

Minnesota Department of Health's 2025 Healthcare Workforce Survey

What is the purpose of this survey?

The Minnesota Department of Health (MDH) collects this data to inform state and national healthcare workforce policies, to understand emerging trends in health care, and to help ensure access to medical, oral, and behavioral healthcare services for all Minnesotans.

Do I have to take this survey?

Yes. By law, you are required to provide this information. However, your responses WILL NOT affect your eligibility for a license in any way.

Are my survey responses protected?

Yes. The survey information you provide is classified as private data on individuals, which is protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13. Your responses will be combined with others and reported by MDH in summary format only. We may only share your responses with authorized government entities or researchers, as allowed by law. We do not share individual responses with your licensing board or your employer.

Whom should I contact if I have questions about this survey?

Please call the Minnesota Department of Health at (651) 201-3838 or toll free at (800) 366-5424, or email us health.workforce@state.mn.us. Our office hours are 8:00am to 4:30pm, Monday through Friday. We make every effort to respond as quickly as possible. (Please note: This survey is administered by MDH. If you have questions related to your **license renewal**, please contact your licensing board. Board staff will not be able to answer questions related to the survey.)

Click the NEXT button below to acknowledge that you have read these statements and begin the survey.

Page Break

Display this question: To all survey respondents

Which of these best represents your current work status?

- ☐ Working in a position that is related to my professional license (either within or outside Minnesota)
- ☐ Not working in a position that is related to my professional license (e.g., working outside the field, retired, not working, etc.)

Display this question:

If Which of these best represents your current work status? = Not working in a position...

Which of these best reflects what you are doing instead?

- ☐ Retired
- ☐ Laid off or furloughed
- ☐ Between jobs or seeking work **in a healthcare setting**
- ☐ Working (or seeking work) **outside health care**
- ☐ Providing care to family member(s) such as children, parents, or others
- ☐ In school/continuing education
- ☐ Something else: _____

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

About how many hours do you work in a typical week, including all duties of your job(s) (e.g., patient/client care time, documentation, administrative work, etc.)? (If your work schedule varies, an average or an estimate is fine.)

Display this question:

*If profession ≠ LNHA
And profession ≠ LALD*

And If

Which of these best represents your current work status? = Working in a position that is related...

In your position(s), do you provide any direct care to patients or clients?

- ☐ Yes
- ☐ No

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession = R

Or profession = PY

Or profession = PA

Or profession = LGSW

Or profession = LICSW

Or profession = LISW

Or profession = LSW

Or profession = LMFT

Or profession = LPC

Or profession = LPCC

Or profession = LADC

Or profession = LP

To your knowledge, how much of the care you provide is to people living in Minnesota? (Your best estimate is fine.)

- ☐ All (or nearly all) of the care I provide is to people living in Minnesota
 - ☐ 75 to 99 percent
 - ☐ 50 to 75 percent
 - ☐ 25 to 50 percent
 - ☐ 1 to 25 percent
 - ☐ None of the care that I provide is to people living in Minnesota
-

Display this question:

- If profession = LP
- Or profession = PY
- Or profession = PA
- Or profession = LPCC
- Or profession = LMFT
- Or profession = LICSW
- Or profession = PT
- Or profession = D
- Or aprn = Y
- Or profession = PHARM
- Or profession = OT
- Or profession = LADC

And If

Which of these best represents your current work status? = Working in a position that is related...

Do you own or co-own your own business, or an individual or group private practice?

- ☐ Yes
- ☐ No

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

Approximately how many years have you been in your current job with your current employer?

(Please enter your response in years. Use decimals for partial years [e.g., 0.5 for half a year, etc.]. If you have more than one job, please respond for the one in which you work the most hours.)

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

About how many more years do you plan to work in your profession in general (regardless of whether or not you change specific jobs)?

- ☐ Less than 1 year
- ☐ Between 1 and 5 years
- ☐ Between 5 and 10 years
- ☐ More than 10 years

Display this question:

If About how many more years do you plan to work in your profession... = Less than 1 year

Or About how many more years do you plan to work in your profession... = Between 1 and 5 years

What is the main reason you plan to leave your profession within the next five years? (*More than one of these may apply; please choose the response that best reflects your thinking right now.*)

- ☐ 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 profession or a related one
- ☐ For family or other personal reasons
- ☐ For some other reason (*description optional*):

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

The following set of questions are about your **primary work location** (i.e., the physical location where you spend most of your work hours). If you split your time evenly between two or more locations, chose any as your primary location.

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

In which setting do you typically work the most hours? *(If you split your time evenly between two or more locations, chose any as your primary work setting.)*

- ☐ **Clinic, office, or other ambulatory care setting** (including professional offices, behavioral health or substance use disorder treatment facilities, community health centers, FQHCs, surgery centers, dental offices, private practices, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
 - ☐ **Hospital – inpatient or outpatient** (including emergency departments, behavioral health/psychiatric, specialty, day surgery, transitional/rehabilitation units)
 - ☐ **Long-term care facility** (e.g., assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
 - ☐ **Home health care** (including any medical or behavioral health that is provided in patients' or clients' homes, including Home Infusion)
 - ☐ **A remote location** (e.g., home) to care for patients or clients via telemedicine, phone, and/or email
 - ☐ **Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
 - ☐ **Correctional facility**
 - ☐ **Community or faith-based organization** (including community collaboratives, churches, non-profits, or social service agencies)
 - ☐ **Public health agency** (including city/county health board, or city/county/state public health organization)
 - ☐ **Mobile clinic**
 - ☐ **School (Pre-K through 12)**
 - ☐ **Other** *(description optional)*: _____
-

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

What is the address of your primary work location? (Reminder: MDH keeps this and all other data you provide on this survey private.)

Display this question:

If profession = PHARM

Or profession = PHARMT

And If

In which setting do you typically work the most hours? = Pharmacy

In which type of pharmacy do you work? (If your work site falls into more than one category, please choose the one you think best applies.)

- ☐ Supermarket pharmacy (e.g., Target, Cub, Walmart, etc.)
 - ☐ Chain community pharmacy (e.g., Walgreens, CVS, Riteaid, etc.)
 - ☐ Independent community pharmacy
 - ☐ Hospital-based pharmacy
 - ☐ Clinic-based pharmacy
 - ☐ Mail service pharmacy
 - ☐ Other type of pharmacy (e.g., telepharmacy, nuclear pharmacy, compounding pharmacy, medication therapy pharmacy, etc.)
-

Display this question:

If profession = D

Or profession = T

Or profession = H

Or profession = A

And If

In which setting do you typically work the most hours? = Clinic, office, or other ambulatory care...

In which type of clinic do you work the most hours? (If your work site falls into more than one category, please choose the one you think best applies.)

- ☐ Solo private practice
 - ☐ Small group private practice (2-4 dentists)
 - ☐ Large group private practice (5+ dentists)
 - ☐ Community based non-profit (e.g., church, homeless shelter, early childhood education, etc.)
 - ☐ Community health center (CHC) or Federally qualified health center (FQHC)
 - ☐ Mobile dental clinic (e.g., Southside, Operation Grace, etc.)
 - ☐ Dental education institution clinic
-

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LNHA

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LALD

Approximately how many total people work at your primary work location? (Your best estimate is fine. If your organization has multiple locations, please consider only the location where you work. If you work at a large organization with many departments, consider **the entire work site, not just your department or floor.**)

- ☐ 1 to 25 people
 - ☐ 26 to 100 people
 - ☐ 101 to 500 people
 - ☐ 501+ people
-

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LNHA

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LALD

Is your primary work location affiliated with a system of clinics, offices, or hospitals, or is it independently owned? (Examples of a "system" could include Mayo, CVS, Allina, Nystrom & Associates, Health Partners, HCMC, Hazelden, or Delta Dental.)

- ☐ Affiliated with a system
- ☐ Independently owned
- ☐ Unsure

Display this question:

If In which setting do you typically work the most hours? = Long-term care facility...

Which of these best describes the type of facility where you work? (If your facility falls into more than one category, please choose the one you think best applies.)

- ☐ Assisted living community
- ☐ Substance use disorder treatment facility
- ☐ Home and community-based care
- ☐ Hospice
- ☐ Nursing home
- ☐ Other (please specify): _____

Display this question:

If license_type = LALD

And Which of these best describes the type of facility where you work? = Assisted living community

Or If

license_type = LALD

And Which of these best describes the type of facility where you work? = Nursing home

Or If

license_type = LNHA

And Which of these best describes the type of facility where you work? = Assisted living community

Or If

license_type = LNHA

And Which of these best describes the type of facility where you work? = Nursing home

In this facility, do you currently serve as any of the following roles? (Check all that apply.)

- ☐ Administrator of Record
 - ☐ Director of Record
 - ☐ Clinical Nurse
 - ☐ Regional Director
 - ☐ Owner
 - ☐ Other position
-

Display this question:

If In which setting do you typically work the most hours? = Long-term care facility...

Approximately how many clients/patients does your facility care for at any one time? (If you're not sure, an estimate is fine.)

- ☐ Less than 10
 - ☐ 10 to 20
 - ☐ 21 to 40
 - ☐ 41 to 60
 - ☐ 61 to 80
 - ☐ 81 to 100
 - ☐ More than 100
-

Display this question:

If In which setting do you typically work the most hours? = Long-term care facility...

Which of the following patient groups does your facility serve? (Check all that apply.)

- ☐ Memory care/dementia patients
- ☐ Elderly patients (ages 65 and older)
- ☐ Patients with physical disabilities
- ☐ Mental health/behavioral health patients
- ☐ Patients with substance use disorder
- ☐ Unsure
- ☐ Other specialized care (please specify): _____
- ☐ Other (please specify): _____

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...
And profession ≠ D
And profession ≠ PY
And profession ≠ PHARM

What is the highest degree you have completed in [profession-specific degree field]?

- ☐ High school diploma or equivalent
- ☐ Certificate (such as technical or vocational)
[Note: this choice is only displayed if profession = R or profession = L]
- ☐ Professional diploma (such as in nursing)
- ☐ 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

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

Where did you complete *[profession-specific degree location]*?

▼ Minnesota (23) ... Wyoming (50)

Display this question:

If profession = L

Or profession = R

Or profession = PT

And If

Which of these best represents your current work status? = Working in a position that is related...

What was the first (or initial/lowest) degree you completed that qualified you to work as *[profession-specific initial degree]*?

- ☐ Same as my highest degree
- ☐ High school diploma or equivalent
- ☐ Certificate (such as technical or vocational)
Note: this choice is only displayed if profession = R or profession = L]
- ☐ Professional diploma (such as in nursing)
- ☐ 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

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...
And profession = PA

Which do you consider your primary area of practice? (Select all that apply.).

- ☐ Anesthesia
- ☐ Cardiology
- ☐ Dermatology
- ☐ Emergency medicine
- ☐ ENT/Otolaryngology
- ☐ Family medicine
- ☐ General practice
- ☐ Internal medicine
- ☐ Psychiatry
- ☐ Neurology
- ☐ Obstetrics and gynecology (OB/GYN)
- ☐ Pediatrics
- ☐ Radiology
- ☐ General surgery
- ☐ Other surgery
- ☐ Other (please specify): _____

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...
And profession = D

Do you hold a certification from a dental specialty board? (Select 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

Display this question:

*If In your position(s), do you provide any direct care to patients or clients? = Yes
And profession = D*

How many active collaborative agreements do you have with the following professions (allowing service outside the dental office or in a non-traditional setting (Minnesota Statute 150A. 10, Subd. 1a))? (Please enter a number -- your best estimate is fine if you aren't certain.)

- ☐ Dental assistant(s) _____
 - ☐ Dental hygienist(s) _____
 - ☐ Dental therapist(s) _____
-

Display this question:

*If profession = H
And In your position(s), do you provide any direct care to patients or clients? = Yes*

Do you have a written collaborative agreement with a dentist? (A collaborative agreement allows you to provide services outside a traditional dental office or in a community/non-traditional setting, per MN Statute 150A.10, Subd. 1a).

- ☐ Yes
 - ☐ No
 - ☐ Don't know
-

Display this question:

If Do you have a written collaborative agreement with a dentist? = Yes

About how often do you use your collaborative agreement in your current job?

- ☐ Never
 - ☐ Up to 25 percent of my time
 - ☐ Between 25 and 50 percent of my time
 - ☐ Between 50 and 75 percent of my time
 - ☐ More than 75 percent of my time
-

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession = A

Or dt = N

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

Display this question:

If Do you have a restorative procedures credential?... = Yes

How often do you perform restorative procedures in your job?

- ☐ Never
- ☐ Up to 25 percent of my time
- ☐ Between 25 and 50 percent of my time
- ☐ Between 50 and 75 percent of my time
- ☐ More than 75 percent of my time

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And profession = A

How often, if ever, do you provide hands-on dental services in a non-traditional setting (e.g., school, community health, long-term care) while working with a dental hygienist as a part of a collaborative agreement with a dentist (MN Statue 150A. 10, Subd. 1a)?

- ☐ Never
- ☐ Up to 25 percent of my time
- ☐ Between 25 and 50 percent of my time
- ☐ Between 50 and 75 percent of my time
- ☐ More than 75 percent of my time

Display this question:

If profession = T

Or dt = Y

And If

In your position(s), do you provide any direct care to patients or clients? = Yes

In general, what percentage of your time do you spend doing typical dental hygiene procedures?

- ☐ None--I spend all of my time doing dental therapy procedures
- ☐ Up to 25 percent of my time
- ☐ Between 25 and 50 percent of my time
- ☐ Between 50 and 75 percent of my time
- ☐ More than 75 percent of my time

Display this question:

If profession = T

Or dt = Y

And If

In your position(s), do you provide any direct care to patients or clients? = Yes

Are you certified as an Advanced Dental Therapist (ADT)?

- ☐ Yes
- ☐ I'm in the process of getting an ADT certification
- ☐ No, but I would be interested in getting an ADT certification
- ☐ No, and I'm not currently interested in getting an ADT certification

Display this question:

If profession = T

Or dt = Y

And If

Are you certified as an Advanced Dental Therapist (ADT)? = Yes

In general, what percent of your time do you spend performing procedures that are authorized strictly

for Advanced Dental Therapists (this may include evaluations, extractions, or any other procedures related to CDT codes D0120, D0140, D0145, and/or D7140)?

- ☐ None
- ☐ Up to 25 percent of my time
- ☐ Between 25 and 50 percent of my time
- ☐ Between 50 and 75 percent of my time
- ☐ More than 75 percent of my time

Display this question:

If profession = T

Or dt = Y

And If

Are you certified as an Advanced Dental Therapist (ADT)? = Yes

In general, what percent of your time do you work under general supervision when the collaborative dentist is not physically present at your practice location (including community and clinic settings)?

- ☐ None
 - ☐ Up to 25 percent of my time
 - ☐ Between 25 and 50 percent of my time
 - ☐ Between 50 and 75 percent of my time
 - ☐ More than 75 percent of my time
-

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession ≠ LALD

And profession ≠ LNHA

Approximately how much of the care that you personally provide is via telemedicine?

- ☐ None
- ☐ Up to 10 percent
- ☐ Between 10 and 25 percent
- ☐ Between 25 and 50 percent
- ☐ Between 50 and 75 percent
- ☐ Between 75 and 100 percent
- ☐ All of the care I provide is via telemedicine

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LNHA

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LALD

Which of the following patient groups *[profession-specific underserved]* on a daily basis, if any? (Check all that apply.)

- ☐ Immigrants or refugees
- ☐ Other racial or ethnic minority group members
- ☐ Low-income or uninsured patients
- ☐ Medicaid (MA), MinnesotaCare, or other Minnesota Health Care program recipients
- ☐ Patients who require an interpreter
- ☐ Veterans
- ☐ Populations with disabilities
- ☐ Rural residents
- ☐ LGBTQ+ patients
- ☐ Unsure
- ☒ None of these

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

How satisfied have you been with your career in the last 12 months?

- ☐ Very satisfied
 - ☐ Satisfied
 - ☐ Dissatisfied
 - ☐ Very dissatisfied
-

Display this question:

If Which of these best represents your current work status? = Working in a position that is related...

How satisfied are you with your career overall?

- ☐ Very satisfied
 - ☐ Satisfied
 - ☐ Dissatisfied
 - ☐ Very dissatisfied
-

Page Break

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession = PY

Or profession = PA

Or profession = R

Or aprn = Y

Or profession = LICSW

Or profession = LMFT

Or profession = LPCC

Or profession = LP

To support policies that grow the health care workforce, MDH is interested in understanding more about **clinical training for health care learners**. This includes training such as rotations, internships, residencies, and student supervision, but not administrative oversight like time scheduling or personnel management. This next set of questions is designed to help us learn more about the state of this training, and some of the barriers that exist for doing this work.

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession = PY

Or profession = PA

Or profession = R

Or aprn = Y

Or profession = LICSW

Or profession = LMFT

Or profession = LPCC

Or profession = LP

In your primary work location are there currently any **[profession-specific learners]** who are receiving clinical supervision?

☐ Yes

☐ No

☐ Don't know

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession = LICSW

Or profession = LMFT

Or profession = LPCC

Or profession = LP

Are you a board-approved supervisor?

☐ Yes

☐ No

☐ Unsure

Display this question:

If In your primary work location are there currently any [profession-specific learners] = Yes

And profession = PY

Or If

In your primary work location are there currently any [profession-specific learners] = Yes

And profession = PA

Or If

In your primary work location are there currently any [profession-specific learners] = Yes

And profession = R

Or If

In your primary work location are there currently any [profession-specific learners] = Yes

And aprn = Y

Or If

In your primary work location are there currently any [profession-specific learners] = Yes

And Are you a board-approved supervisor? = Yes

In your job right now, are you currently *[profession-specific supervisor]* any *[profession-specific trainees]*? (Please include trainees you are working with either one-on-one or in a group. Please report only on training and supervision of learners, not on regular job supervision, administrative oversight such as scheduling or onboarding.)

☐ Yes

☐ No

Display this question:

If In your primary work location are there currently any [profession-specific learners] = Yes
And profession = PY

Or If

In your primary work location are there currently any [profession-specific learners] = Yes
And profession = PA

Or If

In your primary work location are there currently any [profession-specific learners] = Yes
And profession = R

Or If

In your primary work location are there currently any [profession-specific learners] = Yes
And aprn = Y

Or If

In your primary work location are there currently any [profession-specific learners] = Yes
And Are you a board-approved supervisor? = Yes

How much control do you have in deciding whether to [profession-specific supervision] learners?

- ☐ I have complete control; I make the decision myself
 - ☐ I have some control; my organizational leadership has some say
 - ☐ I have no control; my organizational leadership makes the decision for me
-

Display this question:

If In your job right now, are you currently [precepting/supervising] any... = Yes

And If

aprn = Y

Or profession = PA

Or profession = PY

Or profession = LICSW

Or profession = LMFT

Or profession = LPCC

Or profession = LP

Which of the following types of learners are you currently **[profession-specific supervisor]**? (Check all that apply.)

☐ Medical students

[Note: This option was only displayed to physicians, physician assistants, and APRNs]

☐ Medical residents

[Note: This option was only displayed to physicians, physician assistants, and APRNs]

☐ Physician assistant students

[Note: This option was only displayed to physicians, physician assistants, and APRNs]

☐ Advanced practice registered nursing students

[Note: This option was only displayed to physicians, physician assistants, and APRNs]

☐ Registered nursing students

[Note: This option was only displayed to physicians, physician assistants, and APRNs]

☐ Licensed professional counselors

[Note: This option was only displayed to licensed independent clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and licensed psychologists]

☐ Licensed marriage and family therapy associates

[Note: This option was only displayed to licensed independent clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and licensed psychologists]

☐ Licensed social workers (LSWs, LISWs, or LGSWs)

[Note: This option was only displayed to licensed independent clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and licensed psychologists]

☐ Licensed psychologists

[Note: This option was only displayed to licensed independent clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, licensed psychologists, physicians, and APRNs]

Display this question:

If In your job right now, are you currently [precepting/supervising] any... = Yes

For how many total learners (regardless of their profession) are you currently the primary **[profession-specific primary]** (meaning you spend significant time with them and complete their evaluation(s))? (Enter number; your best estimate is fine.)

Display this question:

If In your job right now, are you currently [precepting/supervising] any... = Yes

Approximately how much of your total time to do you currently spend **[profession-specific supervision time]**? (Your best estimate is fine.)

- ☐ 1 to 10 percent of my time
 - ☐ 10 to 25 percent of my time
 - ☐ 25 to 50 percent of my time
 - ☐ 50 to 75 percent of my time
 - ☐ 75 to 100 percent of my time
-

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

And If

profession = PY
Or profession = PA
Or profession = R
Or aprn = Y
Or profession = LICSW
Or profession = LMFT
Or profession = LPCC
Or profession = LP

(Optional) In your opinion, what do you think could encourage more **[profession-specific encouragement]** to provide more clinical training to learners? (Some examples might be individual-level incentives, like being paid more or having a reduced client/patient load. Other examples might be system-wide changes. Feel free to share any ideas you might have.)

Page Break

Display this question: To all survey respondents

Which racial/ethnic categories apply to you? (Check all that apply.)

- ☐ **African** *For example, Somali, Ethiopian, Oromo, Kenyan, Nigerian, Sudanese, etc.*
- ☐ **Black/African American**
- ☐ **American Indian or Alaska Native** *For example, Anishinaabe (Ojibwe/Chippewa), Mdewakanton (Dakota, Lakota), Ho-Chunk, etc.*
- ☐ **Asian - East Asian or Southeast Asian** *For example, Chinese, Korean, Hmong, Filipino, Japanese, Taiwanese, Tibetan, Vietnamese, Cambodian, Lao, etc.*
- ☐ **Asian - South Asian** *For example, Indian, Pakistani, Nepali, Sri Lankan, Afghan, etc.*
- ☐ **Asian - Another Asian ethnicity**
- ☐ **Hispanic or Latino** *For example, Mexican, Puerto Rican, Ecuadorian, Salvadoran, Guatemalan, Spaniard/Spanish, Colombian, Honduran, Cuban, etc.*
- ☐ **Middle Eastern or North African** *For example, Lebanese, Iranian, Egyptian, Syrian, Palestinian, etc.*
- ☐ **Native Hawaiian or Pacific Islander** *For example, Native Hawaiian, Samoan, Chamorro, Palauan, Tongan, etc.*
- ☐ **White** *For example, Irish, German, Italian, Norwegian, Polish, English, Swedish, etc.*
- ☐ **Another race or ethnicity (description optional):**

Display this question:

If In your position(s), do you provide any direct care to patients or clients? = Yes

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LNHA

Or If

Which of these best represents your current work status? = Working in a position that is related...

And profession = LALD

What languages do you personally speak in your *[profession-specific language]*? (Please exclude languages spoken only through an interpreter.)

- ☐ English
 - ☐ American Sign Language
 - ☐ Amharic
 - ☐ Arabic
 - ☐ Chinese (Mandarin/Cantonese)
 - ☐ French
 - ☐ German
 - ☐ Hindi
 - ☐ Hmong
 - ☐ Karen
 - ☐ Khmer
 - ☐ Lao
 - ☐ Oromo
 - ☐ Persian
 - ☐ Punjabi
 - ☐ Russian
 - ☐ Somali
 - ☐ Spanish
 - ☐ Swahili
 - ☐ Tagalog
 - ☐ Telugu
 - ☐ Urdu
 - ☐ Vietnamese
 - ☐ Yoruba
 - ☐ Another language (*description optional*):
-

End of survey message:

Thank you for taking the Minnesota Department of Health's Healthcare Workforce Survey.

Your response has been recorded. Click the "Continue to payment" button to complete your license renewal.

APPENDIX. Definitions for profession-specific piped-in question text

Profession-specific degree field

“... nursing”

- Licensed Professional Nurse
- Registered Nurse
- Advanced Practice Registered Nurse

“... a mental health related field (e.g., social work, psychology, substance abuse counseling, marriage and family therapy, mental health counseling, or related)”

- Licensed Graduate Social Worker
- Licensed Independent Clinical Social Worker
- Licensed Independent Social Worker
- Licensed Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Counselor
- Licensed Professional Clinical Counselor
- Licensed Alcohol & Drug Counselor

“... psychology”

- Psychologist

“... pharmacy”

- Pharmacy Technician

“... physical therapy”

- Physical Therapist
- Physical Therapist Assistant

“... occupational therapy”

- Occupational Therapist
- Occupational Therapist Assistant

Profession-specific degree location

“...this degree”

- All professions except physicians, pharmacists, and dentists

“...your medical degree”

- Physicians

“...your pharmacy degree”

- Pharmacists

“...your dental degree”

- Dentists

Profession-specific initial degree

“...a nurse”

- Licensed Professional Nurse
- Registered Nurse
- Advanced Practice Registered Nurse

“...a physical therapist”

- Physical Therapist

Profession-specific underserved

“Does your facility care for...”

- Licensed Assisted Living Directors
- Licensed Nursing Home Administrators

“Do you serve...”

- All other professions

Profession-specific learners

“...medical students, residents, physician assistant students, or nursing students”

- Advanced Practice Registered Nurse
- Physician
- Physician Assistant

“...registered nursing students”

- Registered Nurse

“...mental health practitioners”

- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific supervisor

“...precepting”

- Advanced Practice Registered Nurse
- Physician Assistant

“...supervising”

- Registered Nurse
- Physician
- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist

- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific trainees

“...clinical trainees such as medical students, residents, physician assistant students, or nursing students”

- Advanced Practice Registered Nurse
- Physician
- Physician Assistant

“...registered nursing students”

- Registered Nurse

“...mental health practitioners”

- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific supervision

“...precept”

- Advanced Practice Registered Nurse
- Physician Assistant

“...supervise”

- Registered Nurse
- Physician
- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific primary

“...preceptor”

- Advanced Practice Registered Nurse
- Physician Assistant

“...supervisor”

- Registered Nurse
- Physician
- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific supervision time

"...precepting"

- Advanced Practice Registered Nurse
- Physician Assistant

"...supervising"

- Registered Nurse
- Physician
- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific encouragement

"...advanced practice registered nurses"

- Advanced Practice Registered Nurse

"...registered nurses"

- Registered Nurse

"...physician assistants"

- Physician Assistant

"...physicians"

- Physician

"...mental health professionals"

- Licensed Independent Clinical Social Worker
- Licensed Marriage & Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Profession-specific language

"... work"

- Licensed Assisted Living Directors
- Licensed Nursing Home Administrators

"... practice"

- All other professions