</td>
</tr>
<tr>
<td>5</td>
<td>Business address</td>
<td>business name, street, city, state, ZIP code, county, AHEC, HSA</td>
</tr>
<tr>
<td>6</td>
<td>Preferred mailing address (1979-2000)</td>
<td>1 = home, 2 = business, • = unknown</td>
</tr>
<tr>
<td>7</td>
<td>Primary location codes (based on home address if individual is inactive or if the primary business address is unknown; otherwise based on based on primary business address)</td>
<td>county, state 1 = in state, 2 = out of state, -9 = state unknown, AHEC, HSA</td>
</tr>
<tr>
<td>8</td>
<td>Secondary practice</td>
<td>1 = yes, 2 = no, • = unknown</td>
</tr>
<tr>
<td>9</td>
<td>Secondary location codes (based on address of secondary business if one exists)</td>
<td>city, county</td>
</tr>
<tr>
<td>10</td>
<td>Percent time at primary location (1979-1984)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Percent time at secondary location (1979-1984)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Birth year</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Gender</td>
<td>1 = male, 2 = female, • = unknown</td>
</tr>
<tr>
<td>14</td>
<td>Race (1994-2014)</td>
<td>1 = White, 2 = Black, 3 = American Indian, 4 = Asian, 5 = Other, 6 = Hispanic, • = unknown</td>
</tr>
<tr>
<td>15</td>
<td>Spanish Origin (1979-1982)</td>
<td>1 = yes, 2 = no, • = unknown</td>
</tr>
<tr>
<td>16</td>
<td>State or country of residence before training (1979-1981)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Basic professional education - school</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Basic professional education - state</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Basic professional education - year</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Advanced training (1979-1981)</td>
<td>1 = yes, 2 = no, • = unknown</td>
</tr>
<tr>
<td>21</td>
<td>Advanced training in general practice residency/internship</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Specialty training - certificate</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Specialty training - master's degree</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other - dental</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Master’s degree, non-dental</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Doctorate, non-dental</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other, non-dental</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Activity status</td>
<td>1 = active, 2 = inactive, • = unknown</td>
</tr>
</tbody>
</table>
   1 = working in other field
   2 = retired
   3 = homemaker
   4 = in professional training
   5 = other
   • = unknown

    1 = other work - wants work in profession
    2 = other work - doesn't want work in prof.
    3 = not working - wants work in profession
    4 = doesn't want work - retired
    5 = doesn't want work - homemaker
    6 = doesn't want work - training
    7 = doesn't want work - their reason
    • = reason unknown

31. **Primary specialty**
    1 = general dentistry
    2 = endodontics
    3 = oral pathology
    4 = oral surgery
    5 = orthodontics
    6 = pedodontics
    7 = periodontics
    8 = prosthodontics
    9 = dental public health
    10 = oral/maxillofacial radiology
    0 = no specialty
    • = unknown

32. **Form of employment** (2003-2014)
    1 = self employed
    3 = individual practitioner
    4 = partnership or group
    5 = local government
    6 = county government
    7 = State government
    8 = Federal government
    9 = other
    • = unknown

    Nonfederal:
    11 = hospital
    12 = nursing home
    13 = free-standing clinic
    14 = group pre-paid health facility
    15 = practitioner's office
    16 = other
    Federal:
    21 = military
    22 = V.A., public health, Indian health
    23 = other
    Miscellaneous:
    30 = school, college, university or other educational institution
    71 = other type of setting
    • = unknown

34. **Total hours per week in dentistry**

35. **Percent time - patient care**

36. **Hours per week - administration** (1979-1981)

37. **Hours per week - research** (1979-1981)

38. **Hours per week - teaching** (1979-1981)

39. **Hours per week - other** (1979-1981)

40. **Weeks worked past 12 months** (1979-1981)

41. **Dental assistants**

42. **Dental hygienists**

43. **Lab technologists**

44. **Receptionists, secretaries**

45. **Other non-dentists**

46. **Total non-dentists**


49. **Dental hygienists** (1990-2014)

50. **Dental assistants** (1990-2014)

* If a variable is not available for all years, it will be noted in parentheses. There are no data available for 1985.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>License/certification number</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Licensing date</td>
<td>month, year</td>
</tr>
<tr>
<td>3.</td>
<td>License expiration date</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Name</td>
<td>first, middle initial, last</td>
</tr>
<tr>
<td>5.</td>
<td>Home address</td>
<td>state, county, AHEC, HSA</td>
</tr>
<tr>
<td>6.</td>
<td>Business address</td>
<td>city, state, ZIP code, county, AHEC, HSA</td>
</tr>
<tr>
<td>7.</td>
<td>Mailing address</td>
<td>street, city, state, ZIP code</td>
</tr>
<tr>
<td>8.</td>
<td>Location codes (based on mailing address if individual is inactive or if the business address is unknown; otherwise based on the business address)</td>
<td>county, state, 1 = in state, 2 = out of state, -9 = state unknown, AHEC, HSA</td>
</tr>
<tr>
<td>9.</td>
<td>Birth year</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Gender</td>
<td>1 = male, 2 = female, • = unknown</td>
</tr>
<tr>
<td>11.</td>
<td>Race (2014)</td>
<td>1 = Caucasian, 2 = Black/African-American, 3 = American Indian/Alaska Native, 4 = Hispanic, 5 = Asian, 6 = Hawaiian/Pacific Islander, 7 = Other, • = Unknown</td>
</tr>
<tr>
<td>12.</td>
<td>Spanish origin (1979-2014)</td>
<td>1 = yes, 2 = no, • = unknown</td>
</tr>
<tr>
<td>13.</td>
<td>Marital status (1979-1981)</td>
<td>1 = never married, 2 = married, 3 = separated/divorced, 4 = widowed, • = unknown</td>
</tr>
<tr>
<td>14.</td>
<td>Graduate of practical or vocational nursing program (1979-1981)</td>
<td>1 = yes, 2 = no, • = unknown</td>
</tr>
<tr>
<td>15.</td>
<td>Basic professional education - school</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Basic professional education - state</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Basic professional education - year</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Highest degree (2014)</td>
<td>doctoral, master's degree, baccalaureate degree, associate degree, diploma, vocational/practical certificate</td>
</tr>
<tr>
<td>19.</td>
<td>Highest education completed (2000-2013)</td>
<td>1 = Diploma, 2 = Associate degree, 3 = Baccalaureate in nursing (BSN), 4 = Baccalaureate degree (other), 5 = Master's degree in nursing, 6 = Master's degree (other), 7 = Doctorate in Nursing, 8 = Doctorate (other), • = unknown</td>
</tr>
<tr>
<td>20.</td>
<td>Highest education completed (1992-1999)</td>
<td>0 = High school graduate or equivalent, 1 = LPN diploma, 2 = Associate degree in nursing, 3 = Associate degree (other), 4 = Baccalaureate degree in nursing, 5 = Baccalaureate degree (other), • = unknown</td>
</tr>
<tr>
<td>21.</td>
<td>Highest education completed (1985-1991)</td>
<td>1 = High school graduate or equivalent, 2 = LPN diploma, 3 = Associate degree in nursing, 4 = Associate degree (other), 5 = Baccalaureate degree in nursing, 6 = Baccalaureate degree (other), 7 = Less than high school, 8 = Associate degree (type unknown), 9 = Baccalaureate degree (type unknown), • = unknown</td>
</tr>
</tbody>
</table>
Highest education completed (1979-1984)
1 = Less than high school
2 = High school
3 = Associate
4 = Baccalaureate or higher
• = unknown

Education toward registered nursing degree (1979-1981)
1 = none
2 = some RN courses
3 = working toward RN license
4 = active RN license
• = unknown

State or country of active RN license (1979-1981)

Present employment status (2014)
A = Full-time in nursing
B = Nursing volunteer
C = Full-time employed, non-nursing
H = Retired
I = Part-time in nursing
J = Per diem in nursing
K = Part-time employed, not in nursing
L = Per diem employed, not in nursing

present employment status (2001-2013)
1 = employed in nursing full-time
2 = employed in nursing part-time
3 = employed in other field full-time
4 = employed in other field part-time
5 = unemployed
6 = retired
7 = on disability
• = unknown

Present employment status (1980-2000)
1 = employed in nursing full-time
2 = employed in nursing part-time
3 = employed in other field full-time
4 = employed in other field part-time
5 = unemployed
• = unknown

Present employment status (1979 only)
1 = employed in nursing full-time
2 = employed in nursing part-time
3 = employed in other field full-time
4 = employed in other field part-time
5 = unemployed
6 = employed in nursing, hours unknown
7 = employed in other field, hours unknown
• = unknown

1 = wants work in profession
2 = other work - doesn’t want work in profession
3 = not working - wants work in profession
4 = not working - doesn’t want work in profession
5 = other
• = unknown

Primary Employment Setting (2014)
A = Hospital
B = Ambulatory Care Setting
C = Public Health
D = Occupational Health
E = Insurance Claims/Benefits
F = Nursing Home/ Extended Care/ Assisted Living Facility
G = Home Health/ Hospice
H = Academic Setting
I = Correctional Facility
J = School Health Service
K = Other
L = Community Health
M = Policy Planning/ Regulatory Licensing Agency

Setting (1999-2013)
1 = hospital-in-patient
2 = hospital-out-patient
3 = long term care
4 = solo/group medical practice
5 = HMO/insurance company
6 = home care/hospice
7 = public clinic/ health department
8 = mental health facility
9 = student health site
10 = industry/ manufacturing site
11 = private duty
12 = school of nursing
13 = other
• = unknown

1 = hospital
2 = nursing home
3 = private duty
4 = industrial/occupational health
5 = physician/dentist office nurse
6 = community
7 = school
8 = other
• = unknown

Setting (1979-1991)
1 = hospital
2 = nursing home
3 = private duty
4 = industrial/occupational health
5 = physician/dentist office nurse
6 = community/public health
7 = other
• = unknown

Secondary Employment Setting (2014)

Avg. hours worked per week in nursing

Weeks worked last year (1979-1981)

Primary Employment Specialty (2014)
1 = Acute Care/ Critical Care/ Emergency Care
2 = Adult Health/ Family Health
3 = Anesthesia
4 = Community
5 = Geriatric/ Gerontology
6 = Home Health
7 = Maternal Child Health
8 = Medical Surgical
9 = Occupational Health
10 = Oncology
11 = Palliative Care
12 = Pediatrics/ Neonatal
13 = Public health
14 = Psychiatric/ Mental Health/ Substance Abuse
15 = Rehabilitation
16 = School Health
17 = Trauma
18 = Women’s Health
19 = Other
Major clinical practice area (2001-2013)
1 = public/community health
2 = general practice
3 = geriatrics
4 = ob/gyn
5 = med/surg
6 = pediatrics
7 = psychiatric
8 = AIDS
9 = cardiology
10 = critical care
11 = dermatology
12 = dialysis
13 = drug/alcohol
14 = EENT
15 = emergency care
16 = family health
17 = neonatal
18 = neurology
19 = occupational health
20 = oncology
21 = orthopedics
22 = peri-operative
23 = rehabilitation
24 = transplants
25 = urology
26 = other
* = unknown


* If a variable is not available for all years, it will be noted in parentheses.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>License/certification number</td>
</tr>
</tbody>
</table>
| 2. | Issue date  
   | month  
   | year |
| 3. | Name  
   | first  
   | middle initial  
   | last |
   | county  
   | state |
| 5. | Mailing address  
   | address line 1  
   | address line 2  
   | city  
   | state  
   | ZIP code  
   | county  
   | AHEC  
   | HSA |
| 6. | Business address  
   | address line 1  
   | address line 2  
   | city  
   | state  
   | ZIP code  
   | county  
   | AHEC  
   | HSA |
| 7. | Location codes (based on mailing address if the business address is unknown; otherwise based on the business address with most patient care hours)  
   | county  
   | state  
   | 1 = in state  
   | 2 = out of state  
   | -9 = state unknown  
   | AHEC  
   | HSA |
| 8. | Birth date (day, month, and year) |
   | 1 = male  
   | 2 = female  
   | * = unknown |
   | 1 = Asian  
   | 2 = Black/ African-American  
   | 3 = Caucasian  
   | 4 = Hispanic  
   | 5 = Native American  
   | 6 = Other  
   | Race (2008-2013)  
   | 1 = White, not of Hispanic Origin  
   | 2 = Black, not of Hispanic origin  
   | 3 = American Indian/Alaskan Native  
   | 4 = Hispanic  
   | 5 = Asian/Pacific Islander  
   | 6 = Other |
| 11. | Training program - school (1985-2014) |
   | 1 = active  
   | 2 = inactive  
   | * = unknown |
| 15. | Type of Completion (2008-2013)  
   | C = Certificate Awarded  
   | A = Academic Degree Granted |
   | 1 = physician assistant  
   | 2 = nurse practitioner |
| 17. | Physician Extender Type (2008-2014)  
   | 0 = nurse practitioner, type unknown  
   | 2 = family nurse practitioner  
   | 3 = pediatric nurse practitioner  
   | 4 = family planning nurse  
   | 5 = women's health  
   | 6 = geriatric nurse  
   | 8 = obstetrics/gyn nurse  
   | 9 = adult nurse practitioner  
   | 10 = acute care nurse practitioner  
   | 11 = neonatal nurse practitioner  
   | 12 = psychiatric mental health  
   | 13 = occupational health nurse  
   | 14 = physician med nurse  
   | 15 = school nurse practitioner  
   | 16 = special volunteer license  
   | 17 = pediatric acute care nurse practitioner  
   | 18 = multiple types  
   | * = unknown |
   | 0 = nurse practitioner, type unknown  
   | 2 = family nurse practitioner  
   | 3 = pediatric nurse practitioner  
   | 4 = family planning nurse  
   | 5 = women's health  
   | 6 = geriatric nurse  
   | 8 = obstetrics/gyn nurse  
   | 9 = adult nurse practitioner  
   | 10 = acute care nurse practitioner  
   | 11 = neonatal nurse practitioner  
   | 12 = psychiatric mental health  
   | 13 = occupational health nurse  
   | 14 = physician med nurse |
2014 N.C. Health Professions Data Book
Data Available for Nurse Practitioners, 1979-2014*
(Prior to 2008 available data for Nurse Practitioners and Physician Assistants were combined)

15 = school nurse practitioner
16 = special volunteer license
• = unknown

Physician Extender Type (1996-1999)
0 = nurse practitioner, type unknown
1 = physician assistant
2 = family nurse practitioner
3 = pediatric nurse practitioner
4 = family planning nurse
5 = women’s health
6 = geriatric nurse
7 = emergency nurse practitioner
8 = obstetrics nurse
9 = adult nurse practitioner
10 = acute care nurse practitioner
11 = neonatal nurse practitioner
12 = psychiatric mental health
• = unknown

18. Primary Specialty (1996-2007) (see pages 220-222 for specialty listing)
   01 = physician assistant
   02 = family nurse practitioner
   03 = pediatric nurse practitioner
   04 = family planning nurse
   05 = nurse midwife
   06 = geriatric nurse
   07 = emergency nurse practitioner
   08 = ob/gyn nurse practitioner
   09 = adult nurse practitioner
   10 = nurse practitioner, type unknown
   • = unknown

23. Basic professional education - school (1979-1984)
25. Basic professional education - year (1979-1984)
26. Primary practice location
   ZIP code (1997-2014)
   county (1997-2014)
27. Practice Setting Codes (2008-2014)
   01 = Hospital In-patient (IP)
   02 = Hospital Out-patient (OPD)
   03 = Hospital Emergency (ED)
   04 = Hospital - other than IP, ED, OPD
   05 = Long Term Care
   06 = Group Medical Practice/Physician Office Practice
   07 = Group Nursing Practice
   08 = HMO or insurance company
   09 = Home Health Care
   10 = Public/Community Health
   11 = Mental Health
   12 = School Health

13 = Nursing School
14 = Medical School
15 = Self Employed as Nurse Practitioner
16 = Industry/Occupational setting
17 = Retail Clinic
18 = Other

Primary location facility type (1998-2007)
01 = locum tenens
02 = solo practitioner’s office
03 = free-standing clinic
04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = telemedicine
12 = other
• = unknown

Primary location facility type (1997)
01 = locum tenens
02 = solo practitioner’s office
03 = free-standing clinic
04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = other

28. Primary location hours per week-clinical care - excluding on-call hours (1997-2007)
29. Primary location clinical care hours per week-primary care (1997-2007)
30. Primary location number of week-day nights and weekend days on call (1997-2007)
31. Secondary practice location
   ZIP code (1992-2007)
   county (1992-2007)
32. Secondary location facility type (1998-2007)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = telemedicine
   12 = other
• = unknown

Secondary location facility type (1997)
01 = locum tenens
02 = solo practitioner’s office
03 = free-standing clinic
04 = group office

207
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = other

07 = Tagalog/Filipino
08 = American Sign Language
09 = German
10 = Chinese
11 = Other

33. Secondary location hours per week-clinical care - excluding on-call hours (1997-2007)
34. Secondary location clinical care hours per week-primary care (1997-2007)
35. Secondary location number of week-day nights and weekend days on call (1997-2007)
36. Other practice location
   ZIP code (1992-2007)
   county (1992-2007)
37. Other location facility type (1998-2007)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = telemedicine
   12 = other
   • = unknown

Other location facility type (1997)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = other

38. Other location hours per week-clinical care - excluding on-call hours (1997-2005)
39. Other location clinical care hours per week-primary care (1997-2005)
40. Other location number of week-day nights and weekend days on call (1997-2007)
41. Languages spoken other than English (2014)

Languages spoken other than English (2008-2013)
   01 = Spanish
   02 = Korean
   03 = French
   04 = Vietnamese
   05 = Russian
   06 = Polish

* If a variable is not available for all years, it will be noted in parentheses.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>License/certification number</strong></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Licensing date</strong></td>
</tr>
<tr>
<td></td>
<td>day</td>
</tr>
<tr>
<td></td>
<td>month</td>
</tr>
<tr>
<td></td>
<td>year</td>
</tr>
<tr>
<td>3.</td>
<td><strong>License designation</strong></td>
</tr>
<tr>
<td></td>
<td>1 = OT/L</td>
</tr>
<tr>
<td></td>
<td>2 = OTA/L</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Date of license renewal</strong></td>
</tr>
<tr>
<td></td>
<td>day</td>
</tr>
<tr>
<td></td>
<td>month</td>
</tr>
<tr>
<td></td>
<td>year</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td></td>
<td>first</td>
</tr>
<tr>
<td></td>
<td>middle</td>
</tr>
<tr>
<td></td>
<td>last</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Home address</strong></td>
</tr>
<tr>
<td></td>
<td>street</td>
</tr>
<tr>
<td></td>
<td>city</td>
</tr>
<tr>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td>ZIP code</td>
</tr>
<tr>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Business address</strong></td>
</tr>
<tr>
<td></td>
<td>employer</td>
</tr>
<tr>
<td></td>
<td>street</td>
</tr>
<tr>
<td></td>
<td>city</td>
</tr>
<tr>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td>ZIP</td>
</tr>
<tr>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Preferred address</strong></td>
</tr>
<tr>
<td></td>
<td>1 = home</td>
</tr>
<tr>
<td></td>
<td>2 = business</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</strong></td>
</tr>
<tr>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td>1 = in state</td>
</tr>
<tr>
<td></td>
<td>2 = out of state</td>
</tr>
<tr>
<td></td>
<td>9 = state unknown</td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td></td>
<td>1 = male</td>
</tr>
<tr>
<td></td>
<td>2 = female</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td></td>
<td>1 = White</td>
</tr>
<tr>
<td></td>
<td>2 = Black</td>
</tr>
<tr>
<td></td>
<td>3 = American Indian</td>
</tr>
<tr>
<td></td>
<td>4 = Asian</td>
</tr>
<tr>
<td></td>
<td>5 = Hispanic</td>
</tr>
<tr>
<td></td>
<td>6 = Multi-Racial</td>
</tr>
<tr>
<td></td>
<td>7 = Other</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td></td>
<td>1 = White</td>
</tr>
<tr>
<td></td>
<td>2 = Black</td>
</tr>
<tr>
<td></td>
<td>3 = American Indian</td>
</tr>
<tr>
<td></td>
<td>4 = Asian</td>
</tr>
<tr>
<td></td>
<td>5 = Indian</td>
</tr>
<tr>
<td></td>
<td>6 = Hispanic</td>
</tr>
<tr>
<td></td>
<td>7 = Other</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td>13.</td>
<td><strong>Basic professional education - school</strong></td>
</tr>
<tr>
<td>14.</td>
<td><strong>Basic professional education - state</strong></td>
</tr>
<tr>
<td>15.</td>
<td><strong>Basic professional education - year</strong></td>
</tr>
<tr>
<td>16.</td>
<td><strong>Current employment status</strong></td>
</tr>
<tr>
<td></td>
<td>1 = employed full-time in field</td>
</tr>
<tr>
<td></td>
<td>2 = employed part-time in field</td>
</tr>
<tr>
<td></td>
<td>3 = employed in other field, plan to return to field</td>
</tr>
<tr>
<td></td>
<td>4 = employed in other field, no plan to return to field</td>
</tr>
<tr>
<td></td>
<td>5 = unemployed, seeking employment in field</td>
</tr>
<tr>
<td></td>
<td>6 = unemployed, not seeking employment in field</td>
</tr>
<tr>
<td></td>
<td>7 = unemployed, not seeking employment in any field</td>
</tr>
<tr>
<td></td>
<td>8 = retired</td>
</tr>
<tr>
<td></td>
<td>9 = other</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td></td>
<td>1 = home health</td>
</tr>
<tr>
<td></td>
<td>2 = hospital</td>
</tr>
<tr>
<td></td>
<td>3 = skilled nursing facility/long term care</td>
</tr>
<tr>
<td></td>
<td>4 = employed in other field, plan to return to field</td>
</tr>
<tr>
<td></td>
<td>5 = employed in other field, no plan to return to field</td>
</tr>
<tr>
<td></td>
<td>6 = unemployed, seeking employment in field</td>
</tr>
<tr>
<td></td>
<td>7 = unemployed, not seeking employment in field</td>
</tr>
<tr>
<td></td>
<td>8 = retired</td>
</tr>
<tr>
<td></td>
<td>9 = school system</td>
</tr>
<tr>
<td></td>
<td>11 = private practice</td>
</tr>
<tr>
<td></td>
<td>12 = traveler</td>
</tr>
<tr>
<td></td>
<td>13 = administration</td>
</tr>
<tr>
<td></td>
<td>14 = other</td>
</tr>
<tr>
<td></td>
<td>15 = unknown</td>
</tr>
<tr>
<td></td>
<td>• = missing</td>
</tr>
</tbody>
</table>
2014 N.C. Health Professions Data Book
Data Available for Occupational Therapists and Occupational Therapy Assistants 2006-2014*

<table>
<thead>
<tr>
<th>Employment setting (2007)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = home health</td>
</tr>
<tr>
<td>2 = hospital</td>
</tr>
<tr>
<td>3 = skilled nursing facility</td>
</tr>
<tr>
<td>4 = long term care</td>
</tr>
<tr>
<td>5 = free standing clinic</td>
</tr>
<tr>
<td>6 = mental health</td>
</tr>
<tr>
<td>7 = education</td>
</tr>
<tr>
<td>8 = research</td>
</tr>
<tr>
<td>9 = school system</td>
</tr>
<tr>
<td>10 = academic</td>
</tr>
<tr>
<td>11 = private practice</td>
</tr>
<tr>
<td>12 = traveler</td>
</tr>
<tr>
<td>13 = administration</td>
</tr>
<tr>
<td>14 = other</td>
</tr>
<tr>
<td>• = unknown</td>
</tr>
</tbody>
</table>

Employment setting (2006)

<table>
<thead>
<tr>
<th>Specialty practice area (2007-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = administration</td>
</tr>
<tr>
<td>2 = mental health</td>
</tr>
<tr>
<td>4 = home health</td>
</tr>
<tr>
<td>5 = school system/early intervention</td>
</tr>
<tr>
<td>7 = pediatrics</td>
</tr>
<tr>
<td>8 = hand rehabilitation</td>
</tr>
<tr>
<td>9 = sensory integration</td>
</tr>
<tr>
<td>10 = physical disabilities</td>
</tr>
<tr>
<td>11 = developmental disabilities</td>
</tr>
<tr>
<td>12 = education</td>
</tr>
<tr>
<td>13 = geriatric</td>
</tr>
<tr>
<td>14 = technology</td>
</tr>
<tr>
<td>15 = acute care</td>
</tr>
<tr>
<td>16 = other</td>
</tr>
<tr>
<td>• = unknown</td>
</tr>
</tbody>
</table>

Specialty practice area (2006)

<table>
<thead>
<tr>
<th>Reason Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = employed in other field, do not plan to return to field</td>
</tr>
<tr>
<td>2 = employed in other field, plan to return to field</td>
</tr>
<tr>
<td>3 = other</td>
</tr>
<tr>
<td>4 = retired</td>
</tr>
<tr>
<td>5 = unemployed, not seeking employment in any field</td>
</tr>
<tr>
<td>6 = unemployed, not seeking employment in field</td>
</tr>
<tr>
<td>7 = unemployed, seeking employment in field</td>
</tr>
<tr>
<td>8 = unemployed, undefined</td>
</tr>
<tr>
<td>• = unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree (2007-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Associates</td>
</tr>
<tr>
<td>2 = BS</td>
</tr>
<tr>
<td>3 = MS</td>
</tr>
<tr>
<td>4 = PhD</td>
</tr>
</tbody>
</table>

Activity Status

* If a variable is not available for all years, it will be noted in parentheses.
1. License/certification number
2. Licensing date
   month
   year
3. Name
   first
   middle initial
   last
4. Home address
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
5. Business address
   business name
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
   1 = home
   2 = business
   • = unknown
7. Location codes (based on home address if individual is
   inactive or if the business address is unknown; otherwise
   based on the business address)
   county
   state
   1 = in state
   2 = out of state
   .0 = state unknown
   AHEC
   HSA
8. Birth year
9. Gender
   1 = male
   2 = female
   • = unknown
    1 = White
    2 = Black
    3 = American Indian
    4 = Asian
    5 = Hispanic
    6 = Other
    7 = Pacific Islander
    • = Unknown
    1 = yes
    2 = no
    • = unknown
13. Basic professional education - state
14. Basic professional education - year
15. Basic professional education - degree (1979-1984)
    1 = less than high school
    2 = high school or equivalent
    3 = nursing school, diploma
    4 = associate degree
    5 = baccalaureate degree
    6 = master’s degree
    7 = doctoral degree
    • = unknown
16. Activity status
    1 = active
    2 = inactive
    • = unknown
17. Reason inactive (1982-2014)
    1 = working in other field
    2 = retired
    3 = homemaker
    4 = in professional training
    5 = other
    • = unknown
Reason inactive (1979-1981)
    1 = other work - wants work in profession
    2 = other work - doesn't want work in profession
    3 = not working - wants work in profession
    4 = doesn't want work - retired
    5 = doesn't want work - homemaker
    6 = doesn't want work - training
    7 = doesn't want work - other reason
    • = unknown
18. Primary specialty (1982-2014)
    11 = general practice/primary care
    12 = contact lenses
    14 = low/subnormal vision
    15 = developmental vision
    17 = public health/community health
    20 = other
    0 = no specialty
    • = unknown
<table>
<thead>
<tr>
<th>Primary specialty (1979-1981)</th>
<th>Miscellaneous:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 = general practice</td>
<td>30 = school, college, university or other education institution</td>
</tr>
<tr>
<td>12 = contact lenses</td>
<td>71 = other type of setting</td>
</tr>
<tr>
<td>13 = vision/training - orthoptics</td>
<td>* = unknown</td>
</tr>
<tr>
<td>14 = low/subnormal vision</td>
<td>Employment setting (1979-1981)</td>
</tr>
<tr>
<td>15 = developmental vision</td>
<td>1 = practitioners office</td>
</tr>
<tr>
<td>16 = industrial/environmental/occupational</td>
<td>2 = hospital</td>
</tr>
<tr>
<td>17 = public/community health</td>
<td>3 = optometric center</td>
</tr>
<tr>
<td>18 = vision screening</td>
<td>4 = college, university</td>
</tr>
<tr>
<td>19 = aniseikonia</td>
<td>5 = other</td>
</tr>
<tr>
<td>10 = other</td>
<td>* = unknown</td>
</tr>
<tr>
<td>0 = no specialty</td>
<td></td>
</tr>
<tr>
<td>* = unknown</td>
<td></td>
</tr>
</tbody>
</table>

19. Secondary specialty – see primary specialty


   1 = solo - self-employed
   2 = non-solo - self-employed
   3 = individual practitioner
   4 = partnership or group
   5 = local government
   6 = county government
   7 = State government
   8 = Federal government
   9 = other
   * = unknown

Form of employment (1979-1981)
   Self employed:
   1 = solo
   2 = partner
   3 = group
   4 = other

Employed by other:
   5 = professional corporation
   6 = optometrist
   7 = ophthalmologist
   8 = physician - not ophthalmologist
   9 = school/college of optometry
   10 = federal govt - military
   11 = federal govt - civilian
   12 = state/county/local govt
   13 = business organization
   14 = non-profit organization
   15 = multidisciplinary group
   16 = group health plan
   17 = other
   18 = professional association
   * = unknown

22. Employment setting (1982-2014)
   Nonfederal:
   11 = hospital
   12 = nursing home
   13 = free-standing clinic
   14 = group pre-paid health facility
   15 = practitioner's office
   16 = other

Federal:
   21 = military
   22 = VA, public health, Indian health
   23 = other

23. Total hours per average week (1979-1984; 1986-2014)

24. Percent time in patient care

25. Hours per week in teaching (1979-1981)


27. Hours per week in administration (1979-1981)

28. Hours per week in other activity (1979-1981)

29. Number of weeks worked in past 12 months (1979-1981)

   1 = yes
   2 = no
   * = unknown

Type of non-optometric degree (1979-1981)

31. Baccalaureate

32. Master’s, Public Health

33. Master’s, other

34. Doctorate, Public Health

35. Doctorate, other

36. Other

37. Percent time in primary specialty in past 12 months (1979-1981)

   1 = yes
   2 = no
   * = unknown

   1 = yes
   2 = no
   * = unknown

40. Patients seen in last 24 months (1979-1981)

41. Number of complete vision analyses in last 12 months (1979-1981)

42. Total continuing education credits (1979-1984)
43. General continuing education credits (1979-1984)
44. Certified continuing education credits (1979-1984)
45. DEA number
   1 = yes
   2 = no
   * = unknown
47. Number of branch offices (1982-2004)

* If a variable is not available for all years, it will be noted in parentheses.
1. **License/certification number**
2. **Licensing date**
   - month
   - year
3. **Name**
   - first
   - middle initial
   - last
4. **Home address**
   - street
   - city
   - state
   - ZIP code
   - county
   - AHEC
   - HSA
5. **Business address**
   - business name
   - street
   - city
   - state
   - ZIP code
   - county
   - AHEC
   - HSA
6. **Preferred mailing address**
   - 1 = home
   - 2 = business
   - • = unknown
7. **Location codes (based on home address if individual is inactive or if business address is unknown; otherwise based on business address)**
   - county
   - state
   - 1 = in state
   - 2 = out of state
   - -9 = state unknown
   - AHEC
   - HSA
8. **Birth year**
9. **Gender**
   - 1 = male
   - 2 = female
   - • = unknown
    - 1 = White
    - 2 = Black
    - 3 = American Indian
    - 4 = Asian
    - 5 = Hispanic
    - 6 = Other
    - • = Unknown

    **Race (1979-1992)**
    - 1 = White
    - 2 = Black
    - 3 = American Indian
    - 4 = Asian
    - 5 = Other
    - • = Unknown
    - 1 = yes
    - 2 = no
    - • = unknown
12. **Basic professional education - state**
14. **Basic professional education - year**
15. **Basic professional education - degree (1992-2014)**
   - 0 = non-graduate
   - 1 = Ph.G/C/D before 1940
   - 2 = Bachelor of Science (4 year)
   - 3 = Bachelor of Science (5 year)
   - 4 = P.D. (Pharm D.)
   - 5 = D.Ph (Cuba)
   - • = unknown

    **Basic professional education - degree (1982-1991)**
    - 1 = Bachelor of Science
    - 2 = Doctor of Philosophy
    - 3 = Doctor of Pharmacy (Cuba: D Pharm, DPh)
    - 4 = Non-graduate degree
    - 5 = Ph.G., 18 month degree
    - 6 = Pharmacy Doctor (Pharm D or PD)
    - • = unknown

    **Basic professional education - degree (1979-1981)**
    - 1 = no degree
    - 2 = Ph.C., Ph.G., Pharm. D, D (before 1940)
    - 3 = B.S., or B. Pharm, 4 year program
    - 4 = B.S. or B. Pharm, 5 year program
    - 5 = Pharm. D., 6 year program
    - 1 = Pharmaceutics
    - 2 = Hospital pharmacy
    - 3 = Clinical pharmacy
    - 4 = Pharmacognosy
    - 5 = Pharmacology
    - 6 = Pharmacy - administration
    - 7 = Medicinal chemistry
    - 8 = other
    - • = unknown
    - 1 = yes
    - 2 = no
    - • = unknown

    **Type of advanced training (1979-1981) (may have more than one type)**
18. **Advanced training - continuing education**
19. **Advanced training - residency, hospital pharmacy**
20. **Advanced training - residency, clinic pharmacy**
21. **Advanced training - master of science**
22. **Advanced training - post B.S. Pharm. D.**
23. **Advanced training - Ph.D. or D.Sc.**
24. **Advanced training - other**
25. **Activity status**
   1 = active
   2 = inactive
   • = unknown

   2 = retired
   4 = student
   6 = other reason
   • = unknown

   1 = other work - wants work in profession
   2 = other work - doesn't want work in profession
   3 = not working - wants work in profession
   4 = doesn't want work - retired
   5 = doesn't want work - homemaker
   6 = doesn't want work - training
   7 = doesn't want work - other reason
   • = unknown

   1 = sole owner - manager
   2 = partner/manager
   3 = partner/non-manager
   4 = supervisor
   5 = pharmacist manager/employee
   6 = staff - pharmacist
   7 = unpaid worker (volunteer)
   8 = pharmaceutical sales
   9 = pharmaceutical manufacturing
   10 = consultant
   11 = relief pharmacist
   12 = research pharmacist
   13 = other
   14 = long term care
   15 = clinical pharmacist practitioner
   16 = pharmacist non-manager
   • = unknown

   **Form of employment (2002-2007)**
   5 = pharmacist manager/employee
   6 = staff - pharmacist
   13 = other
   15 = clinical pharmacist practitioner
   • = unknown

   **Form of employment (1982-1996)**
   1 = sole owner - manager
   2 = partner/manager
   3 = partner/non-manager
   4 = area manager/supervisor
   5 = pharmacist manager/employee
   6 = staff - pharmacist
   7 = unpaid worker (volunteer)
   8 = pharmaceutical sales
   9 = pharmaceutical manufacturing
   10 = consultant
   11 = relief pharmacist
   12 = research pharmacist
   13 = other
   • = unknown

   **Form of employment (1979-1981)**
   1 = sole owner - manager
   2 = partner
   3 = manager - employee
   4 = assistant manager - employee
   5 = staff - employee
   6 = unpaid worker
   7 = other
   • = unknown

28. **Principal employment setting (1982-2014)**
   1 = independent
   2 = chain
   3 = small chain
   4 = clinic/medical building
   5 = nursing home
   6 = hospital
   7 = government hospital
   8 = government
   9 = manufacturing
   10 = wholesale
   11 = teaching
   12 = other
   13 = sales (pharmaceutical)
   14 = research
   15 = health department (added in 1992)
   • = unknown

   **Principal employment setting (1979-1981)**
   1 = independent community pharmacy
   2 = small chain
   3 = large chain
   4 = clinic/medical building
   5 = nursing home
   6 = private hospital
   7 = government hospital
   8 = other government
   9 = manufacturer
   10 = wholesale
   11 = college
   12 = other
   • = unknown

29. **Hours worked per average week**

   **Hours worked per week, by function (1979-1981)**

   **Hours per week - administration**

   **Hours per week - info. to prescribers and institutional clients**

   **Hours per week - info. to patients**

   **Hours per week - dispensing prescriptions**

   **Hours per week - teaching or research**

   **Hours per week - manufacturing or bulk compounding**

   **Hours per week - retailing non-health merchandise**

   **Hours per week - other**

   **Hours worked per week, by setting (1979-1981)**

   **Hours per week - independent community pharmacy**

   **Hours per week - small chain**

   **Hours per week - large chain**

   **Hours per week - clinic/medical building**

   **Hours per week - nursing home**
43. Hours per week - private hospital
44. Hours per week - government hospital
45. Hours per week - other government
46. Hours per week - manufacturer
47. Hours per week - wholesaler
48. Hours per week - college
49. Hours per week - other
50. Weeks worked last year (1979-1984)

* If a variable is not available for all years, it will be noted in parentheses.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Codes/Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>License/certification number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Licensing date (1979-1981; 1983-2014)</td>
<td>month and year</td>
</tr>
<tr>
<td>3</td>
<td>Name</td>
<td>first, middle initial, last</td>
</tr>
<tr>
<td>4</td>
<td>Home address</td>
<td>street, city, state, ZIP code, county, AHEC, HSA</td>
</tr>
<tr>
<td>5</td>
<td>Business address</td>
<td>business name, street, city, state, ZIP code, county, AHEC, HSA</td>
</tr>
<tr>
<td>6</td>
<td>Preferred mailing address</td>
<td>1 = home, 2 = business, • = unknown</td>
</tr>
<tr>
<td>7</td>
<td>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</td>
<td>county, state, AHEC, HSA</td>
</tr>
<tr>
<td>8</td>
<td>Birth year (1979-1981; 1983-2014)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Gender (1979-1981; 1983-2014)</td>
<td>1 = male, 2 = female, • = unknown</td>
</tr>
<tr>
<td>10</td>
<td>Race (2007-2014)</td>
<td>1 = American Indian/Alaskan Native, 2 = Black/Non-Hispanic, 3 = Hispanic, 4 = Multiracial, 5 = White/Non-Hispanic, 6 = Other, 7 = Unknown</td>
</tr>
<tr>
<td></td>
<td>Race (1993-2004)</td>
<td>1 = White, 2 = Black, 3 = American Indian, 4 = Asian, 5 = Other, 6 = Spanish Origin</td>
</tr>
<tr>
<td>11</td>
<td>Spanish origin (1979-1981; 1983-2014)</td>
<td>1 = yes, 2 = no, • = unknown</td>
</tr>
<tr>
<td>14</td>
<td>Basic professional education - year (1979-1981; 1983-2014)</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Basic professional education - degree (1993-2014)</td>
<td>2 = associate degree, 3 = baccalaureate degree, 4 = physical therapy certificate, 5 = master’s degree, 6 = GED, 7 = high school, 8 = doctoral degree, • = unknown</td>
</tr>
<tr>
<td></td>
<td>Basic professional education - degree (1983-1992)</td>
<td>1 = GED, 2 = high school, 3 = associate degree, 4 = baccalaureate degree, 5 = master’s degree, 6 = GED, 7 = high school, 8 = PT certificate, • = unknown</td>
</tr>
<tr>
<td></td>
<td>Basic professional education - degree (1979-1981)</td>
<td>1 = GED, 2 = high school, 4 = associate degree, 5 = baccalaureate degree, 6 = master’s degree, 7 = doctoral degree, • = unknown</td>
</tr>
<tr>
<td>16</td>
<td>Activity status</td>
<td>1 = active, 2 = inactive, • = unknown</td>
</tr>
<tr>
<td>17</td>
<td>Reason inactive (2000 - 2014)</td>
<td>1 = unemployed - not seeking employment in physical therapy, 5 = retired from physical therapy, 6 = working in another field and do not plan to return to physical therapy, 7 = working in another field but would like to return to physical therapy, 8 = not working in any field, 9 = student - in physical therapy, 10 = student - not in physical therapy, 11 = other, • = unknown</td>
</tr>
<tr>
<td></td>
<td>Reason inactive (1982-1999)</td>
<td>1 = working in other field, 2 = retired, 3 = homemaker, 4 = student in physical therapy</td>
</tr>
</tbody>
</table>
5 = student not in physical therapy
6 = other
• = unknown

Reason inactive (1979-1981)
1 = other work - wants work in profession
2 = other work - doesn't want work in profession
3 = not working - wants work in profession
4 = doesn't want work - retired
5 = doesn't want work - homemaker
6 = doesn't want work - training
7 = doesn't want work - other reasons
• = reason unknown

Form of employment (2000-2014)
1 = self employed
2 = for-profit corporation
3 = not-for-profit corporation
4 = contract employee
5 = city, town government (not county)
6 = county government
7 = state government
8 = federal government
9 = other
• = unknown

Self-employed:
1 = solo practice
2 = non-solo practice
Non-governmental employer:
3 = individual practitioner
4 = group of practitioners
Governmental employer:
5 = city, town government (not county)
6 = county government
7 = state government
8 = federal government
9 = other
• = unknown

Form of employment (1979-1981)
Self-employed:
11 = solo
12 = partnership or group
Non-governmental employer:
21 = individual practice
22 = retail or wholesale trade
23 = partnership or group
24 = group health plan facility
25 = other
Governmental employer:
31 = local
32 = county
33 = state
34 = federal - civilian
35 = federal - military
Miscellaneous:
41 = unpaid worker
42 = other
• = unknown

Employment setting (2000-2014)
10 = home health
11 = hospital (acute care)
12 = sub-acute rehabilitation hospital
13 = health system-outpatient facility
14 = free standing-outpatient facility
15 = corporation clinic-outpatient facility
16 = extended care
17 = health, fitness/wellness
18 = physicians office
19 = DEV evaluation center
20 = school system
21 = academic institution
22 = research center
23 = industry
24 = other non-federal setting
25 = military installation
31 = VA, public health/Indian health
32 = other federal setting
• = unknown

** Employment setting (1983-1987)
Nonfederal:
11 = hospital
12 = nursing home
13 = free standing clinic
14 = rehabilitation facility
15 = practitioner's office
16 = other nonfederal
Federal:
21 = military facility
22 = VA, Public Health or Indian Health
23 = other federal
Miscellaneous:
30 = school, college, educational institution
71 = other
• = unknown

Employment setting (1979-1981)
Nonfederal:
11 = hospital
12 = nursing home
13 = clinic
14 = group health facility
15 = practitioner's office
16 = other nonfederal
Federal:
21 = military facility
22 = VA, Public Health or Indian Health
23 = other federal
Miscellaneous:
30 = school, college, educational institution
71 = other

Schools:
31 = school or college of medicine or dentistry
32 = school or college of nursing
33 = school or college of other health discipline
34 = school or treatment center for the handicapped or disabled
35 = elementary or high school
36 = other school or college
Employment setting-continued (1979-1981)

Miscellaneous:
41 = patient's home
42 = medical research facility
43 = professional or allied health association
44 = administrative health agency

Business establishments:
51 = manufacturing or industrial
52 = retail, wholesale, or other business

Animal treatment settings:
61 = small animal hospital
62 = large animal hospital
63 = farm or ranch
64 = other animal treatment setting

Other settings:
71 = other
* = unknown

**20. Total hours practiced per average week (1979-1981; 1983-1992)


22. Hours per week in patient care (1979-1981)

23. Hours per week in retailing (1979-1981)

24. Hours per week in teaching (1979-1981)

25. Hours per week in research (1979-1981)


27. Hours per week in other activity (1979-1981)

28. Number of weeks worked past 12 months (1979-1981)

* If a variable is not available for all years, it will be noted in parentheses.

** The accuracy of these variables is uncertain for 1985 due to the licensing board's lack of time to update the files.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>License/certification number</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Licensing date (month and year)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Name</td>
<td>first</td>
</tr>
<tr>
<td></td>
<td></td>
<td>middle initial</td>
</tr>
<tr>
<td></td>
<td></td>
<td>last</td>
</tr>
<tr>
<td>4.</td>
<td>Home address (1979-1993)</td>
<td>city</td>
</tr>
<tr>
<td></td>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZIP code</td>
</tr>
<tr>
<td>5.</td>
<td>Mailing address</td>
<td>address line 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>address line 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>city</td>
</tr>
<tr>
<td></td>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZIP code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>6.</td>
<td>Secondary address (1996-1998)</td>
<td>address line 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>address line 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>city</td>
</tr>
<tr>
<td></td>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ZIP code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>country code</td>
</tr>
<tr>
<td>7.</td>
<td>Location codes (based on home address if individual is inactive or if the business location is unknown; otherwise based on the business location)</td>
<td>county (1979-2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 = in state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = out of state</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-9 = state unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>8.</td>
<td>Birthdate (day, month, &amp; year)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>country</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td>11.</td>
<td>Race (1999-2014)</td>
<td>1 = White/Non-Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Black/Non-Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = American Indian/Alaskan Native</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Asian/Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 = Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td>12.</td>
<td>Spanish origin (1979-1994)</td>
<td>1 = yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = no</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td>15.</td>
<td>Last year of pre-medical school (1979-1981)</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Medical school</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Medical school state</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Last year of medical school</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Place of internship</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>State of internship</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Last year of internship</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Place of residency</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>State of residency</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Last year of residency</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Primary specialty (1979-2010)</td>
<td>1 = Aerospace medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Allergy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Anesthesiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Broncho-esophagology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = Cardiovascular disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 = Dermatology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 = Diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 = Emergency medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 = Endocrinology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 = Family practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 = Gastroenterology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 = General practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 = General preventive medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 = Geriatrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 = Gynecology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16 = Hematology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17 = Hypnosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 = Infectious disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 = Internal medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 = Laryngology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21 = Legal medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22 = Neoplastic disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23 = Nephrology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24 = Neurology</td>
</tr>
</tbody>
</table>

- 1 = White
- 2 = Black
- 3 = American Indian
- 4 = Asian
- 5 = Hispanic
- 6 = Other
- • = unknown

Race (1999-2014)
- 1 = White
- 2 = Black
- 3 = American Indian
- 4 = Asian
- 5 = Hispanic
- 6 = Other
- • = unknown

Race (1979-1991)
- 1 = White
- 2 = Black
- 3 = American Indian
- 4 = Asian
- 5 = Other
- • = Unknown
<table>
<thead>
<tr>
<th>Code</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Neurology, Child</td>
</tr>
<tr>
<td>26</td>
<td>Neuropathology</td>
</tr>
<tr>
<td>27</td>
<td>Nuclear medicine</td>
</tr>
<tr>
<td>28</td>
<td>Nutrition</td>
</tr>
<tr>
<td>29</td>
<td>Obstetrics/gynecology</td>
</tr>
<tr>
<td>30</td>
<td>Obstetrics/gyneccology</td>
</tr>
<tr>
<td>31</td>
<td>Occupational medicine</td>
</tr>
<tr>
<td>32</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>33</td>
<td>Otology</td>
</tr>
<tr>
<td>34</td>
<td>Otorhinolaryngology</td>
</tr>
<tr>
<td>35</td>
<td>Pathology</td>
</tr>
<tr>
<td>36</td>
<td>Pathology, Clinical</td>
</tr>
<tr>
<td>37</td>
<td>Pathology, Forensic</td>
</tr>
<tr>
<td>38</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>39</td>
<td>Pediatrics, Allergy</td>
</tr>
<tr>
<td>40</td>
<td>Pediatrics, Cardiology</td>
</tr>
<tr>
<td>41</td>
<td>Pharmacology, Clinical</td>
</tr>
<tr>
<td>42</td>
<td>Physical medicine &amp; rehabilitation</td>
</tr>
<tr>
<td>43</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>44</td>
<td>Psychiatry, Child</td>
</tr>
<tr>
<td>45</td>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>46</td>
<td>Psychosomatic medicine</td>
</tr>
<tr>
<td>47</td>
<td>Public Health</td>
</tr>
<tr>
<td>48</td>
<td>Pulmonary disease</td>
</tr>
<tr>
<td>49</td>
<td>Radiology</td>
</tr>
<tr>
<td>50</td>
<td>Radiology, Diagnostic</td>
</tr>
<tr>
<td>51</td>
<td>Radiology, Pediatric</td>
</tr>
<tr>
<td>52</td>
<td>Radiology Therapeutic</td>
</tr>
<tr>
<td>53</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>54</td>
<td>Rhinology</td>
</tr>
<tr>
<td>55</td>
<td>Roentgenology, Diagnostic</td>
</tr>
<tr>
<td>56</td>
<td>Surgery, Abdominal</td>
</tr>
<tr>
<td>57</td>
<td>Surgery, Cardiovascular</td>
</tr>
<tr>
<td>58</td>
<td>Surgery, Colon and Rectal</td>
</tr>
<tr>
<td>59</td>
<td>Surgery, General</td>
</tr>
<tr>
<td>60</td>
<td>Surgery, Hand</td>
</tr>
<tr>
<td>61</td>
<td>Surgery, Head and Neck</td>
</tr>
<tr>
<td>62</td>
<td>Surgery, Neurological</td>
</tr>
<tr>
<td>63</td>
<td>Surgery, Orthopedic</td>
</tr>
<tr>
<td>64</td>
<td>Surgery, Pediatric</td>
</tr>
<tr>
<td>65</td>
<td>Surgery, Plastic</td>
</tr>
<tr>
<td>66</td>
<td>Surgery, Thoracic</td>
</tr>
<tr>
<td>67</td>
<td>Surgery, Traumatic</td>
</tr>
<tr>
<td>68</td>
<td>Surgery, Urological</td>
</tr>
<tr>
<td>69</td>
<td>Other specialty</td>
</tr>
<tr>
<td>70</td>
<td>Urology</td>
</tr>
<tr>
<td>71</td>
<td>Adolescent medicine</td>
</tr>
<tr>
<td>72</td>
<td>Allergy and immunology</td>
</tr>
<tr>
<td>73</td>
<td>Blood banking</td>
</tr>
<tr>
<td>74</td>
<td>Dermatopathology</td>
</tr>
<tr>
<td>75</td>
<td>Immunology</td>
</tr>
<tr>
<td>76</td>
<td>Maxillofacial surgery</td>
</tr>
<tr>
<td>77</td>
<td>Neonatal-perinatal</td>
</tr>
<tr>
<td>78</td>
<td>Nuclear radiology</td>
</tr>
<tr>
<td>79</td>
<td>Oncology</td>
</tr>
<tr>
<td>80</td>
<td>Pediatric endocrinology</td>
</tr>
<tr>
<td>81</td>
<td>Pediatric hematology-oncology</td>
</tr>
<tr>
<td>82</td>
<td>Pediatric nephrology</td>
</tr>
<tr>
<td>83</td>
<td>Radioisotopic pathology</td>
</tr>
<tr>
<td>84</td>
<td>Child development</td>
</tr>
<tr>
<td>85</td>
<td>Addiction/chemical dependency</td>
</tr>
<tr>
<td>86</td>
<td>Critical care medicine</td>
</tr>
<tr>
<td>87</td>
<td>Epidemiology</td>
</tr>
<tr>
<td>88</td>
<td>Gynecological oncology</td>
</tr>
<tr>
<td>89</td>
<td>Maternal and fetal medicine</td>
</tr>
<tr>
<td>90</td>
<td>Reproductive endocrinology</td>
</tr>
<tr>
<td>91</td>
<td>Radiation oncology</td>
</tr>
<tr>
<td>92</td>
<td>Sports medicine</td>
</tr>
<tr>
<td>93</td>
<td>Vascular surgery</td>
</tr>
<tr>
<td>94</td>
<td>Medicine/pediatrics</td>
</tr>
<tr>
<td>95</td>
<td>Anatomic pathology</td>
</tr>
<tr>
<td>96</td>
<td>Facial plastic surgery</td>
</tr>
<tr>
<td>97</td>
<td>Hand surgery, plastic</td>
</tr>
<tr>
<td>98</td>
<td>Pediatric gastroenterology</td>
</tr>
<tr>
<td>99</td>
<td>Pediatric rheumatology</td>
</tr>
<tr>
<td>100</td>
<td>Pediatric pulmonology</td>
</tr>
<tr>
<td>101</td>
<td>Pediatric infectious disease</td>
</tr>
<tr>
<td>102</td>
<td>Surgery, oncology</td>
</tr>
<tr>
<td>103</td>
<td>Administrative medicine</td>
</tr>
<tr>
<td>104</td>
<td>Neuro-radiology</td>
</tr>
<tr>
<td>105</td>
<td>Medical microbiology/genetics</td>
</tr>
<tr>
<td>106</td>
<td>Cardiothoracic surgery</td>
</tr>
<tr>
<td>107</td>
<td>Unspecified</td>
</tr>
<tr>
<td>108</td>
<td>Hematology/oncology</td>
</tr>
<tr>
<td>109</td>
<td>Pediatric critical care</td>
</tr>
<tr>
<td>110</td>
<td>Medicine/Psychiatry</td>
</tr>
<tr>
<td>111</td>
<td>Anesthesiology/Critical Care</td>
</tr>
<tr>
<td>112</td>
<td>Pain Medicine</td>
</tr>
<tr>
<td>113</td>
<td>Spinal Reconstructive Surgery</td>
</tr>
<tr>
<td>114</td>
<td>Cytopathology</td>
</tr>
<tr>
<td>115</td>
<td>Forensic Psychiatry</td>
</tr>
<tr>
<td>116</td>
<td>Hematology Pathology</td>
</tr>
<tr>
<td>117</td>
<td>Otorhinolaryngology</td>
</tr>
<tr>
<td>118</td>
<td>Radiology, Musculoskeletal</td>
</tr>
<tr>
<td>119</td>
<td>Surgery, Critical Care</td>
</tr>
<tr>
<td>120</td>
<td>Surgery, Research</td>
</tr>
<tr>
<td>121</td>
<td>Industrial Medicine</td>
</tr>
<tr>
<td>122</td>
<td>Addiction Psychiatry</td>
</tr>
<tr>
<td>123</td>
<td>Alcohol and Drug Abuse</td>
</tr>
<tr>
<td>124</td>
<td>Anesthesiology-Pain Management</td>
</tr>
<tr>
<td>125</td>
<td>Clinical Neuropathology</td>
</tr>
<tr>
<td>126</td>
<td>Dermatology Immunology</td>
</tr>
<tr>
<td>127</td>
<td>Emergency Sports Medicine</td>
</tr>
<tr>
<td>128</td>
<td>Family Practice, Geriatric</td>
</tr>
<tr>
<td>129</td>
<td>Family Practice, Sports Medicine</td>
</tr>
<tr>
<td>130</td>
<td>Pathology/Immunopathology</td>
</tr>
<tr>
<td>131</td>
<td>Internal Medicine, Cardiac Electrophysiology</td>
</tr>
<tr>
<td>132</td>
<td>Internal Medicine/Immunology Diagnostic Lab</td>
</tr>
<tr>
<td>133</td>
<td>Internal Medicine/Pulmonary Dis. &amp; Crit. Care</td>
</tr>
<tr>
<td>134</td>
<td>Neurology/Clinical Neurophysiology</td>
</tr>
<tr>
<td>135</td>
<td>Obstetrics and Gynecology/ Critical Care</td>
</tr>
<tr>
<td>136</td>
<td>Orthopedic Sports Medicine</td>
</tr>
<tr>
<td>137</td>
<td>Orthopedic Surgery of the Spine</td>
</tr>
<tr>
<td>138</td>
<td>Orthopedic Surgery/Adult Reconstructive</td>
</tr>
<tr>
<td>139</td>
<td>Orthopedic Surgery/Musculoskeletal Oncology</td>
</tr>
<tr>
<td>140</td>
<td>Orthopedic Surgery/Pediatric</td>
</tr>
<tr>
<td>141</td>
<td>Orthopedic Surgery/Trauma</td>
</tr>
<tr>
<td>142</td>
<td>Orthopedic/Angle, Foot</td>
</tr>
<tr>
<td>144</td>
<td>Pediatric Neurosurgery</td>
</tr>
<tr>
<td>145</td>
<td>Pediatric Sports Medicine</td>
</tr>
<tr>
<td>146</td>
<td>Pediatric Urology</td>
</tr>
<tr>
<td>147</td>
<td>Psychiatry/Geriatric</td>
</tr>
<tr>
<td>148</td>
<td>Vascular and Interventional Radiology</td>
</tr>
<tr>
<td>149</td>
<td>Physical Medicine &amp; Rehab/Spinal Cord Injury</td>
</tr>
<tr>
<td>150</td>
<td>Pathology/Pediatric</td>
</tr>
<tr>
<td>151</td>
<td>Neurological Surgery/Critical Care</td>
</tr>
<tr>
<td>152</td>
<td>Neurological Surgery/Pediatric</td>
</tr>
<tr>
<td>153</td>
<td>Chemical Pathology</td>
</tr>
<tr>
<td>154</td>
<td>Transitional Year</td>
</tr>
<tr>
<td>155</td>
<td>Clinical Research/Hypertension</td>
</tr>
<tr>
<td>156</td>
<td>Endourology</td>
</tr>
<tr>
<td>157</td>
<td>Ambulatory Care Fellow</td>
</tr>
<tr>
<td>158</td>
<td>Stroke Fellow</td>
</tr>
<tr>
<td>159</td>
<td>Undersea &amp; Hyperbaric</td>
</tr>
<tr>
<td>160</td>
<td>Biomedical</td>
</tr>
<tr>
<td>161</td>
<td>Epilepsy &amp; Sleep Medicine</td>
</tr>
<tr>
<td>162</td>
<td>Otolaryngology, Pediatric</td>
</tr>
<tr>
<td>163</td>
<td>Pediatric Ophthalmology</td>
</tr>
</tbody>
</table>
### 26. Primary area of practice (2011-2014)

<table>
<thead>
<tr>
<th>No.</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aerospace Medicine</td>
</tr>
<tr>
<td>2</td>
<td>Allergy</td>
</tr>
<tr>
<td>3</td>
<td>Anesthesiology</td>
</tr>
<tr>
<td>4</td>
<td>Broncho-esophagology</td>
</tr>
<tr>
<td>5</td>
<td>Cardiovascular disease</td>
</tr>
<tr>
<td>6</td>
<td>Dermatology</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Emergency medicine</td>
</tr>
<tr>
<td>9</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>10</td>
<td>Family practice</td>
</tr>
<tr>
<td>11</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>12</td>
<td>General practice</td>
</tr>
<tr>
<td>13</td>
<td>General preventive medicine</td>
</tr>
<tr>
<td>14</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>15</td>
<td>Gynecology</td>
</tr>
<tr>
<td>16</td>
<td>Hematology</td>
</tr>
<tr>
<td>17</td>
<td>Hypnosis</td>
</tr>
<tr>
<td>18</td>
<td>Infectious disease</td>
</tr>
<tr>
<td>19</td>
<td>Internal medicine</td>
</tr>
<tr>
<td>20</td>
<td>Laryngology</td>
</tr>
<tr>
<td>21</td>
<td>Legal medicine</td>
</tr>
<tr>
<td>22</td>
<td>Neoplastic disease</td>
</tr>
<tr>
<td>23</td>
<td>Nephrology</td>
</tr>
<tr>
<td>24</td>
<td>Neurology</td>
</tr>
<tr>
<td>25</td>
<td>Neurology, child</td>
</tr>
<tr>
<td>26</td>
<td>Neuropathology</td>
</tr>
<tr>
<td>27</td>
<td>Nuclear medicine</td>
</tr>
<tr>
<td>28</td>
<td>Nutrition</td>
</tr>
<tr>
<td>29</td>
<td>Obstetrics</td>
</tr>
<tr>
<td>30</td>
<td>Obstetrics/gynecology</td>
</tr>
<tr>
<td>31</td>
<td>Occupational medicine</td>
</tr>
<tr>
<td>32</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>33</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>34</td>
<td>Otorhinolaryngology</td>
</tr>
<tr>
<td>35</td>
<td>Pathology</td>
</tr>
<tr>
<td>36</td>
<td>Pathology, clinical</td>
</tr>
<tr>
<td>37</td>
<td>Pathology, forensic</td>
</tr>
<tr>
<td>38</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>39</td>
<td>Pediatrics, allergy</td>
</tr>
<tr>
<td>40</td>
<td>Pediatrics, cardiology</td>
</tr>
<tr>
<td>41</td>
<td>Pharmacology, clinical</td>
</tr>
<tr>
<td>42</td>
<td>Physical medicine &amp; rehabilitation</td>
</tr>
<tr>
<td>43</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>44</td>
<td>Psychiatry, child</td>
</tr>
<tr>
<td>45</td>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>46</td>
<td>Psychosomatic medicine</td>
</tr>
<tr>
<td>47</td>
<td>Public health</td>
</tr>
<tr>
<td>48</td>
<td>Pulmonary disease</td>
</tr>
<tr>
<td>49</td>
<td>Radiology</td>
</tr>
<tr>
<td>50</td>
<td>Radiology, diagnostic</td>
</tr>
<tr>
<td>51</td>
<td>Radiology, pediatric</td>
</tr>
<tr>
<td>52</td>
<td>Radiology, therapeutic</td>
</tr>
<tr>
<td>53</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>54</td>
<td>Rhinology</td>
</tr>
<tr>
<td>55</td>
<td>Roentgenology, diagnostic</td>
</tr>
<tr>
<td>56</td>
<td>Surgery, abdominal (transplant)</td>
</tr>
<tr>
<td>57</td>
<td>Surgery, cardiovascular</td>
</tr>
<tr>
<td>58</td>
<td>Surgery, colon and rectal</td>
</tr>
<tr>
<td>59</td>
<td>Surgery, general</td>
</tr>
<tr>
<td>60</td>
<td>Surgery, hand</td>
</tr>
<tr>
<td>61</td>
<td>Surgery, head and neck</td>
</tr>
<tr>
<td>62</td>
<td>Surgery, neurological</td>
</tr>
<tr>
<td>63</td>
<td>Surgery, orthopedic</td>
</tr>
<tr>
<td>64</td>
<td>Surgery, pediatric</td>
</tr>
<tr>
<td>65</td>
<td>Surgery, plastic</td>
</tr>
<tr>
<td>66</td>
<td>Surgery, thoracic</td>
</tr>
<tr>
<td>67</td>
<td>Surgery, traumatic</td>
</tr>
<tr>
<td>68</td>
<td>Surgery, urological</td>
</tr>
<tr>
<td>69</td>
<td>Other specialty</td>
</tr>
<tr>
<td>70</td>
<td>Urology</td>
</tr>
<tr>
<td>71</td>
<td>Adolescent medicine</td>
</tr>
<tr>
<td>72</td>
<td>Allergy and immunology</td>
</tr>
<tr>
<td>73</td>
<td>Blood banking</td>
</tr>
<tr>
<td>74</td>
<td>Dermatopathology</td>
</tr>
<tr>
<td>75</td>
<td>Immunology</td>
</tr>
<tr>
<td>76</td>
<td>Maxillofacial surgery</td>
</tr>
<tr>
<td>77</td>
<td>Neonatal-perinatal</td>
</tr>
<tr>
<td>78</td>
<td>Nuclear radiology</td>
</tr>
<tr>
<td>79</td>
<td>Oncology</td>
</tr>
<tr>
<td>80</td>
<td>Pediatric endocrinology</td>
</tr>
<tr>
<td>81</td>
<td>Pediatric hematology-oncology</td>
</tr>
<tr>
<td>82</td>
<td>Pediatric nephrology</td>
</tr>
<tr>
<td>83</td>
<td>Radioisotopic pathology</td>
</tr>
<tr>
<td>84</td>
<td>Child development</td>
</tr>
<tr>
<td>85</td>
<td>Addiction/chemical dependency</td>
</tr>
<tr>
<td>86</td>
<td>Critical care medicine</td>
</tr>
<tr>
<td>87</td>
<td>Epidemiology</td>
</tr>
<tr>
<td>88</td>
<td>Gynecological oncology</td>
</tr>
<tr>
<td>89</td>
<td>Other specialty</td>
</tr>
</tbody>
</table>

(Specialties 85-93 were added in 1990; 94 was added in 1991; 95-105 were added in 1992; 106 was added in 1994; 33 was used in 1994 only; 107-111 were added in 1995; 112-119 were added in 1996; 120 was added in 1997; 121 was added in 1998; 122-154 were added in 1999; 155-161 were added in 2000; 162-163 were added in 2001; 164-166 were added in 2002; 167-177 were added in 2004; 178-179 were added in 2005; 180-183 were added in 2006; items 180 and 182 were used only in 2006 and 180 was recoded to 4 and 182 recoded to 83 in 2007; 184-193 were added in 2008; 194-202 were added in 2009; 203 was added in 2010.)
<table>
<thead>
<tr>
<th>Code</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>89</td>
<td>Maternal and fetal medicine</td>
</tr>
<tr>
<td>90</td>
<td>Reproductive endocrinology</td>
</tr>
<tr>
<td>91</td>
<td>Radiation oncology</td>
</tr>
<tr>
<td>92</td>
<td>Sports medicine</td>
</tr>
<tr>
<td>93</td>
<td>Vascular surgery</td>
</tr>
<tr>
<td>94</td>
<td>Medicine/pediatrics</td>
</tr>
<tr>
<td>95</td>
<td>Anatomic pathology</td>
</tr>
<tr>
<td>96</td>
<td>Facial plastic surgery</td>
</tr>
<tr>
<td>97</td>
<td>Hand surgery, plastic</td>
</tr>
<tr>
<td>98</td>
<td>Pediatric gastroenterology</td>
</tr>
<tr>
<td>99</td>
<td>Pediatric rheumatology</td>
</tr>
<tr>
<td>100</td>
<td>Pediatric pulmonology</td>
</tr>
<tr>
<td>101</td>
<td>Pediatric infectious disease</td>
</tr>
<tr>
<td>102</td>
<td>Surgery, oncology</td>
</tr>
<tr>
<td>103</td>
<td>Administrative medicine</td>
</tr>
<tr>
<td>104</td>
<td>Neuro-radiology</td>
</tr>
<tr>
<td>105</td>
<td>Biomedical</td>
</tr>
<tr>
<td>106</td>
<td>Cardiothoracic surgery</td>
</tr>
<tr>
<td>107</td>
<td>Unspecified</td>
</tr>
<tr>
<td>108</td>
<td>Hematology/oncology</td>
</tr>
<tr>
<td>109</td>
<td>Pediatric critical care</td>
</tr>
<tr>
<td>110</td>
<td>Medicine/psychiatry</td>
</tr>
<tr>
<td>111</td>
<td>Anesthesiology critical care</td>
</tr>
<tr>
<td>112</td>
<td>Pain medicine</td>
</tr>
<tr>
<td>113</td>
<td>Spinal reconstructive surgery</td>
</tr>
<tr>
<td>114</td>
<td>Cytopathology</td>
</tr>
<tr>
<td>115</td>
<td>Forensic psychiatry</td>
</tr>
<tr>
<td>116</td>
<td>Hematology pathology</td>
</tr>
<tr>
<td>117</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>118</td>
<td>Radiology, mculculoskeletal</td>
</tr>
<tr>
<td>119</td>
<td>Surgery, critical care</td>
</tr>
<tr>
<td>120</td>
<td>Surgery, research</td>
</tr>
<tr>
<td>121</td>
<td>Industrial medicine</td>
</tr>
<tr>
<td>122</td>
<td>Addiction psychiatry</td>
</tr>
<tr>
<td>123</td>
<td>Alcohol and drug abuse</td>
</tr>
<tr>
<td>124</td>
<td>Anesthesiology-pain management</td>
</tr>
<tr>
<td>125</td>
<td>Clinical neuropathology</td>
</tr>
<tr>
<td>126</td>
<td>Dermatology</td>
</tr>
<tr>
<td>127</td>
<td>Emergency sports medicine</td>
</tr>
<tr>
<td>128</td>
<td>Family practice, geriatric</td>
</tr>
<tr>
<td>129</td>
<td>Family practice, sports medicine</td>
</tr>
<tr>
<td>130</td>
<td>Pathology/immunopathology</td>
</tr>
<tr>
<td>131</td>
<td>Internal medicine, cardiac electrophysiology</td>
</tr>
<tr>
<td>132</td>
<td>Internal Medicine/Immunology Diagnostic Lab</td>
</tr>
<tr>
<td>133</td>
<td>Internal medicine/pulmonary dis. &amp; crit care</td>
</tr>
<tr>
<td>134</td>
<td>Neurology/clinical neurophysiology</td>
</tr>
<tr>
<td>135</td>
<td>Obstetrics gynecology/critical care</td>
</tr>
<tr>
<td>136</td>
<td>Orthopedic sports medicine</td>
</tr>
<tr>
<td>137</td>
<td>Orthopedic surgery of the spine</td>
</tr>
<tr>
<td>138</td>
<td>Orthopedic surgery/adult reconstructive</td>
</tr>
<tr>
<td>139</td>
<td>Orthopedic surgery/musculokoskeletal oncology</td>
</tr>
<tr>
<td>140</td>
<td>Orthopedic surgery/pediatric</td>
</tr>
<tr>
<td>141</td>
<td>Orthopedic surgery/trauma</td>
</tr>
<tr>
<td>142</td>
<td>Orthopedic/ankle, foot</td>
</tr>
<tr>
<td>143</td>
<td>Pediatric neurosurgery</td>
</tr>
<tr>
<td>145</td>
<td>Pediatric sports medicine</td>
</tr>
<tr>
<td>146</td>
<td>Pediatric urology</td>
</tr>
<tr>
<td>147</td>
<td>Psychiatry/geriatric</td>
</tr>
<tr>
<td>148</td>
<td>Vascular and interventional radiology</td>
</tr>
<tr>
<td>149</td>
<td>Physical medicine &amp; rehab/spinal cord injury</td>
</tr>
<tr>
<td>150</td>
<td>Pathology, pediatric</td>
</tr>
<tr>
<td>151</td>
<td>Neurological surgery/critical care</td>
</tr>
<tr>
<td>152</td>
<td>Neurological surgery/pediatric</td>
</tr>
<tr>
<td>153</td>
<td>Chemical pathology</td>
</tr>
<tr>
<td>154</td>
<td>Transitional year</td>
</tr>
<tr>
<td>155</td>
<td>Clinical research/hypertension</td>
</tr>
<tr>
<td>156</td>
<td>Endourology</td>
</tr>
<tr>
<td>157</td>
<td>Ambulatory care fellow</td>
</tr>
<tr>
<td>158</td>
<td>Stroke fellow</td>
</tr>
</tbody>
</table>

(Primary areas of practice were reordered 85-93 were added in 1990; 94 was added in 1991; 95-105 were added in 1992; 106 was added in 1994; 33 was used in 1994 only; 107-111 were added in 1995; 112-119 were added in 1996; 120 was added in 1997; 121 was added in 1998; 122-152 were added in 1999; 153-158 were added in 2000; 159-160 were added in 2001; 161-163 were added in 2002; 164-171 were added in 2004; 172-173 were added in 2005; 174-176 were added in 2006; 177-185 were added in 2008; 186-194 were added in 2009; 195 was added in 2010; 196-213 were added in 2011.)

*Data Available for Physicians, 1979-2014*
*(MDs and DOs not in residency training, licensed by the NC Medical Board)*
2014 N.C. Health Professions Data Book
Data Available for Physicians, 1979-2014*
(MDs and DOs not in residency training, licensed by the NC Medical Board)

27. Secondary specialty (1979-2010) (see primary specialty, 1979-2010)
28. Areas of practice (2011-2014)
30. Board eligible primary specialty (self reported) (1994)
32. Board eligible secondary specialty (self reported) (1994)
34. Activity status (1980-2014)
   1 = active
   2 = inactive
   · = unknown
   Activity Status (1979)
   1 = currently practicing
   2 = employed in other field
   3 = retired
   4 = inactive
   5 = deceased
   6 = revoked/suspended
   · = unknown
35. Reason inactive (1994-2014)
   1 = retired
   2 = engaged in medical research, teaching, or administration as primary activity
   3 = temporarily not in practice
   4 = employed in a non-medical field
   5 = engaged in a research fellowship
   · = unknown
   Reason inactive (1992-1993)
   1 = currently practicing
   2 = working in non-medical field
   3 = retired
   4 = homemaker
   5 = other
   · = unknown
   Reason inactive (1982-1991)
   1 = currently practicing
   2 = working in other field
   3 = retired
   4 = homemaker
   5 = in training in medicine
   6 = other
   · = unknown
   Reason inactive (1979-1981)
   1 = other work - wants work in profession
   2 = other work - doesn’t want work in profession
   3 = not working - wants work in profession
   4 = doesn’t want work - retired
   5 = doesn’t want work - homemaker
   6 = doesn’t want work - training
   7 = doesn’t want work - other reason
   · = unknown
43. Total hours per week (1979-1993, 1995-1996)
44. Primary practice location
   city (1992-1993)
   state (1992-1993)
   ZIP code (1992-2011)
   county (1992-2011)
45. Primary location facility type (1998-2014)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = telemedicine
   12 = other
   · = unknown
   Primary location facility type (1997)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = other
   Primary location facility type (1995-1996)
   01 = locum
   02 = solo practitioner’s office
   03 = free-standing clinic (publicly supported)
   04 = group office
   05 = nursing home extended care facility
   06 = hospital-outpatient department (OPD)
   07 = hospital-emergency room (ER)
   08 = hospital-other than ER or OPD
   09 = medical school or parent university
   00 = other
   Primary location facility type (1994)
   01 = solo practitioner’s office
   02 = free-standing clinic
   03 = group office
   04 = nursing home or extended care
   05 = hospital-outpatient department
   06 = hospital-emergency room
   07 = hospital-other
   08 = medical school or parent university
   09 = other
### Primary Location Details

- **Primary location hours per week-clinical care - excluding on-call hours (1997-2008)**
- **Primary location clinical care hours per week-primary care (1997-2008)**
- **Primary location number of weekday nights and weekend days on call (1997-2008)**
- **Hours per week involved in patient care (2009-2014)**
- **Number of patient care hours spent providing primary care services (2009-2014)**
- **Average number of days on call a week (2009-2014)**
- **Primary location number of patient visits/week (1994)**
- **Primary location hours/week in direct patient care (1994)**
- **Primary location hours/week on-call (1994)**
- **Primary location hours/week teaching, research, administration (1994)**
- **Primary location hours/week other (1994)**
- **Primary location hours/week in medicine (1992-1993)**
- **Primary location employment setting (1992-1993)**
- **Primary location percent employment setting (1992-1993)**
- **Secondary practice location**
  - ZIP code (1992-2014)
  - county (1992-2014)

### Secondary Location Details

- **Secondary location facility type (1994)**
  - 01 = solo practitioner's office
  - 02 = free-standing clinic
  - 03 = group office
  - 04 = nursing home or extended care facility
  - 05 = hospital
  - 06 = hospital-outpatient department (OPD)
  - 07 = hospital-emergency room (ER)
  - 08 = hospital-other than ER or OPD
  - 09 = medical school or parent university
  - 10 = other

### Other Practice Details

- **Secondary location facility type (1998-2014)**
  - 01 = locum tenens
  - 02 = solo practitioner’s office
  - 03 = free-standing clinic
  - 04 = group office
  - 05 = staff or group model HMO
  - 06 = hospital-outpatient department
  - 07 = hospital-emergency room
  - 08 = hospital-other
  - 09 = medical school or parent university
  - 10 = nursing home/extended care facility
  - 11 = telemedicine
  - 12 = other

- **Secondary location facility type (1997)**
  - 01 = locum tenens
  - 02 = solo practitioner’s office
  - 03 = free-standing clinic
  - 04 = group office
  - 05 = staff or group model HMO
  - 06 = hospital-outpatient department
  - 07 = hospital-emergency room
  - 08 = hospital-other
  - 09 = medical school or parent university
  - 10 = nursing home/extended care facility
  - 11 = telemedicine
  - 12 = other

- **Secondary location facility type (1995-1996)**
  - 01 = locum
  - 02 = solo practitioner’s office
  - 03 = free-standing clinic (publicly supported)

- **Other location facility type (1998-2014)**
  - 01 = locum tenens
  - 02 = solo practitioner’s office
  - 03 = free-standing clinic
<table>
<thead>
<tr>
<th>Question</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>89. Has practice changed since last registration?</td>
<td>1995-1996</td>
</tr>
<tr>
<td>90. Do you provide obstetric deliveries?</td>
<td>1997-2014</td>
</tr>
<tr>
<td>91. Do you provide prenatal care?</td>
<td>1997-2014</td>
</tr>
<tr>
<td>92. Do you provide obstetric care?</td>
<td>1995-1996</td>
</tr>
<tr>
<td>93. Are you engaged in direct patient care</td>
<td>1995-2014</td>
</tr>
<tr>
<td>(on leave)</td>
<td></td>
</tr>
<tr>
<td>96. Are you engaged in direct patient care: employed in a non-medical</td>
<td>1995-2014</td>
</tr>
<tr>
<td>field</td>
<td></td>
</tr>
<tr>
<td>97. Are you engaged in direct patient care: primarily doing research,</td>
<td>1995-2014</td>
</tr>
<tr>
<td>teaching, or administration</td>
<td></td>
</tr>
<tr>
<td>98. Engaged in direct patient care 1-20 hrs/wk</td>
<td>1995-1996</td>
</tr>
<tr>
<td>practice</td>
<td></td>
</tr>
<tr>
<td>100. Engaged in direct patient care 1-20 hrs/wk: research,</td>
<td>1995-1996</td>
</tr>
<tr>
<td>teaching, or administration</td>
<td></td>
</tr>
<tr>
<td>102. Engaged in direct patient care more than 20 hrs/wk</td>
<td>1995-1996</td>
</tr>
<tr>
<td>103. Most of practice income from salary rather than service for fees</td>
<td>1994</td>
</tr>
<tr>
<td>104. Percent patient care income from Medicare</td>
<td>1994</td>
</tr>
<tr>
<td>105. Percent patient care income from Medicaid</td>
<td>1994</td>
</tr>
<tr>
<td>106. Percent patient care income from private insurance (including</td>
<td>1994</td>
</tr>
<tr>
<td>BC/BS)</td>
<td></td>
</tr>
<tr>
<td>107. Percent patient care income from other sources (grants, worker’s</td>
<td>1994</td>
</tr>
<tr>
<td>comp.)</td>
<td></td>
</tr>
<tr>
<td>108. Percent patient care income from managed care (HMO/PPO)</td>
<td>1994</td>
</tr>
<tr>
<td>109. Percent patient care income unreimbursed</td>
<td>1994</td>
</tr>
<tr>
<td>110. Percent patient care income from patient out of pocket</td>
<td>1994</td>
</tr>
<tr>
<td>111. Only accepts new patients with insurance</td>
<td>1994</td>
</tr>
<tr>
<td>112. Only accepts new patients on Medicaid</td>
<td>1994</td>
</tr>
<tr>
<td>113. Only accepts new patients on Medicare</td>
<td>1994</td>
</tr>
<tr>
<td>114. Accepts all types of new patients, regardless of insurance</td>
<td>1994</td>
</tr>
<tr>
<td>115. Intend to retire or relocate outside of NC this year</td>
<td>1994</td>
</tr>
<tr>
<td>116. Number of weeks worked in clinical practice</td>
<td>1994</td>
</tr>
</tbody>
</table>
### 2014 N.C. Health Professions Data Book

Data Available for Physicians, 1979-2014*

(MDs and DOs not in residency training, licensed by the NC Medical Board)

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>118. Years active (1979-1981)</td>
<td></td>
</tr>
<tr>
<td>119. Number of babies personally delivered in the past year (1994)</td>
<td></td>
</tr>
<tr>
<td>120. Intend to deliver babies during the next calendar year (1994)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Self employed:</strong></td>
</tr>
<tr>
<td></td>
<td>1 = solo</td>
</tr>
<tr>
<td></td>
<td>2 = partnership</td>
</tr>
<tr>
<td></td>
<td>3 = post graduate</td>
</tr>
<tr>
<td></td>
<td><strong>Non-governmental employer:</strong></td>
</tr>
<tr>
<td></td>
<td>4 = retail</td>
</tr>
<tr>
<td></td>
<td>5 = partnership</td>
</tr>
<tr>
<td></td>
<td>6 = group health plan</td>
</tr>
<tr>
<td></td>
<td>7 = medical school</td>
</tr>
<tr>
<td></td>
<td>8 = other - non-governmental</td>
</tr>
<tr>
<td></td>
<td><strong>Governmental employer:</strong></td>
</tr>
<tr>
<td></td>
<td>9 = local</td>
</tr>
<tr>
<td></td>
<td>10 = county</td>
</tr>
<tr>
<td></td>
<td>11 = state</td>
</tr>
<tr>
<td></td>
<td>12 = federal - non-military</td>
</tr>
<tr>
<td></td>
<td>13 = federal - military</td>
</tr>
<tr>
<td></td>
<td>14 = other</td>
</tr>
<tr>
<td></td>
<td>= unknown</td>
</tr>
<tr>
<td></td>
<td>1 = yes</td>
</tr>
<tr>
<td></td>
<td>2 = no</td>
</tr>
<tr>
<td></td>
<td>= unknown</td>
</tr>
<tr>
<td></td>
<td><strong>Non-federal:</strong></td>
</tr>
<tr>
<td></td>
<td>1 = practitioners office</td>
</tr>
<tr>
<td></td>
<td>2 = free standing clinic</td>
</tr>
<tr>
<td></td>
<td>3 = group health care facility</td>
</tr>
<tr>
<td></td>
<td>4 = hospital</td>
</tr>
<tr>
<td></td>
<td>5 = nursing home</td>
</tr>
<tr>
<td></td>
<td><strong>Federal:</strong></td>
</tr>
<tr>
<td></td>
<td>6 = health facility-military</td>
</tr>
<tr>
<td></td>
<td>7 = hospital-VA, public health, Indian health</td>
</tr>
<tr>
<td></td>
<td>8 = health facility-other</td>
</tr>
<tr>
<td></td>
<td><strong>Miscellaneous:</strong></td>
</tr>
<tr>
<td></td>
<td>9 = university or educational institution</td>
</tr>
<tr>
<td></td>
<td>10 = other</td>
</tr>
</tbody>
</table>

* If a variable is not available for all years, it will be noted in parentheses.
1. License/certification number
2. Name
   first
   middle initial
   last
3. Business address
   business name
   street
   city
   state
   ZIP code
   county
   AHEC
   HSA
4. Mailing address
   street
   city
   state
   ZIP code
5. Name of residency program
6. Residency specialty (see pages 222-223 for specialties.)
7. Location codes (based on business address)
   county
   state
   1 = in-state
   2 = out of state
   -9 = state unknown
   AHEC
   HSA

* If a variable is not available for all years, it will be noted in parentheses.
1. License/certification number
2. Issue date  
   month  
   year  
3. Name  
   first  
   middle initial  
   last  
   county  
   state  
5. Mailing address  
   address line 1  
   address line 2  
   city  
   state  
   ZIP code  
   county  
   AHEC  
   HAS  
6. Business address  
   address line 1  
   address line 2  
   city  
   state  
   ZIP code  
   county  
   AHEC  
   HAS  
7. Location codes (based on home address if the business address is unknown; otherwise based on the business address)  
   county  
   state  
   1 = in state  
   2 = out of state  
   -9 = state unknown  
   AHEC  
   HAS  
8. Birth date (day, month, and year)  
   1 = male  
   2 = female  
   * = unknown  
10. Race (1999-2014)  
   1 = White/Non-Hispanic  
   2 = Black/Non-Hispanic  
   3 = American Indian/Alaskan Native  
   4 = Asian/Pacific Islander  
   5 = Hispanic  
   6 = Other  
   * = unknown  
Race (1994)  
   1 = White  
   2 = Black  
   3 = American Indian  
   4 = Asian  
   5 = Other  
   6 = Hispanic  
   * = unknown  
11. Training program - school (1985-2014)  
   1 = active  
   2 = inactive  
   * = unknown  
   1 = physician assistant  
   2 = nurse practitioner  
   0 = nurse practitioner, type unknown  
   1 = physician assistant  
   2 = family nurse practitioner  
   3 = pediatric nurse practitioner  
   4 = family planning nurse  
   5 = women’s health  
   6 = geriatric nurse  
   7 = emergency nurse practitioner  
   8 = obstetrics nurse  
   9 = adult nurse practitioner  
   10 = acute care nurse practitioner  
   11 = neonatal nurse practitioner  
   12 = psychiatric mental health  
   * = unknown  
17. Primary Specialty (1996-2014)  
   (see pages 220-222 for specialty listing)  
   (see pages 220-222 for specialty listing)  
   1 = physician assistant  
   2 = family nurse practitioner  
   3 = pediatric nurse practitioner  
   4 = family planning nurse  
   5 = nurse midwife  
   6 = geriatric nurse  
   7 = emergency nurse practitioner  
   8 = ob/gyn nurse practitioner  
   9 = adult nurse practitioner  
   10 = nurse practitioner, type unknown  
   * = unknown  
22. Basic professional education - school (1979-1984)  
24. Basic professional education - year (1979-1984)  
25. Primary practice location  
   ZIP code (1997-2014)  
   county (1997-2014)  
26. Primary location facility type (1998-2014)  
   01 = locum tenens  
   02 = solo practitioner’s office  
   03 = free-standing clinic  
   04 = group office  
   05 = staff or group model HMO  
   06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = hospital other
12 = other
13 = federal government hospital
14 = federal/state/community health center(s)
15 = home health setting
16 = local health department
17 = telemedicine
18 = volunteer in a free clinic
19 = hospice care
20 = research laboratory
• = unknown

Primary location facility type (1997)
01 = locum tenens
02 = solo practitioner’s office
03 = free-standing clinic
04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = other

27. Primary location hours per week-clinical care - excluding on-call hours (1997-2014)
28. Primary location clinical care hours per week - primary care (1997-2014)
29. Primary location number of week-day nights and weekend days on call (1997-2014)
30. Secondary practice location
   ZIP code (1992-2014)
   county (1992-2014)
31. Secondary location facility type (1998-2014)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = hospital other
   12 = other
   13 = federal government hospital
   14 = federal/state/community health center(s)
   15 = home health setting
   16 = local health department
   17 = telemedicine
   18 = volunteer in a free clinic
   19 = hospice care
   20 = research laboratory
• = unknown

Secondary location facility type (1997)
01 = locum tenens
02 = solo practitioner’s office
03 = free-standing clinic

04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = other

32. Secondary location hours per week-clinical care - excluding on-call hours (1997-2014)
33. Secondary location clinical care hours per week - primary care (1997-2012)
34. Secondary location number of week-day nights and weekend days on call (1997-2012)
35. Other practice location
   ZIP code (1992-2014)
   county (1992-2014)
36. Other location facility type (1998-2014)
   01 = locum tenens
   02 = solo practitioner’s office
   03 = free-standing clinic
   04 = group office
   05 = staff or group model HMO
   06 = hospital-outpatient dept
   07 = hospital-emergency room
   08 = hospital-other
   09 = medical school or parent university
   10 = nursing home/extended care facility
   11 = hospital other
   12 = other
   13 = federal government hospital
   14 = federal/state/community health center(s)
   15 = home health setting
   16 = local health department
   17 = telemedicine
   18 = volunteer in a free clinic
   19 = hospice care
   20 = research laboratory
• = unknown

Other location facility type (1997)
01 = locum tenens
02 = solo practitioner’s office
03 = free-standing clinic
04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/extended care facility
11 = other

37. Other location hours per week-clinical care - excluding on-call hours (1997-2013)
38. Other location clinical care hours per week - primary care (1997-2005)
39. Other location number of weekday nights and weekend days on call (1997-2012)

* If a variable is not available for all years, it will be noted in parentheses.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>License/certification number</td>
</tr>
<tr>
<td>2</td>
<td>Licensing date (1979-1985)</td>
</tr>
<tr>
<td></td>
<td>month year</td>
</tr>
<tr>
<td>3</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>first middle initial last</td>
</tr>
<tr>
<td>4</td>
<td>Home address</td>
</tr>
<tr>
<td></td>
<td>street city state ZIP code county AHEC HSA</td>
</tr>
<tr>
<td>5</td>
<td>Business address</td>
</tr>
<tr>
<td></td>
<td>business name street city state ZIP code county AHEC HSA</td>
</tr>
<tr>
<td>6</td>
<td>Preferred mailing address</td>
</tr>
<tr>
<td></td>
<td>1 = home 2 = business 3 = unknown</td>
</tr>
<tr>
<td>7</td>
<td>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</td>
</tr>
<tr>
<td></td>
<td>county state 1 = in state 2 = out of state 3 = state unknown AHEC HSA</td>
</tr>
<tr>
<td>8</td>
<td>Birth year</td>
</tr>
<tr>
<td>9</td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td>1 = male 2 = female 3 = unknown</td>
</tr>
<tr>
<td>10</td>
<td>Race (1979-1985)</td>
</tr>
<tr>
<td></td>
<td>1 = White 2 = Black 3 = American Indian 4 = Asian 5 = Other 6 = Unknown</td>
</tr>
<tr>
<td>11</td>
<td>Spanish origin (1979-1983)</td>
</tr>
<tr>
<td></td>
<td>1 = yes 2 = no 3 = unknown</td>
</tr>
<tr>
<td>12</td>
<td>Basic professional education - state</td>
</tr>
<tr>
<td>13</td>
<td>Basic professional education - school</td>
</tr>
<tr>
<td>14</td>
<td>Basic professional education - year</td>
</tr>
<tr>
<td>15</td>
<td>Activity status</td>
</tr>
<tr>
<td></td>
<td>1 = active 2 = inactive 3 = unknown</td>
</tr>
<tr>
<td>16</td>
<td>Reason inactive (1986-2014)</td>
</tr>
<tr>
<td></td>
<td>1 = teaching 2 = retired 3 = in professional training 4 = other 5 = unknown</td>
</tr>
<tr>
<td>17</td>
<td>Primary specialty</td>
</tr>
<tr>
<td></td>
<td>1 = foot orthopedics/biomechanics 2 = general practice 3 = podiatric dermatology 4 = podogeriatrics 5 = podopediatrics 6 = roentgenology 7 = surgery 8 = other specialty 0 = none 3 = unknown</td>
</tr>
<tr>
<td>18</td>
<td>Secondary specialty (1979-1981)</td>
</tr>
<tr>
<td>19</td>
<td>Tertiary specialty (1979-1981)</td>
</tr>
</tbody>
</table>
20. Form of employment (1982-2014)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>solo - self employed</td>
</tr>
<tr>
<td>2</td>
<td>non-solo - self employed</td>
</tr>
</tbody>
</table>

Employee of:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>individual practitioner</td>
</tr>
<tr>
<td>4</td>
<td>partnership or group</td>
</tr>
<tr>
<td>5</td>
<td>local government</td>
</tr>
<tr>
<td>6</td>
<td>county government</td>
</tr>
<tr>
<td>7</td>
<td>State government</td>
</tr>
<tr>
<td>8</td>
<td>Federal government</td>
</tr>
<tr>
<td>9</td>
<td>other</td>
</tr>
</tbody>
</table>

* = unknown

Form of employment (1979-1981)

Self employed:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>solo</td>
</tr>
<tr>
<td>12</td>
<td>partnership or group</td>
</tr>
</tbody>
</table>

Non-governmental employer:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>individual practice</td>
</tr>
<tr>
<td>22</td>
<td>retail or wholesale trade</td>
</tr>
<tr>
<td>23</td>
<td>partnership or group</td>
</tr>
<tr>
<td>24</td>
<td>group health plan facility</td>
</tr>
<tr>
<td>25</td>
<td>other</td>
</tr>
</tbody>
</table>

Governmental employer:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>local</td>
</tr>
<tr>
<td>32</td>
<td>county</td>
</tr>
<tr>
<td>33</td>
<td>state</td>
</tr>
<tr>
<td>34</td>
<td>federal-civilian</td>
</tr>
<tr>
<td>35</td>
<td>federal-military</td>
</tr>
</tbody>
</table>

Miscellaneous:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>unpaid worker</td>
</tr>
<tr>
<td>44</td>
<td>other</td>
</tr>
</tbody>
</table>

* = unknown


Non-federal:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>hospital</td>
</tr>
<tr>
<td>12</td>
<td>nursing home</td>
</tr>
<tr>
<td>13</td>
<td>clinic</td>
</tr>
<tr>
<td>14</td>
<td>group health facility</td>
</tr>
<tr>
<td>15</td>
<td>practitioner's office</td>
</tr>
<tr>
<td>16</td>
<td>other</td>
</tr>
</tbody>
</table>

Federal:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>military</td>
</tr>
<tr>
<td>22</td>
<td>VA, public health, Indian health</td>
</tr>
<tr>
<td>23</td>
<td>other</td>
</tr>
</tbody>
</table>

Miscellaneous:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>school, college university or other educational institution</td>
</tr>
<tr>
<td>71</td>
<td>other type of setting</td>
</tr>
</tbody>
</table>

* = unknown

22. Total hours practiced per average week (1979-1986)


24. Hours per week in retailing (1979-1981)

25. Hours per week in teaching (1979-1981)


27. Hours per week in administration (1979-1981)

28. Hours per week in other activity (1979-1981)

29. Number of weeks worked past 12 months (1979-1981)

* If a variable is not available for all years, it will be noted in parentheses.
# 2014 N.C. Health Professions Data Book

Data Available for Practicing Psychologists and Psychological Associates, 1979-2014*

1. **License/certification number**
2. **Licensing date**  
   month  
   year
3. **Renewal date**
4. **Name**  
   first  
   middle initial  
   last
5. **Home address**  
   street  
   city  
   state  
   ZIP code  
   county  
   AHEC  
   HSA
6. **Business address**  
   business name  
   street  
   city  
   state  
   ZIP code  
   county  
   AHEC  
   HSA
7. **Preferred mailing address**  
   1 = home  
   2 = business  
   • = unknown
8. **Location codes (based on home address if individual is inactive or if business address is unknown; otherwise based on business address)**  
   county  
   state  
   1 = in state  
   2 = out of state  
   -9 = state unknown  
   AHEC  
   HSA
9. **Birth year**
10. **Gender**  
    1 = male  
    2 = female  
    • = unknown
11. **Race**  
    1 = White  
    2 = Black  
    3 = American Indian  
    4 = Asian  
    5 = Other  
    6 = Hispanic  
    • = Unknown
12. **Spanish origin (1979-1983)**  
    1 = yes  
    2 = no  
    • = unknown
    5 = baccalaureate  
    6 = master’s  
    7 = doctorate required for licensure  
    (for practicing psychologists only)  
    • = unknown
17. **Activity status**  
    1 = active  
    2 = inactive  
    • = unknown
    1 = working in other field  
    2 = retired  
    3 = unemployed  
    4 = student  
    5 = other  
    • = unknown
19. **Degree Specialty** (2007-2014)  
    1 = clinical  
    2 = counseling  
    3 = industrial/organizational  
    4 = schools  
    5 = other  
    • = unknown
20. **Primary specialty** (2003-2006)  
    1 = clinical  
    2 = counseling  
    3 = industrial and organizational  
    4 = school  
    5 = other  
    0 = no specialty  
    • = unknown
    1 = clinical  
    2 = community  
    3 = counseling  
    4 = developmental  
    5 = educational  
    6 = evaluation and measurement  
    7 = experimental  
    8 = industrial and organizational  
    9 = personality  
    10 = physiological  
    11 = rehabilitation  
    12 = school  
    13 = social  
    14 = other  
    0 = no specialty  
    • = unknown

233
### 2014 N.C. Health Professions Data Book
Data Available for Practicing Psychologists and Psychological Associates, 1979-2014*

#### Primary specialty (1979-1991)
- 1 = behavior therapy
- 2 = clinical
- 3 = community
- 4 = comparative
- 5 = consulting
- 6 = counseling
- 7 = developmental
- 8 = educational
- 9 = evaluation and measurement
- 10 = experimental
- 11 = mental retardation
- 12 = military
- 13 = industrial and organizational
- 14 = rehabilitation
- 15 = personality
- 16 = physiological
- 17 = psychodiagnostics
- 18 = psychological hypnosis
- 19 = psychopharmacology
- 20 = psychotherapy
- 21 = school
- 22 = social
- 23 = other
- 24 = neuropsychology
- 25 = no specialty
- • = unknown

### Secondary specialty (1979-1981)
### Tertiary specialty (1979-1981)

#### Form of employment (1982-1985)
- 1 = solo - self employed
- 2 = non-solo - self employed

Employee of:
- 3 = individual practitioner
- 4 = partnership or group
- 5 = local government
- 6 = county government
- 7 = State government
- 8 = Federal government
- 9 = other
- • = unknown

#### Form of employment (1979-1981)

Self employed:
- 11 = solo
- 12 = partnership or group

Non-governmental employer:
- 21 = individual practice
- 22 = retail or wholesale trade
- 23 = partnership or group
- 24 = group health plan facility
- 25 = other

Governmental employer:
- 31 = local
- 32 = county
- 33 = state
- 34 = federal-civilian
- 35 = federal-military

Miscellaneous:
- 41 = unpaid worker
- 44 = other
- • = unknown

#### Employment setting (1991-2014)
- 1 = State or local government
- 2 = Federal
- 3 = public school system
- 4 = non-governmental health care
- 5 = private or group practice
- 6 = educational institution
- 7 = business/industry
- 8 = other
- • = unknown

#### Employment setting (1982-1990)

Nonfederal:
- 11 = hospital
- 12 = nursing home
- 13 = clinic
- 14 = group pre-paid health facility
- 15 = practitioner's office
- 16 = other

Federal:
- 21 = military
- 22 = VA, public health, Indian health
- 23 = other

Miscellaneous:
- 30 = school, college university or other educational institution
- 71 = other type of setting
- • = unknown

#### Employment setting (1979-1981)

Nonfederal:
- 11 = hospital
- 12 = nursing home
- 13 = clinic
- 14 = group health facility
- 15 = practitioner's office
- 16 = other

Federal:
- 21 = military
- 22 = other

Schools:
- 31 = medicine, dentistry
- 32 = nursing
- 33 = other health profession
- 34 = school, handicapped
- 35 = elementary or high school
- 36 = other

Miscellaneous:
- 41 = patients' home
- 42 = medical research facility
- 43 = professional or allied health association
- 44 = administrative health agency

Business establishments:
- 51 = manufacturing or industrial
- 52 = retail, wholesale, or other business

Other settings:
- 71 = other
- • = unknown

#### Total hours practiced per average week (1979-1984)
#### Percent time in patient care (1979-1984)
#### Hours per week in retailing (1979-1981)
#### Hours per week in teaching (1979-1981)
#### Hours per week in research (1979-1981)
#### Hours per week in administration (1979-1981)
#### Hours per week in other activity (1979-1981)
#### Number of weeks worked in past 12 months (1979-1981)

* If a variable is not available for all years, it will be noted in parentheses.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>License/certification number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Licensing date</td>
<td>month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>License expiration date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Name</td>
<td>first</td>
<td></td>
</tr>
<tr>
<td></td>
<td>middle initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Home address</td>
<td>state</td>
<td></td>
</tr>
<tr>
<td></td>
<td>county</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Business address</td>
<td>city</td>
<td></td>
</tr>
<tr>
<td></td>
<td>state</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ZIP code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>county</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Mailing address</td>
<td>street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>city</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>state</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Location codes (based on mailing address if individual is inactive or if the business address is unknown; otherwise based on the business address)</td>
<td>county</td>
<td></td>
</tr>
<tr>
<td></td>
<td>state</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = in state</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = out of state</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 = state unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Birth year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Gender</td>
<td>1 = male</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Race (2014)</td>
<td>1 = Caucasian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Black/African-American</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = American Indian/Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 = Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 = Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 = Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• = Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Race (1979-1991)</td>
<td>1 = White</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = American Indian</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 = Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• = Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Spanish origin (1979-2012)</td>
<td>1 = yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = no</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Marital status (1979-1981)</td>
<td>1 = never married</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = married</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = separated/divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = widowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Basic nursing education - degree for licensure (1979-2013)</td>
<td>1 = diploma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = associate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = baccalaureate degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Basic professional education - school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Basic professional education - state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Highest degree (2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>master’s degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>baccalaureate degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>associate degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>vocational/practical certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Present employment status (2014)</td>
<td>A = Full-time in nursing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B = Nursing volunteer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C = Full-time employed, non-nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>H = Retired</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I = Part-time in nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>J = Per diem in nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K = Part-time employed, not in nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>L = Per diem employed, not in nursing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Present employment status (2002-2013)
1 = employed in nursing full-time
2 = employed in nursing part-time
3 = employed in other field full-time
4 = employed in other field part-time
5 = unemployed
6 = retired
7 = disabled
*= unknown

Present employment status (1980-2001)
1 = employed in nursing full-time
2 = employed in nursing part-time
3 = employed in other field full-time
4 = employed in other field part-time
5 = unemployed
*= unknown

Present employment status (1979)
1 = employed in nursing full-time
2 = employed in nursing part-time
3 = employed in other field full-time
4 = employed in other field part-time
5 = unemployed
6 = employed in nursing, hours unknown
7 = employed in other field, hours unkn.
*= unknown

1 = wants work in profession
2 = other work - doesn't want work in profession
3 = not working - wants work in profession
4 = not working - doesn't want work in profession
5 = other
*= unknown

Primary Employment Specialty (2014)
1 = Acute Care/ Critical Care/ Emergency Care
2 = Adult Health/ Family Health
3 = Anesthesia
4 = Community
5 = Geriatric/ Gerontology
6 = Home Health
7 = Maternal Child Health
8 = Medical Surgical
9 = Occupational Health
10 = Oncology
11 = Palliative Care
12 = Pediatrics/ Neonatal
13 = Public health
14 = Psychiatric/ Mental Health/ Substance Abuse
15 = Rehabilitation
16 = School Health
17 = Trauma
18 = Women’s Health
19 = Other

20 = Primary Employment Setting (2014)
A = Hospital
B = Ambulatory Care Setting
C = Public Health
D = Occupational Health
E = Insurance Claims/ Benefits
F = Nursing Home/ Extended Care/ Assisted Living Facility
G = Home Health/ Hospice
H = Academic Setting
I = Correctional Facility
J = School Health Service
K = Other
L = Community Health
M = Policy Planning/ Regulatory Licensing Agency

Major clinical practice or training area (1999)
1 = public/community health
2 = general practice
3 = geriatrics
4 = obstetrics-gynecology
5 = medical-surgical
6 = pediatrics
7 = psychiatric mental health
8 = AIDS
9 = cardiology
10 = critical care
11 = dermatology
12 = dialysis
13 = drug/alcohol
14 = EENT
15 = emergency care
16 = family health
17 = neonatal
18 = occupational health
19 = oncology
20 = orthopedics
21 = peri-operative
22 = rehabilitation
23 = transplants
24 = urology
25 = other
*= unknown

Major clinical practice or training area (1979-1998)
1 = community/public health/home health
2 = general practice
3 = geriatric/gerontologic
4 = OB/GYN
5 = medical/surgical
6 = pediatric
7 = psychiatric/mental health
8 = other
*= unknown

22 = Other Employment Specialty (2014)
A = Hospital
B = Ambulatory Care Setting
C = Public Health
D = Occupational Health
E = Insurance Claims/ Benefits
F = Nursing Home/ Extended Care/ Assisted Living Facility
G = Home Health/ Hospice
H = Academic Setting
I = Correctional Facility
J = School Health Service
K = Other
L = Community Health
M = Policy Planning/ Regulatory Licensing Agency
**Setting** (1999-2013)  
1 = hospital-in-patient  
2 = hospital-out-patient  
3 = long term care  
4 = solo/group medical practice  
5 = HMO/insurance company  
6 = home care/hospice  
7 = public clinic/health department  
8 = mental health facility  
9 = student health site  
10 = industry/manufacturing site  
11 = private duty  
12 = school of nursing/medicine  
13 = other  
* = unknown

**Setting** (1993-1998)  
1 = hospital  
2 = nursing home  
3 = school of nursing  
4 = private duty  
5 = school  
6 = industry  
7 = physician/dentist office nurse  
8 = community based agency  
9 = other  
10 = self employment  
* = unknown

**Setting** (1992)  
1 = hospital  
2 = nursing home  
3 = school of nursing  
4 = private duty  
5 = school  
6 = industry  
7 = physician/dentist office nurse  
8 = community based agency  
9 = other  
10 = self employment  
* = unknown

**Setting** (1979-1991)  
1 = hospital  
2 = nursing home  
3 = school of nursing  
4 = private duty  
5 = school  
6 = occupational health/industry  
7 = physician/dentist office nurse  
8 = community based agency  
9 = other  
10 = self employment  
* = unknown

---

**Type of position** (2002-2013)  
1 = administrator or assistant  
2 = consultant  
3 = supervisor or assistant  
4 = instructor  
5 = head nurse or assistant  
6 = staff/general duty  
7 = nurse practitioner  
8 = nurse midwife  
9 = clinical specialist  
10 = CRNA  
11 = research  
12 = other  
* = unknown

**Type of position** (1999-2001)  
1 = administrator or assistant  
2 = consultant  
3 = supervisor or assistant  
4 = instructor  
5 = head nurse or assistant  
6 = staff/general duty  
7 = nurse practitioner  
8 = nurse midwife  
9 = clinical specialist  
10 = CRNA  
11 = other  
* = unknown

**Type of position** (1997-1998)  
1 = administrator or assistant  
2 = consultant  
3 = supervisor or assistant  
4 = instructor  
5 = head nurse or assistant  
6 = staff/general duty  
7 = nurse practitioner  
8 = nurse midwife  
9 = clinical specialist  
10 = CRNA  
11 = other  
* = unknown

---

26. **Average hours worked per week**

27. **Number of weeks worked last year (1979-1981)**

28. **Languages spoken other than English (2009-2013)**  
- Spanish  
- Korean  
- French  
- Vietnamese  
- Chinese  
- Other

29. **Regionally Increasing Baccalaureate Nurses (RIBN) Graduate (2014)**  
Y = Yes  
N = No

---

* If a variable is not available for all years, it will be noted in parentheses
Data Available for Respiratory Therapists, 2004-2014*

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>License/certification number</td>
</tr>
<tr>
<td>2.</td>
<td>Licensing date</td>
</tr>
<tr>
<td></td>
<td>month year</td>
</tr>
<tr>
<td>3.</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>first &amp; middle initial</td>
</tr>
<tr>
<td></td>
<td>last</td>
</tr>
<tr>
<td>4.</td>
<td>Mailing address</td>
</tr>
<tr>
<td></td>
<td>street</td>
</tr>
<tr>
<td></td>
<td>city</td>
</tr>
<tr>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td>ZIP code</td>
</tr>
<tr>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>5.</td>
<td>Establishment address</td>
</tr>
<tr>
<td></td>
<td>establishment name</td>
</tr>
<tr>
<td></td>
<td>city</td>
</tr>
<tr>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>6.</td>
<td>Location codes (based on home address if individual is inactive or if establishment address is unknown; otherwise based on establishment address)</td>
</tr>
<tr>
<td></td>
<td>county</td>
</tr>
<tr>
<td></td>
<td>state</td>
</tr>
<tr>
<td></td>
<td>1 = in state</td>
</tr>
<tr>
<td></td>
<td>2 = out of state</td>
</tr>
<tr>
<td></td>
<td>-9 = state unknown</td>
</tr>
<tr>
<td></td>
<td>AHEC</td>
</tr>
<tr>
<td></td>
<td>HSA</td>
</tr>
<tr>
<td>7.</td>
<td>Birth year</td>
</tr>
<tr>
<td>8.</td>
<td>Basic professional education - state</td>
</tr>
<tr>
<td>9.</td>
<td>Basic professional education - school</td>
</tr>
<tr>
<td>10.</td>
<td>Basic professional education – graduation year</td>
</tr>
<tr>
<td>11.</td>
<td>Activity status</td>
</tr>
<tr>
<td></td>
<td>1 = active</td>
</tr>
<tr>
<td></td>
<td>2 = inactive</td>
</tr>
<tr>
<td>12.</td>
<td>License renewal date</td>
</tr>
<tr>
<td>13.</td>
<td>License expiration date</td>
</tr>
<tr>
<td>14.</td>
<td>Degree</td>
</tr>
<tr>
<td></td>
<td>1 = associate</td>
</tr>
<tr>
<td></td>
<td>2 = bachelor</td>
</tr>
<tr>
<td></td>
<td>3 = certificate</td>
</tr>
<tr>
<td></td>
<td>4 = master</td>
</tr>
<tr>
<td></td>
<td>5 = other</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td>15.</td>
<td>Gender (2006-2014)</td>
</tr>
<tr>
<td></td>
<td>1 = male</td>
</tr>
<tr>
<td></td>
<td>2 = female</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td></td>
<td>1 = White</td>
</tr>
<tr>
<td></td>
<td>2 = Black</td>
</tr>
<tr>
<td></td>
<td>3 = American Indian</td>
</tr>
<tr>
<td></td>
<td>4 = Asian/Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>5 = Other</td>
</tr>
<tr>
<td></td>
<td>6 = Hispanic</td>
</tr>
<tr>
<td></td>
<td>• = unknown</td>
</tr>
<tr>
<td>17.</td>
<td>Setting (2005-2014)</td>
</tr>
<tr>
<td></td>
<td>1 = education</td>
</tr>
<tr>
<td></td>
<td>2 = home health</td>
</tr>
<tr>
<td></td>
<td>3 = hospital</td>
</tr>
<tr>
<td></td>
<td>4 = long term care facility</td>
</tr>
<tr>
<td></td>
<td>5 = nursing home</td>
</tr>
<tr>
<td></td>
<td>6 = physician practice/clinic</td>
</tr>
<tr>
<td></td>
<td>7 = research</td>
</tr>
<tr>
<td></td>
<td>8 = sleep center</td>
</tr>
<tr>
<td></td>
<td>9 = other</td>
</tr>
<tr>
<td></td>
<td>1 = advanced care - ECMO</td>
</tr>
<tr>
<td></td>
<td>2 = advanced care - flight / ground transport</td>
</tr>
<tr>
<td></td>
<td>3 = cardiovascular</td>
</tr>
<tr>
<td></td>
<td>4 = critical care - adult</td>
</tr>
<tr>
<td></td>
<td>5 = critical care - neonatal</td>
</tr>
<tr>
<td></td>
<td>6 = critical care - pediatrics</td>
</tr>
<tr>
<td></td>
<td>7 = emergency department</td>
</tr>
<tr>
<td></td>
<td>8 = general care</td>
</tr>
<tr>
<td></td>
<td>9 = home health care</td>
</tr>
<tr>
<td></td>
<td>10 = pulmonary function</td>
</tr>
<tr>
<td></td>
<td>11 = respiratory care department management</td>
</tr>
<tr>
<td></td>
<td>12 = respiratory care education</td>
</tr>
<tr>
<td></td>
<td>13 = respiratory care research</td>
</tr>
<tr>
<td></td>
<td>14 = respiratory care sales</td>
</tr>
<tr>
<td></td>
<td>15 = other</td>
</tr>
</tbody>
</table>

* If a variable is not available for all years, it will be noted in parentheses
Contents

Overview
Renewal Cycles & the HWDC Survey Year
Estimates
Virginia’s CareForce
Data Products
Profession Reports
Virginia CareForce Snapshots
Regional Reports
Glossary
HWDC CareForce Indicators
Executive Summary
Survey Response Rates
The Workforce
Demographics
Background
Education
Current Employment Situation
Employment Quality
2012 Labor Market
Work Site Distribution
Establishment Type
Time Allocation
Retirement and Future Plans
Full-Time Equivalency Units
HWDC Regional Reports & CareForce Snapshot Map
Map Pages
Regional Indicators
Overview

The Healthcare Workforce Data Center (HWDC) administers voluntary surveys to healthcare practitioners regulated by the Virginia Department of Health Professions (DHP). We administer the surveys through the DHP’s online renewal system. New applicants, practitioners who did not renew and practitioners who request a paper ballot do not have access to our surveys.

Initially, the HWDC administered surveys developed by the DHP’s regulatory boards or by advisory committees made up of professionals. Beginning in December of 2012 the HWDC began to use a standard survey template for all of its surveys. This template measures similar concepts with the same instrument while also providing flexibility to address the needs of each profession. In particular, we adjust the response sets to reflect differing educational, specialty, income, establishment types and work patterns of each profession. We may also incorporate additional questions if requested by our advisory committees, DHP’s regulatory Boards, policy-makers or other stakeholders. Adjustments to the standard survey occur annually in the fall and are implemented beginning with the December surveys.

The standard survey template is processed using a standard coding system and methodology embodied in an SPSS Syntax program. This process produces standardized data sets but may also be adjusted to incorporate the needs of each profession. Our methodology creates a standard set of comparable indicators, called the HWDC CareForce Indicators, for each profession. These indicators are published in the “At a Glance” section of our Profession reports, which provide the foundation for HWDC findings, and are the basis of many other HWDC reports and analysis.

Renewal Cycles & the HWDC Survey Year

The HWDC administers its surveys during the renewal process. Renewal cycles vary by profession. Some licensees are required to renew every year, and some every two years. Some Boards require all licensees to renew in a single month, while others spread renewals over the course of the year. In the latter case, licensees are usually required to renew during the month of their birth.

The Healthcare Workforce Data Center uses the survey year as the basis for its reporting. Each survey year conforms to the calendar year. Thus the 2014 survey year begins with the March 2014 renewal cycles and ends with the December renewal cycles, or the last renewals collected in December. With the exception of Nursing, all data reported for a survey year are collected during the survey year.

Nursing uses a continuous, biennial renewal cycle, with nurses renewing every other year based on their birth dates. The HWDC uses a full year of data, from October to September each year. For example, the 2014 survey year will include all surveys submitted from October 2013 through September 2014. These dates were selected to spread the workload of processing the reports through the calendar year. While previously the HWDC waited to collect a full cycle of data, the HWDC began processing nursing data based on a single year of data in 2013.

Note that HWDC surveys are not traditional, scientifically valid snapshot surveys. We ask practitioners to report on both their current situation, and to give information about their activities in
the prior 12 months. So persons responding to March surveys are reporting on activities as far back as April of the prior year. Nurses completing an October survey are reporting on activities that will be almost two years old by the time we process the surveys.

Surveys are conducted during different times of the year, and the environment for health workers may change significantly throughout the HWDC survey year. This may include mundane changes such as the seasons or events such as recessions and changes in the law. These may lead to real changes in behavior, as well as influence mood, effort and recall. Continuous renewal cycles for some professions further complicates data interpretation. Users are encouraged to consider these complications when reviewing the results.

Surveys in current collection, grouped by renewal date, include:

<table>
<thead>
<tr>
<th>Every March</th>
<th>Every December</th>
<th>December, Even Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Facility Administrators</td>
<td>Audiology &amp; Audiometrists</td>
<td>Doctors of Osteopathic Medicine†</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>Optometrists</td>
<td>Medical Doctors†</td>
</tr>
<tr>
<td>Dentists</td>
<td>Pharmacists</td>
<td>Occupational Therapists†</td>
</tr>
<tr>
<td>Nursing Home Administrators</td>
<td>Speech-Language Pathologists</td>
<td>Occupational Therapy Assistants†</td>
</tr>
<tr>
<td>Every June</td>
<td>December, Odd Years†</td>
<td>Physical Therapists</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>Physician Assistants†</td>
<td>Physical Therapy Assistants</td>
</tr>
<tr>
<td>Licensed Professional Counselors</td>
<td>Radiologic Technologists†</td>
<td>June, Odd Years</td>
</tr>
<tr>
<td>June, Odd Years</td>
<td>Respiratory Care Practitioners†</td>
<td>Licensed Clinical Social Workers</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
<td>December, Even Years</td>
<td><em>Certified Nurse Aides</em></td>
</tr>
<tr>
<td></td>
<td>December, Odd Years†</td>
<td>Licensed Practical Nurses*</td>
</tr>
<tr>
<td></td>
<td>December, Even Years</td>
<td>Nurse Practitioners**</td>
</tr>
<tr>
<td></td>
<td>Medical Doctors†</td>
<td>Registered Nurses*</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapists†</td>
<td>December, Even Years</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapy Assistants†</td>
<td>Medical Doctors†</td>
</tr>
<tr>
<td></td>
<td>Physical Therapists</td>
<td>December, Even Years</td>
</tr>
<tr>
<td></td>
<td>Physical Therapy Assistants</td>
<td>Medical Doctors†</td>
</tr>
<tr>
<td></td>
<td>Every October</td>
<td>December, Even Years</td>
</tr>
<tr>
<td></td>
<td>Certified Nurse Aides*</td>
<td>Medical Doctors†</td>
</tr>
<tr>
<td></td>
<td>Licensed Practical Nurses*</td>
<td>Occupational Therapists†</td>
</tr>
<tr>
<td></td>
<td>Nurse Practitioners**</td>
<td>Occupational Therapy Assistants†</td>
</tr>
<tr>
<td></td>
<td>Registered Nurses*</td>
<td>Physical Therapists</td>
</tr>
</tbody>
</table>

†Renew every other year during their birth month.

* Nurses renew biennially during their birth month on an ongoing basis. Our data collection period for nurses runs from October to September. Each survey report and data release is based on a single year of data. The first Nurse Practitioner collection ran from March 2011 to February 2013. Subsequent collections will conform to the Nursing schedule.

Estimates

The HWDC’s voluntary surveys consistently achieve high response rates, usually above 75 percent but often around 90 percent. Nevertheless, the surveys are not a census. Rather, our sample is a convenience sample of regulated practitioners who renewed online.

The methodology excludes some, but not all, new applicants during the renewal cycle. Some new applicants are required to renew at the next opportunity, while others are covered by a grace period. This requirement varies by profession. It excludes practitioners who do not renew their licenses, but
who may have been active in Virginia for part of the survey period. Additionally, practitioners may request paper renewals.

The methodology also excludes practitioners who choose to renew using paper renewals. These practitioners may be older, less technologically savvy or lack access to high speed internet (e.g., rural practitioners). Using administrative data in our licensee files, we are able to determine response rates based on age and the metro status of the practitioner’s mailing address with the Department.

To account for differences in response rates by key characteristics, this report uses weighted estimates. The HWDC assigns a weight to each response based on the overall response rate based on the age of the respondent in five year categories and the rural status of the respondent’s mailing address. For the latter, the HWDC uses a measure of rurality developed by the US Department of Agriculture known as the Rural-Urban Continuum Code. More information on these codes is available on the USDA website: [http://www.ers.usda.gov/Briefing/Rurality/RuralUrbCon/](http://www.ers.usda.gov/Briefing/Rurality/RuralUrbCon/).

Response rates may vary on other important characteristics such as race/ethnicity, gender, specialty or worksite characteristics. However, the HWDC does not have population-wide data on these characteristics to generate response rates and weights.

Due to the rounding of weighted data in HWDC’s statistical software, weighting may result in some minor anomalies in tables and other presented data (e.g., data may not add to totals in tables). Additionally, users of the data should be aware that these estimates are more robust for larger populations. Estimates for smaller populations are less robust, and the HWDC avoids publishing specific estimates for small populations.

**Virginia’s CareForce**

The survey’s population is all regulated practitioners in Virginia during each profession’s renewal cycle. From this population, we are particularly interested in those who worked or were available to work in Virginia: Virginia’s CareForce.

Not all of Virginia’s licensed practitioners live or work in the state. Out-of-state practitioners maintain licenses in-state for a variety of reasons. Those serving in the military or working for the federal government may be required to hold a license, or may choose to do so, but they may do so in any state. Retired practitioners may maintain their licenses for prestige or occasional practice. Practitioners may occasionally travel to Virginia to work, particularly those practicing in Virginia’s border jurisdictions. Others may provide remote services (e.g., telemedicine).

For HWDC’s purposes, Virginia’s workforce consists of respondents who reported having at least one practice or work location in a profession-related field AND who identified at least a primary or secondary practice location in Virginia during the survey period (Note: we do not collect location information for third or subsequent work locations). If a respondent indicated practicing but did not list a location, mailing address was used as a proxy to determine participation in Virginia’s workforce. Virginia’s workforce also includes those who reside in Virginia and did not work over the survey period, but who intend to return to practice at some point.
Those familiar with federal data should note that this is a broader measure than the Bureau of Labor Statistics’ civilian labor force which includes only those who are employed or those who are actively seeking work and excludes those in the military. Users should also note our estimates are only for practitioners who hold or held a Virginia license, certification or registration for the specific profession during the survey period. Some practitioners may work in the state under compact rules or through certain profession-specific exceptions. Additionally, some practitioners in training roles may provide significant services under supervision. These practitioners may or may not be required to hold a license, registration or certificate, or may hold a separate license, registration or certificate (e.g., physician residents or interns). We do not account for these practitioners.

Data Products

Profession Reports

The HWDC Profession Reports are the mainstay of the HWDC’s data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following end of the data collection period. Profession reports include HWDC CareForce Indicators (see below), as well as more detailed information pertaining to the professions.

Virginia CareForce Snapshots

The Virginia CareForce Snapshot is a compilation of the CareForce indicators for all professions, statewide, in a given HWDC survey year. The Careforce Snapshot, published annually in spring, provides an easy tool to compare indicators across professions. The CareForce Snapshot also includes additional, statewide information including population estimates and projections from the Weldon Cooper Center, information on health and access from the Virginia Atlas of Community Health and the Virginia Department of Health. A map of statewide facilities is also included.

Regional Reports

Produced in collaboration with the Virginia Healthcare Workforce Development Authority, (VHWDA) our regional reports provide breakdowns of select CareForce indicators for Virginia’s eight Area Health Education Center (AHEC) regions. Regional Reports are published each spring. The Regional Reports also include additional information for each AHEC region including population estimates and projections from the Weldon Cooper Center, information on health and access from the Virginia Atlas of Community Health and the Virginia Department of Health. A map of facilities within each AHEC is also included.
Glossary

HWDC CareForce Indicators

The following are brief definitions for our CareForce indicators, organized by sections found in our Profession Reports. Not all indicators are published for all professions in Profession Reports. Unless otherwise indicated, indicators refer to Virginia’s Workforce. They also appear in our annual Virginia CareForce Snapshot.

Executive Summary

The Workforce
Licensees: The count of practitioners who held a Virginia license during the survey period.

Virginia’s Workforce: Includes licensees with a primary or secondary work location in Virginia or licensees who are not currently working but who live in Virginia and who plan to work in Virginia in the future. (If work location is not provided, mailing address is used as a proxy for working practitioners)

FTEs: Full-time equivalency units. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of hour ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Survey Response Rates
All Licensees: The proportion of all Licensees who submitted a survey. This is the response rate used to calculate weights.

Renewing Practitioners: The proportion of renewing practitioners who submitted a survey. This is the proportion of the sample that submitted a survey.

Demographics
Female: The proportion who are female.

Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of different race or ethnicity (using the categories listed in the Demographics section of the report). It is calculated by squaring the percent for each group, summing the squares, and subtracting the sum from 1.00.

Median Age: The 50th percentile age. Half of the workforce is younger than the median age, and half is older.

Background
Rural Childhood: The proportion who self-identify as growing up in a rural area.

HS Diploma in VA: The proportion who completed high school in Virginia.
**Prof Degree in VA:** The proportion who completed their initial professional degree in Virginia.

**Education**
The proportion with the listed degrees.

**Finances**
**Median Salary:** The 50th percentile salary range. 50% earn more and 50% earn less.

**Health Benefits:** Proportion who receive health benefits from any employer.

**Under 40 w/Ed Debt:** The proportion of those under age 40 who carry any educational debt.

**Current Employment**
**Employed in Prof:** The proportion employed in a profession-related capacity at the time they completed the survey.

**Hold 1 Full-time Job:** The proportion who held only one full time job at the time they completed the survey.

**Satisfied?** The proportion who indicated being somewhat satisfied or very satisfied with their current employment situation.

**Job Turnover**
**Switched Jobs in prior year:** The proportion who switched jobs in the year prior to taking the survey.

**Employed over 2 yrs:** The proportion employed at their primary work location from more than two years.

**Time Allocation**
**Patient Care:** The amount of time a typical (median) practitioner spends on patient care.

**Administration:** The amount of time a typical (median) practitioner spends on administration.

**Primarily in PC:** The proportion of practitioners who spend 60% or more of their time on patient care.

**Survey Response Rates**

**Licensed Practitioners**
**Number:** The count of practitioners who held a Virginia license during the survey period.

**New:** The proportion of licensees who acquired their license during the survey period.

**Not Renewed:** The proportion of licensees who did not renew their license at their renewal date and who did not reinstate it before the survey period ended.
Response Rates

All Licensees: The proportion of all Licensees who submitted a survey. This is the response rate used to calculate weights.

Renewing Practitioners: The proportion of renewing practitioners who submitted a survey. This is the proportion of the sample that submitted a survey.

The Workforce

Workforce

Virginia’s Workforce: Includes licensees with a primary or secondary work location in Virginia or licensees who are not currently working but who live in Virginia and who plan to work in Virginia in the future. (If work location is not provided, mailing address is used as a proxy for working practitioners).

FTEs: Full-time equivalency units. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of hour ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Utilization Ratios

Licensees in VA Workforce: The proportion of licensees in Virginia’s Workforce.

Licensees per FTE: The number of licensees per FTE. This can be thought of as the number of licensees required to produce one FTE.

Workers per FTE: The number of participants in Virginia’s workforce per FTE. This can be thought of as the number of workers required to produce one FTE. (NOTE: The inverse of Workers per FTE is not the same as Average FTEs as calculated in the Full-Time Equivalency Units section, which includes only employed workers.)

Demographics

Gender

% Female: The proportion who are female.

% Under 40 Female: The proportion under age 40 who are female.

Age

Median Age: The 50th percentile age. Half of the workforce is younger than the median age, and half is older.

% Under 40: The proportion under age 40.

%55+: The proportion age 55 and over.

Diversity
**Diversity Index**: In a random encounter between two practitioners, the likelihood that they would be of different race or ethnicity (using the categories listed in the Demographics section of the report). It is calculated by squaring the percent (as a decimal) for each group, summing the squares, and subtracting the sum from 1.00.

**Under 40 Div. Index**: The Diversity Index for those under 40 years of age.

**Background**

**Childhood**

**Urban Childhood**: The proportion who self-identify as having spent their childhood in an urban area.

**Rural Childhood**: The proportion who self-identify as having spent their childhood in a rural area.

**Virginia Background**

**HS in Virginia**: The proportion who completed high school in Virginia.

**Prof. Ed. In Virginia**: The proportion who completed their initial professional education in Virginia.

**HS or Prof. Ed. In VA**: The proportion who completed either high school or their initial professional education in Virginia.

**Location Choice**

**% Rural to Non-Metro**: The proportion who had a rural childhood whose primary practice location is in a non-Metro area, using USDA Rural-Urban Continuum Codes.

**% Urban/Suburban to Non-Metro**: The proportion who had an urban or suburban childhood whose primary practice location is in a non-Metro area, using USDA Rural-Urban Continuum Codes.

**Not in VA Workforce**

**Total**: The number of licensees who did not participate in Virginia’s Workforce.

**% of Licensees**: The proportion of licensees who did not participate in Virginia’s Workforce.

**Federal/Military**: The proportion of licensees NOT in Virginia’s Workforce who worked for the Military or other areas of the Federal government.

**Va. Border State/DC**: The proportion of licensees NOT in Virginia’s Workforce who had a primary work location in a state bordering Virginia or in Washington D.C.
Education

**Education**
The proportion with the listed degrees.

**Educational Debt**

*Carry Debt:* The proportion who carry any educational debt related to their profession.

*Under age 40 w/ debt:* The proportion under age 40 who carry debt related to their profession.

*Median debt:* The median amount of profession-related educational debt still owed by those who carry educational debt.

Current Employment Situation

This part of the survey asks participants to report their circumstances *at the time they complete the survey.* Renewal cycles vary among the professions resulting in a different time frame for these questions among the professions.

**Employment**

*Employed in Profession:* The proportion who are employed in their profession.

*Involuntarily Unemployed:* The proportion who are involuntarily unemployed.

*Positions Held:*

1. **Full-time:** The proportion who hold one full-time position.

2. **or more positions:** The proportion who held two or more positions.

**Weekly Hours**

*40 to 49:* The proportion who worked, on average, 40 to 49 hours per week.

*60 or more:* The proportion who worked, on average, 60 or more hours per week.

*Less than 30:* The proportion who worked, on average, fewer than 30 hours per week.

Employment Quality

**Earnings**

*Median Income:* The 50th percentile salary range.

*Middle 50%:* Roughly, the 25th percentile salary range to the 75th percentile salary range. The lower bound, rounded, of the salary range containing the 25th percentile earner to the upper bound of the 75th percentile salary range.
Benefits

Employer Health Insurance: The proportion who have employer-sponsored health insurance from any employer. Note: Professions in which private practice is common may have lower employer-sponsored benefits figures.

Employer Retirement: The proportion who have employer-sponsored retirement from any employer. Note: Professions in which private practice is common may have lower employer-sponsored benefits figures.

Satisfaction

Satisfied: The proportion who indicated being somewhat satisfied or very satisfied with their current employment situation.

Very Satisfied: The proportion who indicated being very satisfied with their current employment situation.

2012 Labor Market

Unemployment Experience

Involuntarily Unemployed: The proportion who were involuntarily unemployed at any time in the twelve months prior to taking the survey.

Underemployed: The proportion who worked part-time or temporary positions, but who would have preferred a full-time and/or permanent position at any time in the twelve months prior to taking the survey.

Turnover & Tenure

Switched Jobs: The proportion who switched employers or practices in the twelve months prior to taking the survey.

New Location: The proportion who switched work locations (though not necessarily employer or practice) in the 12 months prior to taking the survey.

Over 2 years: The proportion who have worked for three or more years at their primary work location.

Over 2 years, 2nd location: The proportion who have a secondary work location and who have worked for three or more years at their secondary work location.

Employment Type

Salary or Wage: The proportion who are salary or wage employees at their primary work location.
Work Site Distribution

**Concentration**
**Top Region:** The proportion of the workforce in the Council on Virginia’s Future Regions with the largest number of primary work locations.

**Top 3 Regions:** The proportion of the workforce in the three Council on Virginia’s Future Regions with the largest number of primary work locations.

**Lowest Region:** The proportion of the workforce in the Council on Virginia’s Future Regions with the lowest number of primary work locations.

**Locations**
**2 or more (prior year):** The proportion of the workforce who worked at more than one work location over the prior year.

**2 or more (now):** The proportion of the workforce which has more than one work location now.

**Establishment Type**

**Sector**
**For Profit:** The proportion of the workforce whose primary work location is in the for-profit sector (e.g., corporate or private practice).

**Federal:** The proportion of the workforce whose primary work location is part of the Federal government, including the military or the Veterans Administration.

**Top Establishments**
Lists the three top establishment types and provides the proportion of the workforce in each type.

**Time Allocation**

**Typical Time Allocation**
The median amount of time members of the workforce spent on the specified roles (Patient Care, Administration, Education and Research) at their primary work location.

**Roles:**
The proportion of the workforce who spent 60% or more of their time on the specified roles (Patient Care, Administration, Education and Research) at their primary work location. The remainder split their time between multiple roles.

**Administration Time**
**Median Administration Time:** The median proportion of time spent on administrative tasks.
**Ave. Administration Time**: The average proportion of time spent on administrative tasks. The average is calculated using the mid-points of the ranges.

---

**Retirement and Future Plans**

**Retirement Expectations**

*All, Under 65*: The proportion of the workforce which expects to retire prior to age 65.

*All, Under 60*: The proportion of the workforce which expects to retire prior to age 60.

*50 and Over, Under 65*: The proportion of the workforce age 50 and over which expects to retire prior to age 65.

*50 and Over, Under 60*: The proportion of the workforce age 50 and over which expects to retire prior to age 60.

**Time until Retirement**

*Within 2 years*: The proportion of the workforce that expects to retire within the next two years.

*Within 10 years*: The proportion of the workforce that expects to retire within the next ten years.

*Half the Workforce*: The year by which half the workforce expects to retire. Note: Due to the response choices offered, this occurs in 5 year increments.

---

**Full-Time Equivalency Units**

**CareForce FTEs**

*Total*: The total sum of Full-time equivalency units produced by Virginia’s CareForce. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of weekly hours worked ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Note that some of these FTE’s may have been provided outside of Virginia. For a measure of FTEs provided in Virginia only, see HWDC’s Annual CareForce Snapshot and HWDC’s Regional Reports.

*Average*: Full-Time Equivalency Units per member of the workforce who worked at least some hours in Virginia in the twelve months prior to completing the survey.

**Age & Gender Effect**

*Age, Partial Eta²*: Partial Eta² is a statistical measure of the magnitude or size of an effect, in this case the magnitude of the effect of age on FTEs. Since HWDC surveys often deal with large numbers of respondents, the statistical power of standard tests is increased, making it more likely those tests will find a statistically significant difference. In these cases, the magnitude or size of the effect may be more
meaningful. A Partial Eta\(^2\) of .01 means age has only a small effect on FTEs, a .06 is a medium effect and .138 is a large effect.

The statistical tests used compare averages. There is often wide variation among FTEs per individual within age groups even if statistical differences of medium or large effect are found.

**Gender, Partial Eta\(^2\):** Partial Eta\(^2\) is a statistical measure of the magnitude or size of an effect, in this case the magnitude of the effect of gender on FTEs. Since HWDC surveys often deal with large numbers of respondents, the statistical power of standard tests is increased, making it more likely those tests will find a statistically significant difference. In these cases, the magnitude or size of the effect may be more meaningful. A Partial Eta\(^2\) of .01 means gender has only a small effect on FTEs, a .06 is a medium effect and .138 is a large effect.

The statistical tests used compare averages. There is often wide variation among FTEs of either gender even if statistical differences of medium or large effect are found.

---

**HWDC Regional Reports & CareForce Snapshot Map**

HWDC Regional Reports include some non-HWDC data, some additional indicators, and a different definition for FTEs. Some of this information is included in the CareForce Snapshot Map.

---

**Map Pages**

**Population & Projections**

**Population:** The population and projected population, calculated by the HWDC using the latest population estimates and projections from the University of Virginia’s Weldon Cooper Center for Public Service, Demographics Research Group. [http://www.coopercenter.org/demographics/virginia-population-projections](http://www.coopercenter.org/demographics/virginia-population-projections)

**% 65 and over:** The proportion of the population estimated or projected to be age 65 and over, calculated by the HWDC using the latest population estimates and projections from the University of Virginia’s Weldon Cooper Center for Public Service, Demographics Research Group. [http://www.coopercenter.org/demographics/virginia-population-projections](http://www.coopercenter.org/demographics/virginia-population-projections)

**% under 15:** The proportion of the population estimated or projected to be under age 15, calculated by the HWDC using the latest population estimates and projections from the University of Virginia’s Weldon Cooper Center for Public Service, Demographics Research Group. [http://www.coopercenter.org/demographics/virginia-population-projections](http://www.coopercenter.org/demographics/virginia-population-projections)

**Dependency Ratio:** Conceptually, the proportion of the population which is “dependent” on the working age population to provide goods and services. Operationally, the HWDC uses the World Bank definition for a dependent, which are those under age 15 and over age 64. The HWDC aggregates to the regional level using the latest population estimates and projections from the University of Virginia’s Weldon Cooper Center for Public Service, Demographics Research Group. [http://www.coopercenter.org/demographics/virginia-population-projections](http://www.coopercenter.org/demographics/virginia-population-projections)
**Health Risk**


**Per Capita Income:** Income per person. HWDC aggregates to the regional level using data from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**% of Adults Fair or Poor Health:** The estimated proportion of persons 18+ who reported Fair or Poor Health, using the Behavioral Risk Factor Surveillance System (BRFSS 2006-2010) as the data source. Estimates are formulated by Community Health Solutions. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**% of Adults Overweight or Obese:** The estimated proportion of persons 18+ whose reported information results in an overweight (25 <= BMI < 30) or obese (30 <= BMI) body mass index, using the Behavioral Risk Factor Surveillance System (BRFSS 2006-2010) as the data source. Certain categories of persons (e.g., pregnant women) are excluded. Estimates are formulated by Community Health Solutions. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**% of High School Age Overweight or Obese:** The estimated proportion of persons age 14-19 whose reported information results in an overweight or obese body mass index, using the Youth Risk Factor Surveillance System (YRFSS 2010) as the data source. BMI used to determine overweight and obese varies by age and gender. Estimates are formulated by Community Health Solutions. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**Access**

**Uninsured Non-Elderly:** The estimated proportion of persons age 0-64 without health insurance. Estimates are formulated by Community Health Solutions using data from the US Census Bureau, Kaiser Family Foundation, Virginia Department of Social Services and Alteryx, Inc. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**Medicaid Enrollees:** The estimated proportion of persons enrolled in Medicaid. Estimates are formulated by Community Health Solutions using data from the US Census Bureau, Kaiser Family Foundation, Virginia Department of Social Services and Alteryx, Inc. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**Medicare Enrollees:** The estimated proportion of persons enrolled in Medicare. Estimates are formulated by Community Health Solutions using data from the US Census Bureau, Kaiser Family Foundation, Virginia Department of Social Services and Alteryx, Inc. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. [http://atlasva.org/](http://atlasva.org/).

**Hospital Beds:** The number of hospital beds, calculated by HWDC using data from Virginia Health Information (VHI): [www.vhi.org](http://www.vhi.org).

Workforce (FTEs)
The total sum of Full-Time Equivalency units (FTEs) produced by each profession within the region. Note that this is slightly different than CareForce FTEs, which includes all FTEs provided by persons with an instate work location, including those provided out of state at second locations. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of weekly hours worked ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Regional Indicators

Full-Time Equivalency Units: The total sum of Full-time equivalency units produced within each region. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of weekly hours worked ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Note that this definition is slightly different than CareForce FTEs reported in our profession reports as it only includes FTEs provided in each defined region. If the region is all of Virginia, it only includes FTEs provided in Virginia. For a measure of FTEs provided by all members of Virginia’s Careforce, see the Profession Reports.

Employment Instability, past year: Similar to turnover rates for businesses, employment instability is a measure of churn and underemployment in the labor market from the perspective of employees. In other words, we are examining how successful members of the workforce are at maintaining one, stable position that meets their employment needs at the time. Operationally, we define it as anyone who has experienced any of the circumstances listed in the following table at any point in the twelve months prior to taking the survey (example from Licensed Clinical Psychologists, 2013). Employment Instability, past year is equivalent to the final row “Experienced at least 1”.

<table>
<thead>
<tr>
<th>Employment Instability in Past Year</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience Involuntary Unemployment?</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>Experience Voluntary Unemployment?</td>
<td>102</td>
<td>4%</td>
</tr>
<tr>
<td>Work Part-time or temporary positions, but would have preferred a full-time/permanent position?</td>
<td>52</td>
<td>2%</td>
</tr>
<tr>
<td>Work two or more positions at the same time?</td>
<td>660</td>
<td>28%</td>
</tr>
<tr>
<td>Switch employers or practices?</td>
<td>128</td>
<td>6%</td>
</tr>
<tr>
<td>Experienced at least 1</td>
<td>825</td>
<td>35%</td>
</tr>
</tbody>
</table>
Utah Medical Education Council
230 South 500 East, Suite 210
Salt Lake City, Utah 84102

Utah Medical Education Council
2015 Physician Workforce Survey

Dear «Prefix» «LAST_NAME»

The Utah Medical Education Council, in conjunction with the Utah Division of Occupational and Professional Licensing and the Utah Medical Association requests your continued support and partnership in updating the status of Utah’s physician workforce by completing the attached survey. Your participation in previous surveys has generated critical data for physician workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

We are committed to maintaining your privacy. Only de-identified, aggregate data will be published. For any further questions regarding this survey, please contact us at (801) 526-4550. Please return the completed survey in the envelope provided.

For any questions regarding this survey please contact the UMEC at 801-526-4564. Please return the completed survey to the UMEC within 30 days in the enclosed postage paid envelope.

Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

Grant Cannon, M.D
Associate Chief of Staff
George E. Wahlen VAMC

B. Dee Allred, M.D.
President
Utah Medical Association

Marc E. Babitz, M.D.
Family Health and Preparedness Director,
Utah Department of Health

Michelle McOmber
Chief Executive Officer
Utah Medical Association
Utah’s Physician Workforce Survey 2015

SECTION 1: GENERAL INFORMATION, BACKGROUND AND EDUCATION

1. Are you practicing medicine in Utah? ☐ Yes ☐ No
   a. If NO, please specify why you maintain a Utah license.

2. Are you of Hispanic ethnicity? ☐ Yes ☐ No

3. What is your race? (please mark only one)
   ☐ American Indian/Alaska Native ☐ African American ☐ Asian
   ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other (specify)______________________________

4. Please describe the area where you spent the majority of your upbringing (when you lived there):
   ☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area State:_____

5. The county, state and country where you attended high school:
   County (if in Utah):_________________________ State: ______ Country: _________________________________

6. The institution from which you received your ☐ MD or ☐ DO degree (please check the degree that applies):
   Institution: _________________________________ State: ______ Year: ______

7. Please check the program(s) you have completed (or are currently in), list the specialties in which you have trained (or are training), name of the institution, state, and the year (or expected year) of completion: (please fill in details for all programs you have attended/are attending)
   a. ☐ Internship ☐ Residency ☐ Fellowship Specialty:______________________________
      Institution: _________________________________ State: ______ Year of Completion: ______
   b. ☐ Internship ☐ Residency ☐ Fellowship Specialty:______________________________
      Institution: _________________________________ State: ______ Year of Completion: ______
   c. ☐ Internship ☐ Residency ☐ Fellowship Specialty:______________________________
      Institution: _________________________________ State: ______ Year of Completion: ______

8. Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your medical training. Also, please enter a code indicating the TOTAL educational debt you had for your medical training at the time of your graduation from medical school. (exclude any premedical and non-education debt including residency relocation loans, cars and credit cards) Current:______ Total:______
   01= $0.00 04= $75,000 to $99,999 07= $150,000 to $174,999 10= $250,000 to $274,999
   02= > $0.00 to $49,999 05= $100,000 to $124,999 08= $175,000 to $199,999 11= $275,000 to $299,999
   03= $50,000 to $74,999 06= $125,000 to $149,999 09= $200,000 to $249,999 12= $300,000 or more

9. Please enter a code indicating your average annual gross compensation? (before taxes AND excluding benefits)
   Compensation:______
   01= $49,999 or less 04= $100,000 to $124,999 07= $175,000 to $199,999 10= $250,000 to $274,999
   02= $50,000 to $74,999 05= $125,000 to $149,999 08= $200,000 to $224,999 11= $275,000 to $299,999
   03= $75,000 to $99,999 06= $150,000 to $174,999 09= $225,000 to $249,999 12= $300,000 or more
SECTION 2: YOUR WORK SETTING/SPECIALTY

10. What is your primary work status? (please check ONE of the following)
   □ Actively working in a position that requires a medical license
   □ Actively working in a field other than medicine
   □ Not currently working
   □ Retired

11. Please enter a code from the list below to describe your Primary ______ and Secondary ______ practice settings:
   01= Office/Clinic- Solo Practice
   02= Office/Clinic- Single Specialty Group
   03= Office/Clinic- Multi Specialty Group
   04= Hospital- Inpatient
   05= Hospital- Outpatient
   06= Hospital- Emergency Department
   07= Hospital- Ambulatory Care Center
   08= Federal Hospital (VA)
   09= Research Laboratory
   10= Medical School
   11= Nursing Home/ Ext. Care Fac.
   12= Home Health Setting
   13= Hospice Care
   14= Federally Qualified Community Health Center
   15= Local Health Department
   16= Academic Faculty
   17= Volunteer in a Free Clinic
   18= Correctional Facility
   19= University/College Student Health Fac.
   20= Other (specify):__________________

12. Excluding residency/fellowship, have you voluntarily switched employers/practices within the past five years?
   □ YES □ NO
   a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to: Setting Code Left: _______ Setting Code Moved To: _______
   b. If YES please check the reason(s) for this change of work setting
      □ Better Work/Education Fit □ Desire for Change □ Higher Pay □ More Challenging
      □ Moved Residence □ Personal/Family Reasons □ Preferred hours □ Professional Advancement
      □ Work Responsibilities □ Other __________________________

13. Please enter the code from the list below which most closely resembles your:
    Primary specialty: ________ Secondary specialty: ________
    01= Allergy and Immunology
    02= Anesthesiology (General)
    03= Anesth.-Pain Management
    04= Other Anesth. Subspecialties
    05= Cardio-Thoracic Surgery
    06= Cardiology
    07= Critical Care Medicine
    08= Dermatology
    09= Emergency Care
    10= Endocrinology and Metabolism
    11= Family Practice
    12= Gastroenterology
    13= Geriatrics
    14= Hematology/Oncology
    15= Hospice and Palliative Medicine
    16= Hospitalist
    17= Infectious Diseases
    18= Internal Medicine (General)
    19= Internal Medicine and Pediatrics
    20= Other IM Subspecialties
    21= Nephrology
    22= Neurology
    23= Nuclear Medicine
    24= OB/GYN (General)
    25= OB/GYN Subspecialties
    26= Ophthalmology
    27= Otolaryngology
    28= Pathology (General)
    29= Pathology Subspecialties
    30= Pediatrics (General)
    31= Pediatrics Subspecialties
    32= Physical Med. and Rehab.
    33= Plastic Surgery
    34= Prev. Med./Public or Occ. Health
    35= Psychiatry
    36= Psychiatry-Child and Adolescent
    37= Other Psychiatry Subspecialties
    38= Pulmonary Disease/CCM
    39= Radiology (Diagnostic)
    40= Radiology (Therapeutic)
    41= Rheumatology
    42= Sleep Medicine
    43= Sports Medicine
    44= Surgery (General)
    45= Surgery-Cardio-Thoracic
    46= Surgery-Orthopedic
    47= Surgery-Plastic
    48= Other Surgical Subspecialties
    49= Urology
    50= Other Specialty

   a. If you indicated a Subspecialty or Other above, please indicate the specific specialty.__________________

14. Are you currently board certified in the specialties you indicated in question 13:
   a. Primary specialty □ Yes □ No   b. Secondary specialty □ Yes □ No
15. At what age do you plan to retire? _______

16. Prior to retirement, do you plan to reduce the number of hours you practice per week?  □ Yes  □ No  
   If yes, please specify:
   a. How many years from now do you plan to reduce your hours? _______ Yrs
   b. How many hours per week will you practice after reducing your hours? _______ Hrs/Wk

SECTION 3: YOUR PRACTICE
17. Please indicate Zip Code, of your primary practice setting and secondary practice setting  
   (if applicable) Also, please estimate the total hours worked per week (not including on-call) at each practice location  
   AND the number of hours you spend in DIRECT PATIENT CARE each week, including charting, but excluding the  
   hours spent providing patient care combined with teaching or training of other medical professionals: (unless all of the  
   hours you work each week are spent in direct patient care without any teaching or training of other medical professionals, the  
   total hours worked should be less than the number of direct patient care hours reported.)

   Primary Practice   Zip: _________ Total Hours/ wk: _______ Direct Patient Care Hours/ wk: _______
   Secondary Practice Zip: _________ Total Hours/ wk: _______ Direct Patient Care Hours/ wk: _______

   a. If you DO provide direct patient care, please indicate what PERCENT of the hours you spend with patients is  
      dedicated to the following types of care:

      Preventative Care    Acute Care    Chronic Care    Total
      Primary Practice:  ______   ______   ______       (100%)
      Secondary Practice: ______   ______   ______       (100%)

   a. If you DO NOT provide direct patient care, how many years has it been since you did? ________ years.

18. Please indicate the average hours per week you spend in the following NON-PATIENT CARE activities:  
   (The total number of hours distributed between non-patient care activities should not exceed the number of hours left over  
   after the hours reported being spent in direct patient care per week are subtracted from the total number of hours worked  
   per week reported above).

   NON-PATIENT ACTIVITY                                      Hrs./Wk. PRIMARY SITE   Hrs./Wk. SECONDARY SITE
   a. Classroom Training of other Professionals                  ______   ______
      (Clinical and/or classroom teaching of students without patient care)
   b. Combined Patient Care with Teaching/Training other Physicians  ______   ______
      (Supervising/training of residents/ students while delivering patient care)
   c. Administration/ Management                                ______   ______
      (budgeting, personnel management, NOT in support of patient care)
   d. Practice Management                                        ______   ______
      (budgeting, planning, activities to maintain operation of a practice)
   e. Consulting/ Research                                       ______   ______
      (Reports, applications, surveys, etc., NOT in support of patient care)
   f. Other: ______________________________________________________  ______   ______
      (NOT in support of patient care)

19. In a typical day, how many Out-patients do you see per hour?  Office:_____ Urgent Care: _____ ER: _____

20. In a typical day, how many In-patients do you see per hour?  Hospital: _____ Extended Care Facilities: _____
21. Please estimate the percentage (%) of patients you see from each of the following age groups
(Total of all practice locations. Sum for each patient category should equal 100%)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Outpatients</th>
<th>Inpatients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>20-64</td>
<td>65-84</td>
</tr>
</tbody>
</table>

22. What percentage of your patients are insured by: (please make sure the percentages add up to a 100%)

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>Self-Pay/Uninsured</td>
<td></td>
</tr>
<tr>
<td>Charity Care</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
</tr>
<tr>
<td>Private Ins./Managed Care</td>
<td></td>
</tr>
<tr>
<td>VA/Tri-Care (CHAMPUS)</td>
<td></td>
</tr>
</tbody>
</table>

23. Do you limit the number of new patients in the following categories: (please check all that apply)
- Medicaid
- Medicare
- Self Pay/Uninsured
- Other New Insured
- Not Limiting

24. On average, how many days must patients wait for an appointment?
- Primary Practice: New Patients: ___________ days
- Established Patients: ___________ days
- Secondary Practice: New Patients: ___________ days
- Established Patients: ___________ days

25. Please indicate a code for the status of your primary_____ and secondary_____ practice location(s).

<table>
<thead>
<tr>
<th>Code</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Full (cannot accept additional patients)</td>
</tr>
<tr>
<td>02</td>
<td>Nearly Full (can accept a limited number of new patients)</td>
</tr>
<tr>
<td>03</td>
<td>Unfilled (can accept many new patients, far from full)</td>
</tr>
<tr>
<td>04</td>
<td>N/A (practice site is VA, military, or corrections)</td>
</tr>
</tbody>
</table>

26. Please check the technology(s) that you currently use in your practice (please check all that apply):
- Electronic (patient) Medical Record (EMR) system
- Electronic Patient Panel
- e-Prescribing system
- Health Information Exchange
- Telemedicine
- None of the above

SECTION 4: Healthcare Team Interaction

27. In providing direct patient care, what percent of your time is spent working in a team with each of the following medical professionals?

<table>
<thead>
<tr>
<th>Professional</th>
<th>APRN</th>
<th>Care Coordinator</th>
<th>Mental Health</th>
<th>PA</th>
<th>Pharmacist</th>
<th>Primary Care</th>
<th>Sub-Specialist Physician</th>
<th>RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

28. Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

29. Would you say that there are clear expectations for each team member’s functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

30. Would you say that team members earn each other’s trust, creating strong norms of reciprocity and greater opportunities for shared achievement?
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

31. Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

32. Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team’s goals, and that these are used to track and improve performance immediately and over time?
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.
Dear Physician Assistant,

This survey is a collaborative effort of the Utah Medical Education Council, the Utah Department of Health and The Utah Academy of Physician Assistants with the cooperation of the Division of Occupational and Professional Licensing.

The purpose of this survey is to measure the adequacy of Utah’s PA workforce and to make projections of capacity and future need. The data will be compared to survey data the UMEC has collected on Utah’s Physicians and APRNs to evaluate the mix of health care professionals in the state.

We recognize that some of the information requested is private or proprietary in nature. The information collected will remain strictly confidential. Only de-identified, aggregate data will be published. For any questions regarding this survey please contact the UMEC at 801-526-4564.

Please return the completed survey to the UMEC within 30 days of receipt in the enclosed postage paid envelope.

Thank you for your valuable time and participation.

Richard Campbell  
Executive Director  
Utah Medical Education Council

Vicki Berger PA-C  
President  
Utah Association of Physician Assistants

Utah Medical Education Council ● 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102  
Phone: (801)-526-4554/ Fax: (801)-526-4551 ● www.utahmec.org
24. If your practice is not full, from which payer types are you accepting additional patients?
   Primary Location: N/A  Medicaid  Medicare  Self-Pay/Uninsured  Other Insured  Not accepting
   Secondary Location: N/A  Medicaid  Medicare  Self-Pay/Uninsured  Other Insured  Not accepting

25. On average, how many days must patients wait for an appointment?
   Primary Practice: New Patients: _______ days  Established Patients: _______ days
   Secondary Practice: New Patients: _______ days  Established Patients: _______ days

26. Do you provide charity care?
   YES  NO (charity does not include write-offs)
   a. If YES, In Utah $________ per year  Outside Utah $________ per year
   b. If In Utah, for whom do you provide charity care?
      □ Children only  □ Senior Citizens only  □ Any person in need  □ Other: ___________________________

SECTION 5: FINANCIAL OUTLOOK/JOBSATISFACTION

27. What is your average gross compensation? (before taxes AND excluding benefits)
   Less than $50,000  $50,000-$59,999  $60,000-$69,999
   $70,000-$79,999  $80,000-$89,999  $90,000-$99,999
   $100,000-$109,999  $110,000-$119,999  $120,000-$129,999
   $140,000-$149,999

28. Compared to five years ago, your gross income has:
   Increased by ______%  Decreased by ______%  Remained the same

29. Within the past two years, have you experienced any of the following: (check all that apply)
   Voluntary unemployment  Involuntary unemployment
   Switched employed/practices  Worked two or more positions at the same time
   Worked part-time or temporary positions, but would have preferred a full-time or permanent position

30. At what age are you planning to retire completely from practicing? _______ yrs. old

31. Are you planning to reduce the number of hours you work before you retire?
   YES  NO
   a. If YES, how many hours per week will you work after this reduction in hours? _______ hrs./wk.
   b. If YES, how many years from now do you intend to reduce your hours? _______ yrs.

32. Compared to last year at this time, how has your workload changed?
   Increased by ______%  Decreased by ______%  Remained the same

33. Overall, and taking into account all positions you fill, how satisfied are you with your current employment or work situation?
   Very satisfied  Somewhat satisfied  Somewhat dissatisfied  Very dissatisfied

SECTION 5: PRODUCTIVITY

If necessary, please work with administrative staff to answer these questions.
Efforts made to provide complete information will be invaluable in providing new insight into how PAs actually contribute to providing for the healthcare needs of Utah's population.

34. Please indicate (if known) how many of the following medical professionals are employed at your primary work setting.
   Physicians: _______ APRNs: _______ Other PAs: _______

35. In your primary work setting, what percent of your practice’s total RVUs do you generate annually? (indicate if n/a) _______

36. In your primary work setting, what is your patient panel size? (indicate if n/a) _______
   (Panel size is defined as the total number of individual patients assigned to your care).
   a. Over what time frame is your patient panel size calculated? Over 12 months  Over 18 months
   b. What percentage of your patient panel is (please total to 100%):
      □ Shared with another provider  □ Assigned solely to you  □ Referred to you from another provider _______

Thank You for Your Time. Please Return the Survey Using the Enclosed Prepaid Return Envelope

Utah Medical Education Council  ●  230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
Phone: (801)-526-4554  Fax: (801)-526-4551  ●  www.utahmec.org  ●
10. b. If you have changed work settings within the past two years, please check the reason(s) for this change of work setting.

<table>
<thead>
<tr>
<th>Reason (select all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Pay</td>
</tr>
<tr>
<td>Preferred hours</td>
</tr>
<tr>
<td>Moved</td>
</tr>
<tr>
<td>More Challenging</td>
</tr>
<tr>
<td>Personal/Family Reasons</td>
</tr>
</tbody>
</table>

Professional Advancement
Work Responsibilities
Better Work/Education Fit
Desire for Change
Other

11. What percentage of time during a typical clinic week do you interface with a supervising physician?

Face to Face
Telephone
Text Message
Email
Other

12. What is the primary supervisory relationship tool used between you and your supervising physician?

13. Please enter the code from the list below which most closely resembles your:

Primary specialty: Secondary specialty:

1 = Addiction Medicine
2 = Allergy
3 = Anesthesiology
4 = Dermatology
5 = Emergency Medicine
6 = Family Medicine
7 = Family Medicine with Urgent Care
8 = Genetics
9 = Geriatrics
10 = Hospice & Palliative Care
11 = Obstetrics/Gynecology
12 = Occupational Medicine
13 = Orthopedics
14 = Ophthalmology
15 = Pain Management
16 = Pathology
17 = Physical Medicine/Rehabilitation
18 = Psychiatry
19 = Public Health
20 = Radiation Oncology
21 = Diagnostic Radiology
22 = Interventional Radiology
23 = Interventional Radiology
24 = Hospital Medicine

Classroom Training of PAs or other Professionals
Consulting/Research
Other:

14. In a typical day, how many patients do you see per hour?

Primary Practice: ___ pts./hr. Secondary Practice: ___ pts./hr.

15. Do you use telemedicine in your practice?

YES NO

a. If YES, How many times have you been referred a patient for a telemedicine consultation in the last six months? (please check and indicate all that apply)

b. If YES, What types of things do you most commonly use Telemedicine for? (check all that apply):

1. Acute Illness
2. Chronic Illness
3. Counseling
4. Disease Prevention
5. Health Maintenance
6. Health Promotion
7. Patient Education
8. Rehabilitation
9. Routine Care
10. Undifferentiated Care

Consulting/Research
Other:

16. Please indicate the approximate number of hours you spend providing DIRECT PATIENT CARE each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other PAs: (unless all of the hours you work each week are spent in direct patient care without any teaching or training of other PAs, this should be less than the number of hours reported previously in question 8).

Primary Practice: ___ hrs./wk Secondary Practice: ___ hrs./wk

17. In providing direct patient care, do you work in a multidisciplinary care team?

YES NO

a. If YES, which health care professionals (not including your supervisory physician) do you work with in providing different types of care? (Check all that apply)

Primary Care Physician
Specialist Physician
Other PA
APRN
Other

Diagnosis/ Treatment of:

Acute Illness
Chronic Illness
Counseling
Disease Prevention
Health Maintenance
Health Promotion
Patient Education
Rehabilitation
Routine Care
Undifferentiated Care

18. Please indicate the percentage of your patients who fall within the following age groups:

Primary Practice: 0-19 yrs. ____% 20-64 yrs. ____% 65-84 yrs. ____% 85+ yrs. ____% Total (100%)

Secondary Practice: 0-19 yrs. ____% 20-64 yrs. ____% 65-84 yrs. ____% 85+ yrs. ____% Total (100%)

19. Please indicate the percentage of your patients who fall within the following age groups: (total should equal 100%)

Primary Practice: 0-19 yrs. % 20-64 yrs. % 65-84 yrs. % 85+ yrs. % Total (100%)

Secondary Practice: 0-19 yrs. % 20-64 yrs. % 65-84 yrs. % 85+ yrs. % Total (100%)

20. What percentage of your patients are: Male %, Female %

21. Please indicate the percentage of your patients that fall within each payer group: (total should equal 100%)


Medicaid
TriCare (Champus)
Medicare
Workers Comp
Managed Care
Charity
Private Ins.
Self-Pay/Uninsured

22. Do you (or your staff) provide services in any languages OTHER than English?

YES NO

If YES, please specify the language(s):

23. Please indicate the status of your primary and secondary practice location(s).

Primary Practice Secondary Practice

Full (practice cannot accept additional patients)
Nearly Full (practice can accept a limited number of new patients)
Unfilled (practice can accept many new patients – practice far from full)
N/A (practice site is VA, military, or corrections)
Minnesota Department of Health Workforce Questionnaire

The Minnesota Department of Health (MDH) collects the data below to inform state and national healthcare workforce policy, to understand emerging trends in healthcare, to learn more about the work that you do, and to ensure that all Minnesotans can access physical, oral, and behavioral healthcare.

You are required by law to provide this information, but your responses do not affect your licensure in any way. The information you provide is classified as public. We appreciate the time you take to respond to the questions as accurately as possible. It takes most people 5 to 10 minutes to complete this questionnaire. Please note: if you take longer than 20 minutes to complete this questionnaire, you will be logged out of the renewal process. Your responses will be saved. Please open a new browser and log back in to finish your renewal.

For any assistance or questions about this questionnaire, please call MDH at (651) 201-3838 or toll free at (800) 366-5424. You may also email us at health.orhpc@state.mn.us.

Minnesota Statutes 144.051 and 144.052 and Minnesota Rules 4695.0100-4695.0300 require licensed health care providers to provide the information to MDH. You may request that MDH classifies your practice address as private if this is required for your safety. To do so, please submit your request to health.orhpc@state.mn.us (include your license type and number). You will receive confirmation from an MDH staff member.

SECTION 1: Your Work Status

1) Which of these best represents your current work status?
   - ☐ Working in a paid or unpaid position related to my license
   - ☐ Not working in a position that is related to my professional license
     - ☐ Seeking a position related to my license [skip to Education questions]
     - ☐ Not seeking a position related to my license (e.g., retired or working in another field) [skip to Education questions]
     - ☐ Temporarily not working due to medical, family, seasonal, or other reasons. [skip to Education questions]

When answering the remaining questions, please consider only the current position(s) you hold that are related to your license.

2) [Asked only of Physicians, Dentists, APRNs, LICSWs, LMFTs, LPCCs, Psychologists] Do you own (or co-own) an individual or group private practice?
   - ☐ Yes
   - ☐ No
3) Approximately how many **hours** do you work in a typical week?  
(Please include all hours worked on all activities. Your best estimate is fine.)  

_______ hours per week

4) Approximately how many **weeks** did you work in the last 12 months, including any paid leave?  

_______ weeks

5) Regardless of the number of hours you work per week, do you consider your schedule full-time or part-time?  

- Full-time
- Part-time

6) About how many more years do you plan to work in this profession?  

- 5 years or less
- 6 to 10 years
- More than 10 years

7) [If Q6 = “5 years or less”] What is the main reason you plan to leave the profession within the next five years?  
(If more than one of these reasons applies, select the one that **best** applies to you.)  

- To retire  
- To leave the profession because of burnout or dissatisfaction  
- To pursue a different career  
- To pursue training in order to advance in my current or a related profession  
- For family or other personal reasons  
- For some other reason: ____________________________

8) In a typical week, how much time do you spend providing direct patient or client care?  
(Different providers define “direct patient/client care” in different ways. Some include time spent on paperwork, care coordination, or appointment scheduling, while others include only face-to-face time. Please use your own **definition** of direct patient/client care when answering this question.)  

- None—I do not hold a position that involves direct patient/client care  
- Up to a quarter of my time  
- Between a quarter and a half of my time  
- Between a half and three-quarters of my time  
- More than three-quarters of my time
SECTION 2: Where You Work

Reminder: When answering the following questions, please consider only the current position(s) you hold that are related to your license.

9) At how many different physical locations do you work?

☐ 1
☐ 2
☐ 3 or more

10) [If Q9 = “3 or more”] Do you have a primary work location (that is, a physical work site where you spend the largest share of your time)?

☐ Yes
☐ No

[If Q9 = 1, 2, or Missing or (Q9= “3 or more” and Q10 = “Yes”)]

Your Primary Work Location

(Choose the location where you spend most of your time. If you split your time evenly between two or more locations, choose any as your “primary” location.)

Why does the Minnesota Department of Health need information on where I work? (mouseover/link. When respondents click or mouseover, a box opens up with the following text):

MDH collects information on your work location so that we can understand where care is being provided. We combine data from all respondents to estimate the number of providers in all areas of Minnesota. This data informs state policies (such as loan forgiveness and similar policies) to ensure that all Minnesotans have access to care. You may request that MDH treat your practice address as private if this is required for your safety. If you wish to do so, please submit your request in writing to health.orhpc@state.mn.us (include your license type and number). You will receive confirmation from an MDH staff member.

___________________________________________________________________________________
Name of organization

___________________________________________________________________________________
Street address of the place where you work (do not include PO boxes or building names)

___________________________________________________________________________________
City  State  Zip Code
11)  [If Q9 ne 1] Approximately how many hours per week do you work here?

_______ hours per week worked at this location

12) Which of these best describes this work site?
(If your work site falls into more than one category, please choose the category you think best applies.)

☐  Academic (Teaching / Research)
☐  Clinic / Professional Office / Health Center / Ambulatory Care (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
☐  Community / Faith-Based Organization (including community collaboratives, non-profit organizations, or social service agencies)
☐  Correctional Facility
☐  Home Health Care (including any medical or behavioral health care that is provided in patients’ or clients’ homes)
☐  Hospital (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
☐  Insurance / Benefits Management Organization
☐  Long-Term Care Facility (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
☐  Pharmacy (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
☐  Public Health Agency (including city/county health board, or city/county/state public health entity)
☐  Commercial or Private Research Laboratory
☐  School (K-12)
☐  State, County, or City Agency
☐  Other: ___________________________________________
[If (Q9 = Missing or “2”) or (Q9= “3 or more” and Q10 = “Yes”)]

Your Secondary Work Location

(Choose the location where you spend the second-highest number of hours. If you split your time evenly between two or more locations, choose any as your “secondary” location.)

___________________________________________________________________________________

Name of organization

___________________________________________________________________________________

Street address of the place where you work (do not include PO boxes or building names)

City    State  Zip Code

13) Approximately how many hours per week do you work here?

_______ hours per week worked at this location

14) Which of these best describes this work site?
(If your work site falls into more than one category, please choose the category you think best applies.)

☐ Academic (Teaching / Research)
☐ Clinic / Professional Office / Health Center / Ambulatory Care (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
☐ Community / Faith-Based Organization (including community collaboratives, non-profit organizations, or social service agencies)
☐ Correctional Facility
☐ Home Health Care (including any medical or behavioral health care that is provided in patients’ or clients’ homes)
☐ Hospital (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
☐ Insurance / Benefits Management Organization
☐ Long-Term Care Facility (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
☐ Pharmacy (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
☐ Public Health Agency (including city/county health board, or city/county/state public health entity)
☐ Commercial or Private Research Laboratory
☐ School (K-12)
☐ State, County, or City Agency
☐ Other: _________________________________________
When answering the following questions, think of the general region where you serve the most patients or clients.

15) In which region do you serve the most clients or patients?

- Twin Cities Metro area
- Central Minnesota
- Northwest Minnesota
- Northeast Minnesota
- Southwest Minnesota
- Southeast Minnesota
- Outside Minnesota (please specify): ________________________________

16) Approximately how many hours per week do you work in this region?

_______ hours per week worked in this region

17) Which of these best describes the work site where you spend the most time?

(If your work site falls into more than one category, please choose the category you think best applies.)

- Academic (Teaching / Research)
- Clinic / Professional Office / Health Center / Ambulatory Care (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility
- Home Health Care (including any medical or behavioral health care that is provided in patients’ or clients’ homes)
- Hospital (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization
- Long-Term Care Facility (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
- Public Health Agency (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory
- School (K-12)
- State, County, or City Agency
- Other: ________________________________
[(Q1 = Missing or “Working in a paid or unpaid position that requires my license”) and (Q8 NE “None”)]

**SECTION 3: Caring for Patients or Clients**

If you work in more than one setting, or location, consider all of your work settings when answering the next set of questions.

How often do you do the following when providing patient/client care?

18) **[PY only]** Provide care that a different specialist might otherwise provide if they were available/accessible.

- □ Never
- □ Occasionally
- □ Frequently
- □ All the time

19) [If Q18 eq ‘Occasionally’, ‘Frequently,’ or ‘All the time’] [If you are not a psychiatrist] Provide mental/behavioral health services.

- □ Never
- □ Occasionally
- □ Frequently
- □ All the time

20) [If Q18 eq ‘Occasionally’, ‘Frequently,’ or ‘All the time’] Provide oral health care.

- □ Never
- □ Occasionally
- □ Frequently
- □ All the time

21) [If Q18 eq ‘Occasionally’, ‘Frequently,’ or ‘All the time’] [If you are not an OB/GYN] Provide obstetric or gynecological care.

- □ Never
- □ Occasionally
- □ Frequently
- □ All the time
22) [If Q18 eq ‘Occasionally’, ‘Frequently,’ or ‘All the time’] [If you are not a pediatrician] Provide pediatric care.

- Never
- Occasionally
- Frequently
- All the time

23) [If Q18 eq ‘Occasionally’, ‘Frequently,’ or ‘All the time’] Fill other gaps in care.

- Never
- Occasionally
- Frequently
- All the time

24) [If Q23 eq ‘Occasionally’, ‘Frequently,’ or ‘All the time’] What type of care? ____________________

25) Provide clinical training, precepting, or supervision to students, interns, or residents.

- Never
- Occasionally
- Frequently
- All the time

26) Use electronic health records or similar patient/client electronic records.

- Never
- Occasionally
- Frequently
- All the time

27) Diagnose or consult with patients or clients in real-time using dedicated telemedicine equipment or software.

- Never
- Occasionally
- Frequently
- All the time
The final set of questions in this section are for dentists only.

Please tell us about your staff. Do you employ any of the following?

Licensed dental assistants?

- Yes
- No
- Exploring

[IF Yes] Do any of your dental assistants perform restorative procedures? (Procedures may include place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns (Minnesota Statute 150A.10, Subd. 4)).

- Yes
- No
- Exploring
- Don't know

Licensed dental hygienists?

- Yes
- No
- Exploring

[If yes] Do any of your dental hygienists perform restorative procedures? (Procedures may include place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns (Minnesota Statute 150A.10, Subd. 4)).

- Yes
- No
- Exploring
- Don't know

[If yes] Do any of your dental hygienists have collaborative agreements with you (allowing service outside the dental office or in a non-traditional setting (Minnesota Statute 150A.10, Subd. 1a))? 

- Yes
- No
- Exploring
- Don't know

Licensed dental therapists?

- Yes
- No
- Exploring
Advanced dental therapists?

☐  Yes
☐  No
☐  Exploring
28) [Not physicians or dentists] What is the highest degree you have completed?

- Diploma or certificate (no college)
- Some college, no degree
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor’s degree
- Certificate, certification or other credential (post Bachelor’s degree)
- Master’s degree
- Certificate, certification or other credential (post Master’s degree)
- Doctorate or professional degree

29) [Not physicians or dentists] Where did you complete this degree?
Dropdown box with each state, plus Canada, plus “Another country” at the bottom.

30) [LPNs, RNs, APRNs, LSW, LGSW, LISW, LICSW, LPCS, LPCCS, LADCs, LMFTs, Psychologists] Was this degree in nursing / social work / marriage and family therapy / behavioral health / psychology?

- Yes
- No

31) [LPNs, RNs, APRNs, LSW, LGSW, LISW, LICSW, LPCS, LPCCS, LADCs, LMFTs, Psychologists] What was the initial degree you completed that qualified you to work as a[n] nurse / social worker / licensed counselor / marriage and family therapist / psychologist?

- Same as my highest degree
- Diploma or certificate (no college)
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor’s degree
- Certificate, certification or other credential (post Bachelor’s degree)
- Master’s degree
- Certificate, certification or other credential (post Master’s degree)
- Doctorate or professional degree

32) [If Q29 NE “Same as my highest degree?]] Was this degree in nursing / social work / marriage and family therapy / behavioral health / psychology?

- Yes
- No
33) How likely are you to pursue more education or credentials to advance in your field (not including mandatory continuing education units)?

☐ Not at all likely
☐ Somewhat likely
☐ Very likely
☐ I am currently enrolled in a training or education program

34) [If Q31 = “Very likely” or “Currently enrolled”] What type of education or credentials?
______________________________________________

Specialty Questions—customized by profession

[Dentists only] Do you hold a certification from a dental specialty board? (Check all that apply or “No certification.”)

☐ No certification
☐ Dental public health
☐ Endodontics
☐ Oral and maxillofacial pathology
☐ Oral and maxillofacial radiology
☐ Oral and maxillofacial surgery
☐ Orthodontics and dentofacial orthopedics
☐ Pediatric dentistry
☐ Periodontics
☐ Prosthodontics

[LPCs/LPCCs] What is your specialty area/primary focus area? (Check all that apply.)

☐ Addiction counseling
☐ Career counseling
☐ EAP—Employee Assistance Program
☐ Marriage and family counseling
☐ Mental health counseling
☐ Rehabilitation counseling
☐ School counseling
☐ Testing/assessment
[LPNs / RNs] What is your specialty area(s)? (Check all that apply.)

☐ Acute care/Critical care
☐ Adult Health/Family Health
☐ Anesthesia/Anesthesiology
☐ Community Health
☐ Emergency Care/Trauma
☐ Geriatric/Gerontology
☐ Home Health
☐ Hospice/Palliative Care
☐ Intensive Care
☐ Maternal – Child Health
☐ Medical/Surgical
☐ Neonatal/Perinatal
☐ Obstetrics/Gynecology (Women’s Health)
☐ Occupational Health
☐ Oncology
☐ Operating Room/Recovery
☐ Pediatrics
☐ Psychiatric/Mental/Behavioral Health/Substance Abuse
☐ Public Health
☐ Rehabilitation
☐ School Health
☐ Other ________________________________________________________

[APRNs] What is your specialty area(s)? (Check all that apply.)

☐ Acute care/Critical care
☐ Adult Health/Family Health
☐ Anesthesia/Anesthesiology
☐ Cardiology/Pulmonology
☐ Community Health
☐ Dermatology
☐ Emergency Care/Trauma
☐ Endocrinology
☐ Gastroenterology
☐ Geriatric/Gerontology
☐ Home Health
☐ Hospice/Palliative Care
☐ Maternal – Child Health
☐ Medical/Surgical
☐ Nephrology
☐ Neonatal/Perinatal
☐ Neurology
☐ Obstetrics/Gynecology (Women’s Health)
☐ Occupational Health
☐ Oncology
☐ Orthopedics
☐ Pain Management
☐ Pediatrics
☐ Psychiatric/Mental/Behavioral Health/Substance Abuse
☐ Public Health
[Psychologists—not yet to be programmed in to Java] Which do you consider your primary areas(s) of practice? (Check all that apply.)

- Behavioral and Cognitive Psychology
- Clinical Child Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Counseling Psychology
- Family Psychology
- Forensic Psychology
- Industrial/Organization Psychology
- Police and Public Safety Psychology
- Professional Geropsychology
- Psychoanalysis in Psychology
- School Psychology
- Sleep Psychology
- Other ________________________________

[All social workers] What is your specialty area/primary focus area(s)? (Check all that apply.)

- Addictions
- Adolescents
- Aging
- Child Welfare/Families
- Community Organization
- Diversity, Discrimination, Poverty
- Developmental Disorders, Disabilities
- Medical Health
- International
- Mental/Behavioral Health
- Research, Education, Policy
- School Social Work
- Other ________________________________

[Dental Hygienists] Do you have a collaborative agreement with a dentist allowing you to provide services outside the dental office or in a non-traditional setting (MN Statute 150A.10, Subd. 1a)?

- Yes
- No
- Don’t know
IF Yes, How often do you use your collaborative agreement in your current job?

- □ Never
- □ Occasionally
- □ Frequently
- □ All the time

Do you have a restorative procedures credential? (Procedures may include: place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns.)

- □ Yes
- □ No
- □ Don’t know

IF Yes, How often do you perform restorative procedures in your job?

- □ Never
- □ Occasionally
- □ Frequently
- □ All the time

Which do you consider your primary area of practice? (Select all that apply.)

- □ Family Medicine
- □ Internal Medicine
- □ Pediatrics
- □ OB/GYN
- □ Dermatology
- □ General Surgery
- □ Other Surgery
- □ Psychiatry
- □ Other: ____________________________

What is your specialty area/primary focus area? (Select all that apply.)

- □ None
- □ Pediatrics
- □ Geriatrics
- □ Orthopedics
- □ Sports
- □ Neurology
- □ Cardiovascular and Pulmonary
- □ Clinical Electrophysiology
- □ Women’s Health

Which of the following work or educational experiences best prepared you to work with people from a variety of backgrounds when providing care (sometimes referred to as “culturally competent” care)?
37) Which of the following work or educational experiences best prepared you to work with a multi-disciplinary team when providing care?

- None
- Informal learning on the job
- Formal on-the-job training (e.g., seminars, preceptorship or mentorship)
- Course work or training in my formal educational program
- Continuing education or professional development coursework
- Does not apply—culturally competent care is not part of my job

[If Q1 = “Working in a paid or unpaid position that requires my license” or Q1 is Missing]

SECTION 5: Your Work Satisfaction

38) How satisfied have you been with your career in the last 12 months?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

39) How satisfied are you with your career overall?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

40) What is the greatest source of your professional satisfaction?

(Please be aware that detailed answers are helpful and may inform state policy planning.)

___________________________________________________________________________________________
___________________________________________________________________________________________

41) What is the greatest source of your professional dissatisfaction?

(Please be aware that detailed answers are helpful and may inform state policy planning.)

___________________________________________________________________________________________
___________________________________________________________________________________________
SECTION 6: Demographics

42) Which racial/ethnic categories apply to you? (Check all that apply.)

☐ African
☐ African American
☐ American Indian or Alaskan Native
☐ Asian—South Asian
☐ Asian—Southeast Asian
☐ Asian—Other: _____________________________
☐ Hispanic/Latino
☐ Middle Eastern/North African (MENA)
☐ White/Caucasian
☐ Other (specify: _____________________________)

43) [If Q8 is not “None”] Other than English, what languages do you speak in your practice? (Check all that apply. Do not include languages spoken only through a medical interpreter.)

☐ None—English only
☐ Amharic
☐ Arabic
☐ French
☐ Hmong
☐ Karen
☐ Khmer
☐ Lao
☐ Oromo
☐ Russian
☐ Serbo-Croatian
☐ Sign Language
☐ Somali
☐ Spanish
☐ Swahili
☐ Vietnamese
☐ Other: _________________________________
## List of professions

<table>
<thead>
<tr>
<th>Profession Name</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselors—Licensed Alcohol and Drug Counselors</td>
<td>LADC</td>
</tr>
<tr>
<td>Counselors—Licensed Professional Clinical Counselors</td>
<td>LPCC</td>
</tr>
<tr>
<td>Counselors—Licensed Professional Counselors</td>
<td>LPC</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>DA</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>DH</td>
</tr>
<tr>
<td>Dental Therapists</td>
<td>DT</td>
</tr>
<tr>
<td>Dentists</td>
<td>D</td>
</tr>
<tr>
<td>Licensed Marriage and Family Therapists</td>
<td>LMFT</td>
</tr>
<tr>
<td>Nurses—Advanced Practice Registered Nurses</td>
<td>APRN</td>
</tr>
<tr>
<td>Nurses—Licensed Practical Nurses</td>
<td>LPN</td>
</tr>
<tr>
<td>Nurses—Registered Nurses</td>
<td>RN</td>
</tr>
<tr>
<td>Pharmacists</td>
<td></td>
</tr>
<tr>
<td>Physical Therapist Assistants</td>
<td>PTA</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>PT</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>PA</td>
</tr>
<tr>
<td>Physicians</td>
<td>PY</td>
</tr>
<tr>
<td>Psychologists</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapists</td>
<td>RT</td>
</tr>
<tr>
<td>Social Workers—Licensed Graduate Social Workers</td>
<td>LGSW</td>
</tr>
<tr>
<td>Social Workers—Licensed Independent Clinical Social Workers</td>
<td>LICSW</td>
</tr>
<tr>
<td>Social Workers—Licensed Independent Social Workers</td>
<td>LISW</td>
</tr>
<tr>
<td>Social Workers—Licensed Social Workers</td>
<td>LSW</td>
</tr>
</tbody>
</table>
Demographics

1. Please indicate your gender and age:  
   Gender:  □ Female  □ Male  ____Age

2. What is your ethnic/racial background? (please mark only one)  
   □ American Indian/Alaska Native  □ African American  □ Asian  □ Hispanic/Latino  
   □ Native Hawaiian/Pacific Islander  □ White/Caucasian  □ Other (please specify)_______________

3. Please describe the area where you spent the majority of your upbringing (when you lived there):  
   □ Rural  □ Suburban  □ Urban/Metropolitan Area  State:_____

Licensure/Education Information

4. Did you work any of the following health related jobs before completing your initial RN education?  
   □ No Health Related Position Before RN Education  □ Medical Assistant  
   □ Nursing Aide or Nursing Assistant  □ Laboratory Technician  
   □ Home Health Aide or Assistant  □ Radiological Technician  
   □ Licensed Practical or Vocational Nurse  □ Manager in Health Care Setting  
   □ Emergency Medical Technician (EMT) or paramedic  □ Military Medical Corps  
   □ Other Type of Health Related Position: (please specify)___________________________________

5. What type of nursing degree/credential qualified you for your first U.S. nursing license?  
   □ Vocational/Practical Certificate-Nursing  □ Baccalaureate Degree-Nursing  
   □ Diploma -Nursing  □ Master’s Degree-Nursing  
   □ Associate Degree-Nursing  □ Doctorate Degree-Nursing

6. In what state did you receive your nursing degree/credential that qualified you for your initial RN License?  
   State:_____

7. What year did you obtain your first U.S. RN License?  
   Year:_____  
   a. Please specify any other country where you have obtained an RN license:  
   Country:_____________________

8. How did you finance your initial RN education? Please mark all that apply  
   □ Earnings From Your Health-Care-Related Employment  □ Employer Tuition Reimbursement Plan  
   □ Earnings From Your Non-Health-Care-Related Employment  □ Federally Assisted Loan  
   □ Earnings From Other Household Members  □ Other Type of Loan  
   □ State or Local Government Scholarship or Grant  □ Personal Household Savings  
   □ Other Family Resources (Parents or Other Relatives)  □ Non-Government Scholarship or Grant  
   □ Other Resources  □ Educational Institution Scholarship

9. What is your highest level of education?  
   □ Diploma-Nursing  □ Master’s Degree-Nursing  
   □ Associate-Nursing  □ Master’s Degree-Non-Nursing  
   □ Associate Degree-Non-Nursing  □ Doctoral Degree-Nursing (PhD)  
   □ Baccalaureate Degree-Nursing  □ Doctoral Degree- Nursing practice (DNP)  
   □ Baccalaureate Degree-Non-Nursing  □ Doctoral Degree-Nursing Other  
   □ Doctoral Degree- Non-Nursing
Employment Information

10. Please indicate your average number of work hours per week: (please mark N/A if it doesn’t apply)
   In Utah:______  (if no out of state hours, skip a. & b. below)  Out of Utah:______  (continue to a. below)
   a. If you indicated Out of State hours, please list the one state where you provide the majority of services outside of Utah: ______________
   b. If you do not provide any health care services in Utah...
      i. Please list the reason(s) you maintain a Utah license: __________________________________________________________
      ii. Please indicate the ONE main reason why you no longer practice in Utah: (please provide only one reason)__________________________

11. Please indicate the type(s) of position(s) you hold: (please mark all that apply)
   □ Full Time Nursing  □ Full Time Non-Nursing  □ Faculty-Nursing  □ Single Employment Position
   □ Part Time Nursing  □ Part Time Non-Nursing  □ Retired  □ Multiple Employment Positions
   □ Contractor-Nursing  □ Temporary-Nursing  □ Volunteer in Nursing
   □ Unemployed-Seeking Work as Nurse  □ Unemployed-Not Seeking Work as a Nurse
   b. If you marked above that you are a contractor, on average, how many contracts do you provide services for per month? __________
   c. If you marked you were unemployed in the previous question, please indicate your reason for being unemployed (please mark all that apply):
      □ Taking Care of Home  □ Taking Care of Family  □ Disabled
      □ Inadequate Salary  □ Attending School  □ Difficulty Finding Nursing Position
      □ Other (please specify) __________________________________________________________

12. Please indicate the practice Name, Zip Code of your primary practice/contracting location as well as that of any other location(s) (if applicable). Also, Please estimate the total hours worked per week (not including on call) at each practice location.

   Primary Practice/Contract
   Name:__________________________ Zip:_____  Total hrs/wk:____

   Secondary Practice/Contract
   Name:__________________________ Zip:_____  Total hrs/wk:____

   Other Practice/Contract
   Name:__________________________ Zip:_____  Total hrs/wk:____

13. Please identify the type of setting that most closely corresponds to your nursing practice position (P-Primary Setting, S-Secondary Setting)

   □ □ Hospital  □ □ School Health Service
   □ □ Home Health  □ □ Occupational Health
   □ □ Correctional Facility  □ □ Ambulatory Care Setting
   □ □ Academic Setting  □ □ Insurance Claims/Benefits
   □ □ Public Health  □ □ Policy/Planning/Regulatory/Licensing
   □ □ Community Health  □ □ Other
   □ □ Nursing Home/Extended Care/Assisted Living Facility  Specify __________________________

14. Have you changed your primary work setting within the last year?
   □ Yes (answer a. below)  □ No (proceed to next question)
   a. Please indicate the work setting you moved FROM based on the setting categories from the previous question:__________________________
15. Please rank the top three employer-offered benefits that factored in your decision to work where you are currently employed? (please place a 1, 2 or 3 next to three of the following options, please only rank three of the options)

- [ ] Paid Vacation
- [ ] Annual Signing Bonus
- [ ] Retirement Plan
- [ ] Health Insurance
- [ ] Base Salary
- [ ] Schedule Flexibility
- [ ] Pension
- [ ] Upward Mobility
- [ ] Annual Raise
- [ ] Reputation of Facility
- [ ] Shift Differential Pay
- [ ] Other: (please specify)

16. Do you precept/mentor nursing students?  
☐ Yes  ☐ No
If yes, how many do you mentor per academic year? _______

a. If yes, have you experienced any of the following as a result of being a preceptor/mentor?
   ☐ Burnout  ☐ Stress  ☐ Inadequate Compensation

b. If you do not currently precept/mentor students, would you like to in the future?
   ☐ Yes  ☐ No

c. If no, please briefly explain why not: ____________________________

17. Please indicate what level of care or type of work that most closely corresponds to your nursing position.

(Please mark only one in each column.)

- [ ] General or Specialty Inpatient
- [ ] Critical/Intensive Care
- [ ] Step-down, Transitional, Telemetry
- [ ] Sub-acute Care
- [ ] Emergency
- [ ] Urgent Care
- [ ] Rehabilitation
- [ ] Long-Term Care/Nursing Home
- [ ] Other: (please specify)

- [ ] Surgery(pre-op & post-op)
- [ ] Ambulatory Care
- [ ] Ancillary Care
- [ ] Home Health
- [ ] Public Health/Community Health
- [ ] Education
- [ ] Business, Administration, Case management
- [ ] Research

18. Please indicate the clinical specialty in which you currently practice.

(mark the specialty you spend the most time practicing in under primary. If applicable, mark the specialty you spend the next most time practicing in under secondary.) Mark only one in each column.

(Please mark only one in each column.)

- [ ] No Patient Care
- [ ] General Medical Surgical
- [ ] Critical Care
- [ ] Cardiac or Cardiovascular Care
- [ ] Chronic Care
- [ ] Dermatology
- [ ] Emergency or Trauma Care
- [ ] Gastrointestinal
- [ ] Gynecology (Women’s Health)
- [ ] Hospice
- [ ] Infections/Communicable Disease
- [ ] Labor and Delivery
- [ ] Neurological
- [ ] Obstetrics
- [ ] Occupational Health
- [ ] Oncology
- [ ] Primary Care
- [ ] Psychiatric or Mental Health
- [ ] Pulmonary
- [ ] Radiology
- [ ] Renal/Dialysis
- [ ] Other: (please specify) ____________________________
19. Please indicate the patient population you spend at least 50% of your patient care time with.

<table>
<thead>
<tr>
<th>Patient Population</th>
<th></th>
<th>Patient Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Patient Care</td>
<td></td>
<td>Newborn or Neonatal</td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td></td>
<td>Pediatric and/or Adolescent</td>
<td></td>
</tr>
<tr>
<td>Geriatric</td>
<td></td>
<td>Pre-natal</td>
<td></td>
</tr>
<tr>
<td>Multiple Age Groups (less than 50% time spent with any of the above)</td>
<td></td>
<td>Other: Specify: _____________________________</td>
<td></td>
</tr>
</tbody>
</table>

20. Please identify the primary position title that most closely corresponds to your nursing position:

- Consultant
- Nurse Manager
- Nurse Educator
- Nurse Executive
- Nurse Researcher
- Other
- Nurse Care Manager
- Nurse Educator - Clinical Setting
- Nurse Educator - Academic Setting
- Staff Nurse
- Other - Health Related
- Other - Not Health Related
- Advanced Practice Nurse

21. What is your average annual gross (before tax) income excluding benefits?

- <$20,000
- $20,000-$29,999
- $30,000-$39,999
- $40,000-$49,999
- $50,000-$59,999
- $60,000-$69,999
- $70,000-$79,999
- $80,000-$89,999
- $90,000-$99,999
- $100,000-$109,999
- $110,000-$200,000
- $200,000

22. How many years have you been with your current primary employer? ______

23. In how many years do you plan on retiring? ______

24. Do you plan to leave your primary work setting?

- Yes, within 1 year
- Yes, in 1 to 3 years
- No plans to leave within the next 3 years
- Undecided

25. If you plan to leave your primary work position within 3 years, do you:

- Plan to move to another nursing position
- Plan to leave the nursing field temporarily but return in the future (see a. and b. below)
- Plan to leave the nursing field permanently (see c. below)

  a. If you plan to leave the nursing field temporarily, what is your reason for planning to leave?

  - Retirement
  - Taking Care of Home and Family
  - Salaries Too Low/Better Pay Elsewhere
  - Stressful Work Environment
  - Scheduling/Inconvenient Hours
  - Physical Demands of the Job
  - Disability
  - Illness
  - Inadequate Staffing
  - Burnout
  - Other: (please specify) __________________________

  b. When do you plan to return to nursing? ______________________

  c. If you plan to leave the nursing field permanently, what is your primary reason?

  - Skills Are Out of Date
  - Liability Concerns
  - Inability to Practice Nursing on a Professional Level
  - Lack of Advancement Opportunities
  - Lack of Good Management or Leadership
  - Career Change
  - Travel
  - To Seek More Education
  - Lack of Collaboration/Communication Between Health Care Professionals
  - Other: (please specify) __________________________

THANK YOU VERY MUCH FOR YOUR PARTICIPATION. PLEASE RETURN THE SURVEY IN THE PROVIDED POSTAGE PAID ENVELOPE.
§ 54.1-2506.1. Submission of required information

A. The Department is authorized to require individuals applying for initial licensure, certification, or registration, and individuals who are licensed, certified, or registered by a health regulatory board to provide information in addition to that which is required to determine the individual’s qualifications. Such additional information shall include identification of the individual’s self-designated specialties and subspecialties; credentials and certifications issued by professional associations, institutions and boards; and locations of each practice site, number of hours spent practicing at each practice site location, and demographic information. The Department, in consultation with the health regulatory boards, may establish criteria to identify additional data elements deemed necessary for workforce and health planning purposes. Such information shall be collected and maintained by the Department for workforce and health planning purposes in cooperation with agencies and institutions of the Commonwealth and shall be released by the Department only in the aggregate without reference to any person’s name or other individual identifiers; however, the Department may release any information that identifies specific individuals for the purpose of determining shortage designations and to qualified personnel if pertinent to an investigation, research, or study, provided a written agreement between such qualified personnel and the Department, which ensures that any person to whom such identities are divulged shall preserve the confidentiality of those identities, is executed. Prior to collecting any information described in this section from individuals, the Department shall first attempt to obtain from other sources information sufficient for workforce planning purposes.

B. For the purpose of expediting the dissemination of public health information, including notice about a public health emergency, the Department is authorized to require certain licensed, certified or registered persons to report any email address, telephone number and facsimile number that may be used to contact such person in the event of a public health emergency or to provide information related to serving during a public health emergency. In the event of an animal health emergency, the Department shall provide to the State Veterinarian the email addresses, telephone numbers and facsimile numbers that may be used to contact licensed veterinarians.

Such email addresses, telephone numbers and facsimile numbers shall not be published, released or made available for any other purpose by the Department, the Department of Health, or the State Veterinarian.

The Director, in consultation with the Department of Health and the Department of Emergency Management, shall adopt regulations that identify those licensed, certified or registered persons to which the requirement to report shall apply and the procedures for reporting.


The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.
§ 54.1-2400.02. Information concerning health professionals; posting of addresses on the Internet; providing personal information under certain circumstances prohibited; collection of address information from health professionals

A. In order to protect the privacy and security of health professionals, the posting of addresses to the on-line licensure lookup or any successor in interest thereof shall only disclose the city or county provided to the Department and shall not include any street, rural delivery route, or post office address. However, the street address of facilities regulated by the Boards of Funeral Directors and Embalmers, Nursing, Pharmacy, and Veterinary Medicine shall be posted.

B. The Department shall collect an official address of record from each health professional licensed, registered, or certified by a health regulatory board within the Department, to be used by the Department and relevant health regulatory boards for agency purposes, including workforce planning and emergency contact pursuant to § 54.1-2506.1. Such official address of record shall otherwise remain confidential, shall not be provided to any private entity for resale to another private entity or to the public, and shall be exempt from disclosure under the Freedom of Information Act (§ 2.2-3700 et seq.).

C. In addition, the Department shall provide an opportunity for the health professional to provide a second address, for the purpose of public dissemination. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. In collecting such public address information, the Department shall notify health professionals that this address may be publicly disclosed, and is subject to the Freedom of Information Act (§ 2.2-3700 et seq.). Notwithstanding the provisions of subsection B, if a health professional does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

D. The Department shall develop a procedure for health professionals to update their address information at regular intervals, and may charge a fee sufficient to cover the costs for such updates.

2003, c. 310;2009, c. 687.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.
AN ACT

RELATING TO HEALTH CARE; ENACTING THE HEALTH CARE WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT; DIRECTING THE DEPARTMENT OF HEALTH TO COLLECT DATA REGARDING DEMOGRAPHICS, SPECIALTIES AND PROFESSIONS IN THE STATE'S HEALTH CARE WORK FORCE; DIRECTING HEALTH CARE WORK FORCE REGULATORY BOARDS TO COLLECT DATA FROM APPLICANTS FOR LICENSURE OR RENEWAL OF LICENSURE; DIRECTING THE SECRETARY OF HEALTH TO CONVENE A WORK GROUP OF HEALTH CARE WORK FORCE EXPERTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. SHORT TITLE.--This act may be cited as the "Health Care Work Force Data Collection, Analysis and Policy Act".

SECTION 2. DEFINITIONS.--As used in the Health Care Work Force Data Collection, Analysis and Policy Act:

A. "board" means any state health care work force licensing or regulatory board, including the New Mexico medical board; the board of osteopathic medical examiners; the New Mexico board of dental health care; the board of nursing; the board of pharmacy; any other licensing or regulatory board that the secretary of health designates; any other health professional licensing board listed in Chapter 61 NMSA 1978; and the department;

B. "database" means the health care work force
database created pursuant to the Health Care Work Force Data
Collection, Analysis and Policy Act;

C. "department" means the department of health;

D. "ethnicity" means an individual's self-
identification or affiliation as either "Hispanic or Latino"
or "not Hispanic or Latino" according to cultural,
historical, linguistic or religious ties;

E. "New Mexico center for health care workforce
analysis" means a state entity that collects, analyzes and
reports data regarding the state's health care work force and
collaborates with the federal national center for health care
workforce analysis pursuant to Section 5103 of the federal
Patient Protection and Affordable Care Act; and

F. "race" means an individual's self-
identification or affiliation with one of the following
categories used to identify individuals according to
historical or phenotypical characteristics:

(1) American Indian or Alaska Native;

(2) Asian;

(3) Black or African American;

(4) Native Hawaiian or other Pacific
Islander;

(5) White; or

(6) a mixture of any of the categories
listed in Paragraphs (1) through (5) of this subsection.
SECTION 3. HEALTH CARE WORK FORCE DATABASE--COLLECTION
OF DATA--HOUSING OF DATA--ANALYSIS AND REPORTING.--

A. Subject to the availability of state, federal
or private foundation funding or other sources of funding,
the secretary of health shall create and maintain the "health
care work force database". The secretary of health shall:

(1) enter into agreements with entities to
create, house and provide information to state agencies, the
legislature and the governor and, as the legislature or
governor deems appropriate, any others regarding the state's
health care work force; and

(2) seek federal or other sources of funding
to create a New Mexico center for health care workforce
analysis and to ensure the additional funding and staffing
needed to achieve the anticipated outcomes.

B. A board shall supply the department with data
pertaining to licensed health care providers for inclusion in
the database. A board shall collect a core essential data
set at the time of new licensure or licensure renewal,
including, but not limited to, a provider's:

(1) demographics, including race, ethnicity
and primary and other languages spoken;

(2) practice status, including, but not
limited to:

(a) active practices in New Mexico and
other locations;

(b) practice type; and

(c) practice settings, such as hospitals, public schools, higher education institutions, clinics and other clinical settings;

(3) education, training and primary and secondary specialties for all health professions as appropriate;

(4) average hours worked per week and the average number of weeks worked per year in the licensed profession over the past twelve months;

(5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession;

(6) practice plans for the next five years, including retiring from a health care profession, moving out of state or changing health care work hours; and

(7) professional liability insurance costs and availability as they relate to barriers to practice.

SECTION 4. DATABASE ESTABLISHMENT AND MAINTENANCE--DELEGATION.--The secretary of health may contract and collaborate with a private or public entity to establish and maintain the database, to analyze data collected, to develop reports for the legislature or the executive branch or to perform other duties to carry out the provisions of the

SECTION 5. HEALTH CARE WORK FORCE DATA COLLECTION BY BOARDS--MANDATORY COMPLIANCE FOR APPLICANTS--REPORTING BY BOARDS--CONFIDENTIALITY OF DATA--RULEMAKING.--

A. An applicant for a license from a board or renewal of a license by a board shall provide the information prescribed by the secretary of health pursuant to Subsection C of this section. This section applies to applicants for health professional licensure or renewal of health professional licensure pursuant to Chapter 61 NMSA 1978.

B. A board shall not approve a subsequent application for a license or renewal of a license until the applicant provides the information pursuant to Subsection C of this section.

C. A board shall adopt rules regarding the manner, form and content of reporting data; the consistency of data entry fields used; and the information that an applicant, pursuant to Subsection A of this section, shall provide to a board. At a minimum, the rules shall provide for a core essential data set, including the applicant's:

   (1) demographics, including race, ethnicity and primary and other languages spoken;

   (2) practice status, including, but not limited to:
(a) active practices in New Mexico and other locations;

(b) practice type; and

(c) practice settings, such as hospital, clinic or other clinical settings;

(3) education, training and primary and secondary specialties;

(4) average hours worked per week and the average number of weeks worked per year in the licensed profession;

(5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession; and

(6) practice plans for the next five years, including retiring from the health care profession, moving out of state or changing health care work hours.

D. A board shall report health care work force information collected pursuant to this section to the secretary of health.

E. A board shall keep confidential and not release personally identifiable data collected under this section for any person licensed, registered or certified by the board. The provisions of this subsection do not apply to the release of information to a law enforcement agency for investigative purposes or to the release to the secretary of health for
state health planning purposes. A person with whom the
department contracts to perform data collection, storage and
analysis shall protect the privacy of that data. The
secretary of health shall ensure that the responses of
applicants shall be kept confidential, including taking
special precautions when the identity of an applicant may be
ascertained due to the applicant's location or occupation.

F. A board shall promulgate rules as necessary to
perform the board's duties pursuant to this section,
including rules for collecting, storing and analyzing data in
addition to the information required to be collected by the
Health Care Work Force Data Collection, Analysis and Policy
Act.

SECTION 6. HEALTH CARE WORK FORCE WORK GROUP--WORK
FORCE DATA ANALYSIS--RECRUITMENT PLANNING--STRATEGIC PLAN FOR
IMPROVING HEALTH CARE ACCESS--WORK FORCE SURVEY.--The
secretary of health shall convene a health care work force
work group that includes representatives of health care
consumers; health care providers; organized groups
representing physicians, physician assistants, nurses, nurse
practitioners, dentists, dental hygienists and pharmacists;
health care work force training institutions; the New Mexico
health policy commission; the public education department;
the higher education department; and the boards. The work
group shall:
A. analyze and make recommendations to the legislature regarding incentives to attract qualified individuals, including those from minority groups underrepresented among health care professions, to pursue health care education and practice in New Mexico;

B. develop a short-term plan and a five-year plan to improve health care access, with a draft report on the plans to be submitted to the interim legislative health and human services committee by November 1, 2011. Beginning October 1, 2012, the work group shall make detailed annual reports to the legislative health and human services committee by October 1 of each year;

C. analyze the collected data and make recommendations to the legislature for building healthier communities and improving health outcomes; and

D. devise an electronic survey, designed to be completed by applicants within fifteen minutes, for boards to provide to applicants for licensure or renewal of licensure, which includes questions regarding the information required pursuant to Subsection C of Section 5 of the Health Care Work Force Data Collection, Analysis and Policy Act and any other survey questions that the secretary of health and the work group deem appropriate.

SECTION 7. TEMPORARY PROVISION--APPLICATION FOR GRANTS PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE
CARE ACT.--In order to carry out the provisions set forth in
the Health Care Work Force Data Collection, Analysis and
Policy Act, the secretary of health shall seek funding
pursuant to Section 5102 of the federal Patient Protection
and Affordable Care Act, as well as funding from any other
source, public or private, that the secretary of health deems
appropriate.

SECTION 8. EFFECTIVE DATE.--The effective date of the
provisions of this act is July 1, 2011.
AN ACT

RELATING TO HEALTH CARE; AMENDING SECTIONS OF THE HEALTH CARE
WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT TO DIRECT
THAT THE UNIVERSITY OF NEW MEXICO ASSUME DATA-RELATED DUTIES
PURSUANT TO THAT ACT; PROVIDING THE DEPARTMENT OF HEALTH
ACCESS TO DATA; TRANSFERRING ALL DATA, APPROPRIATIONS,
PROPERTY, PERSONNEL, RECORDS AND CONTRACTS RELATED TO DATA
COLLECTION, ANALYSIS, STORAGE OR USE UNDER THE HEALTH CARE
WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT FROM THE
DEPARTMENT OF HEALTH TO THE UNIVERSITY OF NEW MEXICO.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-14C-1 NMSA 1978 (being Laws 2011,
Chapter 152, Section 1) is amended to read:

"24-14C-1. SHORT TITLE.--Chapter 24, Article 14C NMSA
1978 may be cited as the "Health Care Work Force Data
Collection, Analysis and Policy Act"."

SECTION 2. Section 24-14C-2 NMSA 1978 (being Laws 2011,
Chapter 152, Section 2) is amended to read:

"24-14C-2. DEFINITIONS.--As used in the Health Care
Work Force Data Collection, Analysis and Policy Act:

A. "board" means any state health care work force
licensing or regulatory board, including the New Mexico
medical board; the board of osteopathic medical examiners; the
New Mexico board of dental health care; the board of nursing;
the board of pharmacy; any other licensing or regulatory board that the chancellor designates; any other health professional licensing board listed in Chapter 61 NMSA 1978; and the university;

B. "chancellor" means the chancellor for health sciences of the university of New Mexico;

C. "database" means the health care work force database created pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act;

D. "ethnicity" means an individual's self-identification or affiliation as either "Hispanic or Latino" or "not Hispanic or Latino" according to cultural, historical, linguistic or religious ties;

E. "New Mexico center for health care workforce analysis" means a state entity that collects, analyzes and reports data regarding the state's health care work force and collaborates with the federal national center for health care workforce analysis pursuant to Section 5103 of the federal Patient Protection and Affordable Care Act;

F. "race" means an individual's self-identification or affiliation with one of the following categories used to identify individuals according to historical or phenotypical characteristics:

(1) American Indian or Alaska Native;

(2) Asian;
(3) Black or African American;
(4) Native Hawaiian or other Pacific Islander;
(5) White; or
(6) a mixture of any of the categories listed in Paragraphs (1) through (5) of this subsection; and

G. "university" means the university of New Mexico."

SECTION 3. Section 24-14C-3 NMSA 1978 (being Laws 2011, Chapter 152, Section 3) is amended to read:

"24-14C-3. HEALTH CARE WORK FORCE DATABASE--COLLECTION OF DATA--HOUSING OF DATA--ANALYSIS AND REPORTING.--

A. Subject to the availability of state, federal or private foundation funding or other sources of funding, the chancellor shall create and maintain the "health care work force database". The chancellor shall:

(1) enter into agreements with entities to create, house and provide information to state agencies, the legislature and the governor and, as the legislature or governor deems appropriate, any others regarding the state's health care work force; and

(2) seek federal or other sources of funding to create a New Mexico center for health care workforce analysis and to ensure the additional funding and staffing needed to achieve the anticipated outcomes."
B. A board shall supply the university with data pertaining to licensed health care providers for inclusion in the database. A board shall collect a core essential data set at the time of new licensure or licensure renewal, including, but not limited to, a provider's:

1. demographics, including race, ethnicity and primary and other languages spoken;

2. practice status, including, but not limited to:
   a. active practices in New Mexico and other locations;
   b. practice type; and
   c. practice settings, such as hospitals, public schools, higher education institutions, clinics and other clinical settings;

3. education, training and primary and secondary specialties for all health professions as appropriate;

4. average hours worked per week and the average number of weeks worked per year in the licensed profession over the past twelve months;

5. percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession;

6. practice plans for the next five years,
including retiring from a health care profession, moving out of state or changing health care work hours; and

(7) professional liability insurance costs and availability as they relate to barriers to practice.

C. The chancellor shall provide to the department of health, in a manner that conforms to department of health rules, access to health care work force data that the university administers pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act."

SECTION 4. Section 24-14C-4 NMSA 1978 (being Laws 2011, Chapter 152, Section 4) is amended to read:

"24-14C-4. DATABASE ESTABLISHMENT AND MAINTENANCE--DELEGATION.--

A. The chancellor may contract and collaborate with a private or public entity to establish and maintain the database, to analyze data collected, to develop reports for the legislature or the executive branch or to perform other duties to carry out the provisions of the Health Care Work Force Data Collection, Analysis and Policy Act.

B. An entity that establishes, maintains or analyzes data or develops reports by contract pursuant to Subsection A of this section shall provide to the department of health, in a manner that conforms to department of health rules, access to any health care work force data that the entity establishes, maintains, analyzes or reports."
SECTION 5.  Section 24-14C-5 NMSA 1978 (being Laws 2011, Chapter 152, Section 5) is amended to read:

"24-14C-5.  HEALTH CARE WORK FORCE DATA COLLECTION BY BOARDS--MANDATORY COMPLIANCE FOR APPLICANTS--REPORTING BY BOARDS--CONFIDENTIALITY OF DATA--RULEMAKING.--

A.  An applicant for a license from a board or renewal of a license by a board shall provide the information prescribed by the chancellor pursuant to Subsection C of this section.  This section applies to applicants for health professional licensure or renewal of health professional licensure pursuant to Chapter 61 NMSA 1978.

B.  A board shall not approve a subsequent application for a license or renewal of a license until the applicant provides the information pursuant to Subsection C of this section.

C.  A board shall adopt rules regarding the manner, form and content of reporting data; the consistency of data entry fields used; and the information that an applicant, pursuant to Subsection A of this section, shall provide to a board.  At a minimum, the rules shall provide for a core essential data set, including the applicant's:

(1)  demographics, including race, ethnicity and primary and other languages spoken;

(2)  practice status, including, but not limited to:
(a) active practices in New Mexico and other locations;

(b) practice type; and

(c) practice settings, such as hospital, clinic or other clinical settings;

(3) education, training and primary and secondary specialties;

(4) average hours worked per week and the average number of weeks worked per year in the licensed profession;

(5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession; and

(6) practice plans for the next five years, including retiring from the health care profession, moving out of state or changing health care work hours.

D. A board shall report health care work force information collected pursuant to this section to the chancellor.

E. A board shall keep confidential and not release personally identifiable data collected under this section for any person licensed, registered or certified by the board. The provisions of this subsection do not apply to the release of information to a law enforcement agency for investigative purposes or to the release to the chancellor for state health
planning purposes. A person with whom the university contracts to perform data collection, storage and analysis shall protect the privacy of that data. The chancellor shall ensure that the responses of applicants shall be kept confidential, including taking special precautions when the identity of an applicant may be ascertained due to the applicant's location or occupation.

F. A board shall promulgate rules as necessary to perform the board's duties pursuant to this section, including rules for collecting, storing and analyzing data in addition to the information required to be collected by the Health Care Work Force Data Collection, Analysis and Policy Act."

SECTION 6. Section 24-14C-6 NMSA 1978 (being Laws 2011, Chapter 152, Section 6) is amended to read:

"24-14C-6. HEALTH CARE WORK FORCE WORK GROUP--WORK FORCE DATA ANALYSIS--RECRUITMENT PLANNING--STRATEGIC PLAN FOR IMPROVING HEALTH CARE ACCESS--WORK FORCE SURVEY.--The chancellor for health sciences of the university of New Mexico shall convene a health care work force work group that includes representatives of health care consumers; health care providers; organized groups representing physicians, physician assistants, nurses, nurse practitioners, dentists, dental hygienists and pharmacists; health care work force training institutions; the department of health; the public education department; the higher education department; and the boards.
The work group shall:

A. analyze and make recommendations to the legislature regarding incentives to attract qualified individuals, including those from minority groups underrepresented among health care professions, to pursue health care education and practice in New Mexico;

B. develop a short-term plan and a five-year plan to improve health care access, with a draft report on the plans to be submitted to the interim legislative health and human services committee by November 1, 2011. Beginning October 1, 2012, the work group shall make detailed annual reports to the legislative health and human services committee by October 1 of each year;

C. analyze the collected data and make recommendations to the legislature for building healthier communities and improving health outcomes; and

D. devise an electronic survey, designed to be completed by applicants within fifteen minutes, for boards to provide to applicants for licensure or renewal of licensure, which includes questions regarding the information required pursuant to Subsection C of Section 24-14C-5 NMSA 1978 and any other survey questions that the chancellor and the work group deem appropriate."

SECTION 7. Laws 2011, Chapter 152, Section 7 is amended to read:
"SECTION 7. TEMPORARY PROVISION--APPLICATION FOR GRANTS PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT.--In order to carry out the provisions set forth in the Health Care Work Force Data Collection, Analysis and Policy Act, the chancellor for health sciences of the university of New Mexico shall seek funding pursuant to Section 5102 of the federal Patient Protection and Affordable Care Act, as well as funding from any other source, public or private, that the chancellor deems appropriate."

SECTION 8. TEMPORARY PROVISION--TRANSFER OF DATA, APPROPRIATIONS, PROPERTY, PERSONNEL, RECORDS AND CONTRACTS TO THE BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO.--On July 1, 2012:

A. all data, appropriations, property, personnel and records related to data collection, analysis, storage or use pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act shall be transferred from the department of health to the university of New Mexico; and

B. any contracts related to data collection, analysis, storage or use that are binding on the department of health pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act shall be binding on the board of regents of the university of New Mexico.