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

June 2025

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Executive summary

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.

In the 1980s, Oregon began offering financial incentives to support health care provider recruitment and retention. In 2017, the Oregon Legislature passed House Bill 3261 to create the Health Care Provider Incentive Fund (Fund), which combined multiple provider incentives into a single pool. Administered by Oregon Health Authority (OHA) in collaboration with the Oregon Office of Rural Health at Oregon Health & Science University (ORH at OHSU) and under the direction of Oregon Health Policy Board (OHPB), the Fund increases workforce supply and retention in communities experiencing health inequities. Appendix A includes the OHA/OHPB Health Equity definition.

House Bill 3261 (2017) requires OHPB, through OHA and its partners, to collect and analyze data on participants in Oregon's various financial incentive programs to understand the effectiveness of these investments. OHA submits a report with this information to the Oregon Legislature every two years.

This—the fourth such report—shares data required by the legislation that is relevant to the effectiveness of incentives from the Fund's inception with OHA in 2018 through June 30, 2024 (unless otherwise noted). These incentives are directed to Oregon's urban and rural areas experiencing inequities, as defined by federal and state methodologies. The report summarizes data for three Fund initiatives:

- **Health Care Provider Incentive Program (HCPIP)** created by House Bill 3261 (2017), codified in Oregon Revised Statute (ORS) 676.460[1]
- **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

[1] One of the HCPIP incentives is Scholars for Healthy Oregon Initiative (SHOI), which provides scholarships for certain OSHU students. This incentive was initiated under separate statute, ORS 348.303.

This report also includes data on one other incentive that is separate from the Fund:

- **Rural Medical Practitioner Tax Credit Program** in ORS 315.613

Financial incentives for students, practicing professionals, and workers in underserved areas are demonstrating a positive impact on the diversity of Oregon's health care workforce, workforce retention, and access to care.

Oregon offers state-funded financial incentives to students preparing for health care careers and practicing professionals to provide culturally responsive care in medically underserved communities throughout Oregon, including those serving Oregon Health Plan (OHP) members and Medicare recipients. Analysis of available data show the four fund initiatives reviewed in this report had a significant impact. **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
HOWTO Grant Program 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 students and practicing professionals are staying in Oregon, up to five years, 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. HCPIP intends to continue supporting practicing professionals to develop roots in the communities they are serving to retain the health care workforce in areas of greatest need across Oregon.

Program staff expanded the collection of race, ethnicity, and language data during this reporting period to OHA-compliant Race, Ethnicity, Language, and Disability (REALD) data when feasible. REALD data offers more detailed information about a health care professional's self-identified racial and ethnic identity, preferred spoken and written languages, interpreter needs, English proficiency, and disability. Program staff will support planning efforts to begin REALD data collection for three incentives (primary care loan forgiveness, SHOI, and HOWTO) In the next reporting period. HCPIP continues to promote a diverse and culturally responsive workforce for people accessing care across Oregon and having this information will support these efforts. To retain confidentiality, some data are suppressed in this report due to small numbers.

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. The incentives have different implementation dates and frequency of making awards. The information below summarizes recipient data collected, timeframe, and award cycle by each incentive.

- HCPIP primary care loan forgiveness incentive: 27 percent of recipients identify as people of color or from Tribal communities during four annual award cycles from 2021-2024.
- HCPIP loan repayment incentive: 36 percent of recipients identify as people of color or from Tribal communities during 25 quarterly award cycles from 2018-2024.
- HCPIP Scholars for a Healthy Oregon Initiative (SHOI): 21 percent of recipients identify their race as people of color or a Tribal member and 22 percent of recipients identify their ethnicity as Hispanic or Latino/a/x/e during five annual award cycles from 2019-2023. OHSU provided OHA with this data separated by race and ethnicity.
- 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.

- HCPIP rural medical practitioner insurance subsidy: 13 percent of recipients identify as people of color or from Tribal communities, reported in the 2024 eligibility year.
- BHWI behavioral health workforce bonus and housing stipends incentive: more than 40 percent of recipients identify as people of color or from Tribal communities from 2024.
- BHWI behavioral health loan repayment incentive: 73 percent of recipients identify as people of color or from Tribal communities in four award cycles from 2022-2023.
- BHWI behavioral health SHOI-like scholarships: 40 percent of recipients identify as people of color or from Tribal communities between 2021-2023.

These state-funded provider incentives supported health care professionals serving at health care practices to provide patient care to people in underserved communities experiencing inequities. **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.** Estimates are not available for HCPIP behavioral health, BHWI, and HOWTO incentive recipients, since this includes many certified disciplines in roles supporting patient care. Appendix D contains information on how these estimates were calculated.

The following section provides more information on the impact of each Fund initiative and associated incentive using available data.

HCPIP. The Oregon Legislature allocated $14 million in the 2017-19 biennium, $19.7 million in the 2019-21 biennium, $22.5 in the 2021-23 biennium and $25.2 million in the 2023-25 biennium to HCPIP to prepare and retain a workforce qualified to deliver culturally and linguistically responsive care through incentives like loan forgiveness, loan repayment, scholarships, and rural medical malpractice insurance subsidies.

These incentives create a pathway to success to promote student and worker career entry, advancement, and retention, illustrated by provider stories from the field. The incentives have different implementation dates and frequency of making awards, some highlights of which are:

- These state-funded provider incentives supported 1,498 students in health care careers and practicing professionals from 2018-2024.

- For loan forgiveness, 27 percent of students from 2021-2024 identify as people of color or from Tribal communities.
- For loan repayment, 36 percent of recipients from 2018-2024 identify as people of color or from Tribal communities and one-third speak one or more of 24 different languages other than English.
- For SHOI, 21 percent of recipients identify as people of color or from Tribal communities and 22 percent of recipients identify their ethnicity as Hispanic or Latino/a/x/e during five annual award cycles from 2019-2023. OHSU provided this data separated by race and ethnicity.
- For 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.
- The HCPIP rural medical practitioner insurance subsidy had 13 percent of recipients identify as people of color or from Tribal communities, reported in the 2024 eligibility year.

HCPIP has been working on programmatic improvements that will be started during the next reporting period, highlights of which include:

- **Reintroducing behavioral health workforce incentives** as well as expanding scholarships and adding career pathways and retention incentives for this workforce.
- **Increasing equity focus** by engaging with an equity expert to provide expertise to increase equitable distribution of loan repayment incentives.
- **Adding Dental Therapists and Dental Assistants into the loan repayment incentive** based on feedback received by HCPIP.
- **Expanding scholarship opportunities** in the next funding cycle.
- **Adding new career pathways and retention incentives** to attract secondary school participants to pursue a health care career and to retain the current workforce through methods such as covering the costs of re-certification fees.

HOWTO. This grantmaking partnership between OHA and OHSU supports innovative, community-based training initiatives that address local health care workforce shortages and expand worker diversity. Since its launch in 2018, HOWTO has made $25.8 million in grants to 40 organizations across Oregon supporting 1,212 members of the health care workforce. HOWTO funded culturally specific and responsive organizations to build

and diversify people in the workforce. Most projects focus on preparing critical workforces such as Traditional Health Workers, Tribal Behavioral Health Aides, behavioral health occupations, and other high-demand certified professionals. HOWTO staff have expanded the program's reach and impact by refining communications and outreach; increasing racial/ethnic, occupational, and geographic diversity on its advisory committee; and working with OHA partners to begin REALD data collection during the next reporting period.

Behavioral Health Workforce Incentives (BHWI). The Oregon Legislature passed House Bill 2949 (2021) and House Bill 4071 (2022), which invested $80 million in federal American Rescue Plan Act funds to increase the recruitment and retention of providers in the behavioral health workforce. OHA's Behavioral Health Division is expected to provide more in-depth BHWI evaluation data through a public-facing dashboard in Summer 2025. Following are BHWI implementation highlights that occurred during this reporting period:

- Oregon Behavioral Health Workforce Bonus and Housing Stipend incentive: approximately 20 organizations received funds – 714 retention bonuses, 85 housing stipends and 282 sign-on bonuses were distributed within the first 18 months of the program award period.
- Oregon Behavioral Health Loan Repayment incentive, 279 awards were made to practicing certified, pre-licensed and licensed behavioral health professionals. Seventy percent of recipients identify as people of color or from Tribal communities; 38 percent self-report they speak a language other than English; and 20 percent reported they have a functional limitation.
- SHOI-like scholarships: 188 awards were made to five educational institutions or community-based programs supporting behavioral health student disciplines. 40 percent of recipients identify as people of color or from Tribal communities; 12 percent self-report they speak a language other than English, and 21 percent reported they have a functional limitation.

The impact of the one incentive outside the Fund is summarized below.

Rural Medical Practitioner Tax Credit Program. This tax credit, offered since 1989 by Oregon's tax code, allows eligible medical professionals to receive an annual tax credit of up to $5,000 if they work in rural communities. Practicing professionals may apply for eligibility through ORH, and then the Oregon Department of Revenue confirms and processes as a credit when they file their tax return. The average time a provider has

claimed the credit is seven years: 3,677 unduplicated, medical professionals received the credit from 2018-2023. ORH does not collect REALD demographic data for this incentive.

To ensure continued impact of the provider incentives, it is important to support flexibility with how funds are applied to increase access to care and meet community-identified workforce needs, collect better data, and create an equity-based approach to support diverse providers.

OHA has been working to determine more deliberate ways of reaching providers from populations experiencing inequities to better serve patients from those communities. Some lessons learned from clinician feedback, incentives data analysis, information gathered from site visits, and national best practices include that:

- Successful placement of professionals receiving incentives in practices seeing OHP and Medicare patients that are in medically underserved areas is a proxy for overall effectiveness. These incentives are effective tools to address student debt burden, which is disproportionately experienced by people of color, Tribal members and others experiencing inequities.
- Partnering with practice sites serving communities of color and historically marginalized populations expands the reach and impact of incentives.
- REALD data collection began during this reporting period for most incentives, which has started to provide a more granular understanding of impact.

Some considerations from the same sources above for improving health care provider incentives going forward include:

- Fully adopting REALD and sexual orientation and gender identity (SOGI) data collection, which will provide OHA with information to prioritize efforts for providers from communities facing barriers to benefit from the incentives.
- Revising data collection requirements to reduce administrative burden on external partners while ensuring that reporting meets legislative mandates and supports program improvement.
- Increasing the use of qualitative data and provider experiences.
- Managing process and quality improvement strategies to support the fidelity of existing incentives while safeguarding from potential liability and data errors to ensure a strong foundation for future expansion.

- Considering incentive options such as housing and childcare, which can help providers stay in their community.

Assessing the national perspective will assist HCPIP efforts to incorporate these factors into incentives, with a focus on:

- Engaging with an external health care workforce 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 financial incentive programs is needed to make progress towards meeting OHA's 10-year strategic goal of eliminating health inequities.

The Oregon Legislature continues to make critical investments in supporting the health care workforce. Despite these efforts, Oregon still faces the problem of lack of demographic diversity and workforce shortages. While the incentives have supported progress, there are still barriers to entry and advancement for people of color and people who speak languages other than English in the health care workforce. This can result in people who experience health inequities not receiving culturally and linguistically responsive care.

Oregon is focusing on investing in innovative workforce solutions and their scalability. However, more time is needed to realize the larger impact of these investments. 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. For example, additional investments in workforce segments such as behavioral health and nursing are needed, clearer career pathways should be developed so people may advance and remain in the field, and additional work incentivizing employers to invest in resiliency and well-being is needed for everyone.

OHA and state agencies entrusted with operating incentive programs should continue to look for ways to better focus incentives to do the greatest good; and they must be nimble in their use of resources to share power with community partners and ensure redistribution of resources as conditions change over time in the health care system.

Introduction

Oregon offered financial incentives to attract and retain health care professionals starting in the 1980s with a rural medical practitioner tax credit and rural medical liability insurance premium subsidies to physicians and nurses. In the early 2010s, in response to health care transformation efforts and more people eligible to access care, Oregon policymakers recognized the need for added workforce investments. In 2013, the Oregon Legislature funded a new OHA Medicaid Primary Care Loan Repayment Program and Oregon Health & Science University (OHSU) scholarships. In 2016, OHPB's Health Care Workforce Committee issued a report assessing the effectiveness of provider incentives.

Following the report's release, the Oregon Legislature passed House Bill 3261 in 2017 to further increase health care workforce capacity. The bill combined multiple incentives into a single pool in OHA to create the Health Care Provider Incentive Fund (Fund) under the direction of the Oregon Health Policy Board (OHPB). The Fund's purpose is "to assist qualified health care providers who commit to serving Oregon Health Plan members and Medicare enrollees in rural or medically underserved areas of the state."

House Bill 3261 also requires OHPB, through OHA and its partners, to collect and analyze data on the effectiveness of Oregon's financial incentive programs. OHA submits a report with this data to the Oregon Legislature every two years. This—the fourth such report—includes information from the Fund's inception through June 30, 2024 (unless otherwise noted). This report includes data for three Fund initiatives:

- **Health Care Provider Incentive Program (HCPIP)** created by House Bill 3261 (2017), codified in ORS 676.460[2]
- **Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)** created by House Bill 3261(2017), codified in ORS 676.460
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This report also includes data on one incentive that is separate from the Fund:

[2]One of the HCPIP incentives is Scholars for Healthy Oregon Initiative (SHOI), which provides scholarships for certain OSHU students. This incentive was initiated under separate statute, ORS 348.303.

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

House Bill 3261 requires the following incentive participant data to be collected:

- The month and year of entry into the program.
- The locations of service and duration of service in each location.
- The main services provided, discipline, specialty, and hours of direct patient care.
- The main services provided through telemedicine.
- Other demographic information determined to be useful in that evaluation.

OHA disburses these incentives to create a culturally and linguistically responsive workforce contributing to eliminating health inequities in partnership with the Oregon Office of Rural Health (ORH) at OHSU. Appendix A includes the OHA/OHPB Health Equity definition. ORH administers program operations, which includes processing applications, conducting marketing and outreach, reporting data, and providing subject matter expertise. In addition, OHA's Behavioral Health Workforce Incentives Unit (BHWI) has distributed incentives to address workforce challenges in this field.

These state-funded provider incentives are contributing to Oregon's health care workforce growth by:

- **Offering important recruitment and retention tools** for health care practices.
- **Providing education debt relief** to support practicing professionals and promote learner educational and career paths.
- **Increasing demographic workforce diversity in communities** to create equitable access to care for all Oregonians.

Background on provider incentives: Demonstrating a positive impact on Oregon's health care workforce retention and diversity

Oregon offers state-funded provider incentives to students preparing for health care careers and practicing professionals in areas serving Oregon Health Plan members and Medicare recipients. These areas are identified through federal and state methodologies

as having an insufficient number of providers to support optimal population health. Appendix B provides maps developed by ORH on Areas of Unmet Health Care Need, which measures access and utilization of primary, mental health, and oral health care. ORH releases a report annually that describes these Areas of Unmet Health Care Need in the state, which is used as one criterion to qualify practice sites for loan repayment and loan forgiveness programs, among other purposes**.**

Table 1 on the following page summarizes recipients of financial incentive funding from 2018 to June 30, 2024, to support their education and/or practice in urban and rural underserved areas of the state. Five incentives (primary care loan forgiveness, loan repayment, SHOI, rural medical insurance subsidies, and rural medical tax credit) were created prior to 2018; two incentives (scholarships and HOWTO Grant Program) were created when HCPIP began; and BHWI incentives were awarded in 2021 to 2023.

These state-funded health care provider incentives have had a significant impact, based on available data. Since the Fund started in 2018, **at least 7,208 students and practicing professionals received these provider incentives for education or to enter and remain in the health care field** at practice sites serving Oregon patients experiencing health inequities.

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

Incentive	Number of Recipients
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Loan repayment for practicing professionals in primary care, behavioral health, and oral health	335
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HOWTO Grant Program for community-based training initiatives	1,212
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Total	**7,208**

Retention data available for two incentives show that most students and practicing professionals are staying in Oregon, up to five years, 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. HCPIP intends to continue this incentive strategy to encourage practicing professionals to develop roots in the communities they are serving to retain the health care workforce in areas of greatest need across Oregon.

HCPIP and BHWI staff started collecting Race, Ethnicity, Language, and Disability (READ) data compliant with OHA guidance during this reporting period for some incentives: loan repayment, non-OHSU scholarships, rural medical practitioner insurance subsidies, and BHWI incentives. Appendix C includes information on how HCPIP reported race of participants identifying with multiple races using the least common race methodology. HCPIP has been working towards beginning READ data collection on other incentives (loan forgiveness and OHSU scholarships), which will be available during the next reporting period. See text box on the following page for more information about READ. In addition, throughout this report, some data are suppressed to retain confidentiality of incentive recipients due to small numbers.

What Is REALD?

REALD is an effort to increase and standardize Race, Ethnicity, Language and Disability (REALD) data collection across Oregon Department of Human Services and OHA. REALD was advanced through House Bill 2134 (2013) passed by the Oregon Legislature. REALD data provides more information about a person's self-identified racial and ethnic identity, preferred spoken and written languages, interpreter needs, English proficiency, and disability.

Data collection for provider incentives included REALD and the racial and ethnic groups in accordance with guidelines set by the U.S. Office of Management and Budget (OMB). However, OMB data may not capture racial and ethnic identity adequately to determine whether the workforce is representative of the people it serves. Using REALD allows students and health care professionals to report their demographic identities with more granularity, if they so choose, while also supporting planning efforts to promote a diverse and culturally responsive workforce equitably for people in communities across Oregon.

The statutory authority for these rules is in ORS 413.042 and 413.161. The Oregon Administrative Rules (OARs) detailing the data collection standards were completed in 2014 and updated in July 2024 (OARs 950-030). More information is available on the REALD website.

Of 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. The incentives have different implementation dates and frequency of making awards. The information below summarizes recipient data collected, timeframe, and award cycle by each incentive.

- HCPIP primary care loan forgiveness incentive: 27 percent of recipients identify as people of color or from Tribal communities during seven annual award cycles from 2021-2024.
- HCPIP loan repayment incentive: 36 percent of recipients identify as people of color or from Tribal communities during 25 quarterly award cycles from 2018-2024.

- HCPIP Scholars for a Healthy Oregon Initiative (SHOI): 21 percent of recipients identify their race as people of color or a Tribal member and 22 percent of recipients identify their ethnicity as Hispanic or Latino/a/x/e during five annual award cycles from 2019-2023. OHSU provided OHA with this data separated by race and ethnicity.
- For 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.
- HCPIP rural medical practitioner insurance subsidy: 13 percent of recipients identify as people of color or from Tribal communities, reported in the 2024 eligibility year.
- BHWI behavioral health workforce bonus and housing stipend incentive: 43 percent of recipients identify as people of color or from Tribal communities from 200 recipients in 2024.
- BHWI behavioral health loan repayment incentive: 73 percent of recipients identify as people of color or from Tribal communities in four award cycles from 2022-2023.
- BHWI behavioral health SHOI-like scholarships: 40 percent of recipients identify as people of color or from Tribal communities between 2021-2023.

These state-funded provider incentives supported practicing professionals providing patient care to people in underserved communities experiencing inequities. **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.** Estimates are not available for HCPIP behavioral health, BHWI, and HOWTO incentive recipients, since this includes many certified disciplines in roles supporting patient care. Appendix D contains information on how these estimates were calculated.

Expansion efforts to increase equity and address workforce challenges

Increasing equitable access to health care services via the distribution of resources such as provider incentives requires the intentional involvement of those most affected by inequities. In the past two years since the previous evaluation, OHA evolved program administrative rules and data collection to meet patient and community needs due to the changing health care landscape, influenced by the COVID-19 pandemic and significant health care workforce shortages. OHA made major changes that:

- **Continued to provide flexibility for awardees to practice via telehealth.** Since 2020, HCPIP has allowed practicing professionals to serve patients in Oregon via telehealth and receive awards by establishing mechanisms for them to report and track work locations and hours. Incentive recipients who provide telehealth services on a full-time or part-time basis are eligible to participate in loan repayment incentives, scholarships, medical malpractice insurance subsidy and loan forgiveness. Thirty-eight percent of incentive recipients reported delivering some care by telehealth (at least eight hours per week).
- **Provided additional funding for the behavioral health workforce.** In the 2021-23 biennium, the Oregon Legislature made significant investments in expanding, diversifying, and stabilizing this workforce through House Bill 2949 (2021). These incentives were distributed during the period covered by this report. In addition, the Oregon Legislature provided HCPIP with an additional $6 million in the 2023-25 biennium for behavioral health workforce incentives. Data from these new HCPIP incentives will be included in the next evaluation report.
- **Expanded scholarship opportunities.** HCPIP awarded a new cycle of SHOI-like scholarships through a competitive grantmaking process. These awards were made to education programs to support students-in-training to become certified and licensed health care professionals.
- **Expanded REALD data collection.** HCPIP began collecting REALD data for most incentives. However, disability data may not be reliable for loan repayment and rural medical practitioner insurance subsidy due to a surveying error, which was corrected for the next reporting period. HCPIP will work with internal and external partners to ensure continued REALD data compliance.

- **Enhanced outreach and data collection capacity, particularly with new incentive opportunities.** OHA increased funding for the HCPIP contract with ORH in July 2024 to develop and administer new loan repayment incentives begin during the next reporting period. ORH will expand its robust outreach and marketing to ensure students, professionals, and practices are aware of incentive expansions, focusing on people of color, Tribal communities, and institutions in rural and remote areas. In addition, ORH will add more qualitative data to capture provider experiences that complements quantitative information as well as conduct improved program audits.

Health Care Provider Incentive Fund

The Oregon Legislature created the Health Care Provider Incentive Fund (Fund) in 2017 to pool resources from several disparate sources into a single program. The Fund has allowed OHA to create an intentional strategy to recruit and retain a geographically distributed and culturally responsive health care workforce. This section reviews the three Fund components (1) HCPIP; (2) HOWTO; and (3) BHWI.

Health Care Provider Incentive Program (HCPIP)

OHA operates HCPIP in partnership with ORH under the direction of OHPB. The Oregon Legislature allocated $14 million in the 2017-19 biennium, $19.7 million in the 2019-21 biennium, $22.5 million in the 2021-23 biennium and $25.2 million in the 2023-25 biennium to continue this important work.

HCPIP has created an intentional strategy to support a geographically distributed and culturally responsive workforce for individuals at different stages in their health care career. Figure 1 provides a framework for current and future HCPIP incentives creating a pathway of success. These incentives introduce career entry options from secondary school to higher education, address financial barriers, and create advancement and retention opportunities.

Figure 1. HCPIP incentives framework

HCPIP incentives described in this section include: (1) primary care loan forgiveness; (2) loan repayment; (3) OHSU and non-OHSU student scholarships; and (4) rural medical practitioner insurance subsidy.

For each incentive, this section provides background information, data, and expansion efforts that occurred during this reporting period. In addition, provider stories and quotations about incentive recipient experiences are included from two sources: (1) Provider Retention & Information System Management (PRISM) and (2) ORH surveys. PRISM is a survey conducted by the Sheps Center for Health Services Research at University of North Carolina that aims to identify and document outcomes to enhance the retention of students and health care professionals participating in financial incentive programs. Oregon is one of 37 states participating in PRISM. PRISM retention data is included for practicing professionals receiving loan repayment and loan forgiveness incentives, five years following their service commitment completion. ORH conducted surveys with incentive recipients to collect information. HCPIP programmatic improvements that are underway and will be included in future reporting are also reviewed.

Primary Care Loan Forgiveness (PCLF)

Background

PCLF provides tax-free, tuition assistance for students enrolled in an approved rural training track during their health care education. (See text box below for more information on a rural training track.) In exchange, students commit to a one-year service obligation upon graduation at a qualified, rural Oregon practice site for each year of funding received, with a maximum award of two years. This incentive has had seven annual award cycles to meet the workforce needs in rural Oregon for primary care providers.

Students participating in this incentive must agree to:

- Practice in an underserved Oregon community that has been federally defined as a Health Professional Shortage Area (HPSA), and
- Serve Medicaid and Medicare members in at least the same percentage as is present in the community.

What Is a Rural Training Track?

PCLF students are required to participate in a rural training track through two options: Oregon Area Health Education Centers (AHEC) Scholars Program or a health care education program approved by Oregon AHEC. More information on these options is provided below.

- **The Oregon AHEC Scholars** is a two-year national certificate program funded by the Health Resources and Services Administration (HRSA) designed to prepare health care professional students for future practice serving patients in rural and urban underserved communities. The program blends a didactic curriculum with community-based experiential learning at clinical practice sites throughout Oregon. Oregon AHEC partners with Oregon colleges and universities to recruit student scholars, some of whom apply to and are accepted by PCLF.
- Oregon AHEC has approved **Western University of Health Sciences, College of Osteopathic Medicine of the Northwest (COMP-NW) to operate a rural training track** for its students participating in PCLF.

This incentive supports (1) clinical immersion for students passionate about practicing in a rural community and (2) a sustainable environment for rural practices to encourage retention beyond the student service obligation. Appendix E includes more detailed information about student and rural practice eligibility requirements. Once a clinician has completed their service obligation, they would become eligible for a loan repayment incentive if they still have outstanding qualifying debt.

Evaluation data

This incentive awarded $3.9 million to 72 future health care professionals. Table 2 summarizes the average incentive award amounts by school and discipline. Most students were enrolled in primary care disciplines (Medical Doctor, Physician Associate, Doctor of Osteopathic Medicine, Doctor of Nurse Practitioner, and Doctor of Pharmacy), with a smaller proportion in oral health (Doctor of Medicine in Dentistry). The programs awarded include:

- 43 percent (31) of students were enrolled at OHSU across five disciplines, including the OHSU/OSU pharmacy program, with a total award amount of $1.73 million.
- 46 percent (33) of students were enrolled at Pacific University Master of Science in Physician Associate Studies, School of Pharmacy, with a total award amount of $1.56 million.
- 11 percent (8) of students were enrolled at Western University of Health Sciences, College of Osteopathic Medicine of the Northwest (COMP-NW), with a total award amount of $675,900.

Table 2. Primary Care Loan Forgiveness award distribution by school and discipline, 2018-2024

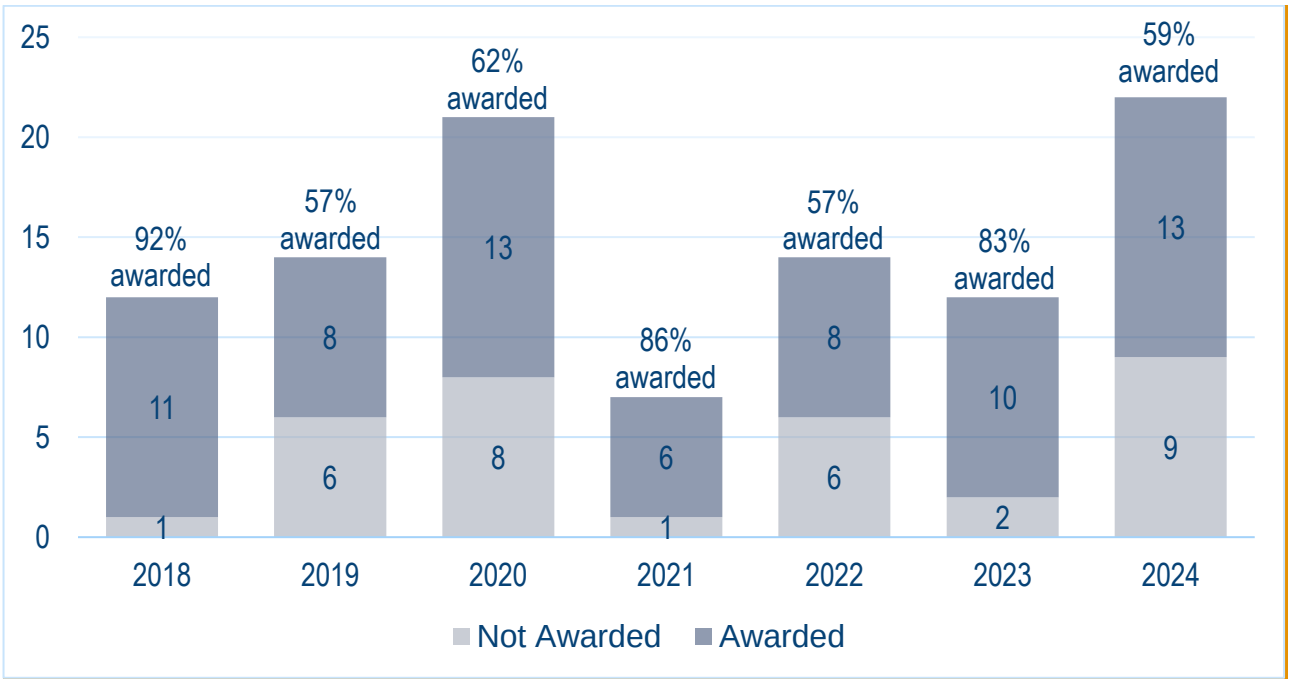
School and discipline	Total applicants	Total awardees	Average award amount per recipient
School of Medicine (MD)	42	31 (43%)	$82,537
Physician Associate (PA)			$47,833
School of Nursing (DNP/NP)			$65,200
School of Dentistry (DMD)			$52,200
OSU/OHSU School of Pharmacy (PharmD)			$35,200
Total OHSU	**74% award rate**		**$1.73M**
Physician Associate (PA)	50	33 (46%)	$50,992
School of Pharmacy (PharmD)			$35,200
Total Pacific University	**66% award rate**		**$1.56M**
Osteopathic Medicine (DO)	10	8 (11%)	$84,488
COMP-NW	**80% award rate**		**$675,9000**
Total	**102**	**72±**	**$3.9M**

*These numbers have been provided as medians rather than averages to prevent backward calculation to small numbers.

± Does include the >5 awardees who withdrew from the program

With over 100 applicants since 2018, the percentage of applicants receiving awards varied by school: 74 percent for OHSU students, 66 percent for Pacific University students, and 80 percent for COMP-NW students. HCPIP has made awards to 71 percent of applicants (Figure 2). The number of students seeking loan forgiveness has exceeded the available funding; this is not expected to change in the future.

Figure 2. PCLF applicants and awardees by academic year, 2018-2024



Race and ethnicity data

HCPIP began collecting race and ethnicity data using OMB standards for this incentive in the four award cycles from 2021 to 2024. In these cycles, 37 students received awards, 27 percent (10) of whom identified as a person of color or Tribal member as shown in Table 3 (exact number/percentage suppressed for confidentiality). Language and disability data was not collected. HCPIP will begin collecting REALD data in 2025, and this data will be included in the next report.

Table 3. PCLF recipients by race/ethnicity, 2021-2024

Race/Ethnicity	Number	Percentage
American Indian/Alaska Native	1-5*	†
Asian	1-5*	†
Black/African American	1-5*	†
Hispanic and Latino/a/x/e	1-5*	†
Native Hawaiian/Pacific Islander	1-5*	†
Middle Eastern/North African	1-5*	†
White	26	70%
Bi-racial/multi-racial	0	0%
Other Race/No Primary Race/Unknown	0	0%
Decline	1-5*	†
Total	**37**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

Expansion efforts

HCPIP will be adding a new nursing program to PCLF from Frontier Nursing University, a hybrid nursing school based in Kentucky that offers Oregon-based clinical experiences for Master of Science in Nursing and Doctor of Nursing Practice students. The University has adopted the PCLF-required Oregon AHEC Scholars curriculum. HCPIP will begin including eligible Frontier Nursing University students in the PCLF applicant pool in the 2025 annual award cycle, which will be reported on in the next evaluation.

Alongside the new education partnership, HCPIP has been making significant investments in programmatic improvements. These efforts include standardizing data monitoring, processing, and reporting mechanisms; revising administrative rules to provide clarity for students, educational administrators, and program staff; and increasing efficiency in communication and outreach to current and future awardees.

Program impact: Where are they now and stories from the field

Since 2018, close to 40 percent (28) of PCLF students have completed their education and entered the service obligation period at a qualified rural practice site. According to PRISM survey data, **89 percent of graduated PCLF students who are practicing professionals have remained either at the same practice site or an equivalent qualified practice site for up to five years.** Former PCLF students expressed the support and satisfaction with the program and their practice site (see text box on the next page for more information).

PCLF End of Contract and Alumni Student Survey Feedback

- 86 percent* were 'very satisfied' with the overall experience with the PCLF incentive. -PCLF Alumni
- 43 percent* said that PCLF 'exceeded expectations' while 57 percent* indicated the program 'met my expectations' when assessing the PCLF incentive program. -PCLF Alumni
- 93 percent* fully value their practice site's mission and feel that they [provider] are doing important work. -PCLF end-of-contract student
- 80 percent* are satisfied in their current practice, where they feel like they have fair compensation packages, a good relationship with the practice administrator, and good backup from partners/supervising clinicians. -PCLF end-of-contract student

*May be statistically unreliable due to small numbers; interpret with caution.

Table 4 summarizes **the long-term practice plans for PCLF students at the end of their contract**. Former students anticipate they will continue to practice in Oregon for an average of over 20 years and that they will be in a rural practice or a medically underserved area for an average of 18 years.

Table 4. PCLF end-of-contract students' long-term practice plans

Practice plan	Average number of years
In current practice	12.0
In their current community	16.7
In a rural practice (excluding those who indicate that they are not currently in a rural area)	18.5
In a medically underserved area (urban or rural; excludes those who indicate that they are not currently in a medically underserved area)	17.6
In current state	21.0

When surveyed through PRISM for **suggestions to make the clinician's participation in PCLF better**, respondents' ideas included: providing information and counseling on tax implications, other debt relief programs, and preventing burnout. See following text box for more information.

"[Providing] …easier access to information regarding tax implications of forgiveness…[providing] information and counseling for applying for other programs that may help with debt burden… [and providing] any information or support on preventing burnout would be beneficial."

"Keep recruiting more physicians in rural Oregon."

"Update[s] on…other loan repayment alternatives."

Loan Repayment

Background

The loan repayment incentive has provided financial support in 25 quarterly cycles to practicing professionals who have significant debt from taking loans to pay for their high-cost postsecondary health care education. This incentive awards recipients by repaying up to 70 percent of qualifying student loan debt, not to exceed $150,000, in exchange for a three-year service commitment at a qualified practice site. A qualified site must:

- Be in a HPSA or have a facility HSPA;
- Be serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county; and
- Have an approved site application on file with ORH.

Award amounts depend on the size of qualified debt and whether a practicing professional commits to full-time or part-time service. Depending on funding availability, up to nine total award years may be possible. Appendix F includes more information on applicant and practice site eligibility, as well as loan repayment amounts when a recipient gets more than one award.

This incentive pays about one-half of a master's- and doctorate-level incentive recipient's qualified debt received to pursue their professional education. Table 5 compares an average HCPIP award amount for these incentive recipients as a percentage of their average qualified education debt. This proportion ranges from 45 to 48 percent for Licensed and Pre-licensed Behavioral Health Providers, Dentists and Physicians; and from 56 to 57 percent for Nurse Practitioners and Physician Associates.

Table 5. Average debt and award amount by health care discipline, 2018-2024

Discipline	Average Qualified Debt	Average HCPIP Award Amount	Percentage
Dentist (DDS/DMD)	$223,000	$99,000	45%
Physician (DO, MD)	$186,000	$90,000	48%
Physician Associate (PA)	$117,000	$67,000	57%
Nurse Practitioner (DNP)	$93,000	$52,000	56%
Licensed behavioral health providers	$79,000	$35,000	44%
Pre-licensed behavioral health providers	$80,000	$38,000	48%

HCPIP staff paused making behavioral health loan repayment awards during this reporting period, following the transition of this incentive component to OHA's Behavioral Workforce Incentives (BHWI) in April 2022.

Evaluation data

This incentive has awarded more than $21 million to 335 practicing clinicians in Oregon. Table 6 provides a summary of incentive recipients by discipline and award amount.

Table 6. Loan repayment award distribution by discipline, 2018-2024

Provider Type	Number of Awards	Total Awarded	Average Awarded
Primary Care			
Doctor of Medicine (MD)	38	$3,262,209	$85,848
Doctor of Nursing Practice (DNP)	33	$1,726,182	$52,309
Physician Associate (PA)	30	$2,006,261	$66,875
Pharmacist (PharmD)	23	$1,701,537	$73,980
Doctor of Osteopathic Medicine (DO)	14	$1,439,586	$102,828
Doctor of Naturopathic Medicine (ND)	12	$892,749	$74,396
Subtotal	**150**	**$11,028,524**	**$73,523**
Behavioral Health			
Licensed Clinical Social Worker (LCSW)	21	$657,311	$31,301
Unlicensed Clinical Social Worker	21	$603,209	$28,724
Unlicensed Professional Counseling	14	$586,905	$40,494
Qualified Mental Health Professional (QMHP)	9	$284,431	$31,603
Licensed Professional Counselor (LPC)	7	$301,947	$43,135
Psychiatric Nurse Practitioner (NP)	7	$280,737	$40,105
Qualified Mental Health Associate (QMHA)	6	$108,323	$18,054
Certified Alcohol and Drug Counselor (CADC) II	1-5*	†	†

Case Manager	1-5*	†	†
Clinical Psychologist	1-5*	†	†
Licensed Marriage and Family Therapist (LMFT)	1-5*	†	†
Professional Counselor	1-5*	†	†
Doctor of Psychology (PsyD)	1-5*	†	†
Registered Nurse (RN)	1-5*	†	†
Unlicensed Counseling or Clinical Psychologist	1-5*	†	†
Unlicensed Marriage and Family Counselor	1-5*	†	†
Subtotal	**104**	**$3,694,383**	**$35,523**
Oral Health			
Doctor of Dental Surgery (DDS)/Doctor of Dental Medicine (DMD)	62	$6,158,580	$99,332
Expanded Practice Dental Hygienist (EPDH)	19	$520,854	$27,413
Subtotal	**81**	**$6,679,434**	**$82,462**
Total	**335**	**$21,402,341**	**$63,888**

*Exact value was suppressed for confidentiality.
†Numbers were suppressed for confidentiality and to prevent backward calculation.

- 45 percent of recipients (150) were in primary care (Doctor of Medicine, Physician Associates, Nurse Practitioners, Pharmacists, Doctor of Osteopathic Medicine, and Doctor of Naturopathic Medicine). The total award amount for these practicing professionals was $11.0 million, with an average award of $73,523.
- 31 percent of recipients (104) were in behavioral health across various certified and licensed occupations. The total award amount for all behavioral health practicing professionals was $3.7 million with an average award of $35,523.
- 24 percent of recipients (81) were in oral health (Dentists and Expanded Practice Dental Hygienists). The total award amount for all oral health practicing professionals was $6.7 million with an average award of $82,462.

In addition, HCPIP supported 13 practicing professionals by providing a one-time matching grant to ORH's State Loan Repayment Program. More information about the program and the recipients supported by HCPIP is available in the text box on the next page.

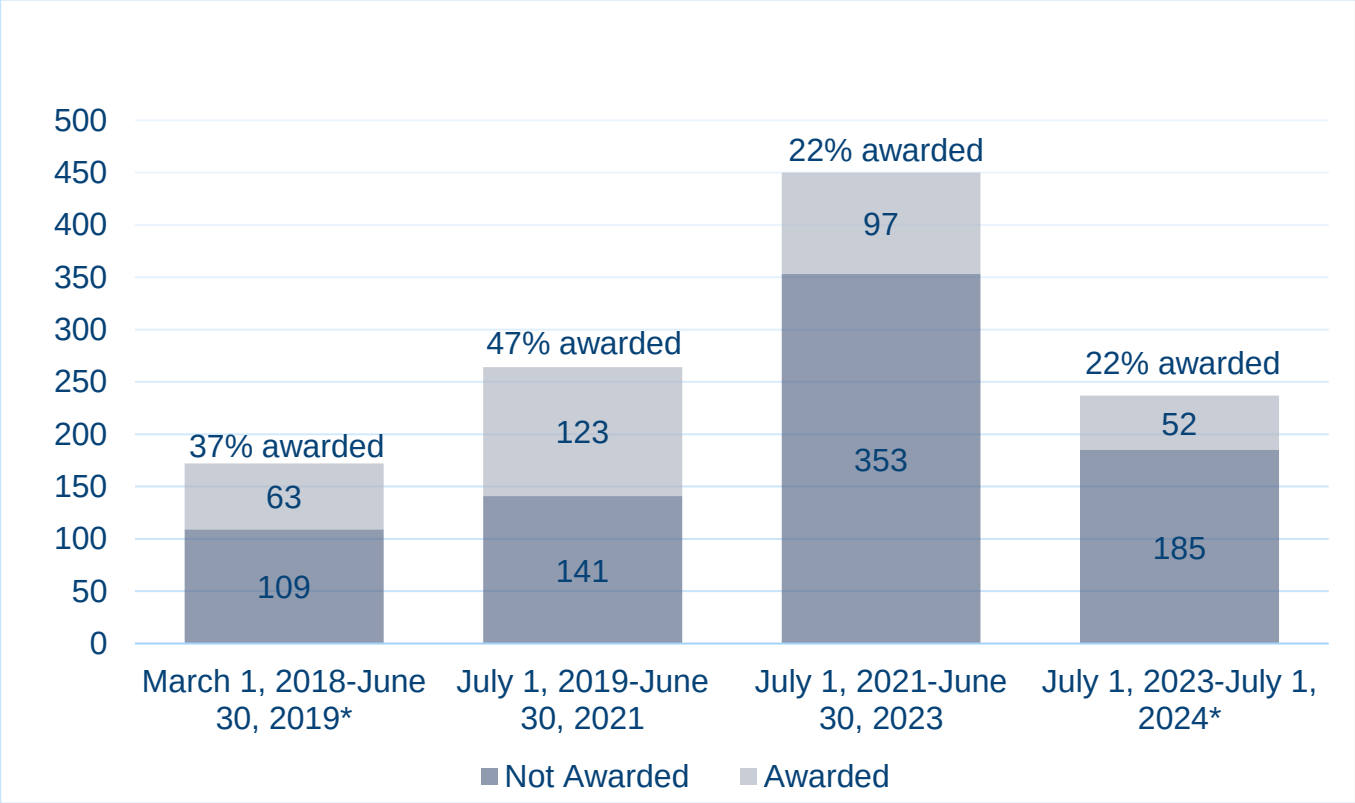
About the State Loan Repayment Program (SLRP)

During this reporting period, HCPIP supported recruitment and retention efforts through SLRP. SLRP is a federally funded, loan repayment program supporting primary care providers working at an approved HPSA. Funded by the Health Resource and Service Administration (HRSA), SLRP is administered by ORH. Since SLRP and the state-funded loan repayment incentive had strong alignment in site requirements and provider eligibility, HCPIP provided a one-time, $300,000 matching grant to ORH to extend loan repayment opportunities for 13 awarded providers in Oregon. Highlights on the racial and ethnic, geographic, and professional diversity of awardees are provided below.

- 50 percent identified as practicing professionals of color.
- 33 percent spoke a language other than English.
- 77 percent are providing services in a rural or remote community.
- 54 percent are providing primary care services as an MD, DO, NP, or RN
- 8 percent are providing dental services (DMD, DDS)
- 38 percent are providing pharmacy services (PharmD)

Since HCPIP started, the number of practicing professionals seeking loan repayment has increased and exceeded the available funding (Figure 3). As practicing professionals continue to seek relief from education debt, this is not expected to change in the future.

Figure 3. Loan repayment applicants and awardees by biennium, March 1, 2018-July 1, 2024



*Indicates partial biennium reporting

Figure 4 and Figure 5 provide comparisons of two maps: the first one of loan repayment recipients by the Areas of Unmet Health Care Needs service areas and a second one of the service areas scores from the 2024 Oregon Areas of Unmet Health Care Need Report. The Areas of Unmet Health Care Needs designation uses nine variables to determine health care access needs, which are included in Appendix B (lower score means the greater unmet need). HCPIP uses these scores to measure overall impact of loan repayment by identifying areas of workforce shortage, which assist with the prioritization of financial incentive assistance needed in these areas.

The maps show that loan repayment awards are provided to professionals practicing in medically underserved communities throughout Oregon, with a higher proportion of awards going to those areas with higher unmet needs. The darker shading on Figure 4 represents a higher number of loan repayment recipients; darker shading in Figure 5 shows areas of higher unmet needs that have a lower unmet need score. Areas in the maps with high unmet health care needs and low rates of provider participation in loan repayment inform HCPIP of opportunities to increase outreach and engagement for future cycles.

Figure 4. 2018-2024 Loan repayment awardees by service area

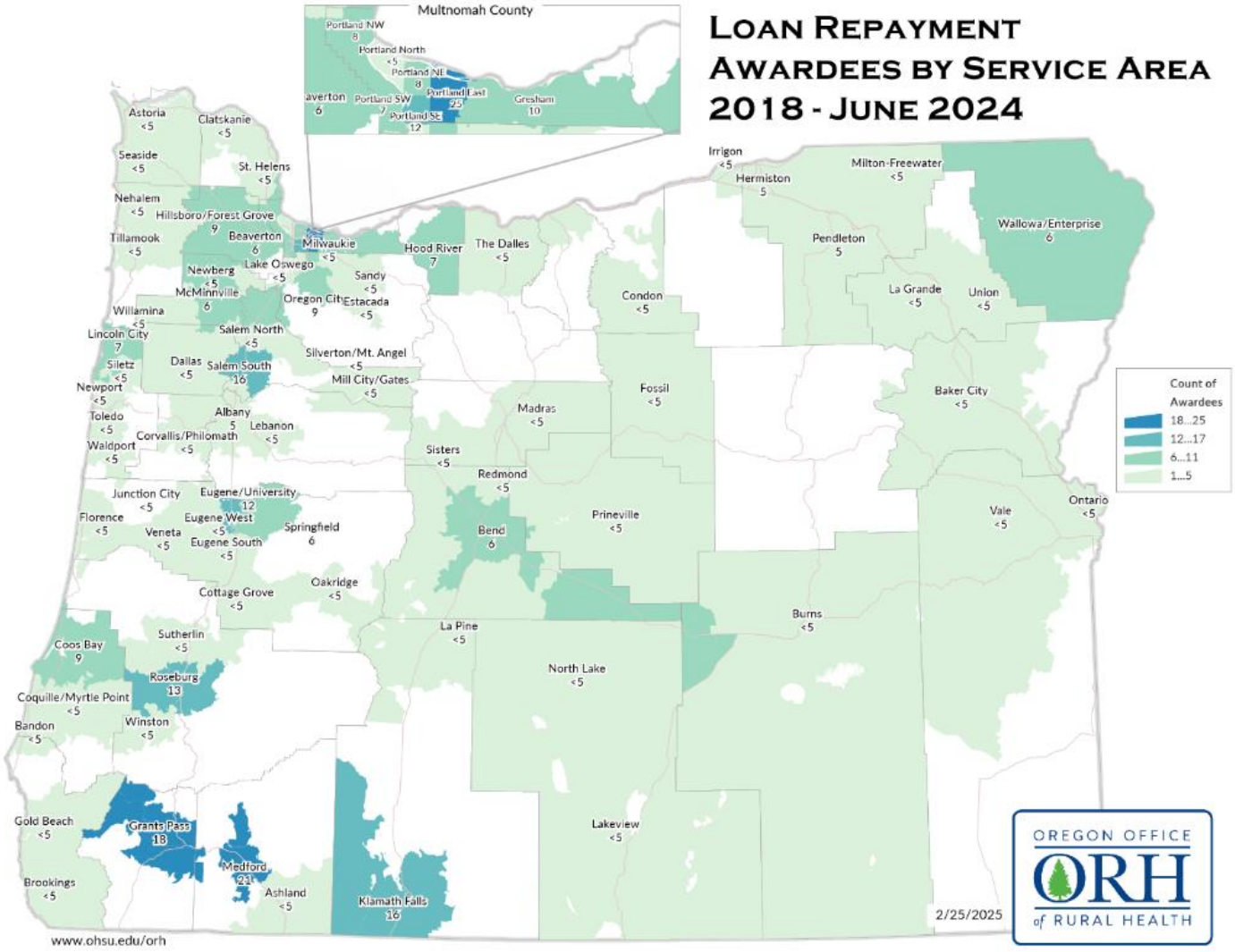
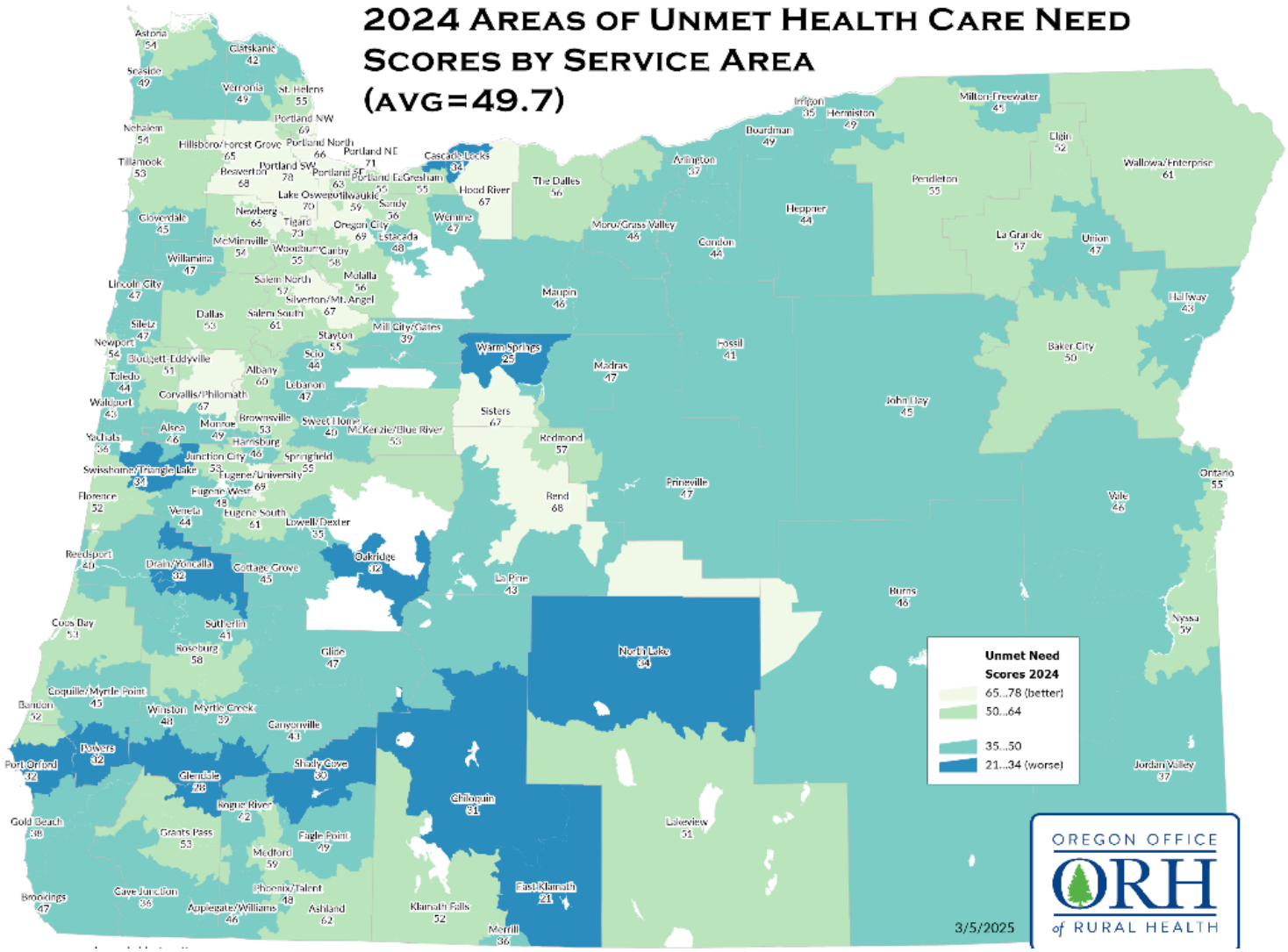


Figure 5. 2024 Areas of Unmet Health Care Need scores by service area



HCPIP's focus through the loan repayment incentive is to support the availability of providers in these high Areas of Unmet Health Care Need service areas. This incentive is intended to function in collaboration with other workforce support programs to improve the ability of patients in a region to access quality, affordable health in these areas.

In addition to the Areas of Unmet Health Care Need designation, HCPIP uses other prioritization criteria to determine loan repayment awards. Other factors used in scoring include REALD data, Patient-Centered Primary Care Home status, National Health Service Corps (NHSC) site status, HPSA score, Medicaid/Medicare percentages, essay responses, and other equity-related factors such as discipline and geographic location.

READ data

While HCPIP began collecting REALD data for incentive recipients during the current reporting period, race, ethnicity, and language data has been collected for all awardees since 2018. Table 7 shows that 36 percent of incentive recipients identify as a person of color or Tribal member, which has increased from 34 percent in the 2023 evaluation report and 27 percent in the 2020 evaluation report.

Table 7. Loan repayment recipients by primary race/ethnicity, 2018-2024

Race/Ethnicity	Number	Percentage
American Indian/Alaska Native	13	4%
Asian	43	12%
Black/African American	23	7%
Hispanic and Latino/a/x/e	37	11%
Native Hawaiian/Pacific Islander	1-5*	†
Middle Eastern/North African	7	2%
White	168	50%
Bi-racial/Multi-racial	1-5*	†
Other Race/No Primary Race/Unknown	1-5*	†
Decline	36	11%
Total	**335**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

One-third of incentive recipients (33 percent) reported speaking one or more of 24 languages other than English at home. The most common languages were Spanish (75 recipients) and Vietnamese (8 recipients). Languages spoken by five or fewer recipients include Arabic, American Sign Language, Armenian, Cantonese, Chinese, Farsi, French, Fula, German, Gujrati, Hindi, Igbo, Japanese, Korean, Mandarin, Portuguese, Romanian, Russian, Swahili, Tagalong, Taiwanese, Vietnamese, and Yoruba.

Disability data has been collected for award cycles made since April 2023. Less than five individuals reported having a functional limitation (exact number suppressed for confidentiality).

Program impact: Where are they now and stories from the field

The section provides program impact information of loan repayment from PRISM and ORH surveys. First, PRISM surveyed 148 providers who recently completed their service obligation or are in their last year of service about the overall impact of the incentive on long term retention and overall program satisfaction. This data shows that **most loan repayment recipients (92 percent) are staying in Oregon, for up to five years, at a practice site serving medically underserved patients after their service obligation ends.** The text box below provides more details on the positive recruitment and retention outcomes of this incentive.

Program impact: Where are loan repayment recipients now?

Since 2018, there are currently 102 practicing professionals who completed their service obligation with the Loan Repayment incentive. Of those completed awardees:

- 92 percent (94) of practicing professionals have either remained in their same qualified practice site or have moved to a similar qualified practice site within Oregon.
- The remaining eight percent (8) of recipients have left their qualified service obligation practice, of which five percent have left Oregon and three percent moved to a site that is not a qualified practice site but remain in Oregon.
- 55 percent (56) of awardees who started practice in a medically underserved urban site have remained in an urban site.
- 38 percent* of awardees who started practice in a rural site have remained in a rural site.

The exceptionally high retention rate of practicing professionals demonstrates that this incentive is a strong recruitment and retention tool for qualified practice sites. HCPIP intends to continue to monitor and track recipients upon completion of their service obligation to provide continued longitudinal information on the value of this incentive in Oregon.

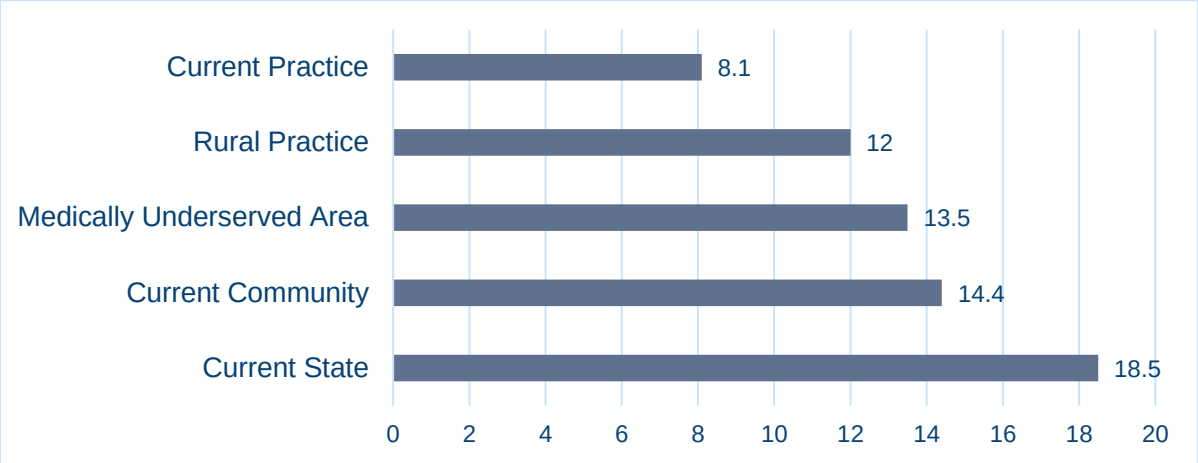
*May be statistically unreliable due to small numbers; interpret with caution.

PRISM data showed that 85 percent of respondents have not changed practice sites during the contract agreement. The top sites respondents are practicing in are Federally Qualified Health Centers (FQHC/Community and Migrant Health Centers) at 37 percent

and Rural Health Clinics at 20 percent. These sites served mainly patients insured through Medicaid (62.5 percent) and Medicare (13.4 percent).

Figure 6 depicts **the average number of years providers plan to remain in their current location and continue serving patients in Oregon.** This number ranges from an average 8.1 years in their current practice, to 13.5 years in a medically underserved area, to 18.5 years in Oregon.

Figure 6. Average number of years loan repayment recipients plan to remain in their current location.



When asked about satisfaction with their work, over 90 percent of providers **felt that they were doing important work, valued the mission of their practice, and had a strong personal connection with patients.** Eighty-one percent of providers responded that they would "probably recommend" or "definitely recommend" their practice to others in the same discipline. However, some providers feel like this incentive is sometimes not sufficient for them to make a long-term commitment to their job. See text box below for one provider's experience:

"Having another monetary incentive to stay at a rural practice could be helpful. I'd love to stay at my job, but due to budget issues, there is a chance my salary doesn't increase further so after a few more years, I would have to consider changing jobs."

Of the respondents who completed their contract, 75 percent reported **being overall very satisfied with the program**. Fifty-one percent of respondents are "probably" or "definitely" interested in applying for loan repayment again to extend their current service contract. For respondents who did not reapply to extend their service contract, 26

percent of providers reported that the program does not offer a contract renewal, and 22 percent reported that they will not have enough educational loans to participate.

When asked to suggest improvement to the program, respondents suggested to **improve communication methods, ensure flexibility in contract requirements to meet the needs of providers, and guarantee contract renewals.**

Second, ORH conducted a qualitative survey with loan repayment incentive recipients from June to August 2024. The survey asked recipients about their experience with program participation, areas of improvement for marketing and outreach, and how the program has impacted them professionally and personally.

Respondents reported that they found **the program process to be very well operated with a straightforward and easy to navigate application process**. They also shared that through the program they have found **a supportive network of other health care professional awardees** and significant financial relief which has allowed to be more focused on their professional responsibilities.

"[Loan repayment] has taken a huge load off my shoulders. I feel like having that burden would affect me daily, this incentive has pushed me to work harder in my career and be able to focus on more important things, such as helping my parents out financially."

When asked what areas the program could improve, respondents recommended to **increase awareness of the program and offer more personalized application support**. They shared that expanding eligibility and providing incentives for long-term retention in underserved areas would enhance its impact. They also shared **a need for a stronger feedback mechanism to gather input from awardees** to improve the program. Respondents recommended that to improve awareness and participation, **outreach efforts should be strengthened through educational institutions and professional networks and spaces**. They advised on **leveraging social media and online platforms and mentorship programs** to ensure broader reach and guidance to potential participants.

The survey respondents also shared professional and personal impact of the repayment. They shared that the program allowed **the financial relief and stability to have significant impact in their professional and personal life.**

"The program has fostered a deeper connection to the community I serve, as I am able to stay in my position long-term and build lasting relationships with my patients."

The survey participants also highlighted that through this program they **have gained job satisfaction, career development, work-life balance, and an ability to engage deeper in the community**. Some shared that the decreased financial pressure allowed them to invest in continuing education and professional development opportunities, maintain work-life balance and overall well- being, and foster strong connection to the community they serve.

PRISM data was reviewed for 29 recipients (10 percent of applicants receiving an award) who **withdrew from the program before fulfilling the service commitment**.

- One-third of these 29 recipients **left Oregon for family-related issues, such as emergencies, to be closer to family, or to care for a sick parent.**
- 32 percent **changed career paths and moved to an ineligible practice site**.
- Eighteen percent **paid off student loans** early through the Public Service Loan Forgiveness Program or **were accepted to receive federally funded incentives**, such as NHSC that prevents recipients from accepting both awards.
- Less than 17 percent **fell into breach of the OHA loan repayment agreement** due to failure to submit required deliverables.

HCPIP works with awardees to ensure they understand the obligations of this incentive, while accommodating their sociocultural needs and maintaining program fidelity.

Expansion efforts

HCPIP made programmatic improvements to this incentive by increasing the OHA contract with ORH to support more robust data tracking of applicants and awardees, including REALD reporting, and expansion of data collection for tracking and quality improvement. HCPIP began planning to add new disciplines (Dental Assistants and Dental Therapists) and restart making awards to behavioral health professionals, which is described here. Data on these efforts will be available in the next report.

Rural Medical Practitioner Insurance Subsidy

Background

The rural medical practitioner insurance subsidy started under House Bill 3630 (2003) to provide partial malpractice premium subsidy payments to insurance carriers intended to stabilize and support Physicians and Nurse Practitioners in rural and remote Oregon. These practicing professionals provide essential services, such as obstetric care and certain specialties at a site that meets OHA's definition of a rural practice. Subsidy amounts are a percentage of the professional's malpractice premiums, dependent on discipline (Table 8).

Table 8. Rural Medical Practitioner Insurance Subsidy percentage by discipline

Participating professionals must submit a yearly affidavit and be covered by an eligible insurance carrier. There are seven participating eligible carriers, which represent the same group from the previous reporting period but reflect merger activity among insurance companies:

Subsidy Percentage	Eligible Discipline
80 percent	Physician and Nurse Practitioners in obstetrics
60 percent	Family or general practice providing obstetrical services
40 percent	Anesthesiology, family practice or general practice without obstetrics, general surgery, geriatrics, internal medicine, pediatrics, or pulmonary medicine
15 percent	Other physicians and nurse practitioners not included above

- MagMutual Insurance Company
- The Doctors Company
- CNA (NSO/OMA)
- Physicians Insurance Company
- Coverys (ProSelect)
- Allied World Assurance Company, Limited
- The Medical Protective Insurance Company (Medpro)

Evaluation data

There have been 920 unduplicated practicing professionals[3] who participated in this subsidy, which includes 635 Medical Doctors (MDs),100 Doctor of Osteopathic Medicine (DO) and 185 Nurse Practitioners (NPs). Table 9 includes a breakdown of eligible providers for this incentive per year by practice type. The use of this subsidy has decreased gradually since 2018 by an average of 150 professionals per cycle, likely due to practices in rural areas paying their clinician's premiums directly as a cost of doing business. Additionally, the provider types have shifted away from supporting provider who provide obstetrical services (80 percent subsidy coverage) to all other specialties (15 percent subsidy coverage).

Table 9. Number of eligible providers per year by subsidy percentage, 2018-2024

Year	80 percent	60 percent	40 percent	15 percent	Total
2018	44	19	353	203	**619**
2019	36	18	325	167	**546**
2020	52	21	355	178	**606**
2021	47	19	335	163	**564**
2022	30	16	282	143	**471**
2023	35	12	279	126	**452**
2024	31	12	254	110	**407**
Total	**275**	**117**	**2,183**	**1,090**	**3,665**

Even with the expansion of the eligibility requirements, there has been a gradual decrease in overall provider participation. However, Table 10 demonstrates long-term provider investment in this incentive, with over 200 practicing professionals participating since the passage of House Bill 3261 (2017). This illustrates that while participation may shift over time, this incentive has become a long-standing investment to support the recruitment and retention of a sizable number of practicing professionals in rural areas of Oregon.

[3] Definition of unduplicated practicing professionals: the total number of provider applications since 2018 for all providers who have applied at least once.

Table 10. Longevity of provider participation, 2018-June 30, 2024

Length of Participation	Number
1 Year	168
2 Years	161
3 Years	88
4 Years	99
5 Years	133
6 Years	58
7 Years	211

READ data

READ data was collected for eligible professionals starting in 2024. Due to missing or declined information, data may not be representative of all participants. Table 11 shows that 13 percent of participants who responded to the survey in 2024 identify as a person of color or Tribal member.

Table 11: Rural Medical Practitioner Insurance Subsidy recipients by race/ethnicity, 2024

Race/Ethnicity	Number	Percentage
American Indian/Alaska Native	1-5*	†
Asian	38	9%
Black/African American	1-5*	†
Hispanic and Latino/a/x/e	1-5*	†
Native Hawaiian/Pacific Islander	1-5*	†
Middle Eastern/North African	1-5*	†
White	169	42%
Bi-racial/multi-racial	1-5*	†
Other Race/No Primary Race/Unknown	9	2%
Decline	175	43%
Total	**407**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

Eight percent of recipients indicated that they speak a language other than English at home, including Hindi, Tagalog, Spanish, Greek, Russian, Tamil, and German. Three percent of recipients who responded indicated that they had a functional limitation.

Program impact: where are they now and stories from the field

ORH surveyed subsidy recipients to provide feedback on **information sharing and outreach, positive and negative aspects of the subsidy, and the impact on their personal and professional lives**. See text box below for a provider quotation.

"It has worked extremely well in providing the necessary financial relief to stay independent and located in a rural area where patients need the care provided."

The survey results showed that of the 27 respondents:

- 50 percent reflected an overall appreciation for the subsidy, highlighted that it played a **substantial role in enabling and sustaining medical practices** in rural areas.
- 33 percent referenced the subsidy as a **key factor in deciding to move to a rural location** and its importance in recruiting health care professionals to underserved regions.
- 11 percent communicated **some frustrations with the subsidy**, particularly on **the annual reapplication process** being an administrative burden and the **subsidy rates not keeping pace with escalating insurance costs**.

Most survey respondents said that without the subsidy, practicing in rural Oregon would be difficult and negatively impacting both their careers and the communities they serve, despite some frustrations with the program.

Expansion efforts

HCPIP received feedback from practice administrators that this subsidy is helpful for professionals whose premiums are the highest, such as those in obstetrics. HCPIP will continue to monitor fluctuations and adjust its budget accordingly, while continuing to collect data and provider information that supports the utility of this subsidy for the continued recruitment and retention of rural practicing professionals in Oregon.

Scholarships

Background

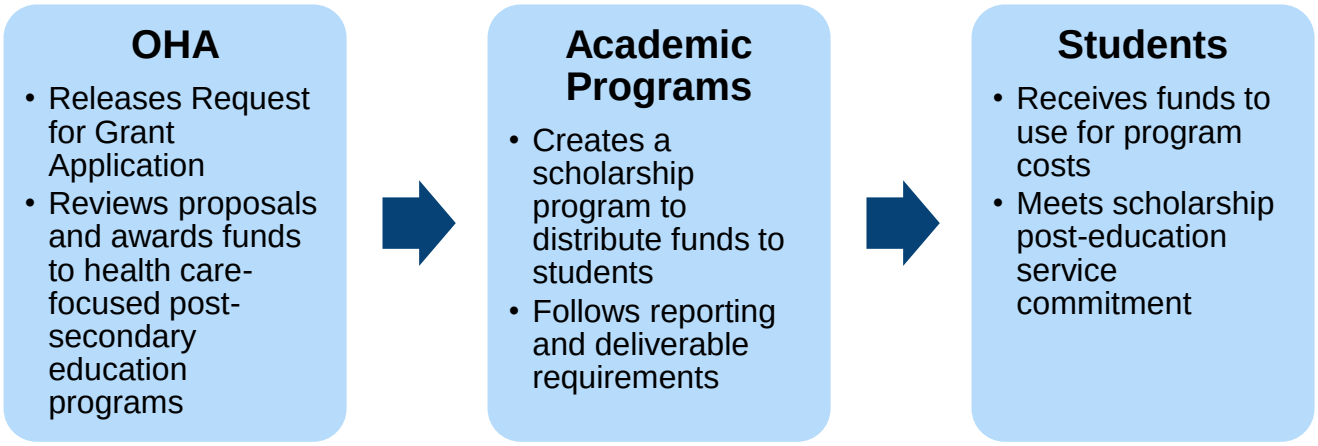
HCPIP includes two scholarship incentives. First, **Scholars for a Healthy Oregon Initiative (SHOI) at OHSU** provides full tuition and applicable fees for a limited number of eligible students entering specific clinical degree programs. In return, recipients agree to practice in a rural or underserved community in Oregon for a minimum of one year longer than the total years of funding received. Appendix G includes more detailed information on the SHOI service obligation requirements. OHSU receives funding through HCPIP to administer under an independent governing statute.

Second, HCPIP started **SHOI-like** in the 2019-21 biennium modelled after SHOI to provide equitable scholarship access to educational institutions in addition to OHSU. This incentive awarded funds in two cycles for student scholarships and did not support administrative costs. The first cycle awarded students in graduate health education programs at Pacific University, COMP-NW, and National University of Natural Medicine (NUNM). Students committing to serve in rural or underserved communities upon graduation receive a scholarship equal to the cost of a full year of education, in exchange for a one-year service obligation for each year funded. The scholarship agreement includes language that graduating students must:

- Practice in an Oregon community designated a federal HPSA and
- Serve Medicaid and Medicare enrollees in at least the same percentage that is present in the community.

The second cycle of this incentive started in the 2021-23 biennium to fund a wider range of health care professional programs that offer scholarships to their students. Figure 7 explains how funds are distributed in the third cycle from OHA to academic institutions, and then to students. By expanding this incentive to include any organization with a health care training program regardless of educational institution type or accreditation status, SHOI-like reduced academic barriers and exposed financial opportunities for students in a variety of certified and licensed disciplines.

Figure 7. SHOI-like second cycle funding distribution process



While service commitment requirements vary across academic programs and scholarships awarded, students must attest to practicing in an Oregon community upon completion of certificate or licensure. Appendix H includes more information about the service commitment for this second award cycle.

Evaluation data

SHOI awarded $13 million to 89 students in four disciplines across five annual cycles, with about 10 percent of those students withdrawing or defaulting on the service agreement. Table 12 summarizes data about the students' receiving awards by discipline.

- Forty percent of recipients were Nurse Practitioner students (36), with an overall award amount of close to $2.0 million.
- One-quarter were Dentistry students (22), with an overall award amount of close to $6.6 million.
- One-fifth were Physician Associate students (18), with an overall award amount of close to $2.0 million.
- Fifteen percent were Medical Doctor students (13), with an overall award amount of $2.5 million.

Table 12. SHOI recipients by discipline, 2019-2023

Discipline	Number	Total Award Amount
Nurse Practitioner (DNP)	36	$1,957,480
Dentist (DMD/DDS)	22	$6,565,470
Physician Associate (PA)	18	$1,963,826
Medical Doctor (MD)	13	$2,524,751
Total	**89**	**$13,011,527**

Race and ethnicity data

Race and ethnicity data was collected using OMB standards for SHOI recipients. OHSU provided this information separated by race and ethnicity. Table 13 highlights race data of SHOI students: 11 percent of students reported as bi-racial or having more than one race, 8 percent were Black/African American, and less than five students were Middle Eastern/North African (exact number suppressed for confidentiality).

Table 13. Race of SHOI students, 2019-2023

Race	Number	Percentage
American Indian/Alaskan Native	1-5*	†
Asian	0	0%
Black/African American	6	8%
Native Hawaiian/Pacific Islander	0	0%
Middle Eastern/North African	1-5*	†
White	55	62%
Bi-racial/multi-racial	10	11%
Other Race/No Primary Race/Unknown	6	7%
Decline	9	10%
Total	**89**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

Table 14 shows that 22 percent of students (20) self-identified as Hispanic or Latino/a/x/e.

Table 14. Ethnicity of SHOI students, 2019-2023

Ethnicity	Number	Percentage
Not Hispanic or Latino/a/x/e	69	78%
Hispanic or Latino/a/x/e	20	22%
Total	**89**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

SHOI-like awarded $2.1 million to 82 students across nine health care disciplines in two award cycles. Table 15 summarizes students receiving awards by school and program:

- 14 students in three graduate-level disciplines (Doctor of Osteopathic Medicine, Naturopathic Doctor, and Physician Associate) received a combined award amount of $1.3 million during the 2019-21 biennium.
- 68 students in eight disciplines that includes certificate and graduate-level occupations (Dental Assistant, Registered Nurse, Emergency Medical Technician, Speech Language Pathology, Naturopathic Doctor, and Physician Associate) received a combined award amount of almost $0.8 million during the 2021-23 biennium.

Table 15. SHOI-like scholarship recipients by school and discipline, 2019-2023

Educational Institution	2019-21 Biennium		2021-23 Biennium	
	Number of Awardees	Funding Awarded	Number of Awardees	Funding Awarded
Capitol Dental Care Dental Assistant			16	$133,600
Chemeketa Community College Dental Assistant Registered Nurse (RN) Emergency Medical Technician (EMT) Speech Language Pathology			25	$48,684
COMP-NW Doctor of Osteopathic Medicine (DO)	5	$588,000		
George Fox University Physician Associate (PA)			1-5*	$200,000
National University of Natural Medicine (NUNM) Naturopathic Doctor (ND)	1-5*, †	$382,711	5	$80,000
Pacific University Physician Associate (PA)	1-5*, †	$375,000	1-5*	$300,000
Umpqua Community College Dental Assistant Phlebotomy Certificate Pharmacy Technician			21	$99,918
Total	**14**	**$1,345,711**	**68**	**$782,202**

*Exact value was suppressed for confidentiality
†One student withdrew since the last evaluation report.

The number of SHOI-like recipients is expected to increase as education programs continue to award student scholarships with remaining grant funds allocated in the 2021-2023 biennium; this data will be available during the next reporting period.

READ data

HCPIP began collecting READ data for SHOI-like students during the 2021-23 award cycle. Table 16 shows that 37 percent of individuals identify as a person of color or Tribal member. The largest group of non-white participants identified their primary race as Hispanic and Latino/a/x/e at 28 percent; American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian, Middle Eastern/North African, and Bi-racial/multi-racial recipients comprised a combined total of 16 percent.

Table 16. SHOI-like recipients by race and ethnicity, 2021-2023

Race/Ethnicity	Number	Percentage
American Indian/Alaska Native	1-5*	†
Asian	1-5*	†
Black/African American	1-5*	†
Hispanic and Latino/a/x/e	19	28%
Native Hawaiian/Pacific Islander	1-5*	†
Middle Eastern/North African	1-5*	†
White	21	31%
Bi-racial/multi-racial	1-5*	†
Other Race/No Primary Race/Unknown	1-5*	†
Decline	11	16%
Total	**68**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

Regarding language, 39 percent of individuals reported they spoke a language other than English at home:18 individuals spoke Spanish, and languages spoken by four or fewer recipients include French, Marshallese, and Vietnamese. Regarding disability, 18 percent of individuals indicated that they have a functional limitation, including limitations in independent living, cognitive/memory, mental health, and learning.

Program impact: Where are they now and stories from the field

Seven **SHOI** recipients have completed their service obligation. All awardees remain in Oregon, with many recipients remaining at the same practice or moving to a Rural Health Clinic or FQHC; 86 percent are still practicing in a primary care or hospital setting.

Nine **SHOI-like** students graduated and are in their service obligation working at a qualified practice site. All graduated students are working in a Rural Health Clinic or FQHC. Less than five students have completed the service obligation, with many having stayed in the same practice site (exact number suppressed for confidentiality).

Early reports from the most recent cycle of SHOI-like scholarships show that this upfront education debt relief relieves student concerns and results in greater confidence. See text box below for an education program's observations on a scholarship recipient. More information about these incentive recipients will be available in the next report.

"[This awardee is a] stronger, more confident, thriving and capable student and person because they didn't have to worry about finances and where the money is going to come from to pay for their career choice. They could just focus on their studies and doing their best. This scholarship has made a world of difference for this student!"

-Student Support Specialist

Expansion efforts

For SHOI, HCPIP has been working with OHSU to collect REALD data on this incentive aligned with the Family Educational Rights and Privacy Act (FERPA) requirements education institutions must follow. In addition, HCPIP and OHSU are streamlining the assessment of SHOI scholars upon completion of their service agreement and monitoring ongoing compliance of the contractual agreement with ORH.

SHOI-like will build on the successes and lessons learned in working with health care education programs during the next reporting period. Participating education programs provided feedback that administrative costs, such as marketing and awarding scholarships, collecting REALD data, and tracking recipients after graduation, are not covered by SHOI-like which includes only scholarship funding like SHOI. HCPIP has been updating its administrative rules to include these costs. In addition, HCPIP will be releasing another request for grant proposals for this incentive in summer 2024 and conducting outreach to programs across Oregon that train a larger variety of health care professionals as a means of encouraging a more diverse workforce.

Future HCPIP programmatic improvements

Since HCPIP began in 2018, staff have expanded provider incentives to address workforce needs and increase access to culturally and linguistically responsive care in lie with OHA's strategic goal of eliminating health inequities by 2030. HCPIP has been revising its administrative rules, which may be accessed at OAR 409-036-0000, to ensure full alignment with contractual agreements and other required documentation. These revisions will be finalized in 2025 and include improvements on accountability, expectations, and responsibilities between incentive recipients and HCPIP.

In addition, HCPIP has been working on areas of program evolution that will be started during the next reporting period; data on these new initiatives will be available in the 2027 report. Highlights of these programmatic improvements include:

- **Reintroducing behavioral health workforce incentives.** In the 2023-25 biennium, the Oregon Legislature provided HCPIP with an additional $6 million for behavioral health workforce incentives. HCPIP paused its behavioral health loan repayment incentive with the start of BHWI's incentives in April 2022, which was one-time funding almost fully distributed during this reporting period. With this additional behavioral workforce funding, HCPIP will be restarting behavioral health loan repayment incentive, as well as expanding scholarships and adding career pathways and retention incentives for this workforce.
- **Increasing equity focus.** In Fall 2024, HCPIP engaged an equity expert to provide expertise in developing feedback mechanisms and strengthening tools and processes to increase equitable distribution of loan repayment incentives.
- **Adding Dental Therapists and Dental Assistants into loan repayment.** HCPIP will be expanding this incentive to increase workforce retention for these two important oral health disciplines. Dental Assistants play an essential role in the daily operations of dental practices. Oregon Employment Department data show that 96 percent of Dental Assistant job openings are difficult to fill, which is consistent with the anecdotal feedback received by HCPIP. Dental Therapists are a newly licensed discipline in Oregon that can provide preventive and routine restorative oral health care to expand access to services. OHA has conducted site visits and meetings with dental clinics, Dental Care Organizations, and FQHCs to promote these new incentives.
- **Expanding scholarship opportunities.** HCPIP will be rebranding SHOI-like scholarships to Health Care Workforce Scholarships in the next funding cycle to represent this incentive more accurately. HCPIP is working to expand the number and breadth of training programs with a broader outreach plan and a continued focus on supporting diverse students.
- **Adding new career pathways and retention incentives.** HCPIP will be starting new incentives to attract secondary school participants to pursue a health care career and to retain the current workforce through methods such as covering the costs of re-certification fees.

Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)

Background

HOWTO is a collaboration between OHSU and OHA on behalf of OHPB. Established in 2018, HOWTO supports innovative, transformative, and community-based training initiatives. These initiatives aim to address health care workforce shortages across the state and expand the diversity of the health care professional workforce. Initially, OHSU housed HOWTO administration, which was transferred to OHA in August 2021.

Evaluation data

Since 2018, HOWTO awarded a total of $25.8 million across 40 projects in five funding rounds. HOWTO has made maximum awards limited to $1 million for up to a three-year project timeframe, with grantee requests for no-cost-extensions approved by OHA when needed. The average grant amount is $643,801. Appendix I includes more information on HOWTO grantee projects, award amounts, and timelines.

HOWTO grantee projects are increasing health care workforce capacity by recruiting new trainees into the field as well offering skill building and other approaches to increase retention. Table 17 summarizes the training provided with HOWTO funds. Twenty-six of 40 HOWTO projects are ongoing in various stages of implementation; the remaining 13 projects have completed. These programs emphasize building innovative, sustainable programs, so that the training curricula, residency and internship programs, training and employer consortia, and other partnerships developed will continue to increase culturally responsive care beyond the HOWTO funding period. Training outcomes include:

- 960 new health care workers were trained across various disciplines: Traditional Health Worker roles, Medical and Dental Assistants, Behavioral Health Aides, Physicians, Nurse Practitioners. and high school students earning certifications.
- Many workers already employed in the health care sector received various trainings to gain new skills and address retention challenges. The number of trainees is difficult to quantify since grantees are not required to report unduplicated numbers of trainees participating in different offerings.
- 82 high school students received career exposure in summer dental professions camps.

Table 17. Health care workforce training using HOWTO funding, 2019-2024

Grant Cycle†	1	2	3	4	5	Total
New workers trained						
Community Health Worker (CHW)/Traditional Health Worker/Peer Support Specialist	158	0	236	116	0	**510**
Behavioral health graduate education	9	0	92	27	0	**128**
Various certified professionals (ex: Dental Assistants, medical biller, Certified Nursing Assistant, Pharmacy Technician, Medical Assistant)	0	70	0	154	0	**224**
Behavioral Health Aide	0	34	0	0	0	**34**
Primary care residency/internship programs (medical, osteopathic, naturopathic, Physician Associate, Family Nurse Practitioner)	0	30	8	14	0	**52**
Non-certified professions (mental health crisis responders)	0	0	0	12	0	**12**
Unduplicated subtotal	**167**	**134**	**336**	**323**	**0**	**960**
Incumbent workers trained with additional skills						
Behavioral health training	0	0	1,395*	95*	17	**1,507**
Interprofessional health care training (physician, physician associate, behavioral health workforce)	1,202*	0	0	0	0	**1,202***
Continuing education units (CEU) for CHWs	0	55	0	161*	0	**216**
CHW training for Dental Assistants	0	0	76	0	0	**76**
Physician Associate behavioral health fellowship	0	0	22	0	0	**22**
Unduplicated subtotal	**0**	**55**	**98**	**0**	**17**	**170**
High school students in career pathways						
High school dental camp	0	0	82	0	0	**82**
Unduplicated total	**167**	**189**	**516**	**323**	**17**	**1,212**

*Because workers may take multiple trainings offered, the same individual may be counted more than once. As a result, duplicated counts are not included in the total worker sums.
†Data collection for Rounds 3-5 is ongoing,with continuing disbursements for 26 of 40 grant awards as of June 2024. Round 5 grants started January 31, 2024; these grantees were in early implementation at the conclusion of this reporting period and have partial data.

Expansion efforts

HOWTO expanded its reach and community impact with each funding cycle in three ways. First, HOWTO refined outreach, communications, and application processes in response to community feedback and reduced barriers for organizations to submit proposals. As a result, HOWTO received its largest pool of proposals for the Round 5 funding cycle in 2023. Second, staff expanded the HOWTO Advisory Committee to include broader representation across health care disciplines, educational levels, lived experiences, and regions of the state to better reflect the diversity of Oregon's health

care workforce. Third, HOWTO staff continue to plan on implementing REALD data collection into the program's semi-annual reporting to quantify and communicate HOWTO's impact on culturally and linguistically responsive care.

Behavioral Health Workforce Incentives (BHWI)

Background

The Oregon Legislature has made historic investments in addressing severe behavioral health workforce shortages that were distributed from 2021-2024. First, House Bill 2949 (2021) and House Bill 4071 (2022) provided one-time funding for new programs to increase the recruitment and retention of behavioral health providers that increase access to community and peer-driven services and provide culturally specific and culturally responsive services. To accomplish that legislative directive, OHA developed the **Behavioral Health Workforce Incentives (BHWI)** program in the Behavioral Health Division with this one-time funding, which included:

- $60 million for financial incentives, including but not limited to housing stipends, tuition assistance and graduate stipends and
- $20 million for grants to provide supervised clinical experience to associates or other individuals to gain credentials to practice.

During the reporting period, BHWI launched several new programs and continued with loan repayment. HCPIP transitioned loan repayment for behavioral health practicing professionals to BHWI in April 2022 due to this newly available funding. BHWI provider incentives include:

- $2.05 million for the Oregon Behavioral Health Workforce Bonus and Housing Stipend Program
- $15.8 million for the Oregon Behavioral Health Loan Repayment Program (OBHLRP).
- $10.0 million for SHOI-like tuition assistance and graduate stipends.
- $3.2 million for Tribal peer support services and behavioral health needs.
- $14.0 million for direct workforce support for Community Mental Health Programs (CMHPs).

The following sections provide background information and evaluation data on three of the incentives listed above: Oregon Behavioral Health Workforce Bonus and Housing Stipend Program, OHBLRP and SHOI-like scholarships.

Oregon Behavioral Health Workforce Bonus and Housing Stipend Program

Background

BHWI established this program to offer practicing professionals retention incentives: sign-on bonuses, retention bonuses, and housing stipends. BHWI distributed these funds to behavioral health organizations through a competitive grant-making process. Eligibility criteria for practicing professionals included:

- Must have associate's, bachelor's, master's, or doctoral degrees or other behavioral health certification credentials, and
- Provide direct behavioral health care to underserved communities.

Evaluation data

Of the $2.05 million, BHWI awarded about $1.5 million to 20 behavioral health organizations supporting an estimated 354 professionals in the first 18 months of the program with one or more of the following incentives.

- 282 newly hired professionals received sign-on bonuses in their first 18 months with a total award amount of $398,414.
- 714 professionals received retention bonuses with a total award amount of $944,966.
- 85 professionals received housing stipends with a total award amount of $137,085.

READL data

READL data were collected for 216 incentive recipients between February 2024-June 2024. Table 18 shows that more than 40 percent of recipients identify as a person of color or Tribal member; low numbers of Asians and no Native Hawaiian/Pacific Islanders received these incentives.

Table 18. Workforce bonus and housing stipend program recipients by primary race/ethnicity, 2024

Race/Ethnicity	Number	Percentage
American Indian/Alaska Native	36	17%
Asian	1-5*	†
Black/African American	34	16%
Hispanic and Latino/a/x/e	20	9%
Native Hawaiian/Pacific Islander	0	0%
Middle Eastern/North African	0	0%
White	78	36%
Bi-racial/multi-racial	33	15%
Other Race/No Primary Race/Unknown	5-10*	†
Decline	5-10*	†
Total	**216**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

Thirty-one percent of individuals indicated that they speak a language other than English at home, including Spanish and Russian. Twenty percent of recipients indicated that they have a functional limitation, including hearing, vision, self-care, independent living, cognitive/memory, mental health, communication, and learning limitations (exact number/percentage suppressed for confidentiality).

Oregon Behavioral Health Loan Repayment Program

Background

This program awarded practicing professionals committed to two consecutive years of practice in a public and/or non-profit mental health facility or other underserved community facilities, especially those in rural areas. Starting in April 2022, BHWI launched four application cycles: two cycles were awarded under the HCPIP Loan repayment administrative rules, and the final two cycles were awarded using newly developed BHWI administrative rules effective September 2022. The following provider types were eligible to apply:

- Licensed or pre-licensed mental and behavioral health providers (LPC, LCSW, LMFT, Psychiatric Nurse Practitioner etc.)
- Qualified Mental Health Associates (QMHA)
- Qualified Mental Health Professionals (QMHP)
- Certified Gambling Addiction Counselor (CGAC)
- Certified Prevention Specialist (CPS)

- Certified Recovery Mentor (CRM)
- Certified Gambling Recovery Mentor (CGRM)
- Certified Alcohol and Drug Counselor (CADC) I, CADC II, and CADC III
- Certified Traditional Health Workers (THWs), including Community Health Workers (CHWs), Certified Recovery Mentors (CRM) and Peer Support Specialists (PSS)

This program prioritized applicants who:

- Represented the ethnicity or culture of Oregon's communities who are underserved.
- Provided culturally and linguistically specific behavioral health services to Oregon's communities who are underserved.
- Have lived experience with Oregon's communities who are underserved.
- Speak a second language other than English in a behavioral health care setting for Oregon's communities who are underserved.
- Provided behavioral health services in a designated Rural or Frontier community.
- Worked at a Community Mental Health Program (CMHP), a publicly funded or public mental health facility, or a nonprofit mental health facility that contracts with a county to provide mental health services.

Evaluation data

The BHWI loan repayment awarded $15.8 million to 279 practicing professionals in four cycles. These four cycles received substantial interest from applicants, representing an education debt load of over $200 million for over 2,400 behavioral health care workers. Thus, the program was able to accept only 12 percent of applicants. Table 19 includes a breakdown of incentive recipients by discipline:

- 25 percent (71) provide behavioral health services in rural and remote areas
- 27 percent (78) provide behavioral health services at a CMHP
- 39 percent (108) were in various certified behavioral health occupations
- 61 percent (171) were part of the licensed behavioral health workforce

Table 19. Oregon behavioral health loan repayment awards, 2021-2023

Discipline	Number
Case Manager /Behavioral Health Consultant	1-5*
Certified Alcohol and Drug Counselor (CADC I, II, III)	18
Licensed and Pre-Licensed Clinical Social Worker (LCSW)	72
Licensed Marriage, Family and/or Art Therapist	15
Licensed and Pre-Licensed Professional Counselor (LPC)	38
Unlicensed Counseling or Clinical Psychologist	14
Psychiatric Nurse Practitioner	1-5*
Qualified Mental Health Associate (QMHA) Qualified Mental Health Provider (QMHP)	90
Registered Nurse	1-5*
Traditional Health Worker (Community Health Worker, Peer Support Specialist, Addiction Peer)	14
School Counselors	7
Total	**279**

*Exact value was suppressed for confidentiality

Additionally, Oregon Behavioral Health Loan Repayment Program award recipients have a 94 percent retention rate, and only 28 percent of awardees (78) have transferred practice site locations.

Race, ethnicity, and language data

This incentive collected the following race, ethnicity, and language data, which was not REALD compliant.

- 70 percent identify as people of color, including Black, African, African American, Native American or Alaskan Native.
- 38 percent are multilingual (self-report as speaking more than one language) and include the following languages: American Sign Language, Spanish, Russian, French, Arabic, Thai, Laotian, Mien, and Hmong.

SHOI-like scholarships

Background

BHWI allocated $2.0 million to support scholarships, tuition assistance and stipends to support students in the behavioral health field using the same distribution format as SHOI-like**.** SHOI-like funds for behavioral health were distributed in the 2021-2023 biennium, and data was collected up to June 30, 2024.

Evaluation data

In the 2021-23 biennium, this incentive awarded over $554,000 to five educational institutions and community-based programs to offer 188 scholarship opportunities to students pursing an education in behavioral health. Four out of the five awarded institutions have provided scholarships to students, except for Pacific University which will be included in the next report. Table 20 includes a breakdown of scholarships recipients by school and discipline.

Table 20. SHOI-like scholarship recipients by school and discipline, 2021-23

Educational Institution or Community-based Program	Number of Awardees	Funding Awarded
Chemeketa Community College Addiction Counseling Certification Preparation Certificate Associate in Applied Science (AAS)-Addiction Studies Associate in Applied Science (AAS)-Social Services Direct Support Professional	59	$225,215
Lewis & Clark Community College: The Counseling, Therapy and School Psychology (CTSP) Program Art Therapy Marriage Couple and Family Therapy (MCFT) Professional Mental Health Counseling-Addiction (PMHC-A) Professional Mental Health Counseling-School Psychology (PMHC-SP)	19	$203,243
Mental Health & Addiction Association of Oregon (MHAAO) Peer Wellness Specialist	73	$80,300
Pacific University School of Graduate Psychology (PsyD in Clinical Psychology)		
Umpqua Community College Certified Peer Recovery Mentor Program (CRM) Certified Addiction and Drug Counselor (CADC I)-Addiction Treatment Studies Program	37	$46,076
Total	**188**	**$554,835**

The number of SHOI-like recipients is expected to increase as education programs continue to award student scholarships with remaining grant funds allocated in the 2021-2023 biennium; this data will be available during the next reporting period.

READALD data

This incentive collected READALD data for scholarship recipients awarded prior to June 30, 2024.

- 40 percent identify as person of color or Tribal Member, with most recipients identifying as Hispanic and Latino/a/x/e (27 percent).
- 12 percent reported as speaking a language other than English. The most common language was Spanish (8 percent); languages spoken by five or fewer individuals include Hindi, Swahili, Russian, Vietnamese, Mauritian Creole and Punjabi.
- 21 percent of individuals self-reported having one or more functional limitations.

Table 21. BHWI SHOI-like recipients by primary race/ethnicity, 2021-2023

Race	Number	Percentage
American Indian/Alaskan Native	11	6%
Asian	5-10*	†
Black/African American	1-5*	†
Hispanic/Latino/a/x/e	51	27%
Native Hawaiian/Pacific Islander	1-5*	†
Middle Eastern/North African	0	0%
White	60	32%
Bi-racial/multi-racial	1-5*	†
Other Race/No Primary Race/Unknown	5-10*	†
No Response	43	23%
Total	**188**	**100%**

*Exact value was suppressed for confidentiality
†Numbers were suppressed to prevent backward calculation.

BHWI expansion efforts

BHWI distributed most of its funding during this reporting period. OHA's Behavioral Health Division is expected to provide more in-depth BHWI evaluation data through a public-facing dashboard in Summer 2025. In addition, HCPIP will be resuming behavioral health workforce incentives during the next reporting period with a portion of the $6 million the Oregon Legislature added to its 2023-25 budget. For more information about BHWI and the data shared within this report, please visit https://www.oregon.gov/oha/HSD/AMH/Pages/Workforce-Initiative.aspx.

Rural Medical Practitioner Tax Credit

Background

Oregon has offered the Rural Medical Provider Tax Credit since 1989 through the state tax code. This incentive provides the following eligible medical providers working in rural areas the opportunity to receive a tax credit between $3,000-$5,000 per tax year:

- Physicians (MD/DO)
- Nurse Practitioners (NP)
- Physician Associates (PA)
- Certified Registered Nurse Anesthetists (CRNA)
- Dentists (DMD/DDS)
- Optometrists (OD)
- Doctor of Podiatric Medicine (DPM)

Practicing professionals may apply for eligibility through ORH, which issues a certificate confirming eligibility. Eligibility is based on the requirements in ORS 315.613, which states that qualified health care providers must practice in locations that are at least 10 miles away from the population center of an urban community. The Oregon Department of Revenue confirms and processes the credit when professionals file their annual tax return. Oregon has offered a $250 Rural Volunteer Emergency Medical Services Provider Tax Credit since 2005.

Evaluation data

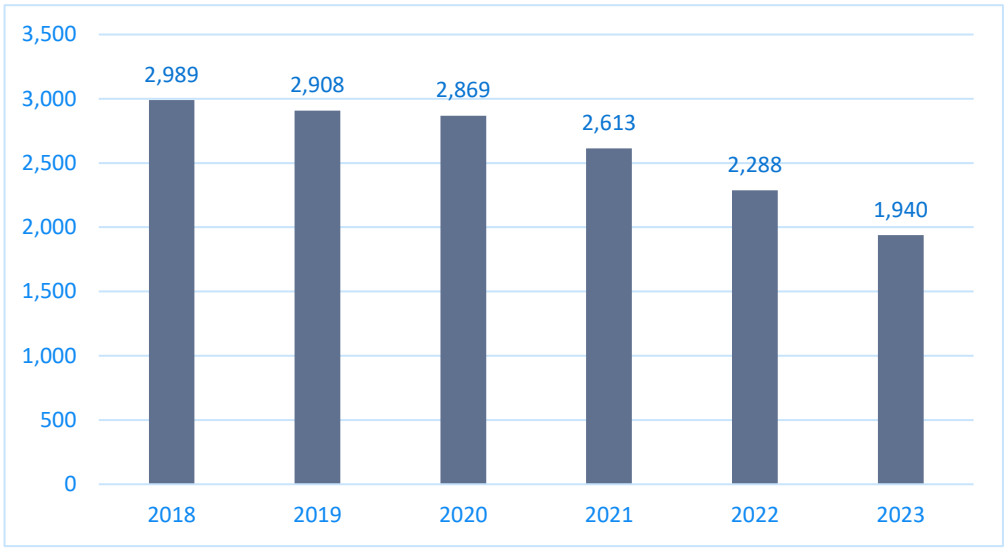
Over the past six years since 2018, this incentive has made available tax credits to 3,677 unduplicated, practicing professionals. Table 22 displays providers ORH deemed eligible to receive a tax credit since 2018. Forty-six percent of eligible providers were Physicians (MD/DO), 30 percent were Nurse Practitioners, 18 percent were Physician Associates, and the remaining six percent were Certified Registered Nurse Anesthetists (CNRA) and Dentists (DDS/DMD).

Table 22. Unduplicated tax credit recipients by provider type, 2018-2023

Provider Type	Number	Percentage
Physicians (MD/DO)	1,686	46%
Nurse Practitioner (NP)	1,096	30%
Physician Associate (PA)	674	18%
Certified Registered Nurse Anesthetist (CRNA)	143	4%
Doctor of Dental Surgery (DDS)/Doctor of Dental Medicine (DMD)	78	2%
Total	**3,677**	**100%**

Figure 8 shows participation in the incentive has declined gradually since 2018. It is important to note that eligible providers can receive the tax credit for 10 years, which may explain the gradual decrease in participation since the inception of this incentive in 1989. Additionally, this credit can be applied retroactively to amend previous tax years, so there may be an adjusted number of 2023 recipients in the next reporting period.

Figure 8. Total tax credit recipients per tax year, 2018-2023



Since this is a tax credit incentive separate from HCPIP, program staff do not have the capability to collect REALD data.

Expansion efforts

This incentive is governed by independent statute and is administered by the Oregon Department of Revenue and ORH. Any changes to this incentive will require legislation. OHA has limited influence on its future direction.

Lessons learned and future considerations

Flexibility in the use of provider incentive funds is important to addressing community needs and improving access to care in an equitable manner, which will be important to achieving lasting progress for incentive recipients. OHA has worked with partners to identify best practices in collecting and analyzing quantitative and qualitative data to evaluate the effectiveness of these incentives. With a focus on advancing equity and expanding the reach of incentives, OHA continues to be informed by incentive recipient experiences to reach providers from populations experiencing inequities. Highlights of lessons learned include:

- Incentives such as loan repayment, loan forgiveness, and scholarships are effective tools to address student debt burden, which is disproportionately experienced by people of color, Tribal members, and others experiencing inequities.
- Successful placement of professionals receiving incentives in practices serving OHP and Medicare patients that are in medically underserved areas is a proxy for overall effectiveness.
- Strong demand exists for behavioral health workforce incentives to address severe shortages.
- Partnering with practice sites serving communities of color and historically marginalized populations is crucial to expanding the reach and impact of incentives.
- REALD data collection began during this reporting period for most incentives, which has started to provide a more granular understanding of program impacts.

Some considerations, which may require additional investment going forward include:

- Fully adopting REALD and sexual orientation and gender identity (SOGI) data collection, which allows students and health care professionals to report their demographic identities with more granularity, if they so choose. This information will allow OHA to better prioritize efforts for providers from communities facing barriers to benefit from the incentives.

- Reducing the administrative burden for partners with data collection, while ensuring that the reporting meets legislative mandates and supports program improvement.
- Increasing the use of qualitative data by conducting more proactive provider outreach, identifying survey tools, and incorporating site visit information to better capture incentive recipient experiences
- Maintaining existing incentives through innovative programmatic improvements to ensure a strong foundation for sustainable and meaningful future expansion.
- Considering additional incentive options to improve equitable recruitment and retention that prioritizes fields with acute workforce shortages. For example, offering wraparound services such as housing and childcare can help providers to stay in their community beyond the service commitment period.

OHA will continue to track best practices to inform Oregon's investments in solutions that address barriers to workers entering, advancing, and remaining in the health care sector. Pathway programs provide a structured approach to career advancement that involve a series of training and education steps leading to higher credentials and employment opportunities The Urban Institute's 2022 report, Improving and Expanding Programs to Support a Diverse Health Care Workforce, cites the importance of pathways programs to diversifying the health care workforce and addressing equity gaps. Providing students and professionals with financial support; culturally effective mentorship and advising; and academic, career, and social supports can address key barriers people experiencing inequities encounter. OHA looks forward to integrating these strategies into future changes and expansions of provider incentives. Assessing the national perspective will assist HCPIP efforts to incorporate these factors into incentives, with a focus on:

- Engaging with an external health care workforce equity expert to improve the equitable distribution of incentives.
- Reviewing and executing career pathways and retention incentives to promote long-term support and success for a diverse workforce by addressing barriers for those who want to enter and remain in the field.
- Reviewing existing incentives to determine areas of improvement in alignment with best practices and recommendations.

Conclusion

The COVID-19 pandemic clearly exacerbated challenges of supply, demand, and diversity in the health care workforce. Regardless, the national problem of shortages and lack of diversity in the health care workforce also exist in Oregon, stemming from historic underinvestment, current economic and social forces, and systemic racism. While incentive programs have supported progress, there are still barriers to entry and advancement for people of color and Tribal communities in the health care workforce, which results in a lack of culturally and linguistically responsive care to meet community-identified needs.

The Oregon Legislature has made critical investments in supporting the health care workforce in the past four years that focus on innovative solutions and scalability. It is important to note that more time is needed to fully realize the impact of these investments. HCPIP started distributing incentives in 2018, while HOWTO and behavioral health workforce investments are even newer. More information on these incentives and other newer ones (e.g., strategies to support career pathways and retention) will be available during the next reporting period.

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. For example, additional investments in workforce segments including but not limited to behavioral health and nursing are needed. Clearer career pathways should be developed so people may advance and remain in the field, and additional work incentivizing employers to invest in resiliency and well-being is needed.

The incentive programs are demonstrating a positive impact on the diversity of Oregon's workforce and access to care. OHA and other state agencies entrusted with operating these incentive programs should continue to look for ways to better focus these funds to do the greatest good; they must be nimble in their use of resources to share power with community partners and ensure redistribution of resources to support a robust, diverse workforce and a healthier Oregon.

Appendix A. OHA/OHPB health equity definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices.

Appendix B. Areas of Unmet Health Care Need definition and map

Oregon calculates the Areas of Unmet Health Care Needs (AUHCN) based on nine variables and assigning a score from 0-90 (lower score means the greater unmet need). These nine variables are based on the best currently available measures of availability, access and utilization to primary care, dental and mental health services for all ages, and include:

1. Travel Time to Nearest Patient-Centered Primary Care Home (PCPCH)
2. Primary Care Capacity (Percent of Primary Care Visits Needed Able to Be Met) – includes general and family physicians, pediatricians, obstetrician-gynecologists, internists, primary care physician associates, and primary care nurse practitioners
3. Dentists per 1,000 Population
4. Mental Health Providers per 1,000 Population – includes psychiatrists, psychologists, licensed professional counselor/marriage and family therapists, clinical social workers, psychiatric nurse practitioners, and psychiatric physician associates
5. Percent of Population Between 138% and 200% of Federal Poverty Level
6. Inadequate Prenatal Care Rate per 1,000 Births
7. Ambulatory Care Sensitive Conditions/Preventable Hospitalizations per 1,000 Population
8. Emergency Department Non-Traumatic Dental Visits per 1,000 Population
9. Emergency Department Mental Health/Substance Abuse Visits per 1,000 Population

Figure 9. Oregon Areas of Unmet Health Care Needs-primary care capacity ratio, 2024

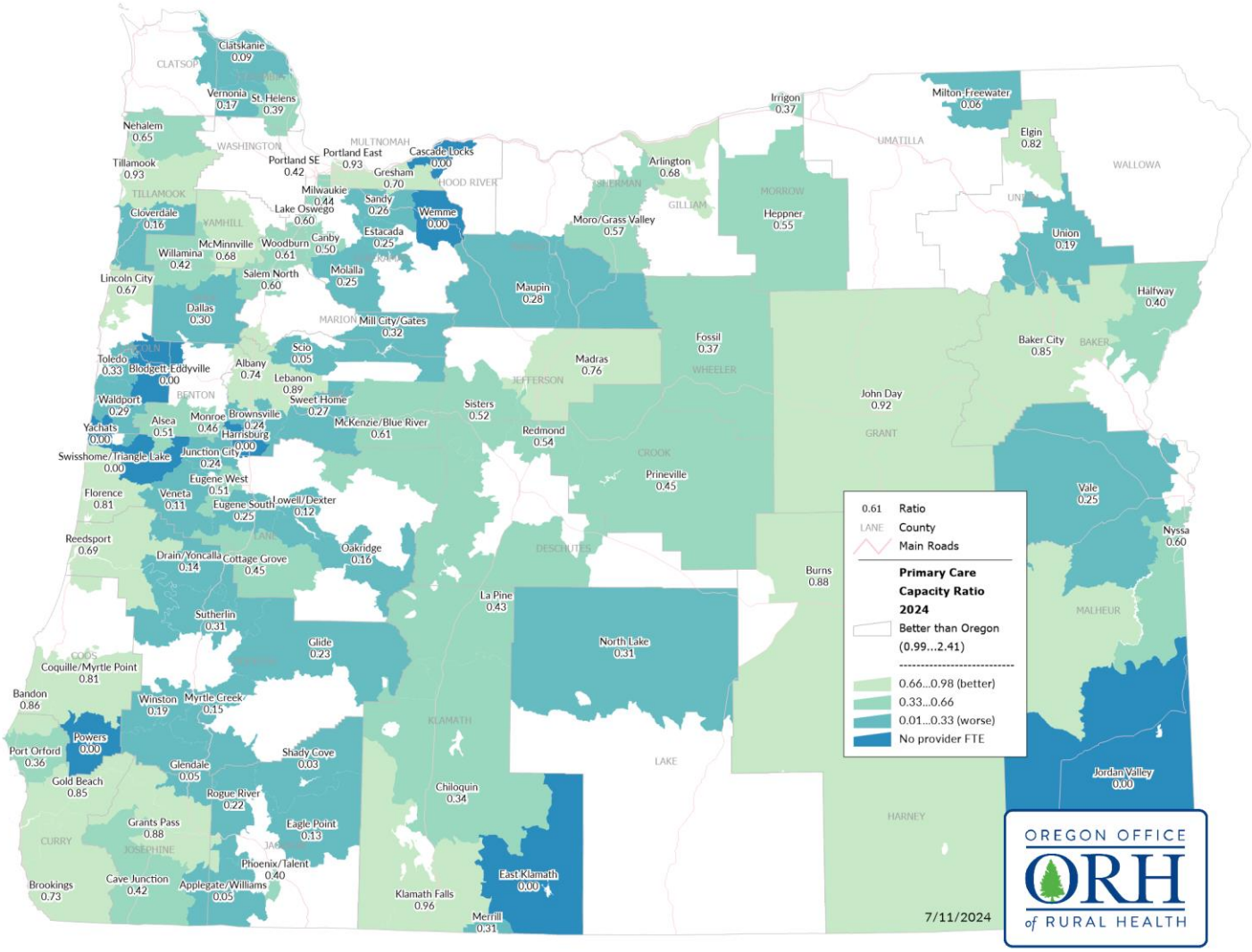


Figure 10. Oregon Areas of Unmet Health Care Needs-dental care capacity ratio, 2024

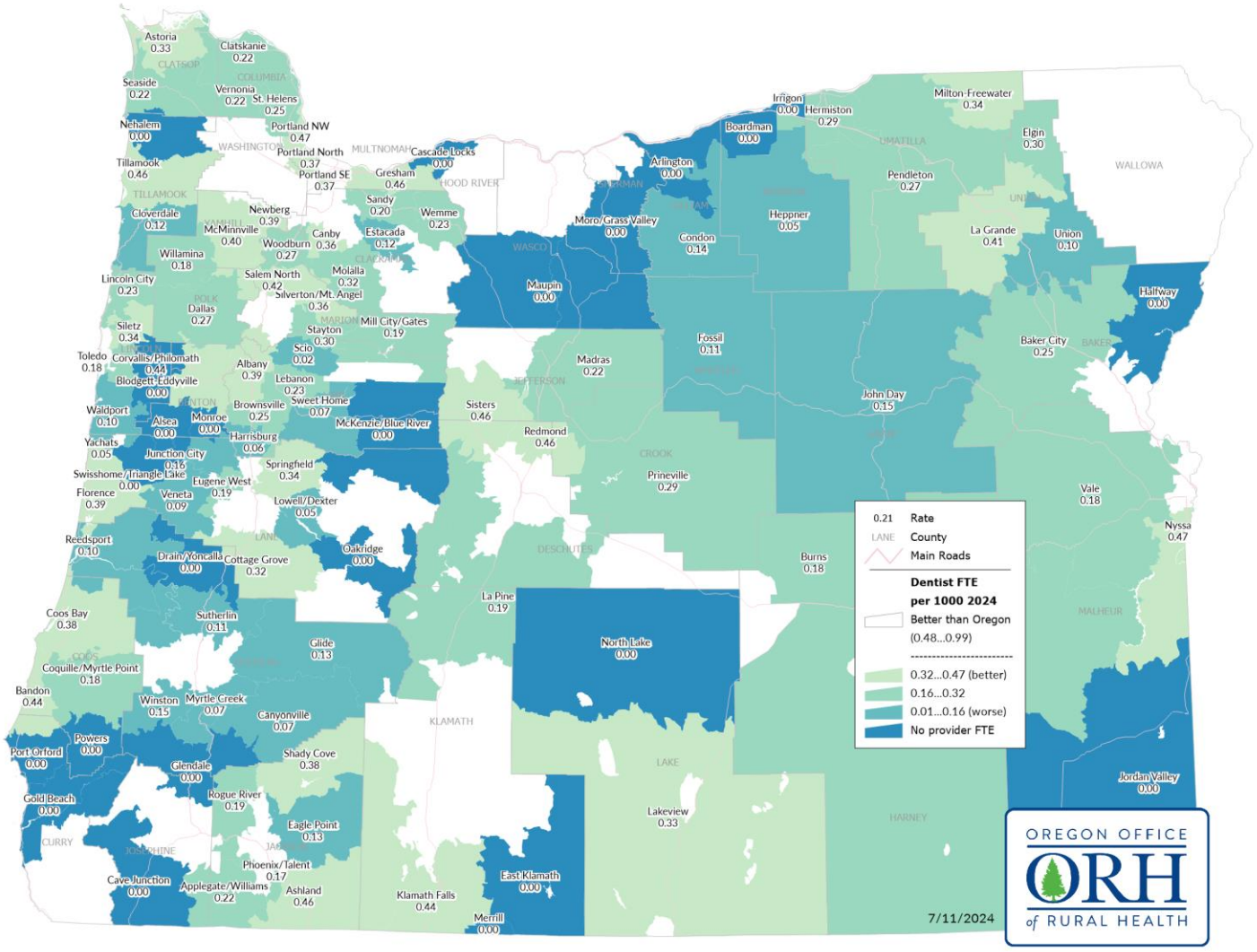
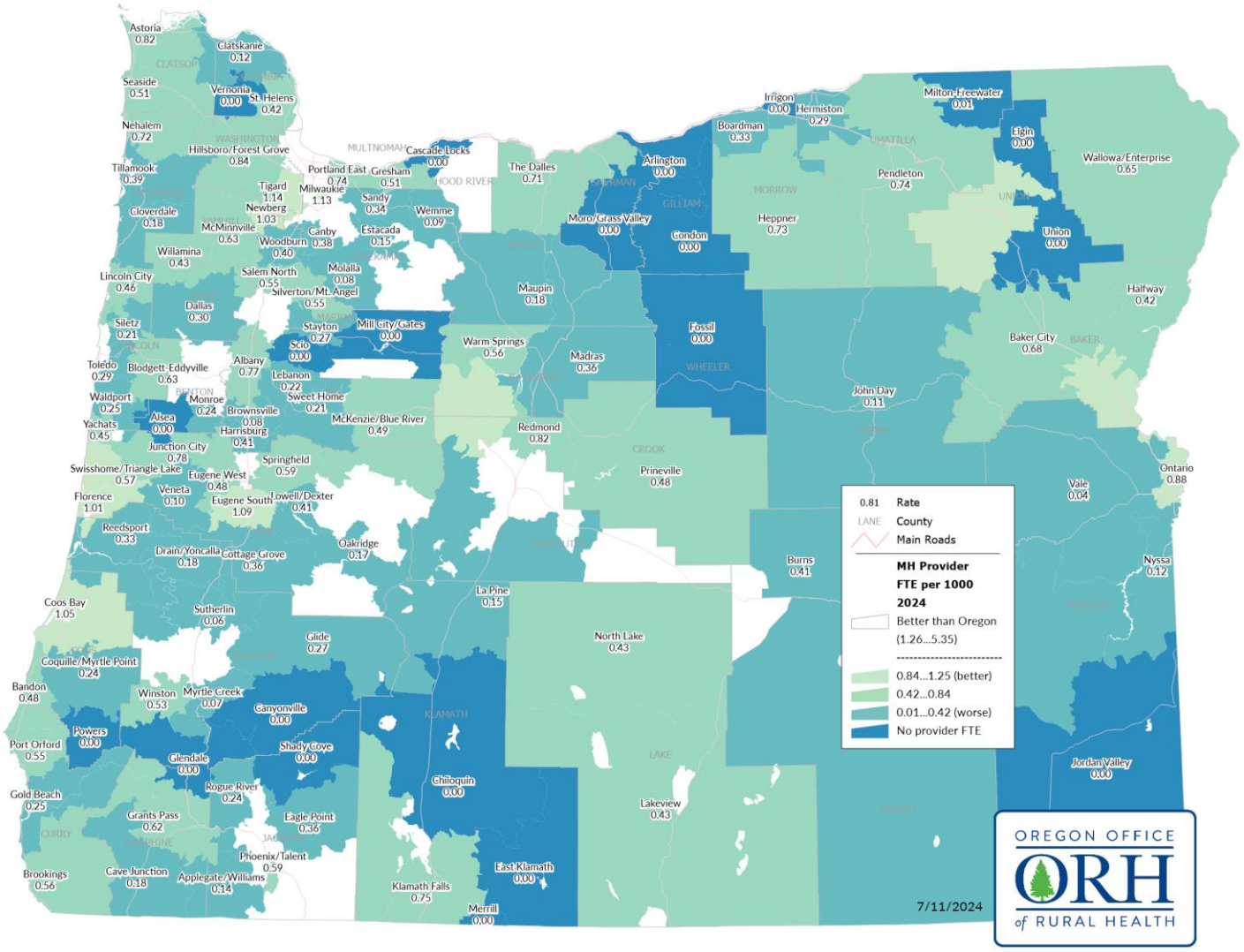


Figure 11. Oregon Areas of Unmet Health Care Needs-mental health care capacity ratio, 2024



Appendix C. REALD data collection – least common race methodology

In alignment with OHA Equity & Inclusion Division's REALD Implementation Guide, HCPIP uses the least common race methodology in reporting data.

This methodology is used for survey respondents that select more than one REALD race/ethnicity subcategory option but then do not indicate a primary race when asked in a follow-up question. If they identify a primary racial ethnic identity, then that category is used. If they indicate that they don't have one primary racial ethnic identity or consider themselves biracial or multiracial, then they are coded as multiracial. The least common race methodology is only used if they indicate that they don't know or decline to question about primary racial ethnic identity. In this case, their response is coded as whichever one of their selected race/ethnicities is rarest in the Oregon population using the American Community Survey (ACS) Public Use Microdata Sample (PUMS) data. For example, if someone selected Western European and African American and then did not indicate either a primary race or that they identify as multiracial on the follow-up question, they would be coded (using least common race) as African American because that group is rarer in Oregon.

One impact of using the least common race approach to assign people to a primary race/ethnicity in some cases as described above is that a single race category may not represent an individual's racial identity, which may be multiracial, complex and intersectional.

Appendix D. Calculation of direct patient care estimates

This report provides conservative estimates on the number of direct patient care hours and patients served that have been supported through HCPIP for loan repayment (Table 23), loan forgiveness (Table 24), and scholarships at OHSU (Table 25) and non-OSHU (Table 26) education institutions. The following assumptions were used to estimate numbers of patients served because of the increased health care professional capacity supported through these incentives, and are based on best practice recommendations:

- Physician = 1,500 patients per year[4]
- Physician Associate/Nurse Practitioner = 1,750 patients per year[5]
- Dentist = 2,000 patients per year[6]
- Dental Hygienist = 1,750 patients per year[7]
- Pharmacist = 3,000 patients per year[8]

Hours of direct patient care was estimated by taking the minimum number of direct patient care hours per week (32) required of loan repayment, loan forgiveness, and scholarship incentive recipients under OHA contracts and multiplying by the minimum number of weeks per year (45) required to work to meet the terms of service obligation, or a total of 1,440 hours per year. Data is based on care provided between 2018-2024 using the assumptions above and assuming providers worked full-time (note that some providers can work part-time).

[4] https://pmc.ncbi.nlm.nih.gov/articles/PMC3438206/

[5] https://www.aafp.org/pubs/fpm/issues/2007/0400/p44.html

[6] https://www.statista.com/statistics/965365/patient-visits-among-all-dentists-us-per-year/#:~:text=In%202023%2C%20there%20was%20an%20average%20of%20roughly,per%20U.S.%20specialist%20dentist%20from%201990%20to%202023

[7] https://www.aafp.org/pubs/fpm/issues/2007/0400/p44.html#:~:text=VARIABLES%20THAT%20AFFECT%20PANEL%20SIZE,a%20panel%20of%201%2C750%20patients

[8] https://pmc.ncbi.nlm.nih.gov/articles/PMC5755826/

Table 23. Estimated patient care provided by medical and dental loan repayment recipients, 2018-2024

Provider type	Providers	Total awarded	Number of patients served	Direct patient hours
Dental Care	**81**	**$6,679,434**	**347,208**	**255,720**
Dentist	62	$6,158,580	291,500	209,880
Expanded Practice Dental Hygienist	19	$520,854	55,708	45,840
Medical Care	**150**	**$11,028,524**	**589,042**	**475,920**
Nurse Practitioner	33	$1,726,182	114,333	94,080
Pharmacist	23	$1,701,537	122,250	58,680
Physician Associate	30	$2,006,261	110,833	91,200
Physician-DO	14	$1,439,586	46,750	44,880
Physician-MD	38	$3,262,209	142,625	136,920
Physician-ND	12	$892,749	52,250	50,160
Total	**231**	**$17,707,958**	**936,250**	**731,640**

Table 24. Estimated patient care provided by medical and dental loan forgiveness recipients, 2018-2024

Provider type	Providers	Total awarded	Patients seen	Direct patient hours
Dentist	2	$ 104,400	3,667	2,640
Nurse Practitioner	5	$ 162,200	7,000	5,760
Pharmacist	4	$ 140,800	12,000	5,760
Physician Associate	21	$ 942,900	36,313	29,880
Grand Total	**32**	**$ 1,350,300**	**58,979**	**44,040**

Table 25. Anticipated patient care provided by medical and dental SHOI recipients – in service and in school, 2018-2024

Provider type	Providers and students	Total awarded	Anticipated patients	Anticipated direct patient hours
Physician	13	$ 252,4751	58,500	56,160
Dentist	22	$ 656,5470	132,000	95,040
Physician Associate	18	$ 196,3826	94,500	77,760
Nurse Practitioner	36	$ 1,957,480	189,000	155,520
Total	**89**	**$ 13,011,527**	**474,000**	**384,480**

Table 26. Anticipated patient care provided by physicians and physician associates SHOI-like recipients – students and professionals, 2019-2023

Provider type	Providers and students	Total awarded	Anticipated patients	Anticipated direct patient hours
Physician-DO	5	$ 588,000	15,000	14,400
Physician-ND	5	$ 462,711	15,000	14,400
Physician Associate-PA	10	$ 875,000	35,000	28,800
Total	**20**	**$ 1,925,711**	**65,000**	**57,600**

Appendix E. Primary Care Loan Forgiveness eligibility requirements

Student eligibility requirements include:

- Must be in good academic standing; AND
- Must be participating in the Oregon AHEC Scholars Program or accepted to an approved Oregon rural training track; AND
- Must be prepared to begin practice in primary care at an approved rural practice site within 90 days of graduation or completion of residency (if applicable)
- Must serve one year of clinical service in an approved rural Oregon practice site* for each year of funding received; AND
- Must provide a minimum of 32 hours a week of direct patient care a week in an approved rural Oregon practice site for the duration of their service obligation.

Rural Oregon practice site eligibility requirements include:

- Must be located in a rural area as designated by the Oregon Office of Rural Health (ORH); AND
- Must be located in a federally designated HPSA, MUA or an Area of Unmet Need as determined by ORH; AND
- Must see at least the same percentage of Medicare and Medicaid patients that exist in the county in which the clinic is located; AND
- Must have a valid site application on file with ORH that is no more than one year old.

Appendix F. Loan repayment eligibility requirements and award amounts

Practicing professional eligibility requirements include:

- Dentists in general or pediatric practice.
- Expanded Practice Dental Hygienists.
- Pharmacists.
- Physicians (MD, DO or ND): Family medicine or general practice, general internal medicine, geriatrics, pediatrics, or obstetrics and gynecology.
- Nurse Practitioners: Adult primary care, women's health care, geriatrics, pediatrics, family practice, or nurse midwifery.
- Physician Associates: Family medicine or general practice, general internal medicine, geriatrics, pediatrics or obstetrics and gynecology.

Qualified practice site eligibility requirements include:

- Is in a HPSA or has a facility HPSA
- Serves Medicaid and Medicare patients in no less than the same proportion of such patient in the county and has an approved site application on file with ORH.

Table 25 outlines the award schedule for providers with ongoing participation in loan repayment for multiple award cycles, for up to a maximum of three awards.

Table 27. Loan repayment award schedule

Work schedule	Number of awards	Award amounts
Full-time	1st time award	70 percent of debt load balance if over $29,000 in debt; 100 percent of debt load if less than $29,000
Full-time	2nd time award	80 percent of debt load balance
Full-time	3rd time award	100 percent of debt load balance
Part-time	1st time award	35 percent of debt load balance if over $15,000 in debt; 100 percent of debt load if less than $15,000
Part-time	2nd time award	45 percent of debt load balance
Part-time	3rd time award	50 percent of debt load balance

Appendix G. SHOI scholarship service commitment requirements

The service commitment requirements for students as a SHOI scholar includes:

- One year of clinical service at an approved rural Oregon practice site in exchange for each year of funding granted plus one additional year.
- Service shall begin no later than 90 days following completion of a primary care residency, or graduation from physician associate or nurse practitioner training program.
- Participant must provide a minimum of 32 hours per week of clinical practice at an approved site for a total of 45 weeks in a 52-week period for the entire length of the SHOI commitment.

SHOI scholars must also complete their service commitment in an approved practice site determined by ORH. Practice site qualifications are provided below.

Practice sites in urban areas include:

- Federally Qualified Health Centers (FQHCs)
- County and state correctional facilities
- Community Mental Health Clinics
- Oregon State Hospital
- A Non-profit facility, with a HPSA for your profession, seeing a high percentage of Medicaid and/or Medicare patients
- Other primary care facilities as identified by the ORH with a HPSA score for your profession

Practice sites in rural areas include (primary care and all other specialties):

- Federally Qualified Health Centers

- Sites in rural areas in Oregon, with a HPSA for your profession, seeing the same percentage of Medicaid and/or Medicare patients that exist in the county in which the clinic is located
- County and State correctional facilities
- Community Mental Health Clinics
- State Mental Hospital-Junction City
- Critical Access Hospitals and other rural hospitals
- Certified Rural Health Clinics
- Veterans Affairs Facilities
- Tribal Clinics

Appendix H. SHOI-like scholarship service commitment requirements

The service commitment requirements for students participating in SHOI-like include:

- Students are only required to complete a service commitment if their award amount is equal to or greater than $35,000.
- One year of clinical service at an approved rural Oregon practice site in exchange for each year of funding granted.
- Students shall notify ORH and OHA following completion of their training program to indicate if job placement is needed or if student has acquired employment at an approved site.
- Participant must provide a minimum of 32 hours per week of clinical practice at an approved site for a total of 45 weeks in a 52-week period for the entire length of the SHOI-like commitment.

SHOI-like students must also complete their service commitment in an approved practice site determined by ORH. Practice site qualifications are provided below.

- Located in a HPSA, or have a Facility HSPA; or
- Serve Medicaid and Medicare patients in no less than the same proportion of such patients in the county; or
- Provides essential health care services to an underserved population, as determined by OHA; and
- Have a Site Application on file with the Oregon Office of Rural Health and have received confirmation of site qualification.

Appendix I. HOWTO grant awards summary

Round 1 Awardees				
Organization	**Start date**	**End date**	**Amount**	**Project Description**
George Fox University	3/1/2019	7/31/2023 (Complete)	$998,606	Establishes the Interprofessional Primary Care Institute to leverage interdisciplinary care teams to deliver Continuing Medical Education to primary care clinicians, behavioral health clinicians, nurses, and clinical pharmacists by providing intensive events for emergency primary care roles.
Northeast Oregon Area Health Education Center	3/1/2019	6/30/2023 (Complete)	$971,871	Creates a distance education Psychiatric Mental Health Nurse Practitioner (PMHNP) program to increase the mental health workforce in Eastern Oregon by recruiting, advancing, and retaining nurses already embedded in the region.
Oregon Community Health Worker Association	3/1/2019	6/30/2022 (Complete)	$877,727[#]	Develops and supports Community Health Worker (CHW) training statewide in multiple communities experiencing health inequities and health workforce shortage areas, and advocates for increased funding for CHW positions and actively support CHWs to obtain employment.
Round 2 Awardees				
Organization	**Start date**	**End date**	**Amount**	**Project Description**
Aviva Health	10/1/2019	3/31/2023 (Complete)	$988,000	Establishes the Roseburg Family Medicine Residency Program with Mercy Medical Center to address the burgeoning physician and broader clinical health care workforce shortage in Douglas County and rural Oregon.
Clackamas Workforce Partnership	10/1/2019	7/31/2024 (Complete)	$500,000	Expands, develops, and increases local health workforce diversity by supporting and enrolling Clackamas County residents, with a focus on the immigrant and refugee populations, into programs such as certified nursing assistants, dental assistants, medical billing, and pharmacy technicians.
NW Portland Area Indian Health Board	10/1/2019	1/31/2024 (Complete)	$955,844	Establishes the Behavioral Health Aide Education Program for Tribal communities in Oregon, Washington and Idaho to increase access to local Tribal Behavioral Health Practitioners throughout Indian Country.
Oregon Washington Health Network	10/1/2019	10/31/2023 (Complete)	$480,670	Establishes a medical assisting program in partnership with Blue Mountain Community College to address the growing health care workforce shortage in Umatilla County and other areas of rural Oregon.
Samaritan Health Systems	10/1/2019	9/30/2023 (Complete)	$366,436[#]	Establishes the Samaritan Pacific Communities Hospital Rural Training Track, a rural medical residency training track that will place residents in Newport, Oregon to address physician shortages along Oregon's coastal region.

The Next Door Inc.	10/1/2019	3/31/2023 (Complete)	$500,000	Develops the Valle Verde program, a culturally specific 11-week Mental Health Promotion training series designed to expand CHW and other provider training by providing Continuing Education Units, and to provide specific skills to CHWs and mental health providers specific to local Latinx community members.

Round 3 Awardees

Organization	Start date	End date	Amount	Project Description
DentaQuest, LLC (formerly Advantage Dental)	1/1/2021	1/31/2024 (Complete)	$1,000,000	Establishes an internal Dental Assistance Training Program to address statewide shortages while increasing the diversity of this workforce to train dental assistants for dual roles as patient navigators, through THW education.
Clackamas Community College	1/1/2021	1/31/2025	$436,544	Develops a new dental program to offer alongside existing Career and Technical Education Day Camps for high school students at Clackamas Community College to increase workforce diversity by offering oral health program scholarships for camp students to attend college.
East Cascades Works	1/1/2021	7/31/202 (Complete)	$1,000,000	Establishes the Central Oregon Behavioral Health Consortium, a collaborative of local agencies increasing access to behavioral health care by providing centralized, coordinated, and systemic workforce development and retention training to address behavioral health workforce shortages in central Oregon.
Grain Integrated Health	1/1/2021	1/31/202) (Complete)	$275,000	Establishes a naturopathic primary care residency program in Cascade Locks that includes a diversity, equity, and inclusion training curriculum and provides experiential learning to Career and Technical Education high school students to address health disparities in rural health care.
Lutheran Community Services NW	1/1/2021	1/31/2025	$946,063	Expands behavioral health training pathways for refugees by supporting entry-level trainings to be certified as a Peer Support Specialist currently working in behavioral health and residencies for newly graduated clinicians focused on working with refugees.
Northwest Oregon Works	1/1/2021	1/31/2024 (Complete)	$737,847	Establishes a Behavioral Health Work-Based Learning Career Pathway that includes three levels, Peer Recovery Support Specialist/Community Health Worker to master's prepared Behavioral Health Clinicians, to address workforce shortages and prioritize recruitment from the Latinx community.
Oregon Child and Family Services (Oregon Alliance)	1/1/2021	1/31/2024 (Complete)	$499,903	Develops and provides two statewide training series for behavioral health providers to improve workforce retention and address the root cause of ongoing underrepresentation of racial and ethnic minorities.

Pacific University	1/1/2021	1/31/2025	$985,753	Establishes a certificate program and a Physician Associate Behavioral Health Fellowship programs to be innovative team-based training opportunities that will focus on increasing the knowledge and skills of diverse health care providers to work effectively with patients dealing with behavioral health and substance use disorders.
St. Charles Health System	1/1/2021	3/1/2025	$1,000,000	Establishes a new Family Medicine Rural Training Track program in central Oregon in partnership with Oregon Health & Science University that includes an experience in a culturally congruent Indian Health Service/Tribal site and prioritizes Native American medical students.

Round 4 Awardees

Organization	Start date	End date	Amount	Project Description
Bridges to Change	7/1/2022	7/31/2025	$180,000	Establishes an in-house Peer Wellness Specialist (PWS) training to prepare peers for credentialing and working in Oregon that will be trauma informed and culturally responsive.
Clackamas Workforce Partnership	7/1/2022	7/31/2025	$296,920	Establishes the Behavioral Health Consortium of Clackamas that will help identify and address key challenges in the behavioral health system, with an emphasis on education and training pathways, worker retention, workforce diversification, and access to care.
La Clinica	7/1/2022	7/31/2025	$1,000,000	Expands workplace learning programs to create workforce training pipeline for the Latino community focusing on medical, dental, and behavioral health workforce.
Lane Community College	7/1/2022	7/31/2025	$1,000,000	Focuses Medical Assistants (MA), Community Health Workers (CHW), and Peer Support Specialists (PSS) to create a multifaceted educational program which integrates an expansion of existing programs for MAs, a bilingual CHW program, and a new program that includes a continuing education component for PSS.
Lane Workforce Partnership	7/1/2022	7/31/2025	$999,956	Develops a perinatal lounge, a multicultural hub for perinatal support and professional community building, that will include Doula certification training, Doula workforce inclusion (equity and inclusion training), and Doula workforce sustainability through two pathways, community-based self-employment, and hospital-based employment to include workshops, mentoring classes, etc.
Latino Network	7/1/2022	7/31/2025	$331,230	Provides OHA-certified Spanish language and culturally specific continuing education courses for CHWs in Oregon and assists CHWs in obtaining continuing education credits to maintain their OHA CHW certification.
Lines for Life	7/1/2022	7/31/2025	$298,874	Recruits and trains Rural Mental Health Crisis Responders statewide, equipped with advanced crisis response and telehealth competencies, and

				provides a virtual learning collaborative to nurture inter-organizational partnership, professional development, and peer support.
NW Portland Area Indian Health Board	7/1/2022	7/31/2025	$1,000,000	Establishes the Northwest Community Health Aide (CHA) Education Program of Oregon that will provide a culturally specific framework to diversify the health care workforce through designing and implementing accessible health care educational pathways for future CHA providers, academic enrichment, and mentorship for high school and undergraduate students.
Oregon Academy of General Dentistry Foundation	7/1/2022	7/31/2025	$297,301	Develops a Dental Assistant Training Program that provides two condensed and accelerated pathways into the field of dental assisting, one focused on high school seniors and the second on community members.
Oregon Council for Behavioral Health	7/1/2022	7/31/2025	$561,191	Creates a network of equity-focused vocational sites that will sustainably train and develop diverse credentialed behavioral health employees within the workforce. These vocational sites will meet in a learning collaborative for support and continuous improvement.
Oregon Social Learning Center	7/1/2022	7/31/2025	$299,181	Expansion of Adolescent and Family Services and Students with Involved Families and Teachers programs in Lane County to increase the behavioral health workforce supporting rural communities.
Southwestern Oregon Workforce Investment Board	7/1/2022	7/31/2025	$935,166	Develops and implements a Traditional Health Worker (THW) integration and utilization plan in Coos, Curry and Douglas counties that will hire THW supervisors and train the community as CHWs, PSSs, Youth Support Specialists (YSS) and birth Doulas.
Virginia Garcia Memorial Health Center	7/1/2022	7/31/2025	$1,000,000	Expands workforce diversity by covering the cost for staff, patients, and community members to become certified medical assistants, dental assistants, and pharmacy technicians, and providing paid positions in the clinics while they are students.
Willamette Dental Group	7/1/2022	7/31/2025	$750,000	Establishes a Dental Assistant (DA) and uptraining DA training program that will recruit and prepare non-clinical staff and community members to be trained as DAs with Expanded Function, Restorative Dental Assistant Capacity, and other certification specialties.
Willamette Workforce Partnership	7/1/2022	7/31/2025	$299,999	Develops and launches the Mid-Willamette Behavioral Health Consortium to increase access to and retain behavioral health workers focusing on those positions with the highest turnover.
Yamhill Valley Community Doulas	7/1/2022	7/31/2025	$152,756	Develops and expands upon the Yamhill Valley Doulas, Inc. Mentorship program which recruits, educates, and retains Doulas through training, an intensive birth practicum, and certification.

Round 5 Awardees				
Organization	**Start date**	**End date**	**Amount**	**Project Description**
Center for Family Development	1/31/2024	1/31/2025	$69,000	Supports the training of 15 Perinatal to Five therapists in the Perinatal Child Parent Psychotherapy program, which is a validated relationship-based, trauma-informed treatment and preventive intervention that begins during pregnancy and continues after the baby's birth.
Liberty House	1/31/2024	1/31/2027	$300,000	Develops a new training program that will recruit pre-licensed mental health providers to train and support while they work toward professional licensure. The program includes an emphasis on Spanish-speaking or rural-focused providers.
Klamath Community College	1/31/2024	1/31/2027	$274,262	The Community Health Worker (CHW) capacity building program's goal is to increase the number of CHWs supporting rural healthcare infrastructure and systems in the Klamath Basin, throughout the region, and across the state.
Morrison Child & Family Services	1/31/2024	1/31/2027	$187,208	Supports student intern through high quality clinical training in a supportive team-based environment as well as opportunities to engage in culturally and linguistically specific consultation and support while increasing access to care for clients.
Northwest Portland Area Indian Health Board	1/31/2024	1/31/2027	$1,000,000	Develops the Northwest Dental Health Aide Program (DHAP) in Oregon. The DHAP provides a culturally specific framework to diversify the oral healthcare workforce in Oregon through accessible oral healthcare educational pathways for future Dental Health Aide providers, academic enrichment, and mentorship for American Indian and Alaska Native high school and undergraduate students.
United We Heal Training Trust	1/31/2024	1/31/2027	$998,748	Supports the Behavioral Health Careers Pathway program. Pre-apprentice, Baccalaureate and Master's degree support programs aim to provide more advanced career pathways while simultaneously addressing the demand for diverse trained professionals in the behavioral health care sector.
		Total	**$25.8 M awarded across 40 grantee projects**	

Note: Project timelines in Rounds 1 and 2 were particularly impacted by COVID-related changes. Grantees can request no-cost-extensions when needed for completion of spending and grant objectives.

[#] Adjusted amount reflected differs from initial award.

Glossary of terms

- **Areas of Unmet Health Care Need (AUCHN)** is a designation that uses nine variables to focus on physical, mental, and oral primary care access needs for rural and frontier Oregon communities.
- **Clinical Supports, Integration, and Workforce Unit (CSIW)** in OHA focuses on improving primary care delivery and health care workforce development to achieve better health, better care, and lower costs for all Oregonians. CSIW also staffs the Health Care Workforce Committee and HCPIP.
- **Community Mental Health Program (CMHP)** is an entity that is responsible for planning and delivery of safety net services for persons with mental or emotional disturbances, drug abuse problems, and alcoholism and alcohol abuse in a specific geographic area of Oregon.
- **Family Educational Rights and Privacy Act (FERPA)** is a federal law that affords parents and students 18 years or older the right to have access to education records, to seek to have the records amended, and to have some control over the disclosure of personally identifiable information from the education records.[9]
- **Federally Qualified Health Centers (FQHCs)** are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations.[10]
- **Health Care Workforce Committee (HCWF Committee)** is the committee that coordinates efforts to recruit and educate health care professionals and retain a quality health care workforce as a committee of the Oregon Health Policy Board (OHPB).
- **Health Policy and Analytics Division (HPA)** provides OHA with agency-wide policy development, strategic planning, and clinical leadership. HPA staffs OHPB and is also where the HCWF Committee lead staff are located.

[9] U.S. Department of Education. Protecting Student Privacy. https://studentprivacy.ed.gov/faq/what-ferpa and https://studentprivacy.ed.gov/content/eligible-student.

[10] Healthcare.gov. Glossary: Federally Qualified Health Center (FQHC). https://www.healthcare.gov/glossary/federally-qualified-health-center-fqhc/.

- **Health Professional Shortage Area (HPSA)** is an area defined as having a shortage of primary care, dental, or mental health providers.[11]
- **Office of Delivery System Innovation (DSI)** aligns medical management practices and coordinates clinical and system innovation, programs, and policies across Coordinated Care Organizations (CCOs), communities, other plans and payers, and OHA divisions.
- **Oregon Administrative Rules (OAR)** are rules that state agencies adopt to implement and interpret laws, or to describe procedures and practices, and are compiled and published by the Oregon Secretary of State.
- **Oregon Health Authority (OHA)** is a state agency with the mission to be at the forefront of lowering and containing costs, improving quality and increasing access to health care to improve the lifelong health of Oregonians. OHA is overseen by the OHPB working towards comprehensive health reform in our state.
- **Oregon Health & Science University (OHSU)** is a public academic health center with hospitals, clinics, research facilities and higher education institutions throughout Oregon and southwest Washington.
- **Oregon Health Plan (OHP)** is Oregon's Medicaid program, which provides health care coverage for low-income Oregonians. This includes working families, children, pregnant women, single adults, seniors and more.[12]
- **Office of Rural Health (ORH)** partners with OHSU to offer assistance to hospitals, clinics, and communities to strengthen the rural and frontier health care delivery system in the state of Oregon.[13] ORH contracts with HCPIP to administer incentives.
- **Oregon Health Policy Board (OHPB)** is the policy-making oversight board for OHA and its departmental divisions.

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[11] Health Resources and Services Administration (HRSA). What is a Shortage Designation? https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

[12] Oregon Health Authority. About Oregon Health Plan. https://www.oregon.gov/oha/HSD/OHP/Pages/About-Us.aspx

[13] Oregon Office of Rural Health. About the Oregon Office of Rural Health. https://www.ohsu.edu/oregon-office-of-rural-health/about-oregon-office-rural-health

- **Oregon Revised Statutes (ORS)** contain the laws enacted by the legislature or governor or passed by a vote of the people through the initiative process.
- **Patient Centered Primary Care Home (PCPCH)** Program at OHA collaborates with community partners to develop standards of care for primary care practices and then certifies practices meeting those standards as a recognized PCPCH.
- **Provider Retention and Information System Management (PRISM)** is a collaborative of state Primary Care Offices, Offices of Rural Health, Area Health Education Centers and other organizations that have partnered to collect data to identify and document outcomes to enhance the retention of clinicians. OHA participates in PRISM.
- **Race, Ethnicity, Language, and Disability (REALD)** is an effort to increase and standardize race, ethnicity, language, and disability data collection.
- **Rural Health Clinic (RHC)** is a clinic located in a rural, underserved area with a shortage of primary care providers, personal health services, or both.[14]
- **Sexual Orientation and Gender Identity data (SOGI)** is an effort to increase and standardize sexual orientation, gender identity, and gender modality data collection.
- **U.S. Office of Budget and Management (OMB) race and ethnicity standards** are minimum standards for race and ethnicity (Directive No. 15) that OMB developed for federal statistics and reporting.

[14] Center for Medicaid and Medicare Services. Information for Rural Health Clinics. https://www.cms.gov/files/document/mln006398-information-rural-health-clinics.pdf

List of acronyms

Acronym	Term
AHEC	Area Health Education Centers
BHWI	Behavioral Health Workforce Incentives
CADC	Certified Alcohol and Drug Counselor
CHW	Community Health Worker
CMHP	Community Mental Health Programs
COMP-NW	Western University of Health Sciences, College of Osteopathic Medicine of the Northwest
CRNA	Certified Registered Nurse Anesthetists
DDS	Doctor of Dental Surgery
DMD	Doctor of Dental Medicine
DNP	Doctor of Nursing Practice
DO	Doctor of Osteopathic Medicine
DPM	Doctor of Podiatric Medicine
EPDH	Expanded Practice Dental Hygienist
FERPA	Family Educational Rights and Privacy Act
FQHC	Federally Qualified Health Centers
HCPIP	Health Care Provider Incentive Program
HOWTO	Healthy Oregon Workforce Training Opportunity Grant Program
HPSA	Health Professional Shortage Area
HRSA	Health Resource and Service Administration
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LPC	Licensed Professional Counselor
MD	Doctor of Medicine
ND	Doctor of Naturopathic Medicine
NHSC	National Health Service Corps
NP	Nurse Practitioner
OAR	Oregon Administrative Rule
OHA	Oregon Health Authority
OHBLRP	Oregon Behavioral Health Loan Repayment Program
OHP	Oregon Health Plan
OHPB	Oregon Health Policy Board
OHSU	Oregon Health & Science University
OMB	U.S. Office of Management and Budget
ORH	Oregon Office of Rural Health
ORS	Oregon Revised Statute
OSU	Oregon State University
PA	Physician Associate
PCLF	Primary Care Loan Forgiveness

PharmD	Doctor of Pharmacy
PRISM	Provider Retention and Information System Management
PsyD	Doctor of Psychology
QMHA	Qualified Mental Health Associate
QMHP	Qualified Mental Health Professional
REALD	Race, Ethnicity, Language, and Disability
RN	Registered Nurse
SHOI	Scholars for a Healthy Oregon Initiative
SLRP	State Loan Repayment Program
SOGI	Sexual Orientation and Gender Identity
THW	Traditional Health Workers

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