

Minnesota Department of Health's 2026 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

Estimate the average number of hours per week spent in DIRECT PATIENT CARE. (If you work in more than one location, please report the total in all locations.)

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 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 = LALD

Or If

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

And profession = LNHA

Do you have an active license or practicing privileges in a state other than Minnesota?

Yes

No

Unsure

Display this question:

If Do you have an active license or practicing privileges in a state other than Minnesota? = Yes

Other than Minnesota, in which of the following states do you hold an active license or practicing privileges? (Select all that apply.)

- North Dakota
- South Dakota
- Iowa
- Wisconsin
- Other state(s)

Display this question:

If Do you have an active license or practicing privileges in a state other than Minnesota? = Yes

Note: Each answer choice line is shown only if it was selected in the question above

Are these licenses through an interstate compact or independently acquired? (Interstate compact means you used a profession-specific agreement between states that allows for an expedited pathway to obtain licenses or practicing privileges in multiple jurisdictions. An independently acquired license means you applied for licensure in that state using the regular pathway provided by that specific state to be licensed.)

	Interstate compact	Independently acquired	Mix
North Dakota	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Dakota	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iowa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wisconsin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other state(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 = LALD

Or If

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

And profession = LNHA

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 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...

In which setting do you typically work the most hours? (If you split your time evenly between two or more locations, choose 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)**
 - Academic (Teaching / Research)**
 - Other** (description optional): _____
-

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

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
- 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 *[Choice displayed for LNHA's only]*
- Director of Record *[Choice displayed for LALD's only]*
- 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:

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

And If

profession = PT

Or profession = PTA

What, if any, specialty certifications have you received related to physical therapy? (Select all that apply or "No certification.")

- No certification
- Cardiovascular and Pulmonary
- Clinical Electrophysiology
- Geriatrics
- Neurology
- Oncology
- Orthopaedics
- Pediatrics
- Sports
- Women's Health
- Wound Management
- Other

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 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

Note: At this point, licensees are randomly shown a question block about the use of AI in healthcare or a question block about workplace violence. All licensees are then shown the final demographics block.

AI Question Block

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 the use of Artificial Intelligence (AI) tools in health care. There are many different ways that AI is currently being used in health care settings including, but not limited to: administrative work such as automating scheduling and billing, virtual health assistants and scribes, chatbots for patient engagement, medical imaging and diagnostics, and predictive analytics and risk stratification. When answering these questions, please consider only the work that you personally do on the job.

Display this question:

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

Do you ever use Artificial Intelligence (AI) in your job?

- No
 - Yes
 - Unsure
-

Display this question:

If Do you ever use Artificial Intelligence (AI) in your job? = Yes

How often are you using AI in your work?

- Daily
 - A few days a week
 - Once a month
 - A few times a month
 - Monthly or less
-

Display this question:

If Do you ever use Artificial Intelligence (AI) in your job? = Yes

What tasks are you using AI for in your work? (Select all that apply.)

- Administrative and workflow automation (scribes, documentation, appointment management)
 - Diagnostics and treatment (medical image analysis, disease detection and protection, personalized treatment plans, identifying treatment gaps)
 - Clinical decision support (medication optimization, clinical trial matching)
 - Patient care and engagement (virtual health assistance with chatbots, remote patient monitoring)
 - Precision surgery and medicine (robotic surgery, CRISPR genetic editing)
 - Population health report management (data aggregation across a patient population that integrates clinical, claims, pharmacy, and lab data)
 - Other (please specify:) _____
-

Display this question:

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

Which of the following types of training, if any, have you received about using AI in your job? (Select all that apply.)

- I have not received any training
 - Informal on the job training
 - Formal on the job training
 - Coursework or training in my formal educational program
 - Continuing education or professional development coursework
-

Display this question:

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

Please tell us more about your feelings toward AI use in healthcare. How much do you agree with each of the following statements? (Please note: your responses are completely confidential. They are not shared with anyone, including your employer or your licensing board.)

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Using AI [improves/would improve] my work efficiency (e.g., administrative tasks, documentation, patient care).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using AI [allows/would allow] me to spend more time with my patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using AI [reduces/would reduce] my work-related stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about potential ethical issues arising from the use of AI in healthcare (e.g., data security, bias, confidentiality).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that AI could cause errors (e.g., administrative, transcription, diagnostic).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I [am/would be] comfortable with the integration of AI into my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want more formal AI training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to use AI in my work. <i>[Note: Only shown to those that use AI in their work]</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note:

- The “improves,” “allows,” “reduces,” and “am” language is shown to those that **do use** AI in their work.
- The “would improve,” “would allow,” “would reduce,” and “would be” language is shown to those that either **do not use** AI in their work or **are unsure if they use** AI in their work.

Display this question:

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

If you wish to share more about your thoughts on the use of AI in your workplace or field, please do so here.

Workplace Violence Question Block

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

For the purpose of this survey, workplace violence is defined as the intentional use of emotional or physical abuse against an employee, that results in emotional or physical injury and consequences. This includes verbal abuse, harassment, threats, and physical assault. (Please note: your responses are completely confidential. They are not shared with anyone, including your employer or your licensing board.)

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

In the past 12 months, how often have you experienced workplace violence in your primary work setting?

- Daily
 - A few times a week
 - A few times a month
 - At least once a month
 - A few times a year
 - Never
-

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

Some workplaces have one or more initiatives in place to protect employees from violence. To what extent do the following initiatives exist in your workplace?

	Exists, but not enforced	Exists, and is enforced	Does not exist	I don't know
Workplace violence training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of work areas for risk factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required reporting of incidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigation of reported incidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening patients for risk of violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An incident response team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Do you feel that your workplace's violence prevention initiatives help to keep people safe?

- Yes, very much
- Yes, somewhat
- Unsure
- No, not very much
- No, not at all
- Does not apply – there are no initiatives or I am not aware of them

Final Demographics Block

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 1. Definitions for profession abbreviations used in display logic

Abbreviation	Profession
LPC	Licensed Professional Counselors
LPCC	Licensed Professional Clinical Counselors
LADC	Licensed Alcohol and Drug Counselors
D	Dentists
H	Dental Hygienists
T	Dental Therapists
A	Dental Assistants
LMFT	Licensed Marriage & Family Therapists
PY	Physicians
PA	Physician Assistants
RT	Respiratory Therapists
APRN	Advanced Practice Registered Nurses
RN	Registered Nurses
L	Licensed Practical Nurses
PHARM	Pharmacists
PHARMT	Pharmacy Technicians
PT	Physical Therapists
PTA	Physical Therapist Assistants
LP	Psychologists
LICSW	Licensed Independent Clinical Social Workers
LGSW	Licensed Graduate Social Workers
LISW	Licensed Independent Social Workers
LSW	Licensed Social Workers
LNHA	Licensed Nursing Home Administrators
LALD	Licensed Assisted Living Directors
OT	Occupational Therapists
OTA	Occupational Therapist Assistants

APPENDIX 2. 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 language

“... work”

- Licensed Assisted Living Directors
- Licensed Nursing Home Administrators

“... practice”

- All other professions