



Utah state health workforce data 2023 report

Utah Health Workforce Advisory Council

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<p>Kendyl Brockman, MHA <i>Health workforce policy analyst, Primary Care and Rural Health, Utah Department of Health and Human Services</i></p>	<p>Sydney Groesbeck, MPP <i>Lead research consultant, Health Workforce Information Center, Utah Department of Health and Human Services</i></p>
<p>Samuel Burge <i>Research consultant II, Health Workforce Information Center, Utah Department of Health and Human Services</i></p>	<p>Matt Cottrell <i>Research consultant II, Health Workforce Information Center, Utah Department of Health and Human Services</i></p>
<p>Dave Fogerty <i>Assistant division director, Workforce Research and Analysis, Utah Department of Workforce Services</i></p>	<p>Hannah Maxey, Ph.D., MPH <i>Consultant, Veritas Health Solutions, LLC</i></p>
<p>Courtney Medlock, MPH <i>Consultant, Veritas Health Solutions, LLC</i></p>	

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Letter from the chair

The Utah Health Workforce Advisory Council (HWAC) was created to study health workforce issues and trends to make recommendations to the Utah State Legislature and the Utah Board of Higher Education to help build and strengthen the health workforce. researches and studies the health workforce supply, employment trends, demands, and options for training and education. The council uses that information to implement or improve strategies that entities in the state use to address health workforce needs, including shortages, recruitment, and retention.

Utah faces considerable health workforce shortages including clinical professionals who leave their roles for another outside the healthcare industry. Many who considered retirement within a couple of years have officially decided to retire early or seek employment outside of the industry. There are significant gaps within the health workforce as a result. The health workforce shortages and issues will take time to solve, but this report sets the baseline for all future data collection efforts and policy reform. The HWAC will collaborate and coordinate with health professionals, the Utah State Legislature, state agencies, and various bodies as we work to strengthen Utah's health workforce.

I want to thank the Health Workforce Information Center (HWIC) for their contributions to this report. The report would not have been possible without their knowledge and expertise.

In conclusion, I sincerely appreciate each council member's valuable contributions over the past year and in developing this report. Your insightful perspectives and continuous engagement have benefitted Utah and the health workforce.

Sincerely,

Tracy Gruber

Chair, Utah Health Workforce Advisory Council

Executive director, Utah Department of Health and Human Services

Executive summary

The Utah Health Workforce Act of 2022 authorized the Utah Health Workforce Advisory Council (HWAC) to review data on the supply, demand, and education to prepare recommendations to strengthen the health workforce. This document describes the types of data (supply, demand, and education) outlined in statute, explores existing sources in the state of Utah, and outlines considerations to interpret existing and future data analysis and reporting. The following offers a summary of facts and findings on the **current** state and **future** opportunities and considerations from this report:

Supply data

- current: license count information provides insights on the number of individuals who are qualified to practice in the state, but they do not represent the actual number who practice nor do they reflect true workforce capacity (not all licensees practice full-time).
- current: employment estimates, captured through employer surveys, are helpful to understand state-level employment trends, but may not provide insight into employment within all Utah communities (especially rural) or account for health professionals who are self-employed or work under various employment arrangements.
- future: supplemental workforce data on the prioritized health professions beginning in 2024 will enable Utah to answer key questions regarding supply (“How many [insert profession] are practicing in the state?” “What counties have the lowest [insert profession] capacity?” etc.) and will enable the state to explore health workforce shortages for a broader array of professionals.

Demand data

- current: Utah health workforce projections produced by DWS demonstrate projected increased employment across the board.
- future: opportunities may exist for Utah to explore health workforce demand monitoring to enable more nimble policy and planning.

Education data

- current: state-level Utah System of Higher Education (USHE) reported graduation counts for the degrees associated with the education requirements of prioritized

health professions offer insight into the size of the pipeline in Utah, but do not offer insights on workforce outcomes (example: how many graduates from associate and bachelor degrees in nursing become registered nurses in the state?) or where targeted opportunities exist for strengthening the pipeline within specific communities.

- future: future education data and analyses might include maps that plot the distribution of Utah's training pipeline across the state. This type of information would help inform policy and planning related to strengthening the pipeline.
- future: explore talent retention among graduates from Utah's health professions training programs through data linkages and analysis. The results of this information would help examine outcomes of the pipeline and inform strategies to retain talent in the state.

Introduction

Health workforce information is critical to identify shortages, target workforce development initiatives, and evaluate the impact of related programs and policies. Over the last several years, Utah has prioritized capacity for informed and coordinated health workforce policy and planning through the establishment of the Utah Health Workforce Advisory Council (HWAC) and Utah Health Workforce Information Center (HWIC). This report, prepared by the HWAC in collaboration with HWIC, explores the state of health workforce information in Utah and identifies opportunities to strengthen related data in the future.

Note: Workforce information presented in this report, compiled from existing state sources, provides a snapshot of Utah's health workforce as of 2023. Future reports and resources will provide a deeper dive into the characteristics and distribution of specific health professions and topical areas.

Defining health workforce

The health workforce has been defined by the Utah State Legislature as any individual, collectively and by profession, who delivers healthcare services or assists in the delivery of healthcare services.¹ This includes any healthcare professional who does not work in the health sector and any non-healthcare professional who works in the health sector.

The following professions map to profession groupings that were identified by the Utah State Legislature as priority areas of focus:

- nursing²
- mental health professionals³
- psychology⁴

¹ Utah Code 26-69-101

² Includes all license types associated with medication aide, licensed practical nurses, registered nurses, certified nurse midwives and advanced practice registered nurses

³ Includes all licensed interns, associates, and professionals in the following behavioral health license types: marriage and family therapist, substance use disorder counselors, social workers, mental health counselors

⁴ Includes psychologists, residents, and behavior analysts

- physicians⁵
- oral health professionals⁶
- physician assistants

Brief history and background

Where did this initiative start?

During the height of the COVID-19 pandemic, the **Utah Health Workforce Coalition** was convened through the Utah Department of Health Office of Primary Care and Rural Health to determine strategic priorities to advance the health workforce in Utah. The Utah Health Workforce Coalition's purpose was to collaborate with statewide partners to improve access to quality healthcare in rural and underserved communities to elevate the capacity of rural and underserved communities in Utah to deliver quality healthcare. The coalition, which included legislators, executive branch officials, educators, employers, trade associations and others from the health industry, met monthly throughout 2021 to develop a strategic plan that included recommendations to establish an advisory body to support health workforce policymaking as well as to formalize strategies to ensure data are available to inform policy related conversations.

How was it formalized?

During the Utah 2022 general session, Representative Norman Thurston sponsored [House Bill 176: Health Workforce Act](#) which established the **Utah Health Workforce Advisory Council (HWAC)** and the **Utah Health Workforce Information Center (HWIC)**.⁷ This legislation, directly informed by recommendations prepared by the Utah Health Workforce Coalition in 2021, was passed into law and signed by Governor Spencer Cox on March 23, 2022.

About the HWAC and HWIC

The Utah Department of Health and Human Services (DHHS) [HWAC](#) and [HWIC](#), collaborate to bolster Utah's healthcare workforce through coordinated efforts.

⁵ Includes allopathic and osteopathic physicians and surgeons

⁶ Includes dentists and dental hygienists

⁷ <https://le.utah.gov/~2022/bills/static/HB0176.html>

The HWAC collaborates with other agencies and statutory entities to develop data-driven policy recommendations aimed to enhance Utah's healthcare workforce. This involves initiatives such as data collection, policy research, and comprehensive reporting.

In tandem, the HWIC offers specialized expertise in healthcare workforce data collection, research, analytics, and reporting. The HWIC contributes to informed discussions on workforce policy at both state and local levels by providing valuable insights and supports the HWAC in fulfilling its duties.

Early action to strengthen Utah health workforce data

The HWAC developed processes to accomplish its duties the first year after its establishment (July 2022 to June 2023). This included development of a standing data subcommittee tasked to prepare strategies for the collection and reporting of detailed workforce information for health professions prioritized in statute. The [Utah cross profession minimum dataset](#), prepared by the data subcommittee, was adopted by the HWAC on March 15, 2023. This tool currently serves as the framework for profession specific surveys implemented by the Utah Department of Commerce Division of Occupational and Professional Licensure (DOPL). DOPL's implementation of data collection began in late 2023 with physicians, advanced practice registered nursing, and registered nursing and will continue throughout a 2-year period as prioritized professions renew their respective licenses. New health workforce data collected through authorities established by the Utah Health Workforce Act will be available beginning in 2024 and continue through 2026. Additional information can be found at: <https://ruralhealth.utah.gov/data-subcommittee/>.

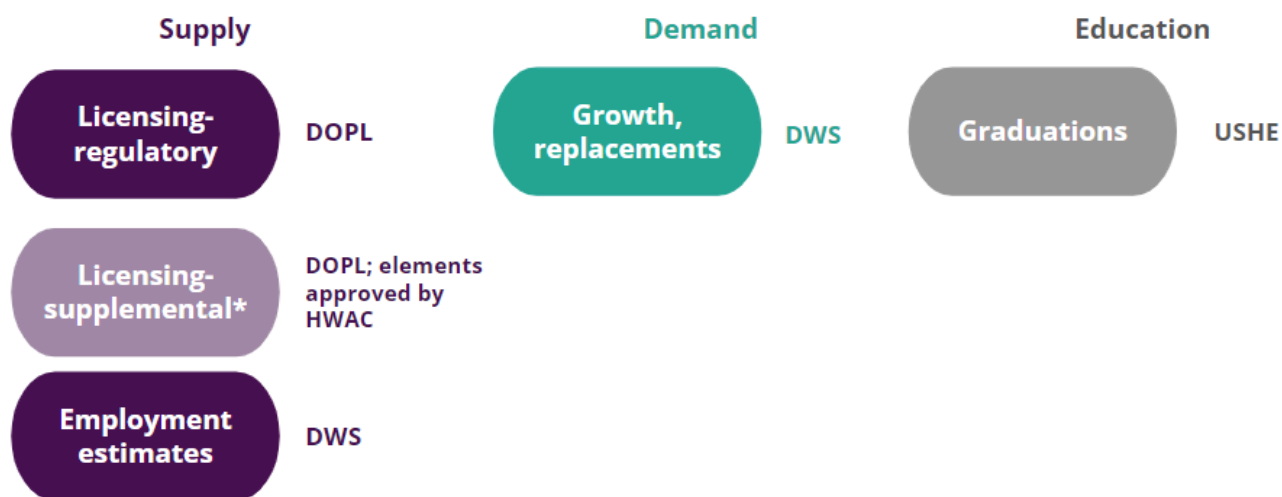
2023 Utah state health workforce data report

We have identified and aggregated existing sources of state-level workforce data (figure below) while we wait for new data on the prioritized professions to support the HWAC in fulfilling its duties related to research and recommendations. This existing data provides some insights into the state of the health workforce while new, more robust data are being collected.

This brief data report presents existing information on the supply, demand, and educational landscape for statutorily-prioritized health professions. The report defines

each of these categories and presents recent data from existing sources. (Figure 1 shows the existing Utah data sources that are explored for each category.) The report closes with considerations for future state health workforce data reporting.

Figure 1. State data sources for health workforce



*Data not yet available, but under implementation for 2024.

Supply

Defining supply data

Health workforce supply refers to the number (or supply) of health professionals within a certain geographical area. Supply data can come from various sources which may include but are not limited to 1) the number of licenses, 2) employment estimates, and 3) workforce surveys. Each of these data sources have benefits and limitations. License count data is readily available but data typically overestimates actual supply as not all licensees actually practice in the state. Employment estimates are captured through employer surveys which may not represent all health professionals who practice in a state. Workforce surveys given to health professionals through the mail or electronically may be time consuming and costly, and generally have low rates of response. Workforce surveys given in conjunction with state license application and renewal are considered the best practice to capture robust supply information on the workforce who actively practice or work in a state.

The state of Utah supply data

Previously reported information on the supply of certain health professions in Utah was collected through voluntary workforce surveys conducted by the Utah Medical Education Council (UMEC). This information was helpful, but survey response rates were low so the data was only available for a handful of professions. (Previous Utah health workforce supply reports can be accessed at: <https://umec.utah.gov/publications/>.) DOPL reports license count data, but this may not reflect an actual supply of professionals who provide care to Utahns. More robust supply data will be available for the prioritized professions beginning in 2024 as a result of the [profession specific surveys](#) administered by DOPL during the licensing application and renewal processes. In the interim, license and employment data are available for most of the prioritized professions. Employment estimates and related information are readily available through the Utah Department of Workforce Services (DWS).

Existing Utah supply data

Currently, license counts and employment estimates for the prioritized professions are available and may serve as sources of existing workforce supply information. Data on the prioritized health professions were obtained from DOPL (license count) and the Utah Department of Workforce Services (DWS) (employment estimates) and are presented in Table 1. (Additional information on trends in license counts by profession is available in Appendix A.) In order to support comparison between the data sources, both license count and employment estimates are reported for 2021.

Registered nurses represent the largest group, both by active license count and employment estimate. Allopathic physicians are the second largest. The smallest number of licenses and lowest employment estimates are reported for mental health and psychology professionals.

Differences between active license counts and employment estimates are found for all of the profession types reported. For example, there were a total of 39,196 registered nurse licenses reported by DOPL in 2021, but only 24,702 registered nurses are reported in employment estimates. Alternatively, during this same timeframe DOPL reported 998 marriage family therapy licenses while 1,108 marriage family therapists were reported in employment estimates. These differences reflect variations in the type and purpose of the data.

It is important to understand what these data sources do and do not represent. Licensing counts simply reflect the number of individuals qualified to practice in Utah, but do not necessarily represent the number who actually practice. Employment estimates are calculated estimates based on surveys given to employers. These surveys are not always completed by every employer, and in some instances, health professionals may be self-employed or have employment arrangements not captured through this reporting mechanism. While license count and employment estimates provide insights on supply at the state level, these data should not be interpreted as absolute. Future workforce supply data, based on DOPL collected information, will provide better accuracy.

Table 1. Utah health workforce supply

<i>License type</i>	<i>Active license count, 2021</i>	<i>DWS employment estimate, 2021</i>
Nursing		
Medication aides	NA	NA*
Licensed practical nurses	2,705	1,174
Registered nurses	39,196	24,792
Advanced practice registered nurses*	4,237	2,362
Mental health professionals		
Marriage and family therapists	998	1,108
Clinical mental health and substance use disorder counselors**	NA	3,925 [†]
Licensed clinical social workers	4,919	4,317
Psychology		
Psychologists	1,164	1,752
Residents	52	NA*
Behavior analysts	540	NA*
Physicians		
Allopathic physicians and surgeons	12,584	5,032
Osteopathic physicians and surgeons	1,552	
Oral health professionals		
Dentists (anesthesia class A, B, C, D & E)	3,666	1,517
Dental hygienists	3,749	2,776
Physician assistant		
Physician assistants	2,267	1,427

Data for Table 1 active license information can be found here: https://db.dopl.utah.gov/licensee_count.html

* Note: Nurse anesthetists are **excluded** from these estimates. Employment estimates are produced through sample surveys conducted by the Utah Department of Workforce Services. For professions in which only a few respondents were recorded, the estimates are suppressed to protect each respondent's confidentiality.

**Note: Employment estimates are only available for license types that can be mapped to Department of Labor classification codes. Some professions are aggregated together (mental health counselors and substance abuse disorder counselors) in employment estimates provided by the Utah Department of Workforce Services and are consequently aggregated together in the table.

[†] Note: Utah Department of Workforce Services includes employed individuals in specific occupational codes based on their job description and does not consider licensure in that classification. This can result in some estimates, such as those for mental health counselors, capturing employed individuals who are not required to obtain a license but perform similar work.

Supply data and health workforce shortages

Health workforce supply data can be combined with population count data and used to calculate population to provider ratios. Population to provider ratios are a common metric used to understand workforce capacity and identify workforce shortages. Future Utah health workforce data reports will include county-level calculations of population to provider ratios for the prioritized professions using new data collected by DOPL to include only those professionals who actually provide care to Utahns. These ratios will provide insights into geographic variations that exist in workforce capacity and healthcare access.

Calculation of population to provider ratios are currently part of the process to designate [federal health workforce shortages](#) for primary care, dental health, and mental health providers. These designations are based on federally defined criteria and only available for selected occupations, but provide some insight into the state of the health workforce within a state.

The most recent federal health professional shortage area (HPSA) designation maps are presented below (Figures 2-4). Table 2 presents the total number of unique designations by profession type. Note: federal reviewers only consider MD or DO providers. Advanced practice providers like advanced practice registered nurse or physician assistants are not considered in the process.) Not surprisingly, the majority of Utah communities designated as having health professional shortages are rural. Some Utah communities, such as those on the central eastern border and the southwest border, experience shortages of all 3 provider types.

Figure 2. Utah primary care health professional shortage area designations

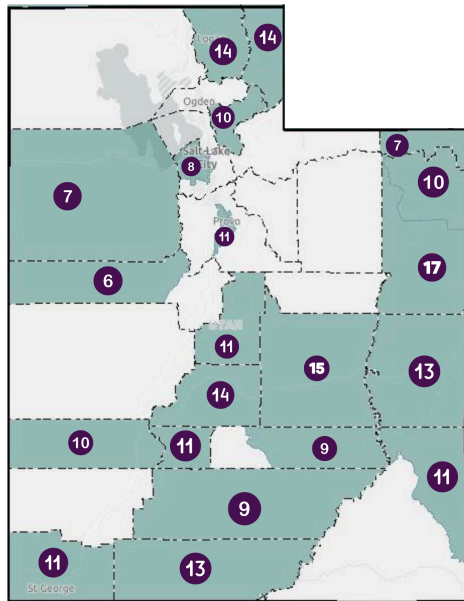


Figure 3. Utah dental health professional shortage area designations

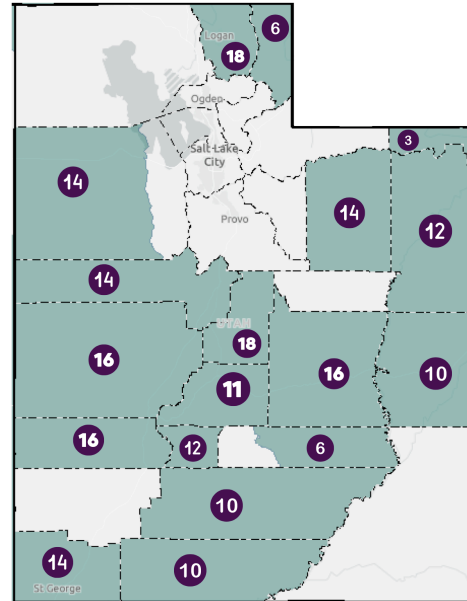


Figure 4. Utah mental health professional shortage area designations

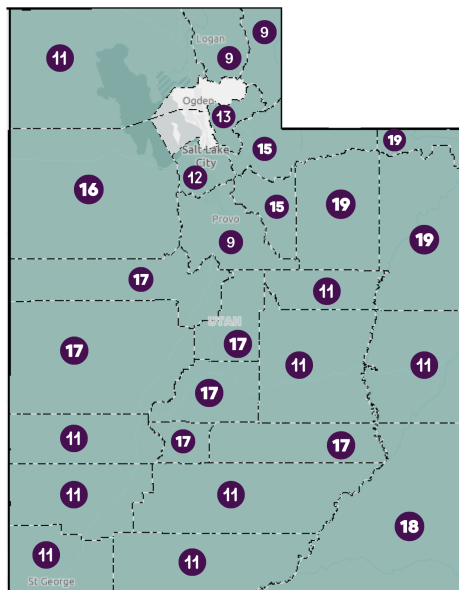


Table 2. Utah health professional shortage area designations summary

HPSA discipline	Number of designations	Number of rural	Number of urban
Primary care	39	36	3
Mental health	16	11	1
Dental health	18	17	1

For further information on health professional shortage area designations, visit <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation>.

Supply data considerations

Licensing count data and employment estimates are readily available and existing sources of supply information for Utah health professionals, but there are a number of limitations to these data that threaten their reliability.

- License count may not reflect the number of licensed professionals actively practicing in Utah. In some cases, individuals maintain active licenses when they are not actively practicing (example retired or transitioned to different employment sectors), or they may live out of state and simply maintain a Utah license.
- License count is the equivalent of “head count” but it is not the same as full-time equivalent (FTE). For example, 1 health professional may practice 2 days a week in a rural health clinic. This professional is counted as 1 professional, but they only work part time. Two and a half professionals working part time would be needed to make sure a professional works at the rural health clinic full time. This type of information, days/hours per week, is critical to understand and assess health workforce capacity.
- Employment estimates are helpful to understand employment trends, but these data are captured through surveys that are not always completed by every employer. In some instances, health professionals may be self-employed or have employment arrangements not captured through this reporting mechanism.

In the future, Utah will have access to supplemental workforce data collected from the prioritized professions by DOPL when they renew their licenses every 2 years. This new information means Utah will be able to answer questions such as, “How many [insert professionals] are currently practicing in Utah?,” “What is the population to [insert

profession or even specialty] ratio in each county within Utah?," and many more key questions. This new data will begin to be available in 2024. For more information on this initiative visit: <https://ruralhealth.utah.gov/hwac-reports/>.

Demand

Defining demand data

Workforce demand is commonly defined as the amount of “manpower” required by employers, but this definition cannot be absolutely applied to healthcare. Demand for the health workforce is much more complex and can be defined as (1) the demand from healthcare suppliers like hospitals and clinics for healthcare workers, (2) the demand for healthcare services from Utah’s population, or (3) some prescribed need determined by research, practitioners, and others. Despite differences in how health workforce demand may be defined, estimating workforce demand is difficult.

Most states depend on employment estimates, job openings, and workforce projections to monitor health workforce demand. Employment estimates provide limited information about demand because they only reflect the amount of demand that was met by the available workforce supply. Using and comparing several data sources can facilitate a better, but still limited, understanding of workforce demand. For example, a large number of job postings for healthcare professionals can signal that the labor supply is not meeting labor demand but it does not allow us to quantify total demand.

The state of Utah demand data

The [Utah Department of Workforce Services \(DWS\)](#) is the state agency responsible for reporting employment estimates, projections, job openings, and more. These data are publicly accessible at the state level and reported by profession using [Standard Occupation Codes \(SOC\)](#).

Existing Utah demand data

SOC associated with the prioritized professions were identified and used to gather DWS estimates for current employment (2020), projected employment (2030), and projected percent change in employment (2020 to 2030). These data presented in Table 2 demonstrate that **all prioritized professions are anticipated to experience growth over the next decade**, with licensed practical nurses and physicians projecting the smallest growth (+10.4% and +17.0%, respectively). Physician assistants and advanced practice

registered nurses are expected to have the greatest employment growth (+48.1% and +59.5%, respectively) over that same period.

Table 3. Utah health workforce projected employment estimates

License name	Utah Department of Labor Standard Occupation Code	Current employment (2020)	Projected employment (2030)	Projected percent change (2020 to 2030) (0-20%, 20.1-40% and >40.1%)
Nursing				
Licensed practical nurses	29-2061	1,174	1,296	+10.4%
Registered nurses	29-1141	24,792	29,821	+20.3%
Advanced practice registered nurses*	29-1161 (Nurse midwives) 29-1171 (Nurse practitioners)	2,362	3,767	+59.5%
Mental health professionals				
Marriage and family therapists	21-1013	1,108	1,424	+28.5%
Clinical social workers	21-1021 (Child, family, and school social workers) 21-1022 (Healthcare social workers) 21-1023 (Mental health and substance abuse social worker) 21-1029 (social workers, other)	4,317	5,217	+20.8%
Mental health and substance abuse disorder counselors** †	21-1018	3,925	5,389	+37.3%
Psychology				
Psychologists	19-3032 (Industrial-organizational psychologists) 19-3033 (Clinical and counseling psychologists) 19-3034 (School	1,752	2,195	+25.3%

	psychologists) 19-3039 (Psychologists, other)			
Physicians				
Physicians and surgeons	29-1229 (Physicians, other) 29-1215 (Family medicine physicians) 29-1216 (General internal medicine physicians) 29-1218 (Obstetricians and gynecologists)	5,032	5,921	+17.7%
Oral health professionals				
Dentists (general)	29-1021	1,517	1,940	+27.9%
Dental hygienists	29-1292	2,776	3,581	+29.0%
Physician assistants				
Physician assistants	29-1071	1427	2114	+48.1%
<p>Data for Table 2 can be found here: https://jobs.utah.gov/jsp/utalmis/#/occupation/29-1141.00/report</p> <p>Note: Only the license types that were able to be mapped to Department of Labor occupational classifications were included on the above table.</p> <p>*Note: Nurse anesthetists are excluded from these estimates. Employment estimates are produced through sample surveys conducted by the Utah Department of Workforce Services. For professions in which only a few respondents were recorded, the estimates are suppressed to protect each respondent's confidentiality.</p> <p>**Note: Employment estimates are only available for license types that can be mapped to Department of Labor occupational classifications. Some professions are aggregated together (mental health counselors and substance abuse disorder counselors) in employment estimates provided by the Utah Department of Workforce Services and are consequently aggregated together in the table.</p> <p>† Note: Utah Department of Workforce Services includes employed individuals in specific occupational codes based on their job description and does not consider licensure in that classification. This can result in some estimates, such as those for mental health counselors, capturing employed individuals who are not required to obtain a license but perform similar work.</p>				

Demand data considerations

Workforce projections are important tools to support planning and decision-making regarding the workforce. Such projections are generally calculated using existing information, such as current employment and job openings, and statistical models that predict future job growth under certain conditions. Workforce projections are commonly prepared by federal and state agencies to support policy and planning, but researchers also develop projections using different types of models.

Workforce projections reflect the information that is included in the models that prepare them. None of the workforce projection models likely took into account the COVID-19 pandemic. Workforce projections should be used to inform policy and planning, but caution should be taken in considering them as absolute. Several states have developed demand monitoring systems, the [Sentinel Network Model](#), to help them keep a finger on the pulse of demand. These rely on “sentinel” healthcare employers routinely reporting demand information that represents a region of the state.

Education

Defining education data

Education information, including enrollment and graduation counts, provides insight on the number of students who receive/complete the training required to join the workforce. Typically education data are reported using classification of instructional program (CIP) codes developed by the U.S. Department of Education. CIP codes are used to categorize academic programs, such as health professions training programs, but it is important to note that CIP codes do not always correlate directly with professional license categorizations.

Education data can commonly be reported by academic programs (CIP code) at the institution level, and in some cases can be reported at the campus level within institutions. States use education data to understand the volume of future health professionals being produced. This type of information supports policymakers exploring strategies to increase state workforce capacity. It also enables the identification of areas of greatest need within the education aspect of healthcare. Opportunities also exist for states to combine education and employment data to provide additional insights into talent retention and the workforce outcomes of education systems.

State of Utah education data

Educational data is captured from the [Utah System of Higher Education \(USHE\)](#), which maintains data on degrees and certificates awarded by public institutions organized by U.S. Department of Education CIP codes. USHE has many resources available to the public on their [website](#), including institutional data on degrees and awards, tuition and fees, strategic goals, enrollments, and completions. Please note the education data through USHE does not include graduates from private institutions or those that graduated from another state.

Existing Utah education data

CIP codes associated with academic programs that prepare students for the prioritized professions were identified and used to gather state-level graduate counts for academic years beginning 2017 and ending 2022. Table 3 presents graduate counts for Utah

institutions by CIP codes identified to be associated with the prioritized professions by academic year. These data are meant to be a first, high-level step to quantify state-level capacity.

[USHE has 459 instructional programs](#) which are mapped to federal classification of instruction program (CIP) codes. Overall, Utah's graduate counts were fairly stable or increased during the years examined. The exception was in academic programs for psychology, where decreases were noted in several associated CIP codes.

Table 3. Utah System of Higher Education graduates by CIP code

USHE graduates by CIP Code, 2017-2022						
CIP code	Title	Academic year				
		2017-18	2018-19	2019-20	2020-21	2021-22
19.0706	Child development	26	10	18	N < 10	12
42.0101	Psychology, general	1355	1366	1187	1123	1187
42.2799	Research and experimental psychology, other			289	367	442
42.2805	School psychology	N < 10	N < 10	N < 10	N < 10	N < 10
42.2806	Educational psychology	94	82	79	67	70
42.2814	Applied behavior analysis	N < 10	N < 10	N < 10	N < 10	18
42.9999	Psychology, other	40	28	35	30	38
44.0701	Social work	566	536	614	717	700
51.0401	Dentistry	23	27	45	52	45
51.0602	Dental hygiene/ hygienist	107	136	122	116	137
51.1201	Medicine	100	118	132	113	113
51.1501	Substance abuse/ addiction counseling	N < 10	22	19	17	44
51.1505	Marriage and family therapy/ counseling	N < 10	10	N < 10	29	42
51.2603	Medication aide	N < 10	N < 10	N < 10	N < 10	
51.3801	Registered nursing/ registered nurse	1693	1795	1919	2110	2293
51.3802	Nursing administration	19	23	20	26	63
51.3805	Family practice nurse/ nursing	20	30	21	N < 10	N < 10
51.3807	Nurse midwife/ nursing midwifery		N < 10		N < 10	
51.3818	Nursing practice	N < 10	N < 10		13	29
51.3901	Licensed practical/ vocational nurse training	306	337	362	390	354

Data for Table 3 can be found here: <https://ushe.edu/institutional-data-resources-degrees-awards/>

Utah System of Higher Education, 2022, Classification of Instructional Program (CIP) Codes are developed by the U.S. Department of Education and are used to categorize academic programs, CIP code does not always correlate directly with professional license categorizations.

Education data considerations

State-level graduation count data for degree programs corresponding to the prioritized health professions offers insight into the workforce pipeline in Utah. They reflect the number of individuals who successfully completed education requirements in certain health professions. These state-level graduate counts do not offer any insight into in-state retention of these graduates into the workforce, in general or within the respective profession. Additional data linkages and analyses would be needed to explore in-state retention.

Considerations

Utah has made considerable progress toward informed health workforce planning. Recent initiatives to strengthen health workforce data will position the state to answer key questions, such as, “How many [insert profession type] are actively providing care to Utahns?,” and “What communities have the most severe shortages of [insert profession type]?” Soon, Utah will be able to answer these important questions. As a result of the Utah Health Workforce Act of 2022, this data is now being collected by DOPL through partnership with the HWAC and will be presented in future reports produced by the HWIC. Utah partners can look forward to better data to support and inform their health workforce related initiatives.

The Utah Health Workforce Act authorized the HWAC to review data on the supply, demand, and education of prioritized health professions. This document, prepared in advance of forthcoming more robust health workforce data, describes the types of data (supply, demand, and education) outlined in statute, explores existing sources in the state of Utah, and presents initial aggregate information for discussion. The following are a list of considerations from this report that may be useful to inform future health workforce data initiatives.

- License count information provides insights on the number of individuals who are qualified to practice in the state, but they do not represent the actual number who practice nor do they reflect true workforce capacity (not all licensees who practice do so full-time).
- Employment estimates, captured through employer surveys, are helpful to understand state-level employment trends, but may not provide insight into employment in all Utah communities (especially rural) or account for health professionals who are self-employed or work under various employment arrangements.
- Beginning in 2024, supplemental workforce data on the prioritized health professions will enable Utah to answer key questions regarding supply (“How many [insert profession] are practicing in the state?,” “What counties have the lowest [insert profession] capacity?” etc.) and will enable the state to explore health workforce shortages for a broader array of professionals.

- Utah health workforce projections produced by DWS demonstrate projected increased employment projections across the board for the prioritized professions, with the highest reported for advanced practice registered nurses and physicians assistants.
- Opportunities may exist for Utah to explore health workforce demand monitoring to enable more nimble policy and planning.
- State-level USHE reported graduation counts for the degrees associated with the education requirements of prioritized health professions offer insight into the size of the state's pipeline, but do not offer insights on workforce outcomes (example: how many graduates from associate and bachelor degrees in nursing become registered nurses in the state?) or where targeted opportunities exist to strengthen the pipeline within specific communities.
- Future education data and analyses might include maps to plot the distribution of Utah's training pipeline across the state. This type of information would enable informed policy and planning related to strengthening the pipeline.
- Talent retention among graduates from Utah's health professions training programs may be explored in the future through data linkages and analysis. The results of this information would be very helpful to examine outcomes of the pipeline and inform strategies to retain talent in the state.