

Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon

Executive Summary

Note: The Full Report can be found here: <https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HCP-IP-Evaluation-Report-2025.pdf>

June 2025

This report evaluates health care provider incentives designed to grow Oregon’s workforce and informs efforts to increase access to culturally responsive care in urban and rural underserved areas of the state, as required by House Bill 3261 (2017).

The report summarizes data for three Health Care Provider Incentive Fund initiatives:

- **Health Care Provider Incentive Program (HCPIP)** created by House Bill 3261 (2017), codified in Oregon Revised Statute (ORS) 676.460.
- **Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)** created by House Bill 3261 (2017), codified in ORS 676.460.
- **Behavioral Health Workforce Incentives (BHWI)** created by House Bill 2949 (2021) and House Bill 4071 (2022), codified in ORS 675.650.

The report also includes data on one other incentive that is separate from the Health Care Provider Fund:

- **Rural Medical Practitioner Tax Credit Program**, codified in ORS 315.613.

OHA collected data on these incentives from January 1, 2018 to June 30, 2024, which demonstrated a positive impact on workforce diversity, workforce retention, and access to care.

Since 2018, 7,208 people supported by provider incentives received education or entered and remained in the health care workforce at practice sites serving Oregon patients experiencing health inequities ([Table 1](#)).

Table 1. Oregon’s health care provider incentives recipients, 2018-2024

Incentive	Number of Recipients
Health Care Provider Incentive Program (HCPIP)	
Primary care loan forgiveness for students in training	72
Loan repayment for practicing professionals in primary care, behavioral health, and oral health	335
Rural medical practitioner insurance subsidies for practicing primary care professionals in rural areas	920
Scholars for a Healthy Oregon Initiative (SHOI) scholarships for OHSU students	89
SHOI-like scholarships for non-OHSU students	82
Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO) for community-based training initiatives	1,212
Behavioral Health Workforce Incentives (BHWI) for practicing licensed and certified professionals and students	821
Rural Medical Practitioner Tax Credit for practicing primary care professionals in rural areas	3,677
Total	7,208

Retention data available for two incentives show that **most practicing professionals are staying in Oregon at a practice site serving medically underserved patients after their service obligation ends: loan forgiveness (89 percent retention) and loan repayment (92 percent retention)**. This data is from a [national survey](#) that tracks these incentive recipients for up to five years following the conclusion of the service obligation period.

For provider incentive recipients for whom race and ethnicity data were collected, **39 percent of students and practicing professionals receiving awards identify as people of color or Tribal members**.

Overall, students and practicing professionals receiving HCPIP loan forgiveness, loan repayment, and scholarship incentives will provide **an estimated 1,217,760 hours of primary care and dental care annually to 1,534,229 patients**.

Highlights on each provider incentive are summarized below.

HCPIP

- Primary care loan forgiveness: 27 percent of recipients identified as people of color or from Tribal communities during four annual award cycles from 2021-2024.
- Loan repayment: During 25 quarterly award cycles from 2018-2024, 36 percent of recipients identified as people of color or from Tribal communities; one-third speak one or more of 24 different languages other than English.
- SHOI: During five annual award cycles from 2019-2023, 21 percent of recipients identified their race as people of color or a Tribal member; 22 percent identified their ethnicity as Hispanic or Latino/a/x/e.
- SHOI-like: 37 percent of students identify as people of color or from Tribal communities during the most recent award cycle in the 2021-2023 biennium.
- Rural medical practitioner insurance subsidy: 13 percent of recipients identified as people of color or from Tribal communities, as reported in the 2024 eligibility year.

HOWTO

- HOWTO made \$25.8 million in grants to 40 organizations across Oregon supporting at least 1,212 members of the health care workforce, which included many culturally specific and responsive organizations. Most projects focus on preparing critical workforces such as Traditional Health Workers, Tribal Behavioral Health Aides, behavioral health occupations, and certified professionals.

Behavioral Health Workforce Incentives (BHWI)

- Behavioral health workforce bonus and housing stipends: 43 percent of recipients identified as people of color or from Tribal communities from 2024.
- Behavioral health loan repayment: 73 percent of recipients identified as people of color or from Tribal communities in four award cycles from 2022-2023.

- Behavioral health SHOI-like scholarships: 40 percent of recipients identified as people of color or from Tribal communities between 2021-2023.

Rural Medical Practitioner Tax Credit Program

- Rural Medical Practitioner Tax Credit: 3,677 medical professionals received the credit from 2018-2023.

Flexibility with how funds are applied to increase access to care, meet community-identified workforce needs, and create an equity-based approach to support diverse providers will be important to ensure continued impact.

OHA has been working to determine deliberate ways of reaching providers experiencing inequities to better serve patients from those communities. Some lessons learned during this reporting period and considerations for improvements going forward include:

- Successful placement of professionals receiving incentives at practices in underserved areas can be indicative of overall program effectiveness.
- Fully adopting race, ethnicity, and language, disability (REALD) and sexual orientation and gender identity (SOGI) data collection will provide OHA with more granular information to prioritize incentives for providers experiencing barriers to workforce entry, advancement, and retention.
- Increasing the use of qualitative data to make program improvements.
- Considering incentives such as housing and childcare, which can help providers stay in their community.
- Engaging an external equity expert to advise on equitable distribution of incentives.
- Reviewing and executing career pathways and retention incentives to promote long-term support and success for a diverse workforce.

More investment in Oregon's health care provider incentives is needed to make progress towards meeting OHA's 10-year strategic goal of eliminating health inequities.

Incentive investments have supported progress and are demonstrating a positive impact on increasing the diversity and retention of Oregon's health care workforce and access to care. However, there are still barriers to entry and advancement for people of color, and for people experiencing health inequities not receiving culturally and linguistically response care. In addition, more must be done to meet OHA's goals of diversifying and expanding the health care workforce to ensure culturally and linguistically appropriate care for all. OHA and other state agencies entrusted with operating incentive programs should continue to look for ways to better focus incentives to do the greatest good, share power with community partners, and ensure redistribution of resources as conditions change over time in the health care system.