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

February 2023

Oregon Health Authority

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Executive Summary

This report evaluates Oregon's health care provider incentives and informs efforts to achieve health equity and increase access to culturally responsive care in urban and rural underserved areas of the state.

In the 1980s, Oregon began providing 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 consolidated multiple funding streams for provider incentives into a single pool. Administered by the Oregon Health Authority (OHA) in collaboration with the Oregon Office of Rural Health at OHSU (ORH) and under the policy direction of the 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 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 third such report—shares data relevant to the effectiveness of incentives from the Fund's inception through June 30, 2022 (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 in ORS 676.460[1]
- **Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)** created by House Bill 3261 in ORS 676.460
- **Behavioral Health Workforce Initiative** created by House Bill 2949 (2021) and House Bill 4071 (2022) in ORS 675.650

This report also includes data on two incentives separate from the Fund:

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

[1] One of the HCPIP incentives is the Scholars for Healthy Oregon Initiative Program (SHOI), which provides scholarships for certain OSHU students. This incentive was initiated under separate statute and is outlined in ORS 348.303. The report includes some data for this incentive since the Fund was in effect through June 30, 2022, and some data since SHOI's inception where noted.

- **Behavioral Health Workforce Stability Grants** from House Bill 4004 (2022)

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 and access to care.

Oregon offers state-funded financial incentives to health care students and practicing professionals to provide culturally responsive care in areas serving Oregon Health Plan members and Medicare recipients. These funds had a significant impact, using available data: **at least 3,585 people supported by provider incentives received education or entered and remained in the health care workforce from 2018-2022** at practice sites serving Oregon's communities experiencing inequities (Table 1).

Table 1. Oregon's Health Care Program Financial Incentives Recipients, 2018-2022

Incentive	Unduplicated Number of Recipients
Primary care loan forgiveness for students in training	51
Loan repayment for practicing professionals in primary care, behavioral health, and oral health*	292
Scholars for a Healthy Oregon Initiative Program (SHOI) scholarships for OHSU students	55
SHOI-Like scholarships for non-OHSU students	16
Rural medical malpractice insurance subsidies for practicing primary care professionals in rural areas†	619
HOWTO Grant Program for community-based training initiatives§	451
Behavioral Health Workforce incentives for practicing licensed and certified professionals	237
Rural Medical Practitioner Tax Credit for practicing primary care professionals in rural areas‡	1,864
Total	**3,585**

*Does not include three recipients who also received primary care loan forgiveness prior to receiving loan repayment incentives.

†Does not include 21 recipients who also received primary care loan forgiveness or loan repayment incentives.

§Does not include some people receiving skills-building trainings, because those counts included duplicated numbers.

‡Does not include 28 recipients who also received primary care loan forgiveness or loan repayment incentives.

The table does not include Behavioral Health Workforce Stability Grants information since data was not available during the reporting period.

Program staff expanded the collection of race, ethnicity, and language data beyond the loan repayment incentive this reporting period, with plans to start collecting Race, Ethnicity, Language, and Disability (REALD) data compliant with OHA guidance in the next reporting period. REALD data will offer more information about a health care professional's self-identified racial and ethnic identity, preferred spoken and written languages, interpreter needs, English proficiency, and disability. Having this information during the next reporting period will support planning efforts to promote a diverse and culturally responsive workforce for people accessing care across Oregon. In addition, small numbers are suppressed to retain confidentiality throughout this report.

For incentive recipients for whom race and ethnicity data was collected, 34 percent of students and practicing professionals receiving awards identify as people of color or Tribal members[2]. Asian, Hispanic/Latino/a/x/e, Black or African American, American Indian or Alaska Native, Native Hawaiian and Pacific Islander, and Multiracial or Other Race. This information is summarized below by each incentive.

- Primary care loan forgiveness had fewer than five of 14 recipients identify as people of color or from Tribal communities, during two annual award cycles from 2021-2022.
- Loan repayment had 102 of 295 (34 percent) of recipients identify as people of color or from Tribal communities, during 17 quarterly award cycles from 2018-2022.
- Scholars for a Healthy Oregon Initiative Program (SHOI) which provides scholarships to Oregon Health & Science University (OHSU) students in four programs of study, had 23 of 55 (51 percent) of recipients identify as people of color or from Tribal communities, during three annual award cycles from 2019-2021.
- Behavioral Health Workforce Initiative loan repayment had more than half of the 25 recipients identify as people of color or from Tribal communities, during one award cycle in April 2022.

These state-funded incentives supported practicing professionals 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 1,119,560 hours of primary care and dental care to 439,750 patients.**

[2] Race, ethnicity, and language data collected during this this reporting period was not REALD compliant. Collecting REALD compliant data will occur in the next reporting period.

Following is detail about 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, and $22.5 in the 2021-23 biennium to HCPIP to build and diversify the health care workforce through loan forgiveness, loan repayment, scholarships, and rural medical malpractice insurance subsidies. Some highlights are:

- These state-funded incentives supported 1,033 students and practicing professionals from 2018-2022.
- For loan forgiveness, less than 36 percent of students in the last two annual award cycles from 2021-2022 identify as people of color or from Tribal communities (exact number/percentage suppressed for confidentiality).
- For loan repayment, 34 percent of recipients in 17 quarterly award cycles from 2018-2022 identify as people of color or from Tribal communities and one-third speak a second language. In an attempt to increase the diversity of recipients and make this incentive to be more accessible for clinicians from communities experiencing inequities, HCPIP staff made adjustments such as revising the application format to meet accessibility standards and changing the essay questions to respond to an applicant's interest, background and commitment to health equity and culturally responsive care.
- For SHOI, 51 percent of recipients identify as people of color or from Tribal communities during three annual award cycles from 2019-2021.

HOWTO. This grantmaking partnership between OHA and OHSU supports innovative, community-based training initiatives that address identified local health care workforce shortages and expand workforce diversity. HOWTO has made $23.1 million in grants to 34 organizations across Oregon supporting at least 451 workers. With plans to collect REALD data during the next reporting period, HOWTO has funded many culturally specific and responsive organizations to build and diversify the workforce. In addition, most projects have an equity focus on preparing critical workforces such Traditional Health Workers, Tribal Behavioral Health Aides, various behavioral health occupations, and other high-demand certified professionals. HOWTO staff have also introduced a streamlined, equitable application process and are developing a common set of reporting metrics to measure overall program impact.

Behavioral Health Workforce Initiative. The Oregon Legislature passed House Bill 2949 (2021) and House Bill 4071 (2022), which invested federal American Rescue Plan Act funds to increase the recruitment and retention of providers in the behavioral health workforce: $60 million went to provider incentives and $20 million supported clinical supervision for practicing behavioral health professionals to obtain credentialing. Following are highlights from the initial program implementation that occurred during this reporting period:

- These incentives have provided support for 237 practicing certified and/or licensed behavioral health professionals.
- For the loan repayment incentive, more than 50 percent of recipients identify as people of color or from Tribal communities.
- For clinical supervision grants, one-half of grant funds supported culturally specific and culturally responsive organizations.

The impact of two incentives outside the Fund is summarized below.

Rural Medical Practitioner Tax Credit Program. This incentive, 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 remain working in rural communities. Practicing professionals may apply for eligibility through ORH, which the Oregon Department of Revenue confirms and processes the credit when they file their tax return. The average time a provider has claimed the credit is seven years; 1,892 medical professionals were deemed eligible to receive the credit in 2021. ORH has not collected race and ethnicity information but may start doing so during the next reporting period.

Behavioral Health Workforce Stability Grants. The Oregon Legislature passed House Bill 4004 (2022), which required OHA to distribute grants to behavioral health agencies for staff compensation and workforce retention and recruitment. These grants were awarded in May 2022 to 162 organizations totaling to $132.66 million. Since these grants have final reports due December 30, 2022, information on the equity impacts of these investments will be available during the next reporting period.

Gains in primary care provider full-time equivalency (FTE) observed since 2018 saw some erosion in 2022, mirroring workforce losses registered nationally since the pandemic.

Most areas that had seen increases in primary care provider FTE between 2018-2020 saw some reductions in 2022 (see pages 29-31 for more information). This report identifies 16 service areas with an acute shortage of providers, with some lacking primary care or dental providers completely.

Parts of the eroding progress in these priority areas include a lack of health care system infrastructure and COVID-19 pandemic impacts. More data will be needed to determine whether these reductions are related to the pandemic or long-term instability. Other observations on incentives distributed statewide include a larger number of people leaving from service obligations due to various personal and professional reasons.

Flexibility with how provider incentive funds are applied to increase access to care and meet community-defined workforce needs, collecting better data, and creating an antiracist approach to support diverse providers will be important to ensuring continued impact.

OHA has been working to determine more deliberate ways of reaching providers from populations experiencing inequities. Some lessons learned from clinicians of color workgroups during this past reporting period, combined with incentives data analysis and information gathered from site visits, include that:

- High demand exists for incentives, particularly loan repayment, loan forgiveness, and scholarships. These incentives are effective tools to address student debt burden, which is disproportionately experienced by people of color and others experiencing inequities.
- The impacts of racism, bias, or microaggressions on incentive recipients is significant.
- The collection of race and ethnicity data for certain incentive recipients provided valuable information for understanding impact and how to better focus future outreach efforts.

Some considerations going forward include:

- Collecting uniform data on incentives that includes REALD and sexual orientation and gender identity (SOGI) information to have a more granular understanding of incentive impact and to determine future direction
- Focusing on creating an antiracism approach to support providers and create trauma-informed workplaces
- Adding incentives that address high demand for wraparound services such as housing and childcare, creating new options that would increase equitable recruitment and retention, and investing in fields experiencing acute workforce shortages
- Conducting additional work around resiliency and well-being is needed

- Creating more intentional career pathways and advancement opportunities, especially in certified and uncertified occupations, to ensure upward mobility for those who want to remain in the field

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 has made critical investments in supporting the workforce since the last evaluation was conducted two years ago. Not only did Oregon escape many of the worst effects of the COVID-19 pandemic that other states experienced, but Oregon's health care workforce shortages were less severe than other states in several areas. Regardless, the national problem of workforce 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 the incentive programs have supported progress, there are still barriers to entry and advancement for people of color in the health care workforce, which can result in people who experience health inequities not receiving culturally and linguistically responsive care.

While Oregon is currently focusing on investing in innovative workforce solutions and their scalability, it is important to note that more time is needed to realize the impact of these investments. HCPIP started distributing incentives in June 2018. Furthermore, while HOWTO and behavioral health workforce investments are significant, they are even newer and included in this report for the first time. More information on these incentives and other newer ones (e.g., Future Ready Oregon) 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 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 around resiliency and well-being is needed for everyone.

Regardless, the incentive programs are demonstrating a positive impact on increasing the diversity of Oregon's workforce and access to care. OHA and the other state agencies entrusted with operating these 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 within the health care system.

Introduction

Oregon began providing financial support to encourage recruitment and retention of health care providers in rural areas of the state several decades ago. Initial efforts included a rural medical practitioner tax credit and medical liability insurance premium subsidies to physicians and nurses in rural parts of the state.

In response to research and interested parties (see text box for more information), the Oregon Legislature passed House Bill 3261 (2017) to further build health care workforce capacity in rural and medically underserved parts of Oregon. The bill consolidated several smaller programs with different aims into a single pool in the Oregon Health Authority (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."

This—the third such report of this data that is submitted to the legislature—includes effectiveness of incentives from the Fund's inception through June 30, 2022 (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 the three Fund initiatives:

- **Health Care Provider Incentive Program (HCPIP)** created by House Bill 3261 in ORS 676.460[3]
- **Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)** created by House Bill 3261 in ORS 676.460
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This report also includes data on two incentives separate from the Fund:

- **Rural Medical Practitioner Tax Credit Program** in ORS 315.613
- **Behavioral Health Workforce Stability Grants** from House Bill 4004 (2022)

HISTORY OF HEALTH CARE PROVIDER INCENTIVE FUND

Following the initial introduction of financial incentives in the 1980s, Oregon policymakers recognized challenges to health care systems transformation efforts nearly a decade ago. With coverage expansion and more people eligible to access care, the state required resources to develop a robust health care workforce.

In 2013, the Oregon Legislature allocated $4 million for a new Medicaid Primary Care Loan Repayment Program in OHA and scholarship funds at Oregon Health & Science University.

In 2016, OHPB's Health Care Workforce Committee commissioned a report on the effectiveness of provider incentives in recruiting and retaining clinicians. As a result, the legislature passed House Bill 3261 in 2017 to create the Health Care Provider Incentive Fund to build workforce capacity in the state's underserved areas.

[3] One of the HCPIP incentives is the Scholars for Healthy Oregon Initiative Program (SHOI), which provides scholarships for certain OSHU students. This incentive was initiated under separate statute and is outlined in ORS 348.303. The report includes some data for this incentive since the Fund was in effect through June 30, 2022, and other data since SHOI's inception where noted.

Through the Primary Care Office within the Clinical Supports, Integration, and Workforce Unit, OHA disburses these incentives in partnership with the Oregon Office of Rural Health (ORH) at OHSU. ORH administers program operations, such as processing provider and site applications, developing marketing materials and webpages, and providing subject matter expertise. OHA disburses behavioral health workforce incentives within the Behavioral Health Workforce Initiative separately through the Behavioral Health Workforce Unit.

HCPIP and the Behavioral Health Workforce Initiative use data to make program improvements and create a culturally responsive workforce contributing to eliminating health inequities. Appendix A includes the OHA/OHPB Health Equity definition. Monitoring program effectiveness requires reliable data and analysis. To that end, House Bill 3261 also directs OHPB to collect the following data on the health care professional and student participants in Oregon's financial incentives:

- 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

Background on Financial Incentives: Demonstrating A Positive Impact on the Diversity of Oregon's Health Care Workforce and Access to Care

Oregon offers state-funded financial incentives to health care students and practicing professionals to provide culturally responsive care 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 in order to qualify practice sites for loan repayment and loan forgiveness programs, among other purposes.

Table 1 summarizes Oregon's incentives and the number of people who received these incentives to support education and/or practice in urban and rural areas in the state from 2018 to June 30, 2022. Four incentives (primary care loan forgiveness, SHOI, rural medical insurance subsidies, and rural medical tax credit) were created prior to 2018; three incentives (loan repayment, SHOI-Like, and HOWTO Grant Program) were created since HCPIP began; and behavioral health workforce incentives were initiated in 2021-2022 during the current reporting period.

These state-funded financial incentives have had significant impact, based on available data: **at least 3,585 students and practicing professionals received these financial incentives to receive education or enter and remain in the health care workforce** at practice sites serving Oregon's communities experiencing inequities, since HCPIP was started in 2018.

Table 1. Oregon's Health Care Program Financial Incentives Recipients, 2018-2022

Incentive	Unduplicated Number of Recipients
Primary care loan forgiveness for students in training	51
Loan repayment for practicing professionals in primary care, behavioral health, and oral health*	292
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§Does not include some people receiving skills-building trainings, because those counts included duplicated numbers.

‡Does not include 28 recipients who also received primary care loan forgiveness or loan repayment incentives.

The table does not include Behavioral Health Workforce Stability Grants information, since data was not available during the reporting period.

HCPIP staff expanded the collection of race, ethnicity, and language data beyond the loan repayment incentive this reporting period, with plans to start collecting Race, Ethnicity, Language, and Disability (REALD) data compliant with OHA guidance in the next reporting period. See text box below for more information about REALD. In addition, throughout this report, small numbers are suppressed to retain confidentiality of incentive recipients.

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 some provider incentives included the racial and ethnic groups in accordance with guidelines set by the US Office of Management and Budget. However, data at this level may not capture racial and ethnic identity adequately to determine whether the workforce is representative of the communities that it serves. Using REALD would allow 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 communities across Oregon.

The statutory authority for these rules is in ORS 413.042 and 413.161. In 2014, the administrative rules detailing the data collection standards were completed (OARs 943-070-0000 thru 943-070-0070). Additional information is available on the REALD website.

For incentive recipients for whom race and ethnicity data was collected, 34 percent of students and practicing professionals receiving awards identify as people of color or Tribal members[4]: Asian, Hispanic/Latino/a/x/e, Black or African American, American Indian or Alaska Native, Native Hawaiian and Pacific Islander, and Multi-Racial or Other Race. This information is summarized below by each incentive.

- Primary care loan forgiveness had fewer than five of 14 recipients identify as people of color or from Tribal communities, during two annual award cycles from 2021-2022.
- Loan repayment had 102 of 295 (34 percent) of recipients identify as people of color or from Tribal communities, during 17 quarterly award cycles from 2018-2022.

[4] Race, ethnicity, and language data collected during this this reporting period was not REALD compliant. Collecting REALD compliant data will occur in the next reporting period.

- Scholars for a Healthy Oregon Initiative Program (SHOI) had 23 of 55 (51 percent) of recipients identify as people of color or from Tribal communities, during three annual award cycles from 2019-2021.
- Behavioral Health Workforce Initiative loan repayment had more than half of the 25 recipients identify as people of color or from Tribal communities, during one award cycle in April 2022.

These incentives increased access to care in areas of the state serving Oregon Health Plan members and Medicare recipients. **Practicing professionals receiving HCPIP loan forgiveness, loan repayment, and scholarship incentives will provide an estimated 1,119,560 hours of primary care and dental care to 439,750 patients.** Appendix C contains more information on how these estimates were calculated.

Expansion Efforts to Increase Equity and Address Pandemic Challenges

Increasing equitable access to health care services via 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 rules and data collection to meet the changing health care landscape, driven in part to the COVID-19 pandemic, to be responsive to community needs. OHA made major changes in order to:

- **Provide flexibility for awardees to practice via telehealth.** At the pandemic's start in 2020, HCPIP allowed providers to work full-time via telehealth and keep their awards by establishing mechanisms to report and track work locations and hours. Full-time telehealth work has become a permanent change under HCPIP administrative rules. Following this change, more than 30 percent of incentive recipients reported delivering at least some care by telehealth.
- **Provide additional funding for behavioral health workforce.** The behavioral health workforce required more resources to expand services to specific patient populations. To meet this need expressed by behavioral health advocates, HCPIP staff established tracking mechanisms and reporting requirements for community-based service providers and changed administrative program rules to support certified behavioral health professionals, such as Qualified Mental Health Associates (QMHA) being eligible for incentives. In the 2021-23 biennium, the Oregon Legislature made significant investments in expanding, diversifying, and stabilizing this workforce through House Bill 2949 (2021), House Bill 4004 (2022), and House Bill 4071 (2022).

- **Expand collection of race and ethnicity data.** HCPIP staff began collecting race and ethnicity data for loan forgiveness and some scholarship recipients during this reporting period, having gathered this information for loan repayment recipients since the program's start in 2018. During the next reporting period, HCPIP staff will implement REALD reporting, which provides a more granular level of identification of race and ethnicity using distinct categories. Having REALD data will allow HCPIP and program partners to better understand incentive impacts and tailor efforts to recruit and retain a diverse workforce.
- **Increase focus on equity.** HCPIP staff established provider workgroups representing communities in Oregon experiencing inequities and made changes based on their feedback (e.g., increasing loan repayment amounts, and revising the application form for loan repayment and loan forgiveness candidates to address experiences with and commitment to health equity and culturally responsive care).
- **Develop an antiracism approach to support providers of color.** HCPIP staff examined information on microaggressions and racist experiences encountered by providers of color in their practice sites, the communities in which they were placed, or in both locations, and started to create a framework to address these occurrences.

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 and related workforce incentives: (1) HCPIP; (2) HOWTO; and (3) behavioral health.

Health Care Provider Incentive Program (HCPIP)

OHA operates the 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, and $22.5 million in the 2021-23 biennium to continue this important work. The incentives described below are: (1) primary care loan forgiveness; (2) loan repayment; (3) OHSU and non-OHSU student scholarships; and (4) rural medical practitioner insurance subsidies.

Race and ethnicity data are presented for primary care loan forgiveness, loan repayment, and OHSU scholarships (SHOI), but it is not available for non-OHSU scholarships (SHOI-Like) and rural medical insurance subsidies.

Language data is available for loan repayment recipients, and disability data was not collected for any incentive. The loan repayment section includes brief recipient vignettes about their experiences with the incentive.

Primary Care Loan Forgiveness

Background. This incentive has made five annual award cycles to address workforce shortages in rural communities. This incentive provides students enrolled in participating primary care education in a rural training track a loan equal to the cost of their post-graduate training. In return, students commit to a one-year service obligation upon graduation at a qualified site in rural communities for each year of funding received, for up to three years.

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 percent as is present in the community.

Ideally, the practices employing these clinicians create environments that inspire them to stay in their communities beyond the service period. Once a clinician has completed their service obligation, they would become eligible for a loan repayment incentive if they still had outstanding qualifying debt.

Evaluation Data. This incentive awarded $2.6 million in five annual award cycles to 51 future clinicians from programs at OHSU, Pacific University, and Western University of Health Sciences, College of Osteopathic Medicine of the Northwest (COMP-NW).

Table 2 on the following page summarizes average incentive award amounts by school and program of study. Most students were enrolled in primary care disciplines (Medical Doctor, Physician Assistant, Doctor of Osteopathic Medicine, Doctor of Nurse Practitioner, and Doctor of Pharmacy), with a smaller proportion in oral health (Doctor of Medicine in Dentistry).

- About 40 percent (21) of students were enrolled at OHSU across five disciplines, with a total award amount of $1,071,900.
- Forty-five percent (23) of students were enrolled at Pacific University across two disciplines, with a total award amount of $967,500.
- Fourteen percent of students (7) were enrolled at COMP-NW in the Doctor of Osteopathic Medicine program, with a total award amount of $625,600.

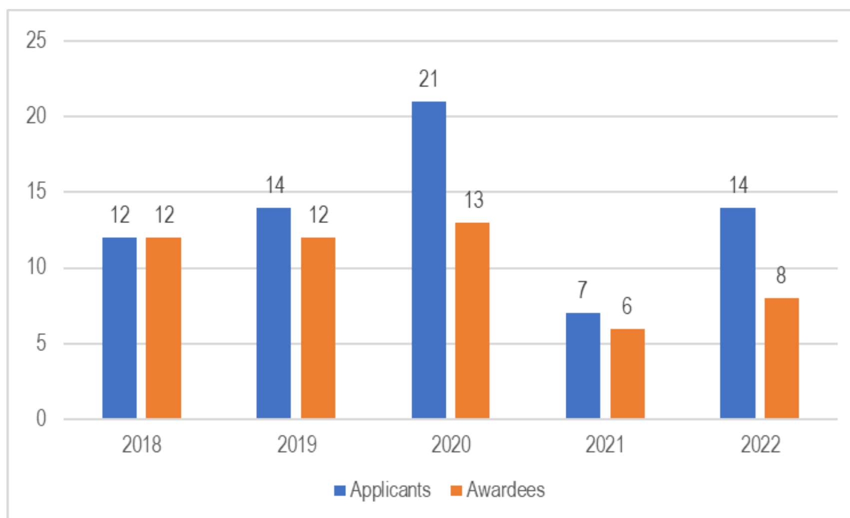
Table 2. Primary Care Loan Forgiveness Award Distribution by School and Discipline, 2018-2022

School and Discipline	Average Award Amount Per Recipient
OHSU	
School of Medicine / MD	$76,383
Physician Assistant / PA	$42,700
School of Nursing / DNP	$32,600
School of Dentistry / DMD	$52,200
School of Pharmacy / PharmD	$35,200
Subtotal	**$51,043**
Pacific University	
Physician Assistant / PA	$35,000*
School of Pharmacy / PharmD	$35,200*
Subtotal	**$42,065**
Western University COMP-NW	
Osteopathic Medicine / DO	**$89,371**
Overall Average	**$52,255**

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

The number of students seeking loan forgiveness has exceeded the available funding since 2019 (Figure 1); this is not expected to change in the future.

Figure 1. Primary Care Loan Forgiveness Applicants and Awardees by Annual Award Cycle, 2018-2022



Incentive recipients have self-attested hometowns from several states and an international location: California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Montana, New York, Oregon, Washington, Wyoming, and Mexico.

In the first three award cycles, HCPIP did not collect race and ethnicity data but gathered this information in the 2021 and 2022 cycles. In these cycles, 14 students received awards, less than 36 percent of whom identify as students of color or from Tribal communities (exact number/percentage suppressed for confidentiality). Language and disability data were not collected.

Expansion Efforts. Since the last evaluation, HCPIP staff increased outreach efforts to qualified schools to expand incentive reach. In addition, HCPIP staff have revised questions for applicants to address their experience with and commitment to health equity and culturally responsive care, and how their training and service will advance those goals.

Loan Repayment

Background. This incentive has made awards in 17 quarterly cycles to provide financial support for practicing professionals. 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 vary depending on the amount of loan debt and whether a provider commits to full-time or part-time service. Depending on funding availability, continuations of up to nine total award years may be possible.

The growth in behavioral health awards since the previous evaluation occurred in response to behavioral health workforce shortages. HCPIP staff expanded this incentive to new behavioral health professionals (Bachelor-level Qualified Mental Health Associates) and practice locations (inpatient, day treatment, community-based, hospital-based sites).

This incentive component started making awards in July 2021 over three cycles, following OHPB approval of a $2 million allocation. HCPIP staff consulted with behavioral health providers and OHA Behavioral Health Office and used data to develop the parameters. Following the passage of House Bill 2949 (2021), HCPIP staff transitioned this incentive component to the Behavioral Health Workforce Initiative starting in the April 2022 award cycle.

Evaluation Data. This incentive has obligated more than $16.7 million to 295 practicing clinicians in Oregon. Table 3 provides a summary of incentive recipients by discipline and award amount:

Table 3. Loan Repayment Award Distribution by Discipline, 2018-2022

Discipline	Recipients	Total Award Amount	Average Award Amount per Recipient
Primary Care			
Medical Doctor	32	$2,683,215	$83,850
Physician Assistant	25	$1,499,268	$59,970
Nurse Practitioner	21	$813,951	$38,759
Pharmacist	14	$822,624	$58,759
Naturopathic Doctor	11	$742,749	$67,522
Doctor of Osteopathic Medicine	11	$989,586	$89,962
Subtotal	**114**	**$7,551,393**	**$66,240**
Behavioral Health			
Behavioral Health Clinician Pre-Licensure	43	$1,523,789	$35,437
Licensed Clinical Social Worker	23	$661,869	$28,777
Qualified Mental Health Professional	11	$342,501	$31,136
Licensed Professional Counselor	8	$363,303	$45,413
Qualified Mental Health Associate	8	$134,193	$16,774
Psychiatric Mental Health Nurse Practitioner	7	$298,758	$42,680
Licensed Marriage and Family Therapist	7	$249,483	$35,640
Clinical Psychologist	1-4*	†	†
Registered Nurse	1-4*	†	†
Certified Alcohol and Drug Counselor	1-4*	†	†
Case Manager	1-4*	†	†
Subtotal	**117**	**$3,932,105**	**$33,608**
Oral Health			
Dentist	53	$4,942,822	$93,260
Expanded Practice Dental Hygienist	11	$289,149	$26,286
Subtotal	**64**	**$5,231,971**	**$81,749**
Total	**295**	**$16,715,469**	**$56,662**

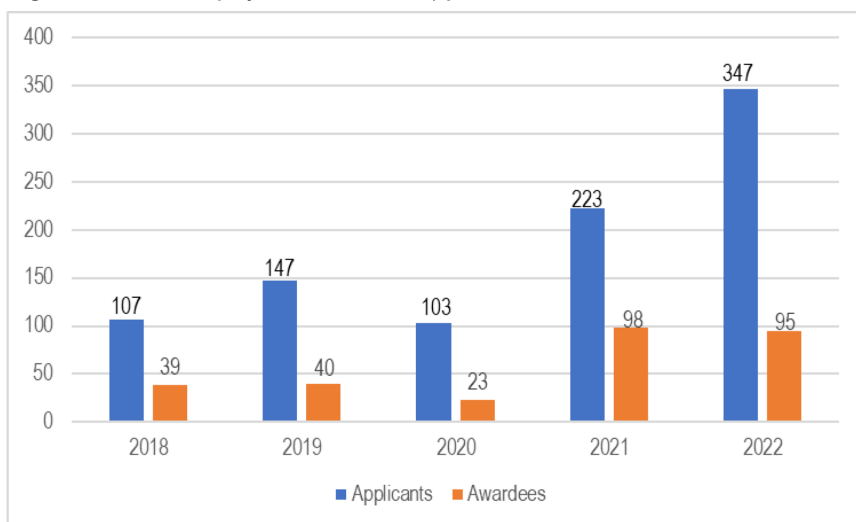
*Exact value was suppressed for confidentiality.

†Numbers was suppressed to prevent backward calculation.

- 114 (39 percent) of recipients were in primary care (Medical Doctors, Physician Assistants Nurse Practitioners, Pharmacists, Doctors of Osteopathic Medicine, and Naturopathic Doctors). The total award amount for all practicing professionals was $7.6 million, with an average award of $66,240.
- 117 (40 percent) of recipients were in behavioral health across various certified and licensed occupations. The total award amount for all practicing professionals was $3.9 million with an average award of $33,608.
- 64 (20 percent) re in oral health (Dentists and Expanded Practice Dental Hygienists). The total award amount for all practicing professionals was $5.2 million with an average award of $81,749.

Since HCPIP inception, the number of practicing professionals seeking loan repayment has increased and exceeded the available award funding (Figure 2). As practicing professionals continue to seek relief from debt burden, this is not expected to change in the future.

Figure 2. Loan Repayment Annual Applicants and Awardees, 2018-2022

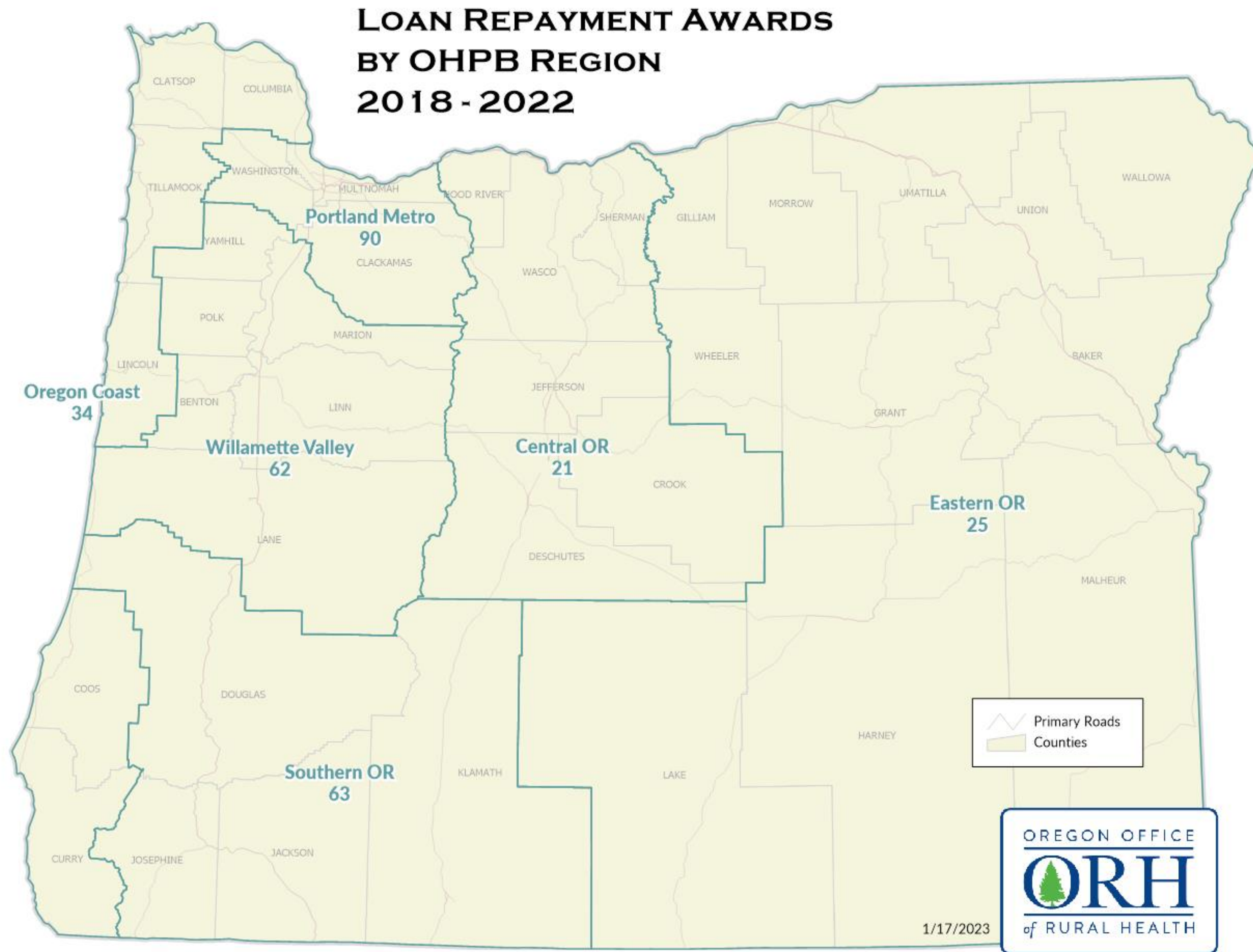


The proportion of awards to applicants ranged from 22 percent in 2020 at the start of the COVID-19 pandemic to 48 percent in 2021 during the first year that the behavioral health loan repayment incentive component was introduced. In 2021 and 2022, an increase in the number of applications was due to the high demand for the behavioral health loan repayment incentive component, which was transitioned to the Behavioral Health Workforce Initiative starting in the April 2022 award cycle.

Figure 3 on the following page displays where incentive recipients in primary care, behavioral health, and oral health care were placed in a qualified practice site for their service obligation by OHPB region.

- Approximately 30 percent (90) were practicing in the Portland Metro region
- About 20 percent (63) were in the Southern Oregon region
- Another 20 percent (62) were in the Willamette Valley region
- Twelve percent (34) were along the Oregon Coast region
- Eight percent (25) were in Eastern Oregon region
- Seven percent (21) were in Central Oregon region

Figure 3. Loan Repayment Awards for Primary Care, Behavioral Health, and Oral Health Recipients by OHPB Region, 2018-2022



One-third of incentive recipients (34 percent) speak a second language, almost the same proportion as the previous report in 2020 (35 percent). The most common languages are Spanish (68 recipients) and Vietnamese (7 recipients). Languages spoken by 4 or fewer recipients include American Sign Language, Arabic, Chinese Languages, German, Korean, Russian, French, Fulah, Hindi, Hmong, Igbo, Yoruba, Mien, Romanian, Russian, Taiwanese and Tagalog.

Table 4 shows that 34 percent of incentive recipients identify as a person of color or tribal member, a notable increase from the 27 percent from the last evaluation in 2020: Hispanic and Latino/a/x/e (38), Asian (32), Black or African American (13), American Indian or Alaska Native (11), Native Hawaiian and Pacific Islander (1-4, value suppressed to protect confidentiality), and Multiracial or Other Race (4-7, value suppressed to prevent backward calculation). Disability data was not collected.

Table 4. Loan Repayment Recipients by Race and Ethnicity, 2018-2022

Race and Ethnicity	Recipients
Hispanic and Latino/a/x	37
Asian	34
Black or African American	15
American Indian and Alaska Native	12
Other Race	4-7*
Native Hawaiian and Pacific Islander	1-4†
White	150
No response	39
Total	**295**

*Exact value suppressed to prevent backward calculation of suppressed value.

†Value suppressed to preserve confidentiality.

OHA Health Care Reporting Workforce Program staff conducted qualitative analysis of results from a July 2022 ORH survey on loan repayment recipients' experiences with the incentive. The survey results revealed several themes that are summarized below and on pages 24-25.

Most respondents expressed **overall satisfaction with loan repayment**, resulting in a "lightened" financial and mental burden, allowing them to live and work comfortably in an underserved community. Some respondents appreciated the assistance from HCPIP staff and were satisfied with the ease of navigating applications.

However, other respondents noted **room for improvement in the administration of loan repayment**; they struggled with accessing assistance from staff when they needed it and encountered difficulties with the quarterly reporting, invoicing, and timing delays for payments. As a result, OHA and ORH hired more staff to address the increase in contracts since HCPIP inception.

Overall Satisfaction with Loan Repayment

"It has freed me up to do what I love - helping underserved populations with my dental skills and not drown in student loan debt." – Oral Health Professional, Urban

"It has made it easier for me to focus on serving the underserved rural populations without having to worry about my loan repayments." – Primary Care Professional, Rural

Respondents had **different perspectives in describing their prospects in the health care field**. Some respondents felt the field would be a better place to work, while others expressed it would be worse. Others felt the future was hard to predict and beyond their individual control as providers, due to the influence of large health care systems and legislative/political forces.

The Future of the Health Care Workforce

"Honestly it feels unclear with all of the current legislation both nationally and federally. It feels like a scary time for those I serve." – Behavioral Health Professional, Urban

"I feel it will be a better place to work as legislators are working to improve less supervisory requirements." –Primary Care Professional, Rural

"Medicine is turning into a bureaucracy nightmare." – Primary Care Professional, Rural

"Primary care as a health care model based on productivity…is terrible and dangerous, and is not good care, and I pray it breaks down – because productivity model is horrid." – Primary Care Professional, Urban

Respondents also commented on **experiences with racism, implicit bias, or microaggressions** individually, with patients, or within the practice. These experiences contribute to disparities in access to quality care and provider burnout for people from communities experiencing inequities.

Experiences with Racism, Implicit Bias, or Microaggressions

“The most impacted in terms of access to quality, affirming care are BIPOC and transgender and gender expansive patients. When they are able to access care, it is often subpar even to the point of misdiagnoses and not offering preventative care that results in more severe and even fatal outcomes. Additionally, these patients are often blamed and/or shamed by many providers who do not think systemically about the why behind many of the sxs [symptoms] they see.”– Behavioral Health Professional, Urban

“[Racism, implicit bias, microaggressions, etc.] adds significantly to provider burn out and caregiver stress.” – Primary Care Professional, Rural

“…it impacts many of my patients that are BIPOC and/or LGBTQ, especially since I practice in a rural and conservative area. I think the biggest impact it has in my individual health care site is that it makes more barriers against feeling as if one is an active participant in one's health rather than passively accepting or ‘complying with care’.” – Primary Care Professional, Rural

Expansion Efforts. Since the last evaluation, HCPIP staff have adjusted this incentive to be more accessible for clinicians from communities experiencing inequities. Specifically, HCPIP staff convened a workgroup of clinicians of color to advise on possible changes. As a result, OHA revised HCPIP administrative rules to expand student debt payments from 50 percent to 70 percent; revised the application into a format meeting accessibility standards; and revised the essay questions to respond to an applicant’s interest, background, and commitment to health equity and culturally responsive care. There was high demand for this incentive, which resulted in OHPB approval to reallocate unspent funds to expand loan repayment capacity.

Rural Medical Practitioner Insurance Subsidy

Background. This incentive was initiated two decades ago through House Bill 3630 (2003). This incentive provides malpractice premium subsidies for doctors and nurses practicing in rural areas and providing essential services such as obstetric care to keep costs affordable by working with nine insurance carriers:

- Allied World
- CNA-NSO
- Coverys

- The Doctors Company
- Physicians Insurance Company
- MagMutual Insurance Company
- OMA-CNA
- ProSelect
- The Medical Protective Insurance Company

Qualifying providers must serve at a location that meets OHA's definition of a rural practice. Subsidy payments from OHA are a percentage of the provider's malpractice premiums, dependent on discipline as described below:

- 80 percent for Physicians and Nurse Practitioners in obstetrics
- 60 percent for Physicians in family or general practice providing obstetrical services
- 40 percent for Physicians and Nurse Practitioners practicing at least one specialty: family practice without obstetrical services, general practice without obstetrical services, internal medicine, geriatrics, pulmonary medicine, pediatrics, general surgery, or anesthesiology
- 15 percent for all other Physicians and Nurse Practitioners

Evaluation Data. Table 5 shows that the use of this incentive has decreased since 2018, likely due to clinics in rural areas paying their clinicians' premiums directly as a part of doing business. Because HCPIP provides this subsidy to insurance providers, race and ethnicity information is not collected on the practicing professionals receiving the incentive.

Table 5. Rural Medical Insurance Subsidy Enrollment, 2018-2021

Year	Recipients
2018	628
2019	546
2020	491
2021	516

Expansion Efforts. HCPIP staff added one insurance carrier to this incentive since the last evaluation. HCPIP staff received feedback from practice administrators during site visits that this incentive is helpful for providers whose premiums are highest, such as those practicing obstetrics.

Scholarships

Background. HCPIP includes two scholarship incentives. First, **Scholars for a Healthy Oregon Initiative Program (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. 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 non-OSHU education institutions. This incentive awarded funds to students at Pacific University, National University of Natural Medicine, and COMP-NW. 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.

Evaluation Data. SHOI awarded $6.9 million to 55 students in three annual cycles from 2019-2021. Table 6 summarizes students receiving awards.

- Over one-third of recipients were Nurse Practitioner students (20), receiving an overall award amount of $1.66 million.
- Nearly one-quarter were Dentistry students (14) and another one-quarter were Physician Assistant students (13), receiving an overall award amount of $2.98 million and $3.54 million respectively.
- Fifteen percent were Medical Doctor students (13), receiving an overall award amount of $826,891 million.

Table 6. SHOI Recipients by Discipline, 2019-2021

Discipline	Recipients	Total Award Amount
Nurse Practitioner	20	$1,657,630
Dentist	14	$2,984,102
Physician Assistant	13	$1,408,709
Medical Doctor	8	$826,891
Total	**55**	**$6,877,332**

Fifty-one percent (28) of SHOI students identify as people of color or from Tribal communities since HCPIP began in 2018. This incentive did not collect language or disability data.

SHOI data on service obligation is provided from this incentive's inception in 2014, which made five additional annual award cycles prior to HCPIP's start.

- Over 40 percent (66) of SHOI students have completed their education and have entered the service obligation. Over 40 percent of graduated students (29) are practicing as Nurse Practitioner specialties, over one-third (24) in Physician Assistant specialties, and 12 percent (8) of Dentists and 8 percent (5) of Medical Doctors in primary care.
- There are 30 communities across Oregon in which students are serving their placements in rural or urban underserved communities: Astoria, Baker City, Beaverton, Coos Bay, Corvallis, Cottage Grove, Enterprise, Eugene, Grants Pass, Gresham, Heppner, Hillsboro, Hood River, John Day, Klamath Falls, La Grande, Lincoln City, Madras, McMinnville, Molalla, Otis, Pendleton, Portland, Roseburg, Salem, Silverton, St. Helens, Stayton, Warrenton, and White City.

SHOI-Like awarded $1.35 million to 16 students in multiple award cycles. Table 7 summarizes students receiving awards by program of study.

- One-third (6) were Naturopathic Doctor students at National University of Natural Medicine and received an overall award amount of $382,711.
- One-third (5) were Physician Assistant students at Pacific University and received an overall award amount of $375,000.
- The remaining one-third (5) were Doctor of Osteopathic Medicine students at COMP-NW and received an overall award amount of $588,000.

Table 7. SHOI-Like Recipients by School and Discipline, 2019-2022

School	Discipline	Recipients	Total Award Amount
National University of Natural Medicine	Naturopathic Doctor	6	$382,711
Pacific University	Physician Assistant	5	$375,000
COMP-NW	Doctor of Osteopathic Medicine	5	$588,000
Total		**16**	**$1,347,711**

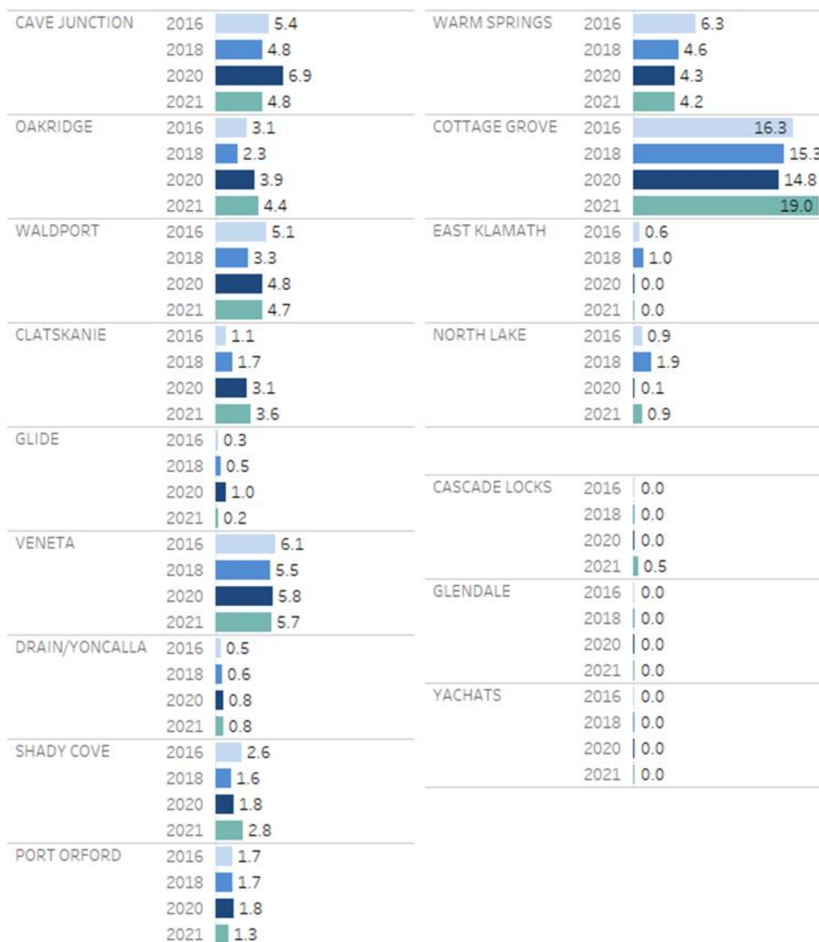
Less than five students graduated from their course of study and started their service obligations at qualified practice sites.

Expansion Efforts. Program staff expanded this incentive to a wider range of interested training programs that have not had access to these funds by issuing a request for grant applications in June 2022.

HCPIP Impacts and Areas for Improvement

While HCPIP has helped Oregon make progress toward improving provider FTE in rural and underserved areas since inception, there have been some reductions. Figure 4 shows 16 service areas identified as “priority areas” for HCPIP due to having either no primary care or dental providers, or an identified acute shortage. Most areas that had seen increases in primary care provider FTE between 2018-2020 saw some reductions in 2022.

Figure 4. Primary Care FTE in Direct Patient Care in HCPIP Priority Areas, 2016-2021



Of these 16 areas, six have seen increased provider FTE over the past six years (Oakridge, Clatskanie, Drain/Yoncalla, Shady Cove, Cottage Grove, and Cascade Locks). Three areas reported having no provider FTE (East Klamath, Glendale, and Yachats). The seven remaining areas experienced a decline (Cave Junction, Waldport, Glide, Veneta, Port Orford, Warm Springs) or no provider FTE changes (North Lake).

For the 10 areas that reported having no or decreasing growth in provider FTE, HCPIP staff should focus on practices in those areas to receive incentives. The improvement in some areas since the last evaluation may be attributed to the increase in telehealth, but more work remains to be done; some areas lack infrastructure and funding to expand their workforce to meet needs of the community. For incentives to make impacts in these communities, more creative approaches to care will need to be made available (e.g., equitable access to telehealth providers/services) alongside the traditional avenue of workforce expansion (increase in provider FTE).

Anecdotal information reveals that most—but not all—of the service area FTE have returned to around the same level as in 2020 or slightly higher. Other OHA reports have identified a continuing fragility for the health care systems in these and other areas. More data will be needed over time in order to determine whether these systems are experiencing a pandemic-related anomaly, or these reductions are an indication of long-term instability.

As expected, the COVID-19 pandemic had an impact on the students and clinicians receiving incentives statewide. For loan repayment, HCPIP staff revised administrative rules to allow telehealth to be a recipient's sole service modality as the health care system shifted to allowing more widespread reimbursement for this care modality. In addition, this incentive experienced high demand and a higher number of people leaving the program in this reporting period. Given the high student debt burden and need for relief, HCPIP staff received OHPB approval to shift unspent funding to this incentive. The difficulties that practicing professionals experienced due to the pandemic resulted in more program separations for various reasons (e.g., health issues, practice site instability, family issues).

HCPIP staff compiled information about recipients' experiences with racism, bias, or microaggressions. These experiences occurred in different practice sites and communities across Oregon and across various disciplines. HCPIP staff began to develop a framework to address these incidents through methods such as creating accountability structures, developing trauma-informed, antiracist workplaces, and increasing community supports.

Moreover, some participants in the scholarship and loan forgiveness incentives have experienced some difficulty finding work due to personal and

professional reasons, like the experiences of loan repayment recipients. HCPIP staff have provided added support for clinicians in finding qualifying employment and extended the time they had on a case-by-case basis.

Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO)

Background. HOWTO is a collaboration between OHSU and OHA on behalf of the Oregon Health Policy Board. Established in 2018, HOWTO supports community-based health care workforce training projects to develop a robust, diverse, and culturally responsive workforce that addresses shortages for people experiencing inequities living in communities in medically underserved and rural Oregon. Initially, OHSU housed HOWTO administration, which was transferred to OHA in August 2021 through mutual agreement.

Evaluation Data. Since 2018, HOWTO awarded 34 projects totaling to $23.2 million in four funding rounds. HOWTO has made maximum awards of $1 million for up to a three-year timeframe; $681,635 is the average grant amount. Appendix D includes more information on the HOWTO projects funded and the grant amounts.

Table 8 summarizes the training provided with HOWTO resources to increase health care workforce capacity from the first three funding rounds.

- 345 new workers were trained across various disciplines ranging from Traditional Health Worker specialties to Nurse Practitioners
- Many workers received various trainings to increase skills in areas such as interprofessional integrated care, behavioral health, fellowships, and continuing education. This number is difficult to quantify, since grantees were not required to report on unduplicated numbers of professionals trained.
- 32 high school students received dental careers exposure.

Table 8. Health Care Workforce Training Using HOWTO Funding, 2019-2022

	Round 1	Round 2	Round 3	Total
New Workers Trained				
Community Health Worker/Traditional Health Worker/Peer Support Specialist	158	--	115	273
Psychiatric Mental Health Nurse Practitioner	6	--	--	6
Various Practicing Certified Professionals (Dental Assistants, Medical Billers, Certified Nursing Assistants, Pharmacy Technicians, Medical Assistants)	--	38	--	38
Behavioral Health Aide	--	28	--	28
Incumbent Workers Trained with Additional Skills				
Behavioral Health Trainings*	--	--	666	666
Interprofessional Primary Care Trainings* (Physicians, Physician Assistants, and Behavioral Health Workers)	990	--	--	990
Community Health Worker Continuing Education Units	--	30	--	30
Community Health Worker Trainings for Dental Assistants	--	--	34	34
Physician Assistant Behavioral Health Fellowship	--	--	10	10
High School Students in Pipeline Training				
High School Dental Camp and Scholarships	--	--	32	32

*Because workers may take multiple trainings offered, the same individual may be counted more than once.

In the most recent awards funding cycle in 2022, HOWTO developed a more streamlined, equitable application process, which:

- Included language to expand access and designated funds for projects under $300,000 to support smaller organizations
- Created a scoring rubric with increased weight to health equity criteria
- Provided expanded support for program applicants
- Ensured community member participation in the application review
- Expanded non-discrimination requirements to include veteran status, ancestry, political or religious affiliation, familial status, gender orientation or expression, creed, and citizenship

In addition, HOWTO provided grantees with additional technical assistance and support opportunities, including but not limited to:

- Updated semi-annual progress reports to address health equity, antiracism, and trauma-informed workspace issues
- Convened first annual all-grantees meeting to provide information sharing and networking opportunities

Expansion Efforts. HOWTO has been expanding its reach and community impact in three ways. First, staff have been continuing to develop a communication plan to include a wider breadth of providers, organizations and community members to increase distribution of the grant program opportunity. By increasing awareness, potentially more innovative and impactful projects will be funded, especially in culturally specific and responsive organizations and communities experiencing inequities.

Second, staff will be working on Advisory Committee recruitment to include people from diverse disciplines, regions, education levels, communities of color, and other communities. This recruitment will cultivate a committee that reflects Oregon's diverse health care workforce.

Lastly, staff have been developing a common set of metrics for the semi-annual reporting to quantify and communicate HOWTO's overall impact.

New Behavioral Health Workforce Incentives

Background. The Oregon Legislature made historic investments in addressing severe behavioral health workforce shortages in the 2021 and 2022 legislative sessions.

First, House Bill 4071 (2022) and House Bill 2949 (2021) funded new incentives 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 Initiative (BHWi)** which includes:

- $60 million for provider incentives[5]

[5] BHWi incentives are listed in House Bill 2949 (2021), Section 1(b)A-O: scholarships, loan forgiveness, loan repayment, retention, housing assistance, sign-on bonuses, part-time and flex time opportunities, retention bonuses, professional development, tax subsidies, childcare subsidies, subsidized dual certification with a specific focus on rural and vulnerable populations, pay equity, tuition assistance, bonuses and stipends for supervisors of interns, licensing examination preparation, stipends for students enrolled in graduate behavioral health programs, or other programs and incentives.

- $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 the loan repayment incentive, which made one award cycle to practicing professionals to repay qualifying loan debt in April 2022. This award cycle represented a transition of behavioral health loan repayment from HCPIP to the BHWi incentives. BHWi also started clinical supervision grantmaking, which made one award cycle to public and private behavioral health organizations in February 2022.

Second, House Bill 4004 (2022) required OHA to distribute **Behavioral Health Workforce Stability Grants** to providers for staff compensation and workforce retention and recruitment. Providers were required to use at least 75 percent of funds for wages, benefits, bonuses, and incentives to hire new staff or retain existing staff. The legislation also directed OHA to provide nurses and behavioral health specialists to address workforce shortages due to the COVID-19 pandemic and to seek federal funding for that effort.

Evaluation Data. The BHWi loan repayment incentive awarded $1.66 million to 25 practicing professionals in 2022 in its first quarterly cycle.

Table 9 summarizes incentive recipients by discipline and award amount.

- Thirty-two percent (8) were in various certified behavioral health occupations and received an average award of $49,263
- Seventy-eight percent (17) were part of the licensed behavioral health workforce and received an average award of $49,263

Table 9. Behavioral Health Loan Repayment Recipients, April 2022

Type	Recipients	Total Award Amount	Average Award Amount Per Recipient
Certified (Qualified Mental Health Professional, Qualified Mental Health Associate, Certified Social Worker Associate, Licensed Professional Counselor Associate)	8	$394,103	$49,263
Licensed (Licensed Professional Counselor, Psychotherapist, Licensed Art Therapist, Psychiatric Mental Health Nurse Practitioner, Mental Health Registered Nurse, Licensed Clinical Social Worker)	17	$1,261,140	$74,185
Total	**25**	**$1,655,242**	**$66,210**

Close to one-quarter of recipients speak a second language. Self-reported languages spoken in addition to English include Spanish, German, Vietnamese, Japanese, Pulaar, Wolof, and Arabic.

Over one-half of recipients identify as a person of color or from Tribal communities: Asian, Hispanic/Latino/a/x/e, Black or African American, American Indian or Alaska Native, Multiracial or Other Race, and White. Disability data was not collected.

Table 10 includes **clinical supervision grantmaking** data. Twenty-one agencies were awarded $3.97 million to support 212 supervisees gain clinical experience to earn credentials. One-half of grant funds went to culturally specific and culturally responsive organizations. Rural community mental health plans, rural, Coordinated Care Organizations, hospital, school district, and workforce organizations also received support.

Table 10. Clinical Supervision Grant Awards, February 2022

Type	Number	Grant Award Amount
Culturally Responsive Organizations	7	$1,198,830
Culturally Specific Organizations	4	$797,001
Rural Community Mental Health Programs	3	$472,839
Rural	2	$350,000
Hospital	2	$355,400
Coordinated Care Organization	1	$300,000
Workforce	1	$300,000
School District	1	$200,000
Total	**21**	**$3,974,070**

Lastly, OHA awarded the Behavioral Health Workforce Stability Grants in May 2022 to 162 organizations totaling to $132.66 million. Organizations receiving awards had to expend all grant funds by December 30, 2022.

Expansion Efforts. More information about these historic investments in behavioral health workforce incentives should be available in the next report. BHWi staff have been working to spend or obligate all funding by January 2023. The Behavioral Health Workforce Stability Grants required final reports by the end of grant period (December 30, 2022).

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 Assistants (PA)
- Certified Registered Nurse Anesthetists (CRNA)
- Dentists (DMD/DDS)
- Optometrists (OD)
- Podiatrists (DP)

Practicing professionals may apply for eligibility through ORH, which issues a certificate confirming eligibility. 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. Since data is not available from Oregon Department of Revenue, this incentive is not reviewed.

Evaluation Data. Over the past 10 years (2011-2020), this incentive has made available tax credits to 4,380 practicing professionals. Providers have claimed this incentive for an average of seven years.

Table 11 on the following page displays providers ORH deemed eligible to receive a tax credit in the 2021 tax year. More than 35 percent of eligible providers were Physicians (MD/DO), 32 percent were Nurse Practitioners, and 18 percent were Physician Assistants. Race and ethnicity data were not collected for this incentive.

Table 11. Rural Medical Tax Credit Eligible Recipients by Provider Type, 2021

Provider Type	Eligible Recipients
Doctor of Medicine	648
Nurse Practitioner	599
Physician Assistant	368
Doctor of Osteopathic Medicine	132
Certified Registered Nurse Anesthetist	75
Doctor of Medicine in Dentistry	19
Doctor of Optometry	18
Doctor of Podiatric Medicine	17
Doctor of Dental Surgery	16
Total	**1,892**

The number of eligible providers has declined slowly but steadily in the past four years (Table 12). This decline may be a function of statutory changes in recent biennia regarding eligibility for the credit. Recent changes also limit the number of years the credit can be claimed, for a maximum of 10 years.

Table 12. Rural Medical Tax Credit Eligible Recipients by Tax Year, 2018-2021

Tax Year	Eligible Recipients
2018	2,347
2019	2,265
2020	2,215
2021	1,892

Although race and ethnicity data are not available for this group of practicing health care professionals, the distribution of work locations are provided below.

- Hospital/hospital system
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Tribal Clinic
- Primary Care Private Practice
- Non-Primary Care Private Practice (specialty clinic or vision clinic, etc.)

- Veterans Administration
- Other/unable to determine

Expansion Efforts. OHA has included this incentive data for the first time in this report. Since this incentive is governed by independent statute and administered by the Oregon Department Revenue in partnership with ORH, OHA has limited influence on its future direction.

Lessons Learned and Considerations Going Forward

Flexibility with provider incentive funds to meet community needs and increase access to care in an equitable manner will be important to long-term success. With a focus on advancing equity and expanding the reach of incentives, OHA convened workgroups representing clinicians from communities of color to determine more deliberate ways of reaching providers from populations experiencing inequities. Highlights of lessons learned include:

- High demand exists for loan repayment, loan forgiveness, and scholarships as effective tools to address student debt burden, disproportionately experienced by people of color
- High demand exists for behavioral health workforce incentives to address severe shortages, which was expanded in HCPIP and transitioned to new workforce incentives during this reporting period
- Partnering with practice sites serving communities of color and historically marginalized populations to continue to evolve the reach and impact of incentives is critical.
- The impact of racism, bias, and microaggressions on incentive recipients is significant
- The collection of race, ethnicity, and language data expanded to other incentives during this reporting period. HCPIP staff will implement REALD data collection in the next reporting period, which will provide valuable information on incentive recipients.

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

- Collect more uniform data and expand to REALD and sexual orientation and gender identity (SOGI) information to have a more granular understanding of incentive impact and future direction

- Create an antiracism approach to recruit, support, and retain providers and develop trauma-informed workplaces, which should be a focus during the next reporting period
- Consider additional incentives such as those provided in behavioral health, create new options that would increase equitable recruitment and retention, and prioritize fields experiencing acute workforce shortages. For example, high demand exists for wraparound services such as housing and childcare that would allow providers to stay in their service area community beyond the service commitment period.
- Additional work around resiliency and well-being is needed for everyone
- Create more intentional career pathways and advancement opportunities, especially in certified and uncertified occupations, by addressing barriers for those who want to enter and remain in the field

Conclusion

The COVID-19 pandemic clearly exacerbated challenges of supply, demand and diversity in the health care workforce. These problems will not be resolved entirely as a function of health care workers getting vaccinated, when there is a reduced level of transmission, or when the pandemic is over.

The Oregon Legislature has made critical investments in supporting the workforce since the last evaluation and Health Care Workforce Needs Assessment was conducted two years ago. Not only did Oregon escape many of the worst effects of the COVID-19 pandemic that other states experienced, but also Oregon's health care workforce shortages were less severe than other states in several areas. 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 the incentive programs have supported progress, there are still barriers to entry and advancement for people of color and from Tribal Communities in the health care workforce, which results in lack of culturally and linguistically responsive care.

While Oregon is currently focusing on investing in innovative workforce solutions and their scalability, it is important to note that more time is needed to realize the impact of these investments. HCPIP started distributing incentives in June 2018. Furthermore, while HOWTO and behavioral health workforce investments are significant, they are even newer and included in this report for the first time. More information on these incentives and other

newer ones (e.g., Future Ready Oregon) 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 around resiliency and well-being is needed for everyone.

Regardless, 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; 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 within the health care system.

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 assistants, 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 assistants
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

For more information about how the variables are calculated to determine the AUHCN, please view the most recent report.

Figure 5. Overall Areas of Unmet Health Care Need Score Map, 2022

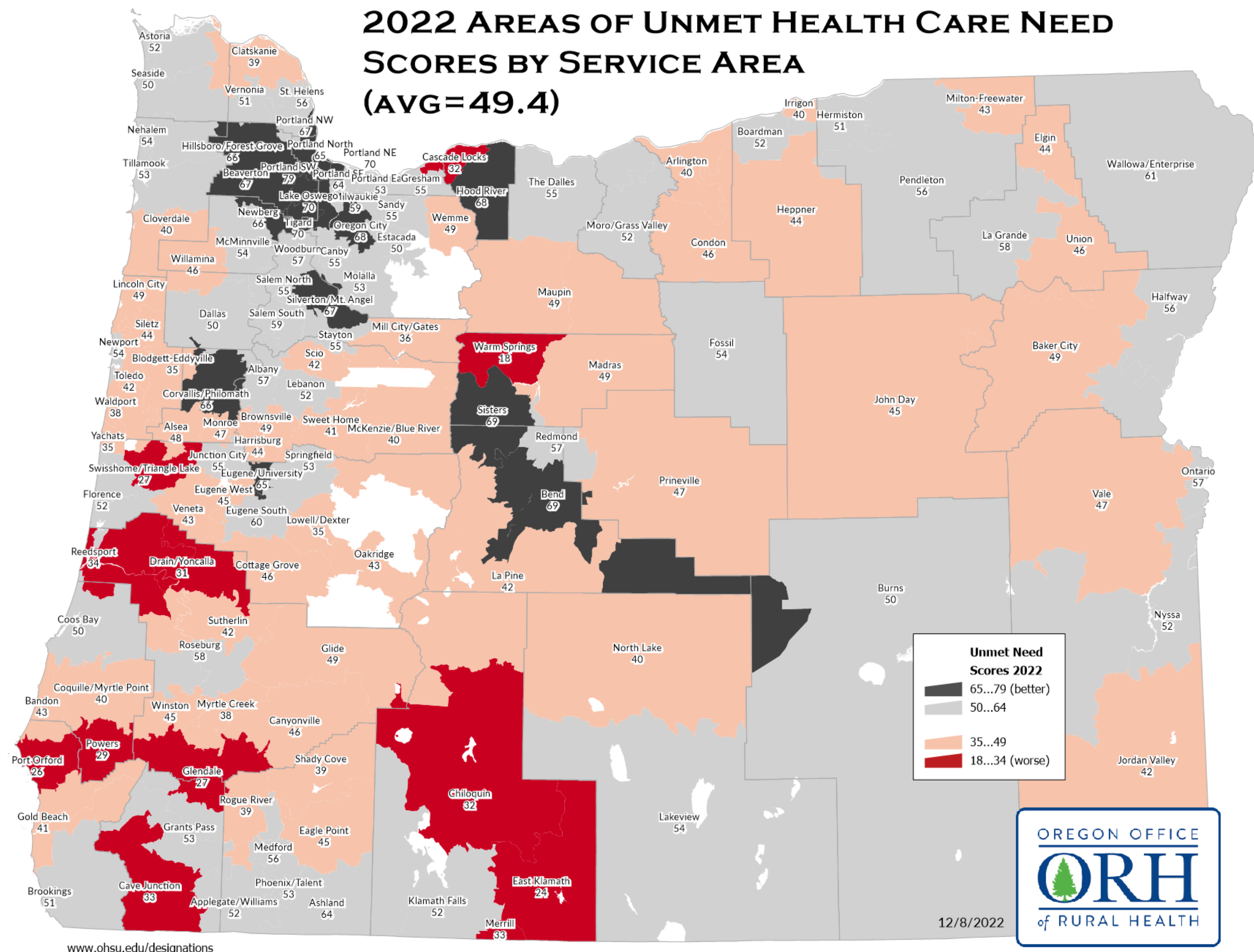


Figure 6. Primary Care Capacity Areas of Unmet Health Care Need Map, 2022

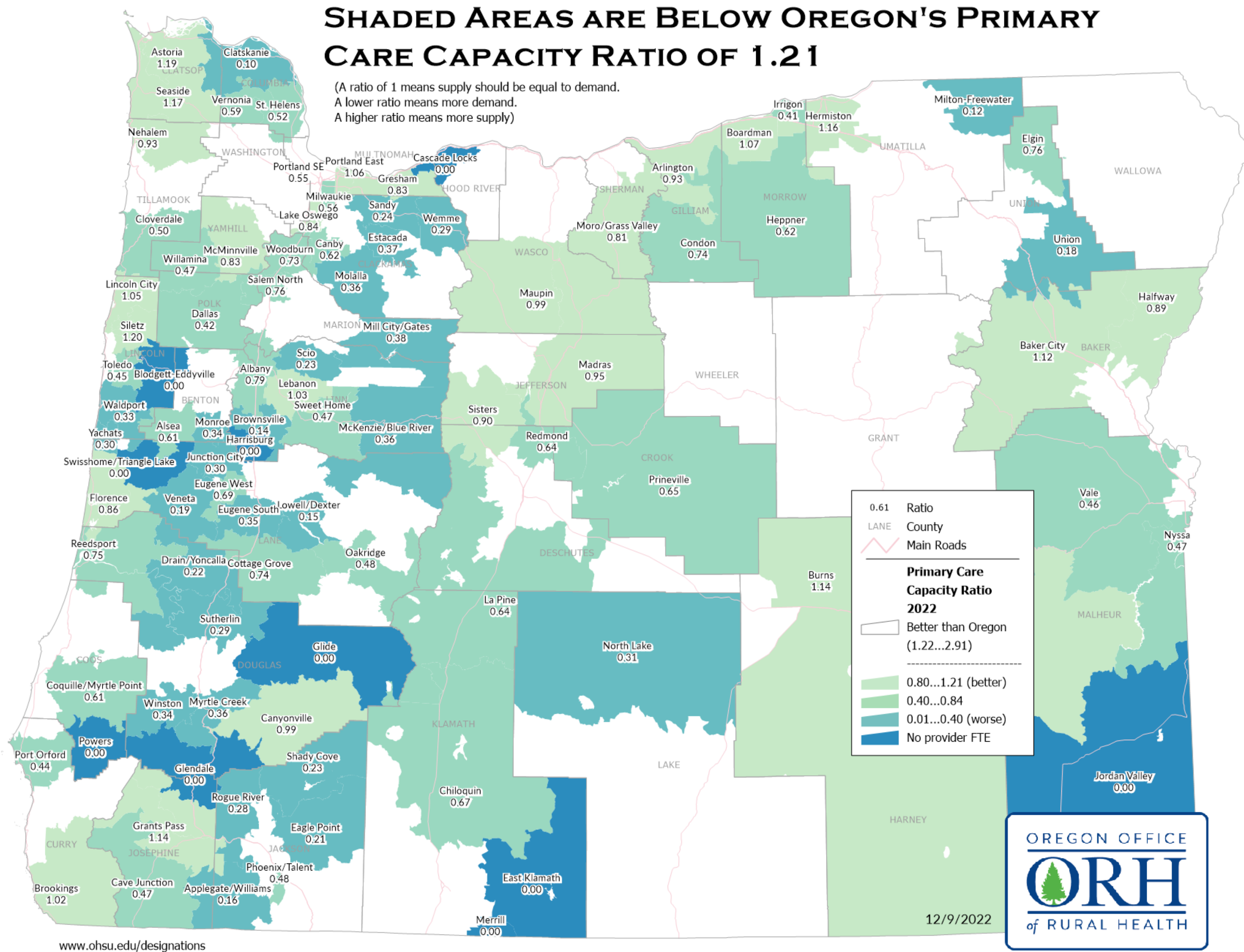


Figure 7. Mental Health Provider Areas of Unmet Health Care Need Map, 2022

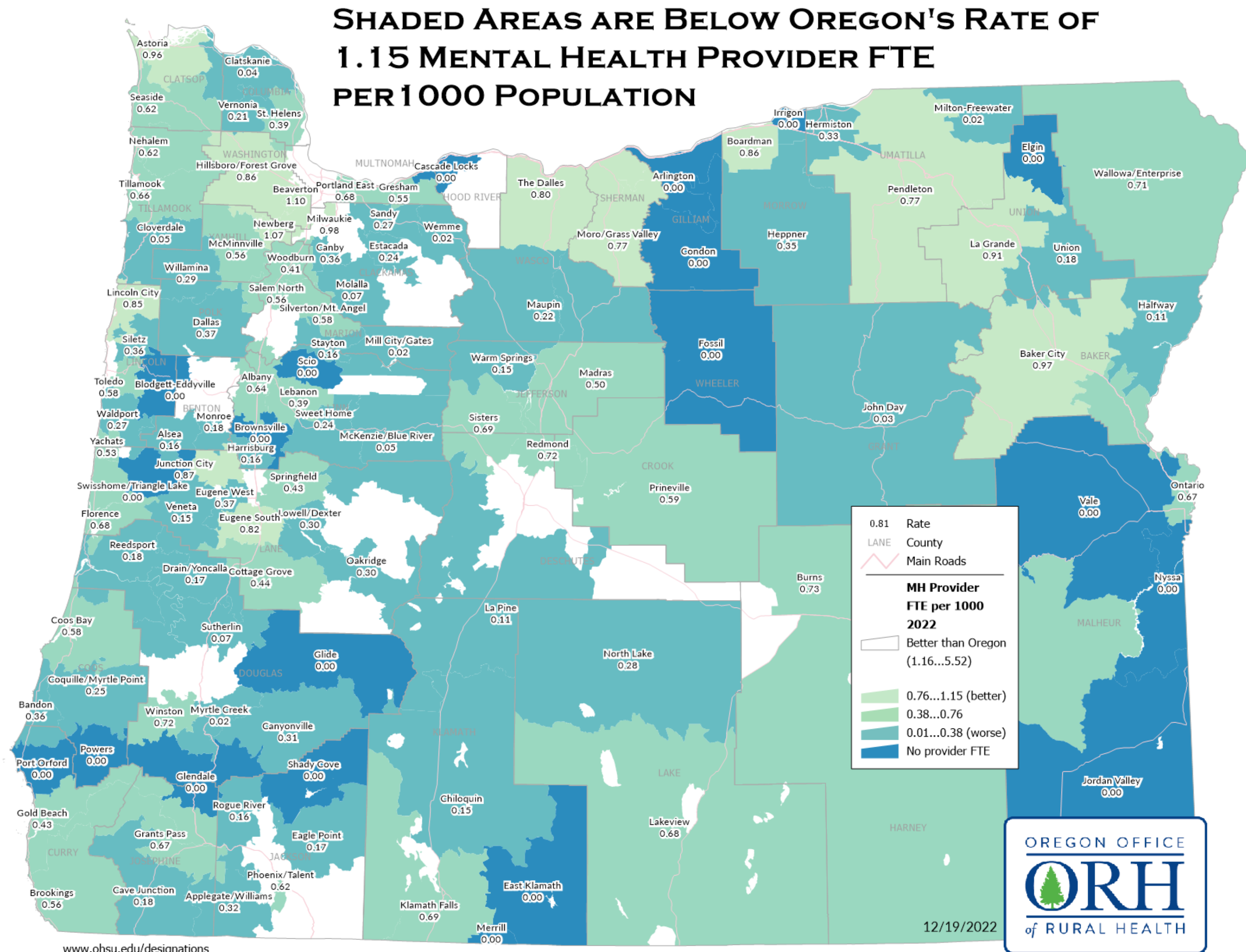
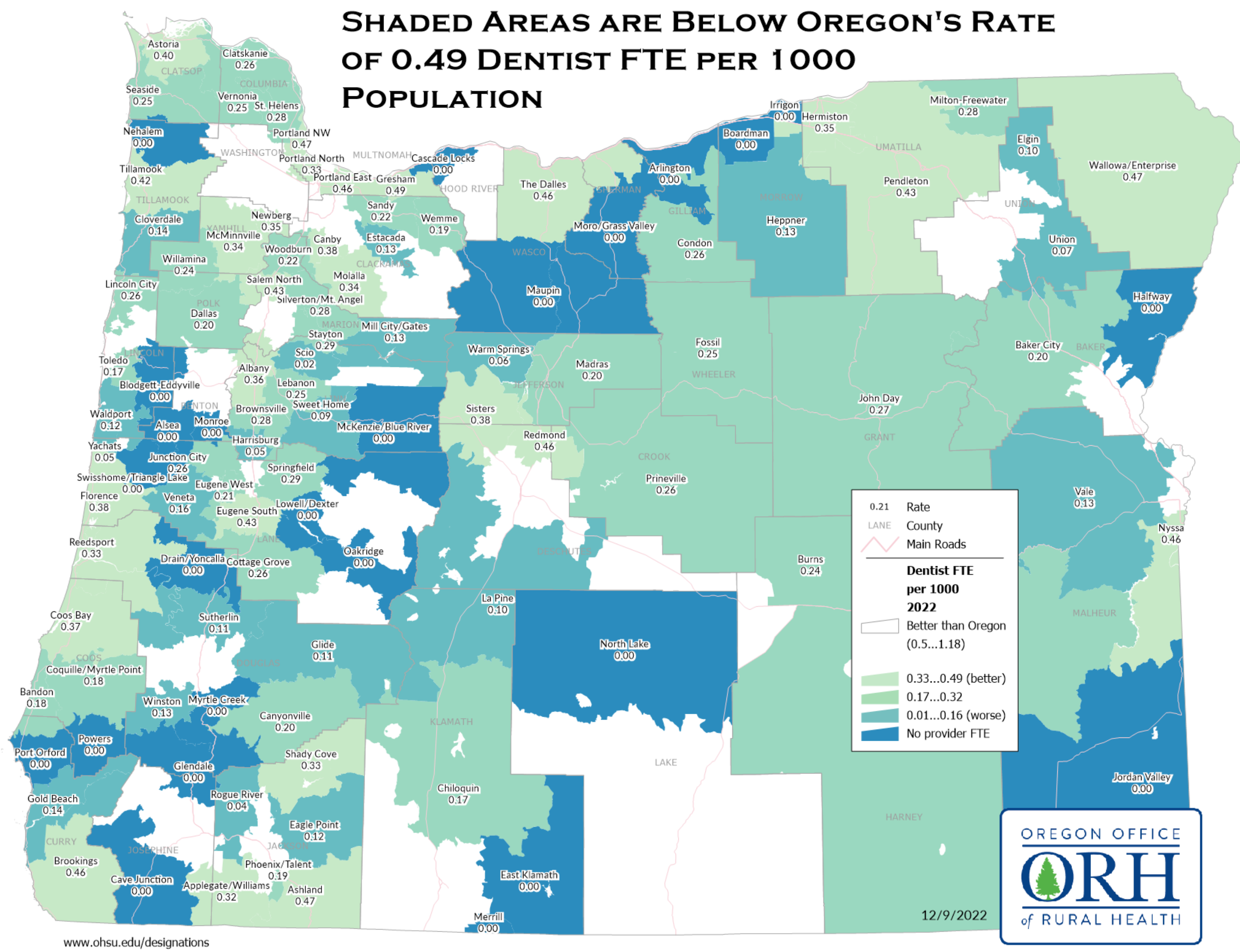


Figure 8. Dentist Areas of Unmet Health Care Need Map, 2022



Appendix C. Calculation of Direct Patient Care Estimates

This report estimates the number of direct patient care hours and patients served that have been supported through the Health Care Provider Incentive Program (HCPIP) for loan repayment, loan forgiveness, and scholarships at OHSU and non-OSHU education institutions.

The following assumptions were used to estimate numbers of patients served as a result of the increased health professional capacity supported through these incentives, and are based on federal guidelines:

- Physician = 1,500 patients per year
- Physician Assistant/Nurse Practitioner = 1,750 patients per year
- Dentist = 2,000 patients per year
- Dental Hygienist = 1,750 patients per year
- Pharmacist = 3,000 patients per year

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. Part-time awardee hours were estimated using 16 hours per week, the standard for OHA provider service agreements committing to this schedule.

Table 13. Estimated Patient Care Provided by Medical and Dental Loan Repayment Recipients, 2018-2022

Biennium	Number of Awards	Total Award Amount	Number of Patients Served	Hours of Patient Care	Cost per Additional Patient Served
2017-19	42	$2,686,284	66,625	159,840	$40.32
2019-21	73	$4,704,340	122,875	287,280	$38.29
2021-23	42	$3,881,690	75,000	177,120	$45.09
Total	**157**	**$11,272,314**	**264,500**	**714,960**	**$42.70 (average)**

Table 14. Estimated Patient Care Provided by Medical and Dental Loan Forgiveness Recipients – Awardees in Service, 2018-2022

Biennium	Number of Awards	Total Award Amount	Number of Patients Served	Hours of Patient Care	Cost per Additional Patient Served
2017-19	--	$105,000	5,250	4,320	$20.00
2019-21	--	$906,800	32,750	30,200	$32.97
2021-23	--	$547,553	20,000	17,280	$27.38
Total	**30**	**$1,559,353**	**52,750**	**51,800**	**$29.56 (average)**

Table 15. Estimated Patient Care Provided by SHOI-Like Recipients – In Service and in School, 2019-2021

Biennium	Number of Awards	Total Award Amount	Number of Patients Served	Hours of Patient Care	Cost per Additional Patient Served
2017-19	7	$586,000	11,000	10,800	$44.04
2019-21	9	$861,227	14,250	12,960	$60.44
Total	**16**	**$1,638,761**	**25,250**	**23,040**	**$52.02 (average)**

Table 16. Estimated Patient Care Provided by SHOI Recipients – In School, 2019-2021

Academic Year	Number of Awards	Total Award Amount	Numbers of Patients Served	Hours of Patient Care	Cost per Additional Patient Served
2019-20	17	$2,451,064	30,250	102,240	$81.03
2020-21	15	$1,698,026	26,500	86,400	$64.08
2021-22	23	$3,367,279	41,000	33,120	$82.13
Total	**51**	**$7,516,269**	**97,750**	**329,760**	**$76.89 (average)**

Appendix D. HOWTO Grant Awards Summary

Table 17. HOWTO Round 1 Grant Awards, March 2019

Awardee	Description	Amount
George Fox University - Newberg, OR	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.	$998,606
Northeast Oregon Area Health Education Center - La Grande, OR	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.	$974,324
Oregon Community Health Worker Association - Portland, OR	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.	$994,479

Table 18. HOWTO Round 2 Grant Awards, October 2019

Awardee	Description	Amount
Aviva Health - Roseburg, OR	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.	$988,000
Clackamas Workforce Partnership - Clackamas, OR	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.	$500,000
The Next Door Inc. - Hood River, OR	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.	$500,000
Northwest Portland Area Indian Health Board - Portland, OR	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.	$955,844
Oregon Washington Health Network - Pendleton, OR	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.	$480,670
Samaritan Pacific Community Hospital - Newport, OR	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.	$500,000

Table 19. HOWTO Round 3 Grant Awards, November 2020

Awardee	Description	Amount
Advantage Dental - Redmond, OR	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.	$1,000,000
Clackamas Community College - Oregon City, OR	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.	$436,544
East Cascade Works - Bend, OR	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.	$1,000,000
Grain Integrative Health - Portland, OR	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 and diversity, equity, and inclusion in rural health care.	$275,000
Lutheran Community Services Northwest - Portland, OR	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.	$946,063
Northwest Oregon Works - Lincoln City, OR	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.	$737,847
Oregon Alliance - Portland, OR	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.	$499,903
Pacific University - Hillsboro, OR	Establishes a certificate program and a Physician Assistant 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.	$985,753
St. Charles Health System - Bend, OR	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.	$1,000,000

Table 20. HOWTO Round 4 Grant Awards, July 2022

Awardee	Description	Amount
Bridges to Change - Portland, OR	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.	$180,000
Clackamas Workforce Partnership - Oregon City, OR	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.	$296,920
La Clinica - Medford, OR	Expands workplace learning programs to create workforce training pipeline for the Latine community focusing on medical, dental, and behavioral health workforce.	$1,000,000
Lane Community College - Eugene, OR	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.	$1,000,000
Lane Workforce Partnership - Eugene, OR	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.	$999,956
Latino Network - Portland, OR	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.	$331,230
Lines for Life- Portland, OR	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.	$298,874
Northwest Portland Area Indian Health Board - Portland, OR	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.	$1,000,000
Oregon Academy of General Dentistry Foundation - Tigard, OR	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.	$297,301
Oregon Council for Behavioral Health - Gladstone, OR	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.	$561,191
Oregon Social Learning Center Developments, Inc. - Eugene, OR	Expands the Families Actively Improving Relationships (FAIR) program in Lane and Douglas Counties to increase behavioral health workforce by creating a training hub for the local FAIR team and other providers throughout the state adopting FAIR.	$299,181
Southwestern Oregon Workforce Investment Board - Coos Bay, OR	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.	$935,167
Virginia Garcia Memorial Health Center - Aloha, OR	Expands workforce diversity in health care 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.	$1,000,000
Willamette Dental Group - Hillsboro, OR	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.	$750,000
Willamette Workforce Partnership Salem, OR	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.	$299,999
Yamhill Valley Community Doulas McMinnville, OR	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.	$152,756

HEALTH POLICY AND ANALYTICS
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