

# Issue Brief: Oregon's Post-Acute Workforce

# LPRO

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## Introduction

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The Joint Task Force on Hospital Discharge Challenges (Task Force) is examining factors impacting hospital discharge delays. Workforce development, particularly in post-acute settings, is identified as one area of focus in [House Bill 3396](#) (2023). These post-acute care settings include in-home health or personal care services, skilled nursing facilities, residential care facilities, adult foster homes, and community hemodialysis providers. This brief examines the workforce in these settings in more detail.

## The Post-Acute Workforce

Post-acute care is provided by a wide range of health and personal care professionals. Some commonly employed professions in post-acute care can include nurses, nursing assistants, and home care workers.

- **Nurses.** This category includes Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Clinical Nurse Specialists (CNSs) and Nurse Practitioners (NPs). These groups differ in education, training, and responsibilities (see pages 5-6). Data from the Oregon Healthcare Workforce Reporting Program indicate RNs commonly report working in post-acute settings (see Exhibit 1), where they often work in administration or as supervisors of other care givers. LPNs are commonly employed in nursing facilities (see Exhibit 1) where they provide patient care. CNSs and NPs rarely work in post-acute settings (see Exhibit 1). All are licensed through the [Oregon State Board of Nursing](#) (OSBN).
- **Nursing Assistants.** This category includes Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs). In Oregon, HHAs are required to be licensed as CNAs. This is not the case in many other states, including [Washington](#) and [California](#). Nursing assistants are commonly employed in nursing facilities (see exhibit 1) and home care, and both groups are also licensed through the OSBN.
- **Home Care Workers.** This category consists of personal support workers, personal care attendants and other in-home support roles. These roles have no formal educational requirements, but workers must register with the Oregon Home Care Commission ([OAR 418-020-0020](#)). In the post-acute context, the term 'direct care worker' is sometimes used to describe both home care workers and nursing assistants. As the two groups have different governing boards and different training requirements, they are examined separately in this brief.



- **Behavioral Health Practitioners.** Data from the Oregon Healthcare Workforce Reporting Program indicate licensed behavioral health practitioners are not commonly employed in post-acute settings (see Exhibit 1).

### Exhibit 1. Employment by Select Post-Acute Settings (in Full-Time Equivalents)

Profession	Nursing Facility*	Home Health / Hospice	Adult Foster Home	Total
Certified nursing assistant (CNA)	3,864	584	124	4,572
Registered nurse (RN)	1,427	1,848	111	3,386
Licensed practical nurse (LPN)	1,364	333	41	1,738
Nurse practitioner (NP)	111	86	5	202
Licensed clinical social worker (LCSW)	8	152	0	160
Licensed professional counselor (LPC)	3	7	0	10
Clinical nurse specialist (CNS)	1	0	0	1

\*Includes residential care facilities

Source: Oregon Health Care Workforce Reporting Program, 2023 database.  
<https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

## Addressing the Post-Acute Care Workforce Shortage

The Oregon Employment Department reports that while Oregon's health care workforce is rapidly growing, employment in hospitals and post-acute care remain lower than pre-pandemic levels. Personal care aides, nursing assistants, and registered nurses are among the hardest to fill job vacancies.<sup>1</sup> Strategies to increase the size of the post-acute workforce can be divided into two basic categories: development of new workers and retention of existing professionals.

Strategies to train and recruit post-acute nursing assistants and home care workers may be different than strategies needed for nurses because these groups report different challenges entering and remaining in post-acute care jobs. Retention strategies may be an important consideration for all groups, as turnover rates for these workers in post-acute settings are more than twice those in hospital settings (see Appendix).

The next sections explore issues related to education, recruitment and retention for nurses, nursing assistants, and home care workers.

<sup>1</sup> Gail Krumenauer, "Health Care Trends in Oregon" (Powerpoint Presentation, Joint Task Force on Hospital Discharge Challenges, September 114, 2023). [https://www.oregon.gov/highered/FutureReady/Documents/4.0-Data\\_Refresh\\_and\\_Survey\\_Results\\_91-14-23.pdf](https://www.oregon.gov/highered/FutureReady/Documents/4.0-Data_Refresh_and_Survey_Results_91-14-23.pdf).



## Developing Oregon's Nurse Workforce

Amidst a national nursing shortage,<sup>2</sup> Oregon ranks lower than other states in key measures related to the size of the nurse workforce. Every region is experiencing a shortage, and none produce enough nurses to meet their demand.<sup>3</sup> These statistics apply to all designations of nurses, with RNs and LPNs being the relevant groups in post-acute care. Key facts related to the nursing shortage include:

- Oregon ranks 33<sup>rd</sup> among states in nurses per capita.
- Oregon ranks 48<sup>th</sup> among states in graduating nurses per capita,<sup>4</sup> and 50<sup>th</sup> in nurses graduating from public schools.
- 77% of qualified applicants are not accepted into Oregon nursing programs due to limited program capacity.<sup>5</sup>

Increasing Oregon's nurse workforce may be done through education of new nurses or recruitment of existing nurses from outside the state.

## Nurse Education

Becoming an RN requires, at minimum, an Associate of Science (ASN) degree (see Exhibit 2 for programs) though many employers require a bachelor's degree.

### Exhibit 2. ASN and Certificate of Practical Nursing Programs in Oregon



Source: LPRO

Data: "List of Accredited Nursing Schools in Oregon," *NursingSchoolsAlmanac.Com*.  
<https://www.nursingschoolsalmanac.com/articles/list-accredited-nursing-schools-oregon>

<sup>2</sup> Lisa M. Haddad, Pavan Annamaraju, and Tammy J. Toney-Butler. 2023. "Nursing Shortage," in *StatPearls* (Treasure Island (FL): StatPearls Publishing, 2023), <http://www.ncbi.nlm.nih.gov/books/NBK493175/>.

<sup>3</sup> Jesse Helligso, "Addressing the Nursing Shortage in Oregon: Summary of Findings and Recommendations from the Oregon Healthcare Education Shortage Study" (Oregon Longitudinal Data Collaborative, March 14, 2023) <https://www.oregon.gov/highered/research/Documents/SLDS/SUMMARY-Oregon-Healthcare-Education-Shortage-Study-Findings-and-Recommendations.pdf>.

<sup>4</sup> Helligso.

<sup>5</sup> Helligso.



The LPN credential can be earned in as little as one year of education; LPNs may work only under the supervision of an RN. In Oregon, more nursing students graduate from ASN or LPN programs each year than from Bachelor of Science in Nursing (BSN) programs.<sup>6</sup>

Five schools offer start-to-finish BSN programs in Oregon; four are private schools and all five are based in Portland. OHSU has affiliate BSN programs in Salem, Ashland, La Grande, and Klamath Falls. In Eugene, an Advanced Practice Registered Nurse (APRN) program is offered through Lane Community College and an RN-to-BSN program is offered through Bushnell University. A master's degree or higher is required to become an NP or CNS. A range of master's and post-baccalaureate degrees are available in Portland, which allow an RN to advance to a CNS. See Exhibit 3 for locations of all BSN and advanced degree programs.

### Exhibit 3. BSN and Advanced Degree Programs in Oregon



Source: LPRO

Data: "List of Accredited Nursing Schools in Oregon," *NursingSchoolsAlmanac.Com*.  
<https://www.nursingschoolsalmanac.com/articles/list-accredited-nursing-schools-oregon>

Notes: The BSN program category includes LPN to BSN, RN to BSN, BSN, and Accelerated Second Degree BSN. The Advanced Degree Program category includes MSN, PhD, and Post-Baccalaureate DNP.

Task Force members have expressed interest in increasing access to nurse education programs and clinical sites. The recently passed [SB 523](#) (2023) intends to increase access to RN programs, especially in central and coastal Oregon by allowing community colleges to offer BSN programs in nursing. One main challenge for nursing programs is hiring educational and clinical faculty, which is especially true for community colleges.<sup>7</sup> A PhD degree in nursing, a pathway to becoming nursing faculty, is offered only at OHSU's Portland campus.

<sup>6</sup> Helligso.

<sup>7</sup> Helligso, "Addressing the Nursing Shortage in Oregon."



## Nurse Recruitment

Nurses may be recruited from other states or other countries.

- **The Nurse Licensure Compact.** As of 2023, Oregon is one of four states not participating in the Nurse Licensure Compact or awaiting legislation to join. Proponents argue that the compact provides flexibility<sup>8</sup> and encourages access to care through telehealth. Opponents of the compact argue it would infringe on the state's authority to develop and enforce its own standards for nursing practice.<sup>9</sup>
- **International Nurses.** Graduates of nursing programs outside of the U.S. are eligible for licensure in Oregon, provided they pass the National Council Licensure Examination, as well as show proof of education, work history and English proficiency ([OAR 851-031-0006](#)). Some states have taken steps to simplify the process of international license transfer.
- **Former Nurses.** [Oregon's Nurse Re-Entry Program](#) is the pathway for nurses who wish to reinstate their licenses. [The program](#) consists of 280 hours of virtual and clinical training and costs \$5,000.

### Exhibit 4: Promoting International Recruitment of Nurse Graduates

Two examples of state policy to promote international nurse graduate recruitment include:

- [Kentucky SB10](#) (2022): Allows nurses trained in foreign schools to be licensed by endorsement
- [Idaho S1094](#) (2023): Issues an immediate, temporary license to experienced medical graduates if they agree to work in a shortage area

## Nurse Retention

Nationwide, nurses are leaving the healthcare workforce in rising numbers,<sup>10</sup> especially in post-acute settings (see Appendix 1). Oregon's turnover rates for nurses in general are similar to national averages.<sup>11</sup> Addressing these drivers of turnover may reduce the demand for new nurse education and recruitment. A review of the literature suggests several factors affecting nurse retention. Three particularly important factors are explored below.

- **Wages.** Oregon pays higher average wages to nurses than other states. Oregon's average annual RN salary is \$106,610, compared to the national average of \$81,220.<sup>12</sup> Oregon's average annual LPN salary is \$66,190,

<sup>8</sup> "The Nurse Licensure Compact: A Tale of Two States," *NCSBN*, June 1, 2020. <https://www.ncsbn.org/news/the-nurse-licensure-compact-and-covid19--a-tale-of-two-states>.

<sup>9</sup> Tamie Cline, "Opinion: Oregon Should Avoid The Interstate Nurse Licensure Compact" *The Lund Report*, November 3, 2022. <https://www.thelundreport.org/content/opinion-oregon-should-avoid-interstate-nurse-licensure-compact>.

<sup>10</sup> *2023 NSI National Health Care Retention Report*, Nursing Solutions Inc. (2023)

[https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf).

<sup>11</sup> Timothy Bates et al., *The Future of Oregon's Nursing Workforce: Analysis and Recommendations* (Philip Lee Institute for Health Policy Studies, (November 2022). <https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HB4003-Nursing-Workforce-Study.pdf>.

<sup>12</sup> "Registered Nurses," U.S. Bureau of Labor Statistics, last modified April 25, 2023. <https://www.bls.gov/oes/current/oes291141.htm>.



compared to a national average of \$54,620.<sup>13</sup> Only Hawaii and California pay RNs more, and both have lower nurse per capita rates than Oregon.

- **Work Environment.** Nurses report higher levels of burnout and intent to leave than others in the healthcare field.<sup>14</sup> A review of the literature shows several factors within the work environment that contribute to burnout, such as long shifts,<sup>15</sup> understaffing,<sup>16</sup> a high number of patients per nurse,<sup>17</sup> and emotional stress.<sup>18</sup> Strategies recommended by nursing advocates include a collaborative work environment, flexible hours and breaks, adequate staffing, high nurse-to-patient ratios, and wellness programs.
- **Career Development.** Many nurses advance their careers through education, taking pathways to become administrators, APNs, LPNs, or other roles. Master's degrees preparing them are offered mainly in Portland, though two MSN degrees are available in Eugene.

## Developing Oregon's Nursing Assistant Workforce

CNAs are a large part of the trained post-acute care workforce, especially in nursing facilities. Data from the Healthcare Workforce Reporting Program indicates 4,572 full-time equivalent employees (FTEs) worked in nursing facilities, home health, and adult foster homes in 2022 (see Exhibit 1). CNAs in nursing facilities typically know the residents better than other staff members and are often the ones who notice changes in the conditions of the residents first.<sup>19</sup> As described below, compared to nurses, CNAs have less extensive training, earn lower wages and are more likely to leave their jobs. Oregon has CNA1 and CNA2 designations. Those with CNA2 certification are allowed additional responsibilities and may work in acute settings ([ORS 678.010-678.445](#), 2023).

Education and recruitment are two mechanisms to increase the number of nursing assistants in the workforce.

<sup>13</sup> "Licensed Practical and Licensed Vocational Nurses," U.S. Bureau of Labor Statistics, last modified April 25, 2023. <https://www.bls.gov/oes/current/oes292061.htm>.

<sup>14</sup> Lisa S. Rotenstein et al. 2023, "The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19," *Journal of General Internal Medicine* 38, no. 8 (June 1, 2023): 1920–27, <https://doi.org/10.1007/s11606-023-08153-z>.

<sup>15</sup> Ro-Ting Lin et al. 2021. "Long Working Hours and Burnout in Health Care Workers: Non-linear Dose-response Relationship and the Effect Mediated by Sleeping Hours—A Cross-sectional Study," *Journal of Occupational Health* 63, no. 1 (May 6, 2021): e12228, <https://doi.org/10.1002/1348-9585.12228>.

<sup>16</sup> Peter Holland et al. 2019. "The Impact of Perceived Workload on Nurse Satisfaction with Work-Life Balance and Intention to Leave the Occupation," *Applied Nursing Research* 49 (October 1, 2019): 70–76, <https://doi.org/10.1016/j.apnr.2019.06.001>.

<sup>17</sup> Ekaterina Gutsan, Jami Patton, and William K Willis. 2018. "Burnout Syndrome and Nurse-to-Patient Ratio in the Workplace," n.d., [https://mds.marshall.edu/cgi/viewcontent.cgi?article=1196&context=mgmt\\_faculty/](https://mds.marshall.edu/cgi/viewcontent.cgi?article=1196&context=mgmt_faculty/).

<sup>18</sup> Ali-Reza Babapour, Nasrin Gahassab-Mozaffari, and Azita Fathnezhad-Kazemi. "Nurses' Job Stress and Its Impact on Quality of Life and Caring Behaviors: A Cross-Sectional Study," *BMC Nursing* 21, no. 1 (March 31, 2022): 75, <https://doi.org/10.1186/s12912-022-00852-y>.

<sup>19</sup> Tara McMullen and Jasmine L Travers, "Certified Nursing Assistants: Exploring the Federal Policy Landscape and Discussion of the National Academies Workforce Recommendations," *Public Policy & Aging Report* 33, no. Supplement\_1 (February 1, 2023): S16–21, <https://doi.org/10.1093/ppar/prac038>.







- California Department of Health and Human Services helps direct care workers find jobs, housing and childcare.<sup>22</sup>

These strategies can also be useful for recruiting and retaining home care workers.

## Nursing Assistant Retention

The Covid pandemic increased feelings of burnout among all healthcare workers, especially those in nursing facilities.<sup>23</sup> Since then, CNAs have been among those who report feeling most burned out and ready to leave their jobs.<sup>24</sup> Turnover rates specific to CNAs aren't readily available, though overall turnover rates for nursing facilities and home care agencies are more than twice that of hospitals (see Appendix 1). Some turnover in these professions occurs when CNAs go through additional training and become nurses, but data do not differentiate between CNAs who advance or leave the profession. Improved data collection on turnover and retention for direct care workers is recommended by the Milbank Memorial Fund and the Paraprofessional Healthcare Institute.<sup>25</sup> Wages for CNAs in Oregon are higher than the national average for the profession. Even so, wages are low compared to other jobs (see Exhibit 6). Compared to Oregon's workforce on average, a CNA is more likely to be female, identify as a person of color, and lack health insurance.<sup>26</sup>

### Exhibit 6. CNA Wage and Demographic Comparison

Oregon Workforce	Total	Female	Person of color	Average hourly wage	Lacks health insurance
CNAs in nursing facilities	4,572 <sup>3</sup>	76% <sup>1</sup>	37% <sup>1</sup>	\$18.01 <sup>1</sup>	8% <sup>1</sup>
All other jobs <sup>2</sup>	1,896,886	48%	14%	\$28.10	6%

Source: LPRO

Data: <sup>1</sup> Kezia Scales, "Strengthening and Stabilizing the Direct Care Workforce in Oregon," (Public Health Institute 2022), <https://www.oregon.gov/odhs/data/apddata/apd-direct-care-workforce-presentation-2022.pdf>; <sup>2</sup> Oregon Employment Department, 2023 Oregon Wage Information, <https://www.qualityinfo.org/data>; <sup>3</sup> Oregon Health Care Workforce Reporting Program, 2023 database. <https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

<sup>22</sup> State of California-Health and Human Services Agency, *Medicaid Home and Community-based Services Spending Plan* (Quarterly report, February 1, 2022). <https://www.dhcs.ca.gov/provgovpart/Documents/CA-HCBS-Spending-Plan-Quarterly-Report-FFY-21-22-Q3-Package.pdf>

<sup>23</sup> Jane Spencer, The Guardian, and Christina Jewett, "12 Months of Trauma: More Than 3,600 US Health Workers Died in Covid's First Year," *KFF Health News* (blog), April 8, 2021. <https://kffhealthnews.org/news/article/us-health-workers-deaths-covid-lost-on-the-frontline/>.

<sup>24</sup> Ashley Kirzinger, Audrey Kearney, Liz Hamel, and Mollyann Brodie. 2021, "KFF/The Washington Post Frontline Health Care Workers Survey" *KFF* (blog), April 6, 2021. <https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/>.

<sup>25</sup> Kezia Scales, *Strengthening and Stabilizing the Direct Care Workforce in Oregon* (Public Health Institute 2022), <https://www.oregon.gov/odhs/data/apddata/apd-direct-care-workforce-presentation-2022.pdf>.

<sup>26</sup> Scales.





Low wages create incentives to change jobs for small pay increases, and many post-acute workers leave for other industries where wages are higher.<sup>27</sup> Benefits also play a major role in retention; one study showed that direct care workers value health benefits more than wages.<sup>28</sup> Some states have enacted policies to increase CNA wages. For example:

- [California SB 525](#) (2023): created a \$25 minimum wage for health workers.
- Wisconsin Department of Health Services increased Medicaid rates by 14% and tied a portion of rate increases to direct care wages (2023).<sup>29</sup>
- Arizona Wage Pass-Through Law (2017) increased reimbursement rates with a specific amount earmarked for direct care worker wages.<sup>30</sup>

A review of literature shows the work environment to be the most important factor in whether CNAs in nursing facilities leave their jobs.<sup>31</sup> The relationship between the worker and their supervisor is especially important.<sup>32</sup> CNAs who stay in their jobs for years report feeling pride in the care they give, often listing that as their main reason for staying.<sup>33</sup> Tara McMullen argues that understaffing and inadequate training, especially for increasingly complex patients, undercuts CNAs' ability to give quality care.<sup>34</sup>

According to Dr. Jules Rosen, a common reason CNAs leave the workforce is the lack of opportunities for career advancement.<sup>35</sup> The Biden administration announced its National Nursing Career Pathways Campaign,<sup>36</sup> which includes creating a training pathway for CNAs who wish to become RNs. Other experts recommend creating advanced CNA roles and job titles which allow CNAs to mentor, coordinate,

<sup>27</sup> *The State of the Post-Acute Workforce*

<sup>28</sup> Susan D. Gilster, Marie Boltz, and Jennifer L. Dalessandro. 2. "Long-Term Care Workforce Issues: Practice Principles for Quality Dementia Care," *The Gerontologist* 58, no. suppl\_1 (January 18, 2018): S103–13, <https://doi.org/10.1093/geront/gnx174>.

<sup>29</sup> Wisconsin Department of Health Services, "DHS Announces Medicaid Nursing Home Rate Increase to Support Health Care Workforce," November 16, 2022. [https://infoweb.newsbank.com/apps/news/openurl?ctx\\_ver=z39.88-2004&rft\\_id=info%3Aid/infoweb.newsbank.com&svc\\_dat=AMNEWS&req\\_dat=0D0CB55EC55440C0&rft\\_val\\_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft\\_dat=document\\_id%3Anews%252F18DDBB239B87D618](https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Aid/infoweb.newsbank.com&svc_dat=AMNEWS&req_dat=0D0CB55EC55440C0&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F18DDBB239B87D618).

<sup>30</sup> Professor Ruqaiyah Yearby et al., *Direct Care Worker Wage Pass Through Law Final Report*, (Institute for Healing, Justice and Equity, 2020). [https://ihje.org/wp-content/uploads/2020/12/Direct-Care-Worker-Wage-Pass-Through-Law-Final-Report\\_September-2020\\_Institute-of-Healing-Justice-and-Equity.pdf](https://ihje.org/wp-content/uploads/2020/12/Direct-Care-Worker-Wage-Pass-Through-Law-Final-Report_September-2020_Institute-of-Healing-Justice-and-Equity.pdf).

<sup>31</sup> Susan Gilster, Marie Boltz, and Jennifer L. Dalessandro. "Long-Term Care Workforce Issues: Practice Principles for Quality Dementia Care," *The Gerontologist* 58, no. 1 (January 2018), <https://dx.doi.org/10.1093/geront/gnx174>

<sup>32</sup> Michael Matthews et al., "Determinants of Turnover among Low Wage Earners in Long Term Care: The Role of Manager-Employee Relationships," *Geriatric Nursing (New York, N.Y.)* 39, no. 4 (August 2018), <https://doi.org/10.1016/j.gerinurse.2017.12.004>.

<sup>33</sup> Nicholas G. Castle et al., "Job Satisfaction of Nurse Aides in Nursing Homes: Intent to Leave and Turnover," *The Gerontologist* 47, no. 2 (April 2007): 193–204, <https://doi.org/10.1093/geront/47.2.193>.

<sup>34</sup> Tara McMullen and Jasmine L. Travers, "Certified Nursing Assistants: Exploring the Federal Policy Landscape and Discussion of the National Academies Workforce Recommendations," *Public Policy and Aging Report* 33, no. 1 (February 2023) S16–S21, <https://doi.org/10.1093/ppar/prac038>

<sup>35</sup> Jules Rosen, "Getting to the Bottom of CNA Turnover," *McKnights Long-Term Care News*, December 1, 2008. <https://www.mcknights.com/blogs/guest-columns/getting-to-the-bottom-of-cna-turnover/>

<sup>36</sup> The White House, "FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes," February 28, 2022, <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>.



administrate, or provide expertise on care for specific conditions, as their careers progress.<sup>37</sup>

## Developing Oregon's Home Care Workforce

The home care workforce includes personal support workers, personal care attendants and other in-home support roles. They are the most common workers in the post-acute workforce (see Exhibit 7). The U.S. Department of Labor considers home care workers and CNAs to be direct care workers.<sup>38</sup> CNAs and home care workers share similar retention challenges and strategies, but there are key differences between them in average ages, wages and benefits (see Exhibit 7).

**Exhibit 7. Demographic and wage data for home care workers**

Job	Total	Age 55+ <sup>3</sup>	Average hourly wage <sup>3</sup>	Receive SNAP benefits <sup>3</sup>	Lack Health Insurance <sup>3</sup>
Home care workers	32,169 <sup>1</sup>	33%	\$14.45	37%	15%
CNAs in nursing homes	4,572 <sup>2</sup>	8%	\$18.01	16%	8%

Source: LPRO

Data: <sup>1</sup> Oregon Employment Department, 2023 Oregon Wage Information, <https://www.qualityinfo.org/data>; <sup>2</sup> Oregon Health Care Workforce Reporting Program, 2023 database, <https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>; <sup>3</sup> Kezia Scales, "Strengthening and Stabilizing the Direct Care Workforce in Oregon," (Public Health Institute 2022), <https://www.oregon.gov/odhs/data/apddata/apd-direct-care-workforce-presentation-2022.pdf>

Key characteristics of home care workers include:

- No education or training requirements.
- Paid among the lowest wages in the industry.
- Required to register with Oregon Home Care Commission (OHCC).

OHCC provides home care workers with certification opportunities that can lead to pay raises and career development. One option is certification as a traditional health worker, a role whose average pay is 60 percent higher than HHAs and personal care aides (see Appendix).

<sup>37</sup> *Caring for the Future: The Power and Potential of America's Direct Care Workforce*, (Public Health Institute 2020). [https://academic.oup.com/ppar/article/33/Supplement\\_1/S16/7031135](https://academic.oup.com/ppar/article/33/Supplement_1/S16/7031135).

<sup>38</sup> *For Workers*, U.S. Department of Labor (Wage and Hour Division), <http://www.dol.gov/agencies/whd/direct-care/workers>.



## Developing the Post-Acute Behavioral Health Workforce

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A survey by Oregon Department of Human Services in 2022 indicated that the most common reasons for post-acute facilities denying admission of patients during the hospital discharge process were harmful patient behaviors and substance use.<sup>39</sup> As patients' needs become more complex,<sup>40</sup> more patients may require both physical and behavioral post-acute care. Among states, Oregon ranks 49<sup>th</sup> in how well behavioral health needs are being met,<sup>41</sup> 35<sup>th</sup> in addiction rates,<sup>42</sup> and 43<sup>rd</sup> in access to addiction treatment.<sup>43</sup>

Oregon governing agencies currently license or register a wide range of behavioral health providers (see Exhibit 8). Though these roles treat conditions that may be cited as reasons for denying patients entry into post-acute care facilities, these positions rarely work in post-acute care facilities. Key behavioral health positions that may be relevant to post-acute care delivery include:

- **Traditional Health Workers.** THWs often work in community health settings, helping patients navigate health systems and transition into post-acute care. They are also common in rehabilitation settings, working as peer support specialists.
- **MHACBO-certified positions.** These include certified alcohol and drug counselors, qualified mental health associates, prevention specialists, recovery mentors, and more. All listed professions are governed by the Mental Health and Addiction Certification Board of Oregon (MHACBO) and work in rehabilitation or behavioral health settings. Certification requirements vary between professions, but none require a master's degree.

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<sup>39</sup> "Jane-ellen Weidanz, "House Bill 3396 Task Force" (Powerpoint Presentation, Joint Task Force on Hospital Discharge Challenges, September 21, 2023) <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/276867>.

<sup>40</sup> *The State of the Post-Acute Workforce*

<sup>41</sup> Maddy Reinert, Theresa Nguyen, Danielle Fritz, *The State of Mental Health in America*, (Mental Health America, 2023). <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>.

<sup>42</sup> "Interactive NSDUH State Estimates," Substance Abuse and Mental Health Services Administration. <https://pdas.samhsa.gov/saes/state>.

<sup>43</sup> "Interactive NSDUH State Estimates."



**Exhibit 8. Behavioral Health Providers**

<b>Profession</b>	<b>Governing Body</b>
Certified Alcohol and Drug Counselor	Mental Health and Addiction Certification Board of Oregon (MHACBO)
Certified Recovery Mentor	MHACBO
Licensed Clinical Social Worker	Board of Licensed Social Workers
Licensed Professional Counselor	Board of Licensed Professional Counselors and Therapists
Psychologist	Oregon Psychology Board
Qualified Mental Health Associate	MHACBO
Qualified Mental Health Professional	Mental Health and Addiction Certification Board of Oregon (MHACBO)
Traditional Health Workers	Oregon Health Authority

Source: LPRO

## Conclusion

In conclusion, Oregon's post-acute care workforce comprises many care giving professions including nurses, nursing assistants, home care workers, and behavioral health workers. This brief has reviewed some characteristics of these groups and factors affecting education, recruitment, and retention of workers in these roles.

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### Legislative Policy and Research Office

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*\*This brief was prepared as part of a graduate internship with the Legislative Policy and Research Office (LPRO) for the OHSU-PSU School of Public Health. LPRO provides centralized, nonpartisan research and issue analysis for Oregon's legislative branch. LPRO does not provide legal advice. LPRO publications contain general information that is current as of the date of publication. Subsequent action by the legislative, executive, or judicial branches may affect accuracy.*



## Appendix. Employment, Turnover and Salary Tables

The tables below present additional information on turnover, employment, and wages.

### Exhibit 9. Turnover rates among Oregon's post-acute workforce

Profession	Turnover in 2019	Turnover in 2022
Registered nurses in hospital settings <sup>1</sup>	16%	23%
All staff in hospital settings <sup>1</sup>	18%	23%
Registered nurses in nursing facilities <sup>2</sup>	44%	52%
All staff in nursing facilities <sup>2</sup>	46%	53%
Home care workers <sup>3</sup>	64%	77%

Source: LPRO

Data: <sup>1</sup> "2023 NSI National Health Care Retention and RN Staffing Report" Nursing Solutions Inc. (2023). [https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf); <sup>2</sup> "Nursing Home Staffing Q1 2022", Long Term Care Community Coalition. <https://nursinghome411.org/data/staffing/staffing-q1-2022/> <sup>3</sup> "2023 Benchmarking Report", Home Care Pulse. <https://www.homecarepulse.com/benchmarking/marking-Report>

Wage information presented in Exhibit 10 is more recent than wage information presented earlier in this brief. The earlier information was used to ensure consistency when making comparisons.

### Exhibit 10. Oregon employment and salary information

Title	# employed <sup>1</sup>	Average salary <sup>1</sup>
Registered nurses*	37,404	110,710
Home health and personal care aides	32,169	37,357
Nursing assistants **	12,454	44,898
Substance abuse, behavioral health and mental health counselors	7,082	63,322
Licensed practical and vocational nurses **	3,550	68,737
Rehabilitation counselor	2,143	49,752
Community health worker	1,894	59,303
Nurse practitioners	1,882	141,488
Nursing instructors and teachers	559	96,858

\*roughly 10% of RNs work in post-acute settings<sup>2</sup>

\*\*roughly 50% of CNAs and LPNs work in post-acute settings<sup>2</sup>

Source: LPRO

Data: <sup>1</sup> Oregon Employment Department, 2023 Oregon Wage Information. <https://www.qualityinfo.org/data>; <sup>2</sup> Oregon Health Care Workforce Reporting Program, 2023 database. <https://www.oregon.gov/oha/hpa/analytics/Pages/Health-Care-Workforce-Reporting.aspx>

