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## UNSOM Health Policy Report

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# Health Workforce in Nevada 2013 Edition

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# Health Workforce in Nevada – 2013 Edition

## Section 1 – Overview and Background

### Overview

*Health Workforce in Nevada – 2013 Edition*, provides a comprehensive assessment of health workforce supply and demand in Nevada. This report, prepared by the Office of Health Professions Research and Policy at the University of Nevada School of Medicine, is designed to provide information about health workforce trends to help health industry, educators, state and local policymakers, and other health stakeholders to better understand which health occupations will be in greatest demand in Nevada and how to better allocate resources to meet state workforce development needs and to improve the health of all Nevadans.

This report synthesizes a wide range of data collected by state and federal labor, health, and education agencies. It also provides an assessment of the scope and depth of health workforce shortages in Nevada. This section of the report provides a description and definition of the principal terms used throughout the report. It also summarizes key forces influencing health workforce supply and demand in Nevada. This report adopts a broad view of the jobs or occupations that make up the health workforce – in other words, it contains information on health professionals providing direct patient care services in hospitals and ambulatory care settings, as well as data on the wide range of administrative and non-clinical jobs in health care industries and other sectors of the state's economy.

Section Two of the report contains the most up-to-date information on current and projected demand for health workers in Nevada utilizing employment estimates and projections developed by the Nevada Department of Employment, Training, and Rehabilitation (DETR). This section examines health workforce trends at both the industry and occupational levels of analysis over the past decade. Despite the deepest economic downturn since the Great Depression, the health care sector has actually experienced modest employment gains since 2007. This section concludes with a summary of projected health workforce change through 2020. These data suggest that a recovering economy, an aging population, and insurance coverage expansions resulting from the recent passage of the Patient Protection and Affordable Care Act (ACA) will produce steady demand for health services and thus generate above-average growth in health care employment in Nevada over the next decade. An appendix to this section contains detailed regional and state-level data on current and projected employment estimates for 66 health care occupations in Nevada.

Section Three of *Health Workforce in Nevada* details recent trends on the supply of health care workers utilizing data collected by agencies and boards in the State of Nevada charged with licensing and regulating health professionals. This section of the report provides trend data on changes in the

**Table 1.1: Forces Influencing Health Workforce Supply and Demand in Nevada**

**Major Forces Influencing the Demand for Health Care Workers**

*Demographic change* – Population growth, aging, and diversification in Nevada will continue to be the major drivers of the overall demand for hospital and physician services, as well as the demand for specific types of care and support services (e.g., geriatric care, translation services).

*State of the economy* – The general state of the regional and national economy has a significant impact on employment and personal income, which affect access to employer-sponsored insurance and income available to purchase insurance and health services. Economic factors such as local wages and job turnover also have an impact on the supply of personnel.

*Health insurance coverage and the implementation of health reform* – Increases in the state's population covered by employer-sponsored health insurance plans, public programs like Medicare, Medicaid and the Veterans Administration, and new plans offered on the health insurance exchange in 2014 will increase utilization of a wide range of health care services over the next decade and thus place additional demands on the state's health workforce.

*Population health* – Population health status and health-related behaviors influence the need and demand for health care services both positively (e.g., declining smoking rates) and negatively (e.g., rising obesity rates, low immunization rates).

*Health care system* – Evolving models of organizing and financing health care – in particular, the shift from volume-based, fee-for-service models to value-based, clinically-integrated delivery models and associated payment methodologies – will affect the volume of care, as well as how that care is delivered and where that care takes place (e.g., a greater proportion of care will take place in ambulatory and other outpatient settings) and the expansion of entirely new categories of health workers (e.g., patient navigators, community health workers, community paramedics).

*Science and technological change* – Rapidly changing technological applications in the medical sector simultaneously increase demand for new services (e.g., diffusion of new therapies and surgical techniques) and reduce demand for others through laborsaving technology (e.g., automated robotic pick-and-pull pharmacies in large hospitals).

*State and federal policy* – A wide range of state and federal policies affect demand for health care services, including insurance coverage expansions and essential health benefits embodied in national health reforms, and government policies encouraging use of electronic health records by hospitals and physician practices.

**Major Forces Influencing the Supply of Health Care Workers**

*Higher education* – The key determinant of health workforce supply is higher education program capacity, i.e., the number and range of undergraduate and graduate medical and health professions programs offered by the Nevada System of Higher Education and the growing number of private institutions such as Touro University and the Roseman University of Health Sciences. The ability of programs to expand admission slots and prepare additional health care workers is, in turn, affected by a variety of factors, including state budgetary constraints and faculty shortages across numerous programs.

*Health professions licensing and regulation* – Policies governing the licensing, credentialing, and regulation of health professionals by the State of Nevada exert a significant impact on health workforce supply. Examples include educational requirements for entering a health profession, scope of practice regulations for non-physician primary care providers, and reciprocity agreements between Nevada and other states' licensing authorities.

*State and federal policy* – A wide range of state and federal policies impact health workforce supply, including Medicaid and Medicare reimbursement policies, federal support for health professions education and training, state and federal student loan forgiveness/repayment policies, public and private reimbursement of telehealth, and government support for health professions recruitment and retention efforts.

Table 1.5 highlights those population health measures in which Nevada ranks below the average for all US states. According to the United Health Foundation, Nevada ranks 38<sup>th</sup> among US states in its most current health rankings. As abundant unmet health care needs in Nevada are joined with the aforementioned health insurance coverage expansions, substantial new demands will be placed on the state's health care system and fuel significant new demand for a wide range of health care workers.

**Table 1.2: Current and Projected Population in Nevada – 2012 to 2017**

County/Region	Estimated Population		Change – 2012 to 2017	
	2012	2017	Number	Percent
Rural and Frontier				
Churchill County	25,512	29,189	3,677	14.4
Douglas County	47,223	49,945	2,722	5.8
Elko County	52,790	59,005	6,215	11.8
Esmeralda County	813	1,185	372	45.8
Eureka County	2,018	1,845	-173	-8.6
Humboldt County	17,652	21,866	4,214	23.9
Lander County	6,287	6,843	556	8.8
Lincoln County	5,447	5,014	-433	-7.9
Lyon County	53,328	62,373	9,045	17.0
Mineral County	4,677	5,060	383	8.2
Nye County	45,766	50,284	4,518	9.9
Pershing County	6,978	7,817	839	12.0
Storey County	4,288	4,567	279	6.5
White Pine County	10,535	10,620	85	0.8
<i>Subtotal – Rural and Frontier Counties</i>	<i>283,314</i>	<i>315,611</i>	<i>32,297</i>	<i>11.4</i>
Urban				
Carson City	55,485	60,337	4,852	8.7
Clark County	1,988,492	2,149,624	161,132	8.1
Washoe County	422,994	459,570	36,576	8.6
<i>Subtotal – Urban Counties</i>	<i>2,466,971</i>	<i>2,669,531</i>	<i>202,560</i>	<i>8.2</i>
<b>Nevada – Total</b>	<b>2,750,285</b>	<b>2,985,141</b>	<b>234,856</b>	<b>8.5</b>

Source: Nevada State Demographer's Office (2012).

## Patient Care Primary Care Physicians per 100,000 Population – 2010

State	Total Patient Care Primary Care Physicians			Patient Care Primary Care MDs		Patient Care Primary Care DOs	
	Number	Number per 100,000 Pop.	Rank	Number	Number per 100,000 Pop.	Number	Number per 100,000 Pop.
Vermont	694	111.5	1	668	107.3	26	4.2
Maine	1,459	111.1	2	1,143	87.1	316	24.1
Massachusetts	7,144	107.7	3	6,891	103.9	249	3.8
Hawaii	1,358	104.5	4	1,282	98.6	76	5.8
New Hampshire	1,308	98.8	5	1,182	89.3	125	9.4
Rhode Island	1,009	95.5	6	904	85.5	105	9.9
Maryland	5,427	94.6	7	5,220	91.0	207	3.6
Alaska	667	94.1	8	594	83.8	73	10.3
Minnesota	4,938	93.3	9	4,734	89.5	204	3.9
Oregon	3,589	93.1	10	3,268	84.8	321	8.3
New York	17,989	91.9	11	16,782	85.7	1,203	6.1
Connecticut	3,172	89.9	12	3,049	86.4	123	3.5
Washington	5,971	88.5	13	5,561	82.4	404	6.0
Wisconsin	4,887	86.2	14	4,497	79.3	389	6.9
New Jersey	7,506	86.0	15	6,500	74.4	1,006	11.5
West Virginia	1,568	85.9	16	1,208	66.2	360	19.7
North Dakota	561	85.8	17	537	82.1	24	3.7
Michigan	8,487	85.5	18	6,729	67.8	1,758	17.7
Pennsylvania	10,749	85.1	19	8,515	67.4	2,234	17.7
Delaware	755	84.7	20	636	71.3	119	13.3
Colorado	4,229	83.0	21	3,727	73.1	502	9.9
Illinois	10,591	81.8	22	9,717	75.1	873	6.7
Virginia	6,446	81.1	23	6,128	77.1	318	4.0
Montana	792	80.8	24	717	73.2	75	7.7
South Dakota	660	80.5	25	604	73.7	56	6.8
California	29,968	80.4	26	28,240	75.8	1,728	4.6
Ohio	9,227	80.0	27	7,900	68.5	1,327	11.5
New Mexico	1,626	79.9	28	1,503	73.9	123	6.0
Florida	14,582	78.1	29	12,986	69.5	1,594	8.5
Tennessee	4,872	76.9	30	4,605	72.7	267	4.2
Iowa	2,288	75.7	31	1,672	55.3	616	20.4
Kansas	2,128	74.9	32	1,822	64.1	306	10.8
Nebraska	1,356	74.9	33	1,284	70.9	72	4.0
North Carolina	7,011	74.1	34	6,684	70.7	327	3.5
Missouri	4,441	73.9	35	3,581	59.6	860	14.3
Indiana	4,588	71.2	36	4,238	65.8	350	5.4
Wyoming	387	70.7	37	360	65.7	27	4.9
South Carolina	3,231	70.3	38	3,052	66.4	179	3.9
Kentucky	3,028	69.8	39	2,863	66.0	165	3.8
Arkansas	2,026	69.6	40	1,892	65.0	134	4.6
Oklahoma	2,571	69.0	41	1,892	50.8	679	18.2
Louisiana	3,094	68.3	42	3,051	67.4	43	0.9
Arizona	4,544	68.1	43	3,857	57.8	686	10.3
Alabama	3,120	66.0	44	2,940	62.2	180	3.8
Georgia	6,516	65.8	45	6,167	62.2	349	3.5
Nevada	1,691	63.7	46	1,486	56.0	205	7.7
Idaho	987	63.3	47	865	55.5	122	7.8
Texas	15,633	62.0	48	14,097	55.9	1,535	6.1
Mississippi	1,732	58.5	49	1,575	53.2	156	5.3
Utah	1,654	58.4	50	1,510	53.3	144	5.1
District of Columbia	1,110	181.8	Not Ranked	1,084	177.5	26	4.3
United States	245,367	79.4	Not Ranked	221,999	71.8	23,346	7.6

Source: Association of American Medical Colleges (2011).

$$\begin{array}{r} \text{Grp} = 15.7 \\ \times \quad 27 \\ \hline 424 \text{ more needed} \end{array}$$

## Physicians in Medical Specialties per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	326
2	Massachusetts	191
3	Maryland	167
4	Rhode Island	160
5	Connecticut	159
6	New York	159
7	New Jersey	135
8	Vermont	122
9	Hawaii	114
10	Pennsylvania	110
11	Illinois	105
12	New Hampshire	100
13	Ohio	97
14	Tennessee	97
15	California	95
16	Minnesota	95
17	Virginia	94
18	Florida	93
19	Louisiana	92
20	Michigan	92
21	Missouri	92
22	Oregon	92
23	North Carolina	89
24	Delaware	87
25	Maine	86
26	Washington	84
27	Wisconsin	84
28	Colorado	83
29	Georgia	78
30	Kentucky	78
31	New Mexico	77
32	Alabama	76
33	Arizona	75
34	Nebraska	75
35	West Virginia	75
36	Texas	73
37	South Carolina	72
38	Indiana	70
39	North Dakota	70
40	Kansas	66
41	Nevada	66
42	Utah	65
43	South Dakota	63
44	Arkansas	60
45	Montana	58
46	Mississippi	57
47	Oklahoma	55
48	Iowa	52
49	Alaska	51
50	Idaho	41
51	Wyoming	40
	United States	97

Source: O'Leary Morgan and Morgan (2011).

$$\begin{array}{r} 877 = 31 \\ \times 27 \\ \hline 837 \text{ more needed} \end{array}$$

## Physicians in Surgical Specialties per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	141
2	Maryland	75
3	Massachusetts	73
4	Connecticut	72
5	Rhode Island	71
6	New York	70
7	Vermont	68
8	Hawaii	63
9	Louisiana	62
10	New Hampshire	59
11	New Jersey	59
12	Pennsylvania	58
13	Tennessee	58
14	Oregon	55
15	Virginia	55
16	Maine	54
17	Minnesota	53
18	Ohio	53
19	Florida	52
20	Nebraska	52
21	North Carolina	52
22	California	51
23	Colorado	51
24	Illinois	51
25	Michigan	50
26	Montana	50
27	South Carolina	50
28	West Virginia	50
29	Wisconsin	50
30	Alabama	49
31	Kentucky	49
32	Missouri	49
33	South Dakota	49
34	Washington	49
35	Alaska	48
36	North Dakota	48
37	Delaware	47
38	Kansas	47
39	Georgia	46
40	Wyoming	46
41	Texas	45
42	Utah	44
43	Indiana	42
44	Mississippi	42
45	New Mexico	42
46	Arizona	41
47	Arkansas	40
48	Idaho	39
49	Iowa	39
50	Oklahoma	38
51	Nevada	37
	United States	53

Source: O'Leary Morgan and Morgan (2011).

Gap = 16  
 x 27  


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 432 more needed

### Physicians in Anesthesiology per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	Massachusetts	21
2	District of Columbia	19
3	Maryland	19
4	New Jersey	18
5	New York	18
6	Connecticut	17
7	Vermont	17
8	Oregon	16
9	California	15
10	Colorado	15
11	Indiana	15
12	New Hampshire	15
13	Washington	15
14	Wisconsin	15
15	Arizona	14
16	Florida	14
17	Illinois	14
18	Maine	14
19	Montana	14
20	Nebraska	14
21	Nevada	14
22	Pennsylvania	14
23	Utah	14
24	Kentucky	13
25	Ohio	13
26	Texas	13
27	Virginia	13
28	Alaska	12
29	Hawaii	12
30	Kansas	12
31	Louisiana	12
32	Missouri	12
33	Rhode Island	12
34	Tennessee	12
35	Alabama	11
36	Delaware	11
37	Minnesota	11
38	New Mexico	11
39	North Carolina	11
40	South Carolina	11
41	Arkansas	10
42	Georgia	10
43	Iowa	10
44	Michigan	10
45	North Dakota	10
46	Oklahoma	10
47	Wyoming	10
48	Mississippi	9
49	South Dakota	9
50	West Virginia	8
51	Idaho	7
	United States	14

Source: O'Leary Morgan and Morgan (2011).

⊕ Needed

## Physicians in General Surgery per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	39
2	Massachusetts	19
3	Vermont	19
4	Maryland	17
5	New York	17
6	Rhode Island	17
7	Connecticut	16
8	Maine	15
9	New Hampshire	15
10	Pennsylvania	15
11	Tennessee	14
12	Hawaii	14
13	North Dakota	14
14	West Virginia	14
15	Kentucky	13
16	Louisiana	13
17	Michigan	13
18	Nebraska	13
19	New Jersey	13
20	Ohio	13
21	Oregon	13
22	South Dakota	12
23	Illinois	12
24	Minnesota	12
25	North Carolina	12
26	South Carolina	12
27	Virginia	12
28	Washington	12
29	Wisconsin	11
30	Alabama	11
31	Alaska	11
32	California	11
33	Colorado	11
34	Delaware	11
35	Florida	11
36	Georgia	11
37	Missouri	11
38	Wyoming	10
39	Arizona	10
40	Kansas	10
41	Montana	10
42	New Mexico	10
43	Texas	9
44	Arkansas	9
45	Idaho	9
46	Indiana	9
47	Iowa	9
48	Mississippi	9
49	Oklahoma	9
50	Utah	8
51	Nevada	12
	United States	12

Source: O'Leary Morgan and Morgan (2011).

Gnp = 4  
x 27  
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108 more needed

Physicians in General/Family Practice per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	North Dakota	61
2	Alaska	58
3	Minnesota	55
4	Vermont	54
5	South Dakota	52
6	Nebraska	49
7	Wyoming	49
8	Maine	48
9	Montana	46
10	Washington	46
11	Arkansas	44
12	Wisconsin	44
13	Kansas	42
14	New Mexico	40
15	Iowa	39
16	Oregon	39
17	Colorado	38
18	Idaho	38
19	Indiana	38
20	New Hampshire	38
21	West Virginia	38
22	South Carolina	36
23	Virginia	36
24	Hawaii	34
25	District of Columbia	33
26	Kentucky	32
27	North Carolina	32
28	Tennessee	32
29	Illinois	31
30	Louisiana	31
31	Ohio	31
32	California	30
33	Michigan	30
34	Oklahoma	30
35	Pennsylvania	30
36	Alabama	29
37	Delaware	29
38	Florida	28
39	Utah	28
40	Mississippi	27
41	Texas	27
42	Georgia	25
43	Arizona	24
44	Maryland	24
45	Missouri	24
46	Nevada	22
47	Massachusetts	21
48	New York	20
49	Rhode Island	20
50	New Jersey	19
51	Connecticut	17
	United States	30

Source: O'Leary Morgan and Morgan (2011).

Gap = 8  
x 27  


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216 more needed

## Physicians in Internal Medicine per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	173
2	Massachusetts	111
3	Maryland	95
4	Connecticut	94
5	New York	91
6	Rhode Island	88
7	New Jersey	73
8	Vermont	69
9	Hawaii	65
10	Illinois	60
11	Pennsylvania	60
12	New Hampshire	56
13	Oregon	54
14	Michigan	52
15	California	51
16	Ohio	51
17	Minnesota	50
18	Tennessee	50
19	Maine	49
20	Virginia	49
21	Florida	48
22	Missouri	47
23	North Carolina	46
24	Louisiana	45
25	Washington	45
26	Wisconsin	44
27	Colorado	43
28	North Dakota	43
29	New Mexico	42
30	Alabama	41
31	Georgia	41
32	Delaware	40
33	West Virginia	40
34	Arizona	39
35	Kentucky	39
36	Nebraska	39
37	Nevada	39
38	South Carolina	36
39	South Dakota	36
40	Texas	36
41	Indiana	35
42	Kansas	33
43	Montana	31
44	Mississippi	30
45	Oklahoma	28
46	Utah	28
47	Arkansas	27
48	Iowa	26
49	Alaska	24
50	Wyoming	22
51	Idaho	21
	United States	52

Source: O'Leary Morgan and Morgan (2011).

GAP = 13  
 x 27  


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 351 more needed

**Physicians in Obstetrics and Gynecology  
per 100,000 Population – 2009**

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	66
2	Maryland	40
3	Connecticut	39
4	Hawaii	38
5	Rhode Island	38
6	New York	36
7	Massachusetts	34
8	New Jersey	34
9	Vermont	34
10	Louisiana	32
11	Virginia	31
12	New Hampshire	29
13	Tennessee	29
14	Colorado	28
15	Illinois	28
16	North Carolina	28
17	California	27
18	Georgia	27
19	Michigan	27
20	Oregon	27
21	Pennsylvania	26
22	South Carolina	26
23	Ohio	25
24	Texas	25
25	Alabama	24
26	Alaska	24
27	Florida	24
28	Kentucky	24
29	Maine	24
30	Minnesota	24
31	Missouri	24
32	Washington	24
33	Wyoming	24
34	Nebraska	23
35	New Mexico	23
36	Wisconsin	23
37	Arizona	22
38	Delaware	22
39	Indiana	22
40	Nevada	22
41	Utah	22
42	West Virginia	22
43	Kansas	21
44	Mississippi	21
45	Montana	21
46	Idaho	19
47	South Dakota	19
48	Arkansas	18
49	Oklahoma	18
50	North Dakota	17
51	Iowa	14
	United States	27

Source: O'Leary Morgan and Morgan (2011).

$$\begin{array}{r}
 \text{Gap} = 5 \\
 \times 27 \\
 \hline
 135 \text{ more needed}
 \end{array}$$

### Physicians in Ophthalmology per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	18
2	Connecticut	9
3	Maryland	9
4	New York	9
5	Hawaii	8
6	Massachusetts	8
7	Florida	7
8	Louisiana	7
9	New Jersey	7
10	Pennsylvania	7
11	Rhode Island	7
12	Vermont	7
13	California	6
14	Colorado	6
15	Delaware	6
16	Illinois	6
17	Maine	6
18	Michigan	6
19	Minnesota	6
20	Oregon	6
21	Virginia	6
22	West Virginia	6
23	Wisconsin	6
24	Alabama	5
25	Iowa	5
26	Kansas	5
27	Missouri	5
28	Montana	5
29	Nebraska	5
30	New Hampshire	5
31	North Carolina	5
32	North Dakota	5
33	Ohio	5
34	South Carolina	5
35	South Dakota	5
36	Tennessee	5
37	Texas	5
38	Utah	5
39	Washington	5
40	Alaska	4
41	Arizona	4
42	Arkansas	4
43	Georgia	4
44	Idaho	4
45	Indiana	4
46	Kentucky	4
47	Mississippi	4
48	Nevada	4
49	New Mexico	4
50	Oklahoma	4
51	Wyoming	3
	United States	6

Source: O'Leary Morgan and Morgan (2011).

Gap = 2  
 x 27  
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 54 more needed

### Physicians in Orthopedic Surgery per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	16
2	Vermont	13
3	New Hampshire	12
4	Rhode Island	12
5	Wyoming	12
6	Alaska	11
7	Connecticut	11
8	Maryland	11
9	Massachusetts	11
10	Montana	11
11	Hawaii	10
12	Minnesota	10
13	New York	10
14	Colorado	9
15	Louisiana	9
16	Maine	9
17	Nebraska	9
18	Oregon	9
19	Pennsylvania	9
20	South Dakota	9
21	Tennessee	9
22	Washington	9
23	Wisconsin	9
24	Alabama	8
25	California	8
26	Florida	8
27	Idaho	8
28	Illinois	8
29	Kansas	8
30	Kentucky	8
31	Missouri	8
32	New Jersey	8
33	North Carolina	8
34	North Dakota	8
35	Ohio	8
36	South Carolina	8
37	Virginia	8
38	Delaware	7
39	Indiana	7
40	Iowa	7
41	Michigan	7
42	New Mexico	7
43	Texas	7
44	Utah	7
45	West Virginia	7
46	Arizona	6
47	Arkansas	6
48	Georgia	6
49	Mississippi	6
50	Oklahoma	6
51	Nevada	5
	United States	8

Source: O'Leary Morgan and Morgan (2011).

Gap = 3  
 x 27  
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 81 more needed

### Physicians in Plastic Surgery per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	6
2	California	3
3	Connecticut	3
4	Delaware	3
5	Florida	3
6	Maryland	3
7	Massachusetts	3
8	New Jersey	3
9	New York	3
10	Rhode Island	3
11	Utah	3
12	Alabama	2
13	Arizona	2
14	Colorado	2
15	Georgia	2
16	Hawaii	2
17	Illinois	2
18	Indiana	2
19	Kansas	2
20	Kentucky	2
21	Louisiana	2
22	Michigan	2
23	Minnesota	2
24	Mississippi	2
25	Missouri	2
26	Nebraska	2
27	Nevada	2
28	New Hampshire	2
29	North Carolina	2
30	North Dakota	2
31	Ohio	2
32	Oregon	2
33	Pennsylvania	2
34	South Carolina	2
35	Tennessee	2
36	Texas	2
37	Vermont	2
38	Virginia	2
39	Washington	2
40	Wisconsin	2
41	Alaska	1
42	Arkansas	1
43	Idaho	1
44	Iowa	1
45	Maine	1
46	Montana	1
47	New Mexico	1
48	Oklahoma	1
49	South Dakota	1
50	West Virginia	1
51	Wyoming	1
	United States	2

Source: O'Leary Morgan and Morgan (2011).

Ⓟ needed

## Mental and Behavioral Health Workforce Rankings

### Physicians in Psychiatry per 100,000 Population – 2009

Rank	State	Physicians (MDs) per 100,000 Population
1	District of Columbia	54
2	Massachusetts	32
3	New York	27
4	Vermont	26
5	Connecticut	25
6	Maryland	23
7	Rhode Island	22
8	Hawaii	19
9	Maine	17
10	New Jersey	16
11	California	15
12	Pennsylvania	15
13	New Hampshire	14
14	New Mexico	14
15	Virginia	14
16	North Dakota	13
17	Oregon	13
18	Colorado	12
19	Illinois	12
20	North Carolina	12
21	Washington	12
22	Delaware	11
23	Minnesota	11
24	Alaska	10
25	Kansas	10
26	Louisiana	10
27	Michigan	10
28	Missouri	10
29	Nebraska	10
30	Ohio	10
31	South Carolina	10
32	Tennessee	10
33	Wisconsin	10
34	Arizona	9
35	Florida	9
36	Georgia	9
37	Kentucky	9
38	West Virginia	9
39	Wyoming	9
40	Arkansas	8
41	Montana	8
42	Oklahoma	8
43	South Dakota	8
44	Texas	8
45	Utah	8
46	Alabama	7
47	Indiana	7
48	Iowa	7
49	Mississippi	7
50	Nevada	7
51	Idaho	5
	United States	13

Source: O'Leary Morgan and Morgan (2011).

$$\begin{array}{r} \text{GNP} = 6 \\ \times 27 \\ \hline 162 \text{ needed} \end{array}$$

### Podiatrists per 100,000 Population – 2009

Rank	State	Podiatrists per 100,000 Population
1	Delaware	
2	Maryland	9
3	Nebraska	7
4	Arizona	7
5	Montana	6
6	Utah	6
7	Wyoming	6
8	New Jersey	6
9	New York	5
10	Ohio	5
11	Virginia	5
12	Connecticut	5
13	Florida	4
14	Massachusetts	4
15	Pennsylvania	4
16	Alabama	4
17	Illinois	3
18	Kansas	3
19	Michigan	3
20	Minnesota	3
21	Oklahoma	3
22	California	3
23	Colorado	2
24	Indiana	2
25	Iowa	2
26	Kentucky	2
27	Louisiana	2
28	Missouri	2
29	Nevada	2
30	New Hampshire	2
31	New Mexico	2
32	North Carolina	2
33	South Carolina	2
34	Tennessee	2
35	Texas	2
36	Washington	2
37	Wisconsin	2
38	Arkansas	2
39	Georgia	1
40	Mississippi	1
41	Oregon	1
42	Alaska	1
43	District of Columbia	N/A
44	Hawaii	N/A
45	Idaho	N/A
46	Maine	N/A
47	North Dakota	N/A
48	Rhode Island	N/A
49	South Dakota	N/A
50	Vermont	N/A
51	West Virginia	N/A
	United States	3

Source: O'Leary Morgan and Morgan (2011).

Gap = 1  
 x 27  
 -----  
 27 needed

## Physicians per 100,000 Population

	US	NV	Gap	Additional Needed
Physicians in Pediatrics	100	55	45	1,215
Physicians in Medical Specialties	97	66	31	837
Physicians in Surgical Specialties	53	37	16	432
Patient Care Primary Care Physicians	79	64	16	424
Physicians in Internal Medicine	52	39	13	351
Physicians in General/Family Practice	30	22	8	216
Physicians in Psychiatry	13	7	6	162
Physicians in Obstetrics and Gynecology	27	22	5	135
Physicians in General Surgery	12	8	4	108
Physicians in Orthopedic Surgery	8	5	3	81
Physicians in Ophthalmology	6	4	2	54
Podiatrists	3	2	1	27
Physicians in Anesthesiology	14	14	0	0
Physicians in Plastic Surgery	2	2	0	0