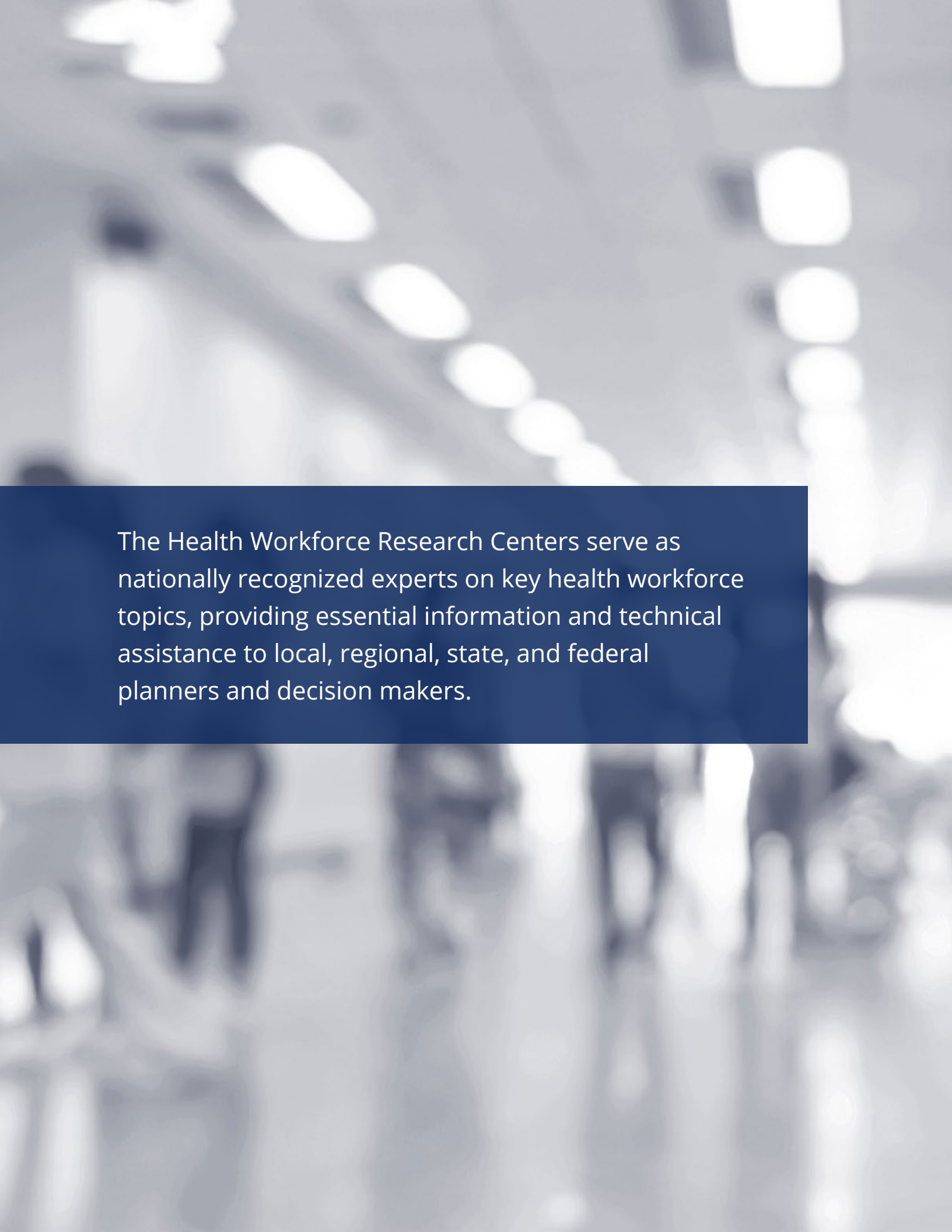
2026

Health Workforce Research Centers'

Annual Report



The Health Workforce Research Centers serve as nationally recognized experts on key health workforce topics, providing essential information and technical assistance to local, regional, state, and federal planners and decision makers.

Contents

Advancing the Health Workforce

Meeting the nation's growing healthcare needs requires a strong, well-prepared workforce supported by timely, evidence-based research. The Health Workforce Research Centers (HWRCs) provide the research and technical expertise needed to inform workforce planning and strategic decision-making at local, state, and national levels.

Each of the 9 HWRCs contributes specialized expertise on critical workforce issues, including primary care, behavioral health, public health, oral health, long-term care, allied health, maternal and child health, workforce education, and emerging policy challenges. Together, the Centers generate objective, relevant research that helps strengthen healthcare delivery and improve access to care.

This report highlights the collective accomplishments of the HWRCs over the past project year and features research addressing some of today's most pressing workforce challenges—from workforce shortages, nursing education, artificial intelligence, innovative state policies, and healthcare workforce capacity.

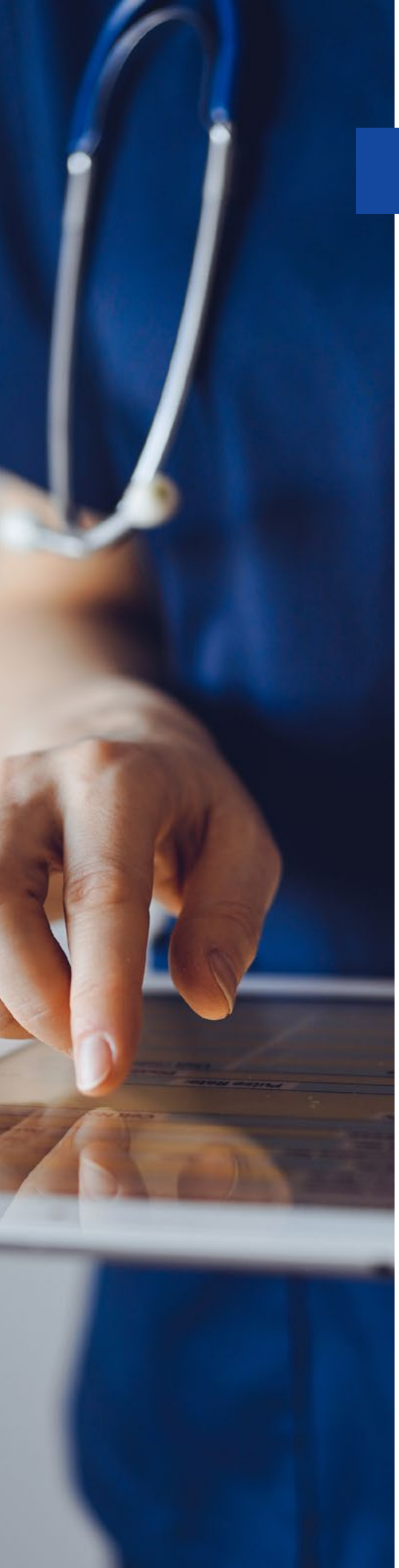
The Centers' impact extends beyond research publications. Through technical assistance, webinars, presentations, collaborative partnerships, and other dissemination activities, the HWRCs translate research into practical knowledge that supports action. The accomplishments highlighted in this report demonstrate the value in health workforce research and the essential role the HWRCs play in helping build a stronger, more resilient healthcare workforce for the future.

Year In Review

The HWRCs' rich body of work and expertise inform the understanding of the health workforce. Collectively, the HWRCs have shared findings with the health workforce community through:

50 Journal Articles ✦ **21** Reports & Briefs ✦ **120** Presentations & Posters

101 Conferences & Meetings ✦ **26** Webinars ✦ **7** Podcasts



Health Workforce Research Centers

The National Center for Health Workforce Analysis (NCHWA) is a national resource for health workforce research, information, and data. As a division within the Bureau of Health Workforce (BHW) at the Health Resources and Services Administration (HRSA), NCHWA supports decision makers with information and data to help inform decisions regarding health workforce education, training, and healthcare delivery (https://bhw.hrsa.gov/health-workforce-analysis/about).

As part of these efforts, NCHWA oversees HRSA's Health Workforce Research Center (HWRC) cooperative agreement program, which provides funding to 9 centers in the US. Collectively, these Centers offer expertise in the following arenas:

Allied Health
University of Washington
Health Workforce Research Center – Allied Health

Behavioral Health
University of North Carolina at Chapel Hill
Behavioral Health Workforce Research Center

Emerging Health Workforce Topics
George Washington University
GW Health Workforce Research Center on Emerging Health Workforce Topics

Long-Term Care
University of California at San Francisco
Health Workforce Research Center on Long-Term Care

Oral Health
University at Albany, State University of New York
Oral Health Workforce Research Center

Population Health
University of Washington
Health Workforce Research Center – Population Health

Public Health
University of Minnesota
Public Health Workforce Research Center

Technical Assistance
University at Albany, State University of New York
Health Workforce Technical Assistance Center

Workforce Training and Team-Based Models of Care
University of North Carolina at Chapel Hill
Carolina Health Workforce Research Center

Discover the Impact: Featured Research

Leveraging State Innovation to Address Health Workforce Shortages: Evidence and Emerging Lessons

In response to persistent and worsening physician shortages, states are pursuing strategies to increase workforce supply and retention. The number of health workforce bills enacted by states has risen dramatically, increasing from 585 bills in 2024 to 851 in 2025. The Carolina Health Workforce Research Center (CHWRC) is actively studying these state-level initiatives, with a particular focus on emerging workforce topics such as state efforts to address workplace violence (WPV) and develop new pathways for internationally-trained physicians to become licensed to practice in the United States.

Protecting the Health Workforce: A 50-State Assessment of WPV Laws

Rising rates of WPV in healthcare settings have garnered increased attention due to concerns about healthcare workers' well-being and retention. Building on prior work from the CHWRC which found a 30% increase in WPV across all healthcare facility types between 2011 and 2021/2022, researchers conducted a review of WPV-related enacted laws in healthcare settings across all 50 states in the last 10 years. As of June 2024, 48 states had enacted at least one WPV law from the past 10 years, and some states have enacted 2 or more laws. Forty-five states had laws that penalize perpetrators of WPV, 27 enacted prevention laws, and 23 had remediation laws. Findings suggest that while most states had already enacted WPV-related legislation prior to 2020, there has been a notable shift in the types of laws enacted from penalties to prevention and remediation coupled with a broadening of healthcare settings covered since 2020.

Addressing Physician Shortages and Maldistribution: A State Analysis of Alternative Licensure Pathways

In a second study completed this year, CHWRC researchers reviewed state legislation that allows internationally-trained physicians (ITPs) to become licensed to practice without completing a US residency. These laws are a marked departure from the long-standing requirement that physicians attending medical school outside the US or Canada complete a US residency. As of July 2025, 41 US states had introduced 80 ITP bills. Of the 80 bills introduced, 36 were enacted (45%), 11 were pending (15%), and 33 failed (40%). Bills differed significantly in their design and implementation which affords a unique opportunity to evaluate how variation in their design might shape: who applies to the pathway; employers' willingness to hire ITPs; patient outcomes; access to care; and the effect on ITPs themselves. However, few states are tracking outcomes, which limits states' ability to learn from each other about how well these laws improve physician supply and distribution.

See page 15 for all research completed by this center.

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GW Health Workforce Research Center on Emerging Health Workforce Topics

Research With Reach: Informing Workforce Decisions Across States and Systems

The GW Health Workforce Research Center (GW HWRC) continues to play a pivotal role in shaping national discussions and influencing evidence-based change across healthcare systems and policy, through current and past research.

Among this year's projects, one receiving significant attention in the field is a novel machine-learning method applied to claims data to inductively identify physician, nurse practitioner (NP), and physician assistant (PA) specialties. One important application is the identification of NPs and PAs in primary care and the exclusion of physicians who were assumed to be in primary care but, based on their practice patterns, are in other specialty areas. This has important implications for methodologies for designating primary care shortages. GW HWRC researchers are also developing new methodologies that could inform shortage designation processes, including: new statistical models to improve reliability of area-level estimates for rare outcomes such as infant mortality, and identification of the mathematical 'inflection point' at which increasing the number of primary care clinicians leads to the greatest improvement in population health. Additionally, GW HWRC's current research on the Health Professional Shortage Area (HPSA) system has led to an MOU and plans for collaboration with the Korea Institute for Health and Social Affairs.

Related to past research, GW HWRC researchers updated their Medicaid tracker to highlight rural primary care workforce challenges at the state and county level and inform Rural Health Transformation Program (RHTP) investment strategies. The data can also be used as a baseline measure for assessing the impact of the RHTP workforce strategies in the future. GW HWRC published a blog post featuring the updated tracker on the Milbank Memorial Fund website that garnered significant attention from policymakers. After this update, the Medicaid tracker and related information were viewed over 700 times, prompting states like New Mexico to reach out for more information. Also, the paper on Medicaid billing for community health workers (CHWs) was widely viewed and prompted state legislators and federal policymakers to reach out to discuss strategies to improve reimbursement for CHWs.

See page 15 for all research completed by this center.

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Turning Evidence Into Action: Nursing Faculty Compensation and Technical Assistance

National efforts to address nursing shortages often focus on recruitment and retention at the bedside, but one limiting factor sits earlier in the pipeline: the faculty workforce needed to educate future nurses. This year, the Health Workforce Technical Assistance Center (HWTAC) helped move this important issue from anecdote to evidence by producing and disseminating research on the pay disparity between nursing faculty and nurses in clinical roles.

In "Exploring the Pay Disparity Between Nursing Faculty and Clinical Nurses," HWTAC researchers used data from the 2022 National Sample Survey of Registered Nurses (NSSRN) to compare annual earnings across nursing roles while accounting for education, experience, hours worked, practice setting, geography, and other characteristics. The findings were striking; even after adjustment, nursing faculty earned $18,346 less than staff nurses, $19,863 less than charge nurses, and $27,526 less than front-line managers. These estimates are especially important because nursing faculty were more likely to hold advanced degrees and have 21 or more years of nursing experience. By documenting the gap with national data, HWTAC provided academic leaders, workforce planners, and policymakers with concrete numbers to inform institutional planning, salary negotiations, scholarship and loan repayment discussions, and other strategies to strengthen the nurse educator workforce.

HWTAC extended the reach of this work by translating it into multiple dissemination products, including a video abstract and podcast. HWTAC's December 2025 research alert on the nursing faculty pay disparity generated close to 200 opens, helping deliver findings quickly to a network of planners, researchers, and decision-makers.

This work was reinforced by HWTAC's broader technical assistance and dissemination activities. Webinars such as *Innovative State Workforce Projections Models*, which drew 128 attendees and 63 recording views, and *The RAND-AAMC Physician Workforce Projections Model: Innovation Through Collaboration*, helped states and partners strengthen their capacity to anticipate workforce supply and demand. Additional webinars on travel nurses, community health centers, and therapy staff turnover connected stakeholders to emerging evidence on workforce distribution, instability, and patient outcomes.

Together, these efforts demonstrate HWTAC's core impact: transforming health workforce data into actionable information. By pairing rigorous research on nursing education capacity with practical technical assistance on workforce modeling and dissemination, HWTAC helps states and organizations make more informed decisions to build a stronger, more sustainable health workforce.

See page 15 for for all research completed by this center.

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Helping Advance Oral Health Workforce Research and Access to Care

The Oral Health Workforce Research Center (OHWRC) plays a critical role in advancing research to strengthen the oral health workforce, improving access to care, particularly for underserved populations. By examining workforce roles, educational pathways, scope of practice policies, and emerging models of care delivery, OHWRC supports efforts to build a more accessible and better-integrated oral health system.

Advancing Workforce Policy and Scope of Practice

A central focus of the OHWRC is improving understanding of how workforce policies influence access to oral health services. Recent and ongoing projects examine variation in dental hygienists' scope of practice and the development of a new state-specific scope of practice measurement tool.

This work is further strengthened by a related article forthcoming in the October issue of the *Journal of Dental Hygiene* and an accompanying research brief, both of which identify key strategies for modernizing dental hygiene practice to improve access and workforce efficiency. At the same time, OHWRC researchers have analyzed recent changes in state laws and updated the online infographic illustrating variations in dental hygienists' scope of practice. Designed in a clear, easy-to-compare format, this resource enables stakeholders to identify policy gaps and opportunities for reform aimed at expanding the role of dental hygienists. Together, these efforts provide actionable insights into how regulatory environments influence care delivery and support evidence-based policies that expand the use of the oral health workforce and improve access to preventive services.

Improving Oral Health Access

Another focus of OHWRC's work is exploring disparities in access among vulnerable populations, including pregnant women. OHWRC's contribution to maternal and child health is highlighted in a recently published article in the *Journal of the American Dental Association (JADA)*. The study showed that neglecting oral health care during pregnancy is associated with increased risks of low birth weight and preterm birth, reinforcing the importance of policies and clinical practices that promote oral health awareness and encourage routine preventive care and timely treatment during pregnancy.

Additional OHWRC research showed that substantial unmet and delayed dental care persists—particularly among health center patients—driven by workforce shortages, gaps in insurance coverage, and limited Medicaid adult dental benefits. These challenges are highlighted in an article accepted for publication in *JADA*, which underscores persistent disparities in access.

Through rigorous workforce research and dissemination of evidence-based findings, OHWRC continues to support policy and practice changes that expand access, reduce disparities, and strengthen oral health care delivery.

See page 16 for for all research completed by this center.

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Strengthening Public Health Through Workforce Innovation and Cross-Sector Collaboration

Over the past year, the Public Health Workforce Research Center (PHWRC)—run by the Consortium for Workforce Research in Public Health (CWORPH)—has continued to advance a growing body of work focused on strengthening the capacity of governmental public health agencies to recruit, retain, and support a skilled workforce while fostering the partnerships needed to address complex community health challenges. CWORPH investigators Dr. Beth Resnick and Paulani Mui of Johns Hopkins University and Dr. Valerie Yeager at Indiana University examined structural factors affecting public health agency recruitment, including reviews of state hiring laws, assessments of state application portals, and qualitative interviews with state and local public health leaders. This work identified 3 major drivers of recruitment challenges: 1) bureaucratic barriers within hiring processes, 2) competition in the broader labor market, and 3) the need to foster workplace cultures that balance flexibility, accountability, and employee support.

Building on these findings, the team employed a mixed-methods approach that combined analysis of data from the Public Health Workforce Interests and Needs Survey (PH WINS) with qualitative interviews of human resources and program staff to explore how evolving staffing models, including contract, temporary, and grant-funded positions, and shifting workforce policies affect recruitment, retention, workforce stability, employee well-being, and intent to leave. Particular attention was given to strategies for attracting and retaining early-career professionals and workers under age 35 to strengthen the future public health leadership pipeline. Findings highlighted the importance of career advancement opportunities, flexible work arrangements, and formal mentoring programs as key tools for supporting and retaining the next generation of public health workers.

Complementing this work, Casey Balio, Michael Meit, and the team at East Tennessee State University conducted case studies of 4 successful collaborations between local public health agencies and healthcare organizations serving rural communities. These studies demonstrated how cross-sector partnerships can address a broad range of health challenges, including maternal and child health, emergency preparedness, chronic disease management, and infectious disease surveillance. Across the sites, collaboration improved access to services, strengthened care coordination, enhanced data sharing, and reduced strain on healthcare systems. For example, a community paramedicine program in Marathon County, Wisconsin, reduced 9-1-1 calls by 65% and emergency department visits by 50% within its first 6 months.

Collectively, PHWRC's research provides public health leaders and policymakers with evidence-based strategies to strengthen workforce capacity, improve organizational effectiveness, and enhance community health.

See page 16 for all research completed by this center.

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Examining Variation in Clinical Care Team Visits for Hospice Patients

In a UCSF HWRC study, "Examining Variation in Clinical Care Team Visits for Hospice Patients," Dr. Lauren Hunt is providing the first national-level evidence on visit patterns by hospice interdisciplinary teams. In-person visits by the hospice team, including registered nurses, social workers, and aides, are a critical component of hospice care delivery. However, standards governing visit frequency, duration, and skill-mix in hospice remain minimal. With growing concerns about industry-wide fraud and abuse, inadequate visits are increasingly viewed as an important quality metric. Using 100% Medicare data representing over 7 million hospice enrollees, Dr. Hunt and her colleagues found substantial geographic variation in visit patterns. Patients in some regions of the country, such as New England, received more than one additional visit per week compared with those in other regions, such as the Pacific region. Both the total number of visits and the skill mix of visits were lowest among patients with non-cancer diagnoses, such as dementia and heart failure, compared with patients with cancer or organ failure. Findings from this study were presented in a podium presentation at the Academy Health 2026 Annual Research Meeting, and a manuscript is currently being prepared for submission to *Health Affairs Scholar*. Dr. Hunt was also the recipient of the 2025 Terrie Fox Wetle Rising Star Award in Health Services and Aging Research from the American Federation for Aging Research (AFAR).

See page 17 for all research completed by this center.

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Expanding Access to Behavioral Health Care: Evidence on Screening, Treatment Delivery, and Workforce Capacity

Researchers at the Behavioral Health Workforce Research Center (BHWRC) have generated new evidence on the behavioral health workforce's capacity to identify and treat mental health and substance use conditions among patients, including pregnant women and children, across a range of care settings and telehealth modalities.

Understanding How the Workforce is Assessing Mental Health and Substance Use Disorders During Pregnancy

Early identification and intervention can mitigate the risks associated with perinatal substance use disorders (SUDs) and mental health disorders (MHDs), yet the US healthcare workforce is not routinely delivering screening to pregnant individuals. This project examined screening practices and treatment initiation patterns among pregnant individuals in the US using 2021-2023 data from the National Survey on Drug Use and Health (NSDUH). Analyses revealed that, in the past 12 months, 64.7% of pregnant women were screened for SUDs by a healthcare provider and 30.4% of individuals with a MHD discussed mental health-related concerns with a healthcare provider. Study findings were disseminated via *Substance Use & Addiction Journal*, an abstract, and a policy brief.

Patterns of Telepsychiatry Usage Within Episodes of Mental Health Treatment

Despite the widespread expansion of telehealth to deliver mental health services, little is known about how availability of this modality changes the proportions of patients who receive mental health treatment via telehealth, in-person, or hybrid format. This study utilized commercial insurance claims data to determine the proportions of patient episodes of care (EOC) for mental health treatment conducted via telehealth, in-person, or a combination of the 2 (hybrid). Results indicate that 59% of behavioral health EOC in 2021-2022 involved at least one telehealth visit, indicating the widespread adoption and utilization of tele-behavioral health care. Study results are available in a *Psychiatric Services* publication, an abstract, and a policy brief.

Assessing the Child Mental Health Physician Workforce in a Time of Crisis

Despite the mental health crisis that youth in the US face, little is known about how children differentially receive mental health care from primary care physicians and psychiatrists. BHWRC researchers examined demographic and diagnostic differences in treatments for child mental health among provider types and insurance status using 2005-2019 data from the National Ambulatory Medical Care Survey (NAMCS). Study results demonstrated that 9.3% of all pediatric visits from 2005-2012 addressed a mental illness compared to 13.6% from 2012-2019 – a 44.7% increase. Additional findings are highlighted in a *Psychiatric Services* manuscript, an abstract, and a policy brief.

See page 17 for all research completed by this center.

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Examining How Artificial Intelligence May Impact Allied Health Professionals

Artificial intelligence (AI) is rapidly being integrated into healthcare delivery such as clinical decision making, charting, billing, scheduling, and more. To date, most of the focus of the literature has been on the impact of AI on physicians and nurses. There has been less focus on how AI may be impacting the millions of allied health professionals who often play a supportive role on the clinical team.

This was the subject of the University of Washington Health Workforce Research Center on Allied Health study, "Artificial Intelligence in Health Care: Applications and Implications for the Allied Health Workforce." Using peer-reviewed and grey literature along with key informant interviews, researchers explored how AI technologies support the non-diagnosing and non-treatment roles of allied health workers, examined the benefits and risks it may pose for the allied health workforce, and highlighted areas for potential exploration and caution as AI advances in healthcare. Researchers focused on 5 areas of AI use in allied health roles: transcription, medical coding and billing, translation and interpretation, scheduling and communication, and data collection and management. Findings suggested that AI use can contribute to job satisfaction and efficiency where AI, for example, can take on routine administrative tasks when workforce demand exceeds supply. It was also recognized that AI use may necessitate more staff-time commitment and that careful monitoring is needed to address any biased or erroneous results to avoid negative impacts.

The study findings are undergoing peer-review and were presented at AcademyHealth's 2026 Annual Research Meeting that took place in Seattle, Washington in June. This work was the primary subject in an invited presentation by Principal Investigator Bianca Frogner at the 79th Council of State Governments West Annual Meeting titled, Data, Quantum, and AI: The Future is Now in Salt Lake City, Utah.

The work from this study informed Dr. Frogner's *Health Affairs Insider* article, "Is AI Coming for Healthcare Jobs?" She also discussed the need to develop the health services research workforce to use AI on a webinar hosted by AcademyHealth.

See page 17 for all research completed by this center.

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Characterizing Key Factors for Supporting the Maternal and Child Health Workforce

Many occupations provide support to women throughout the prenatal, intrapartum, and postpartum periods. These include doulas, perinatal community health workers, lactation consultants and counselors, midwives (certified nurse midwives, certified midwives, certified professional midwives), obstetricians (OBs), and family physicians who offer obstetric services. Each of these occupations serve key roles in providing maternal health care and support.

Past research from the University of Washington Health Workforce Research Center on Population Health has explored the career pathways, training needs, and skills of community-based birth doulas, examining low birthweight rate differences associated with staffing types in federally-funded health centers, and describing the career pathways and employment experiences of certified nurse midwives. This past year researchers continued to build on this maternal and child health (MCH) workforce research through 2 additional studies. The first focused on development of the state-level MCH Workforce Supportive Policy Index, a measure reflecting variations in state-level workforce policies across 4 domains: the midwifery workforce, the doula workforce, labor policy, and economic policy. Findings recently published in *Health Affairs Scholar* and featured in a UW Medicine Newsroom article suggest that policies supportive of the MCH workforce—such as independent scope of practice for certified nurse midwives and Medicaid reimbursement for doulas—may help strengthen the MCH workforce and improve perinatal outcomes. Findings were also presented at AcademyHealth's 2026 Annual Research Meeting that took place in Seattle, Washington in June.

The second study took a longitudinal approach using data from the American Board of Family Physicians and found that family physicians were more likely to provide obstetric services if they practiced in a rural area, worked in an academic medical center or safety-net practice, and/or had a certified nurse midwife co-located in practice. Findings have important implications for addressing ongoing decreases in the provision of obstetric services among family physicians. This study is in press with the *Journal of the American Board of Family Physicians*. Both studies identify opportunities to support and grow the MCH workforce at system, practice, and individual levels.

See page 18 for all research completed by this center.

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Explore This Year's Work

Carolina Health Workforce Research Center

State Laws That Address Workplace Violence in Health Care Settings

The Transition, Onboarding, and Integration of Newly Hired Faculty Into Nursing Academia: A Scoping Review

GW Health Workforce Research Center on Emerging Health Workforce Topics

Clinician Use of Home-Based Medical Care for Medicaid Beneficiaries

Medicaid Primary Care Utilization and Area-Level Social Vulnerability

Primary Care Workforce Structural Inertia and Medicaid Participation During the COVID-19 Pandemic, 2020-2021

Targeting Rural Health Care Workforce Investments by Tracking the Local Distribution of Medicaid Primary Care Providers

Uneven Access: How Rurality and State Policies Shaped Telehealth Provision to Medicaid Enrollees, 2020-2021

Were Hospital Financial Resources Associated With Nurse Staffing Levels Before and During COVID-19?

Workforce Serving Pregnant and Postpartum Medicaid Enrollees at Community Health Centers, 2016 to 2021

Health Workforce Technical Assistance Center

Exploring the Pay Disparity Between Nursing Faculty and Clinical Nurses

Health Professions Graduations Data Dashboard, 2008-2023

HWRCs 2025 Annual Report

Webinars

Bridging the Gap: Community Health Centers and Geographic Inequities in Medicaid Healthcare

Findings From a Scoping Review of Dental Therapy Research

Innovative State Workforce Projections Models

Inside the NSSRN: History, Recent Findings, and Research Applications

Introducing the AWARD Network Data Compendium: A New Resource for Direct Care Workforce Research

Navigating Career Transitions in Health Services Research

On the Move: Impacts of Travel Nurses on Health Professionals and Patients

The RAND-AAMC Physician Workforce Projections Model: Innovation Through Collaboration

Therapy Staff Turnover in Skilled Nursing Facilities: Facility Characteristics and Associations With Resident Outcomes

OHWRC
Oral Health Workforce Research Center

Oral Health Workforce Research Center

State-Specific Dental Hygiene Scope of Practice: Updating the Professional Practice Index

The Association Between Oral Health Care and Pregnancy Outcomes of Low Birth Weight and Preterm Birth: Analysis of the Pregnancy Risk Assessment Monitoring System From 2016 Through 2020

Workplace Indicators and Well-being Among Oral Health Professionals in HRSA-Funded Health Centers

Variation in Dental Hygiene Scope of Practice by State – 2026 Update

The Consortium for WORKFORCE RESEARCH IN PUBLIC HEALTH

Public Health Workforce Research Center

Collaborations Between Healthcare and Public Health in Rural Settings

Considering PH WINS Findings Within the Context of the Overall US Labor Market

Estimating the Potential Supply of Newly Trained Data Scientists for Government Public Health Employment

Identifying the Unique Skills and Roles of Disease Intervention Specialists in the Public Health Landscape

Innovations and Hiring Improvements to Address Public Health Workforce Recruitment

Local-Level Need, Supply, and Priority Areas for Public Health Nurses

The Public Health Nurse Is a Distinct Occupation: Contrasting Skills, Competencies, and Job Tasks Between Public Health Nurses and Registered Nurses

The Public Health Workforce Beyond Government Health Departments: Proposing a New Definition

Recent Trends in US Government Healthcare and Behavioral Health Workforce Departures

Remote Work: How US State Practices Affect Rural Local Public Health

The Role of Nontraditional Benefits in Recruitment and Retention for Public Health Workers Age 35 and Under

Small but Essential: Understanding Rural Public Health Workforce Challenges and Strengths From the 2024 Public Health Workforce Interests and Needs Survey

Student Loan Debt Burden in the Public Health Workforce

Use of Artificial Intelligence in Talent Acquisition Processes

Using Machine Learning Methods to Examine Turnover Rates in State Health Agencies

University of California San Francisco

UCSF Health Workforce Research Center on Long-Term Care

Changes in Nursing Home Staffing Instability Throughout the COVID-19 Pandemic

Geographic Proximity of Family Members and the Provision of Unpaid and Paid Care for Older Adults Not Living With a Spouse: A Cross-Sectional Study

Nursing Roles and Interactions With Telehealth in Long-Term Care: An Interview With Nurses

Predictors of Registered Nurse Employment and Earnings in Long-Term Care

"Shelter-in-Place" Policies and Changes in Caregiving for Older Adults During the COVID-19 Pandemic

UNIVERSITY OF NORTH CAROLINA BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER

UNC Behavioral Health Workforce Research Center

Analyzing School-Based Behavioral Health Services Across HRSA-Defined Regions in the United States

Burnout and Job Satisfaction Among US Peer Recovery Support Specialists: Personal Resilience and Satisfaction With Supervisor and Organizational Support as Mediating Mechanisms

Changes in the Proportion of Office-Based Child and Adolescent Physician Visits Addressing Mental Health, 2005–2019

Characterizing the Credentialed Bachelor's-Level Behavioral Health Support Workforce: A National Descriptive Study

Continuum of Care for Substance Use Disorders in Pregnancy: Evidence From the National Survey on Drug Use and Health

Modality of Behavioral Health Care Delivery in Commercial Claims: Implications for Telehealth Policy

Practical Insights Into the Distribution and Comparative Perceived Effectiveness of Peer Support Training Modalities Across Multiple US States

Variation in Use of Psychiatric Collaborative Care Model Codes and Episodes of Care for Commercially Insured Individuals

center for health workforce studies UNIVERSITY of WASHINGTON

UW Health Workforce Research Center – Allied Health

Beyond the Pandemic: The Relationship Between Macroeconomic Conditions and Healthcare Worker Shortages in the United States

Leveraging Public Data to Track the Allied Health Workforce: The Effect of COVID-19 Data Updates

Pharmacy Benefit Manager Policy and Pharmacy Stakeholder Perceptions of Financial Pressures and Closures

Therapy Staff Turnover in Skilled Nursing Facilities: Facility Characteristics and Associations With Resident Outcomes

UW Health Workforce Research Center – Population Health

Burnout and Stress Among Underrepresented Minority Health Professional Faculty: A Mixed Methods Study

Career Pathways and Employment Experiences of Certified Nurse-Midwives Compared With Other Advanced Practice Registered Nurses in the United States

Frontline Clinicians' Perceptions of the Stigmatization of COVID-19 and Suggestions to Prevent Future Health-Related Stigma: A Qualitative Study

Health Care Workforce Pay Gaps: COVID-19 Modestly Compressed Wage Disparities, 2015-24

The Role of Travel Nursing in Shifting Nursing Practice and Careers

State Variations in Maternal and Child Health Workforce Support

Click HERE to visit the research archive of all completed products including technical reports, research and policy briefs, journal articles, and other resources produced by the HWRCs.

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The Health Workforce Technical Assistance Center (HWTAC) is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $450,000 with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit HRSA.gov