



OREGON
HEALTH
AUTHORITY

2027 Health Care Workforce Reports

Presentation to the Rural Health Coordinating Council

Neelam Gupta, Deepti Shinde, Jill Boyd, and Alyssa Sloane

September 18, 2026

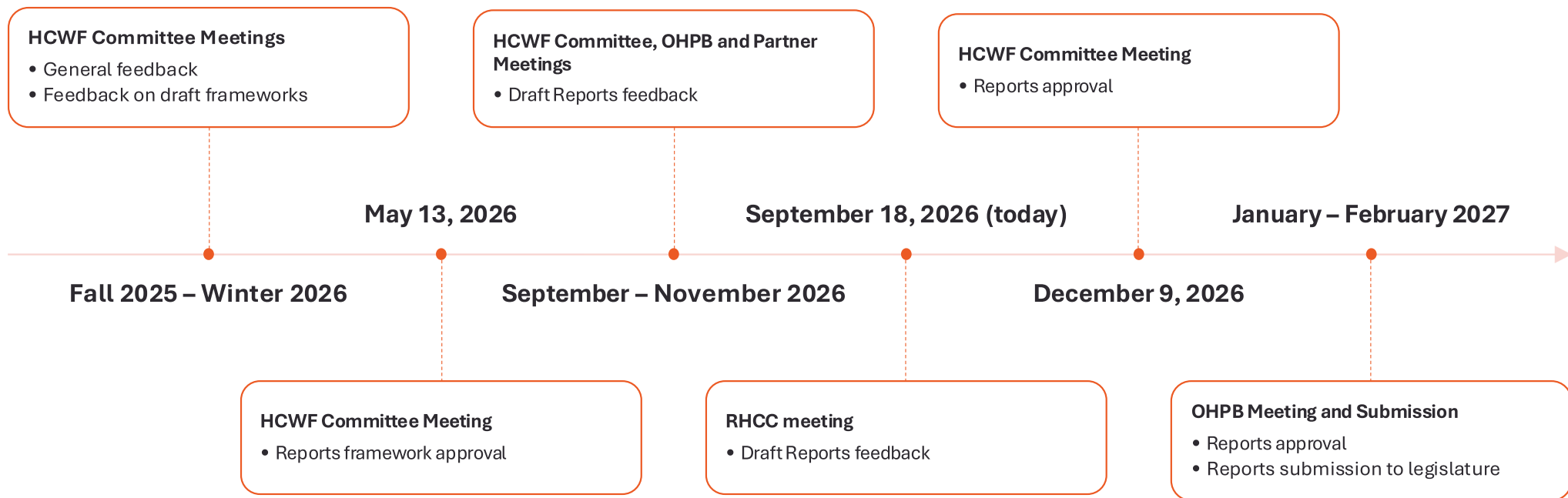
Clinical Supports, Integration, and Workforce Unit
Health Policy and Analytics Division

Background on health care workforce reports

- The Oregon Legislature passed House Bill 3261 (2017), which requires the Oregon Health Policy Board (OHPB) and its Health Care Workforce (HCWF) Committee with OHA to develop two biennial reports due in early 2027:
 - **Conduct a Health Care Workforce Needs Assessment** and provide proposals to address needs with OHA's Health Care Provider Incentive Fund financial incentives.
 - **Evaluate the effectiveness of state financial incentives** in recruiting and retaining health care providers to practice in rural and medically underserved areas in Oregon.
- OHA has contracted with University of Washington Center for Health Workforce Studies and WWAMI Rural Health Research Center to support the committee in developing the 2027 reports.



2027 reports development and engagement timeline





Draft report for the Oregon 2027 Health Care Workforce Needs Assessment

Goals for today



Overview of Draft Needs
Assessment Report



Gather initial feedback on
[draft report](#) and review
instructions on providing
additional comments using
[feedback form](#) by September 24

Please note

The findings included in this presentation are preliminary and have yet to be contextualized or validated by program staff or subject matter experts. This is why we are gathering feedback from you today, as well as others in the coming weeks.

Background

- House Bill 3261 requires a Health Care Workforce Needs Assessment be prepared for and submitted to the legislature every two years – this is the sixth report
- OHA set a goal of eliminating health inequities by 2030 - sufficient supply of a well-supported health care workforce is essential for this.
- Narrower scope than past assessments:
 - Focuses on three health workforce groups: Primary Care, Oral Health, and Behavioral Health
 - Contextual information impacting the health care workforce including Social Determinants of Work

Draft Report Sections

- Executive Summary
- Background
- Methods
- Social Determinants of Work
- Health Care Workforce Landscape
- The Primary Care Workforce in Oregon
- The Oral Health Workforce in Oregon
- The Behavioral Health Workforce in Oregon
- Measures of Current Needs and Available Resources
- Recommended Areas of Focus
- References
- Acknowledgements
- Appendices

Brief methods

- Datasets used:
 - **Oregon datasets:** Health Workforce Reporting Program Health Workforce Survey, Mental Health and Addiction Certifying Board of Oregon (MHACBO), traditional health worker (THW) and health care interpreter dashboards, Higher Education Coordinating Commission (HECC) educational completion data
 - **National datasets:** Area Health Resource File, Behavioral Risk Factor Surveillance System, American Community Survey, Integrated Postsecondary Education Data System
- Key supply variables:
 - **Number of actively practicing** = the number of those licensed in Oregon who are also currently working (includes volunteers)
 - **Number of Full-time Equivalents (FTEs) dedicated to direct patient care**, where 1 FTE = 40 hours per week of direct patient care
- Reviewed multiple reports for additional context and data
- Subject matter experts

Social Determinants of Work (SDW)

- SDW are structural conditions that shape an individual's ability to find, keep, and thrive in a job
- Examined 7 areas: Housing, transportation, childcare, school quality, digital access, food security, workforce-supportive policies
- Childcare and housing stability – largest evident concerns
 - **One third of households pay >30% household income** on housing.
 - Worst on the west side of the state, ranges from 12.9% to 46.3%
 - **34 of Oregon's 36 counties** are childcare deserts – most severe in central Oregon
- **Oregon has several workforce-supportive policies** – paid family medical leave, Medicaid expansion, and earned income tax credit refunds

Health Workforce Landscape

- Significant uncertainty due to Medicaid cuts. Currently ~33% of Oregonians on Medicaid, likely to shift demand to emergency rooms, federally qualified health centers
- Leader in the nation for broad/more independent scope of practice for key occupations
- Complex credentialing for some professions such as behavioral health workforce (work underway to address this)
- Multiple existing programs and strategies to expand workforce supply and capacity

Primary Care Workforce - Supply

	Total, all independently practicing* primary care occupations	Physicians (MD/DOs)	Naturopathic Physicians (NDs)	Nurse Practitioners (NPs)	Physician Associates (PAs)	Registered Nurses (RNs)
Estimated number actively practicing primary care licenses	10,166	6,346	366	2,300	1,154	9,964
Estimated number of actively practicing per 10,000 population	23.6	14.8	0.9	5.3	2.7	23.2
Estimated direct patient care FTE	7,441	4,643	226	1,688	884	5,461
Estimated direct patient care FTE per 10,000 population	17.3	10.8	0.5	3.9	2.1	12.7

*Total excludes RNs

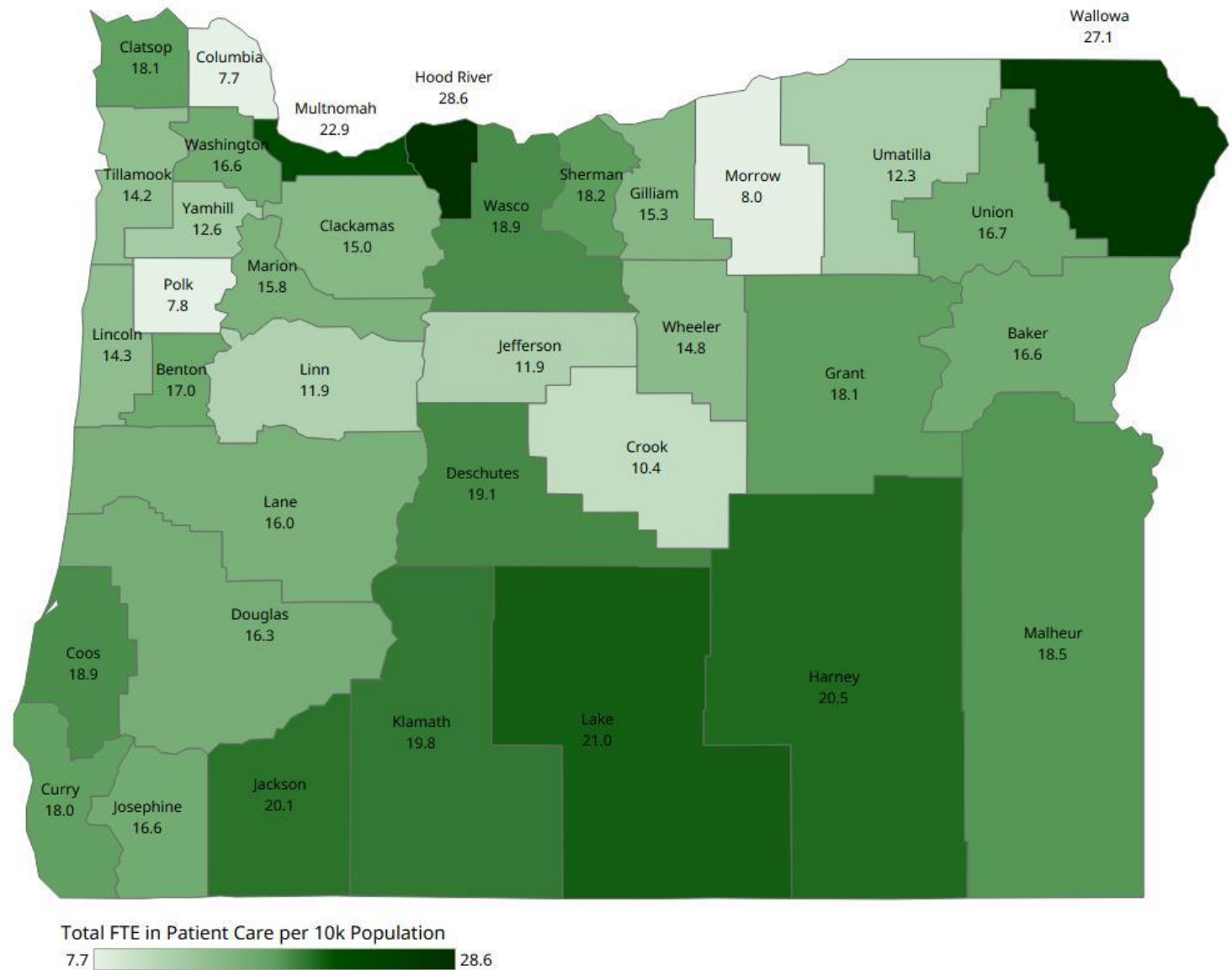
Since 2024 →

- **6.1% increase** in the number actively practicing
- **4.4% increase** in direct patient care FTEs

Primary Care Workforce Distribution:

Direct patient care FTE per 10,000 population of the actively licensed and independently practicing primary care workforce by county, 2026

Oregon overall = 17.3



Primary Care Workforce – Supply and Distribution Key Findings

- **6.1% increase in the size** of the primary care workforce
 - Most of this increase driven by growth among primary care NPs (18.8%) and PAs (13.7%)
- **4.4% increase in number of direct patient care FTEs**, although per capita totals are similar (17.0 to 17.3 per 10,000 population)
 - 0.9% decrease in physician direct patient care FTEs
 - Increase of direct patient care FTEs among NPs (17.3%), PAs (9.2%) and NDs (11.3%)
- **24.9% in rural areas**, most concentrated on the west side of the state
 - **37.6% of NPs** in rural areas
- **52.8% report family medicine** as primary or secondary specialty
 - Family medicine most common among naturopathic doctors, NPs, PAs
 - Physicians' specialties more distributed, with high proportions also in internal medicine and pediatric specialties

Primary Care Workforce – Demographics Key Findings

- Primary care occupations **predominantly identify as female (76%) and White (65%)**, with Hispanic or Latino/a/x populations and American Indian or Alaska Native populations underrepresented

Selected race and ethnicity groups	Primary Care	Oregon
American Indian or Alaska Native	0.6%	1.6%
Black/African American	2.4%	1.8%
Hispanic or Latino/a/x	4.1%	14.7%

Primary Care Workforce – Other Key Findings

- **Most NPs and NDs practice in clinic settings while physicians are spread more evenly across clinic and hospital settings**
- **Most report providing telehealth services (excluding MDs/DOs/PAs) and most MDs/DOs report seeing patients covered by Medicaid** at least some of the time
- Educational completions are **increasing for registered nurses and support occupations; decreasing for NPs and relatively flat for MDs.**
- **Future plans indicate short-term stability.** Demand expected to increase across most primary care occupations with a large number of replacement job openings expected, especially for MAs

Behavioral Health Workforce Supply

	Total, all behavioral health occupations	Physicians (MD/DOs)	Naturopathic Physicians (NDs)	Psychologists (PhD/PsyD)	Nurse Practitioners (NPs)	Physician Assistants (PAs)	Counselors and Therapists (LPC/LMFT)	Licensed Clinical Social Workers (LCSW)	Clinical Social Work Associates (CSWA)
Estimated number actively practicing behavioral health licenses, n	19,569	884	96	2,161	1,760	56	6,578	6,325	1,709
Estimated number actively practicing per 10,000 population	45.5	2.1	0.2	5.0	4.1	0.1	15.3	14.7	4.0
Estimated direct patient care FTE, n	10,825	535	46	1,116	1,162	43	3,443	3,375	1,105
Estimated direct patient care FTE per 10,000 population	25.1	1.2	0.1	2.6	2.7	0.1	8.0	7.8	2.6

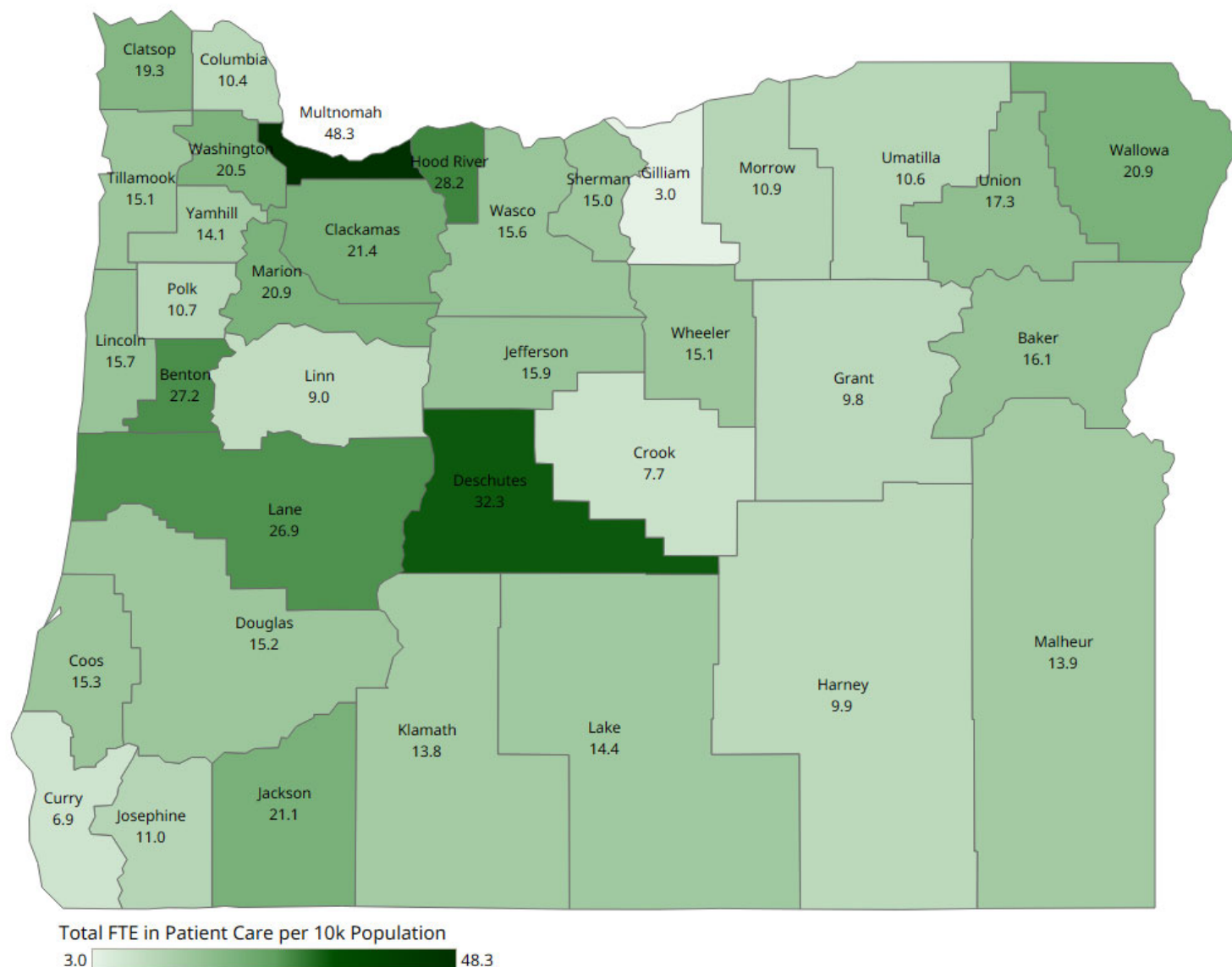
Since 2024 →

- **18% increase** in the number actively practicing
- **17.5% increase** in direct patient care FTEs

Behavioral Health Workforce Distribution:

Direct patient care FTE per 10,000 population of the actively licensed behavioral health workforce by county, 2026

Oregon overall = 25.1



Behavioral Health Workforce – Supply and Distribution Key Findings

- **18.0% increase in the number actively practicing**
 - Largest growth among NPs (43.9%) and licensed social workers (21.4%)
- **17.5% increase in direct patient care FTEs**
 - Largest among NPs, LCSWs
 - Ratio of direct patient care FTEs to total number in practice higher among NPs
- **15.8% in rural areas**, most concentrated on the west side of the state
 - **18.3% of NPs** in rural areas, **~17% among LPCs/LMFTs, LCSWs, CSWAs**

Behavioral Health Workforce – Demographics

Key Findings

- **Predominantly identify as White (71.1%),** with Hispanic populations underrepresented
- Certified BH workers are younger, less female, and more racially diverse than the licensed BH workforce (9.9% Hispanic or Latino/a/x; 6.5% Black or African American; 3.0% American Indian or Alaska Native)

Selected race and ethnicity groups	Licensed Behavioral Health	Oregon
American Indian or Alaska Native	0.8%	1.6%
Black/African American	3.5%	1.8%
Hispanic or Latino/a/x	4.3%	14.7%

Behavioral Health Workforce – Other Key Findings

- 81.0% of **licensed BH providers offer telehealth services** and 53.7% **serve Medicaid-covered patients** – mostly by PAs and CSWAs.
- **Multiple pathways into the BH workforce**, with 60+ educational institutions offering BH training programs in the state; do see BH program **completions decreasing** from 2023 to 2024 across all occupations.
- Increased demand with highest among mental health counselors; immediate plans across most of licensed workforce is to **remain in current positions at current hours**

Oral Health Workforce - Supply

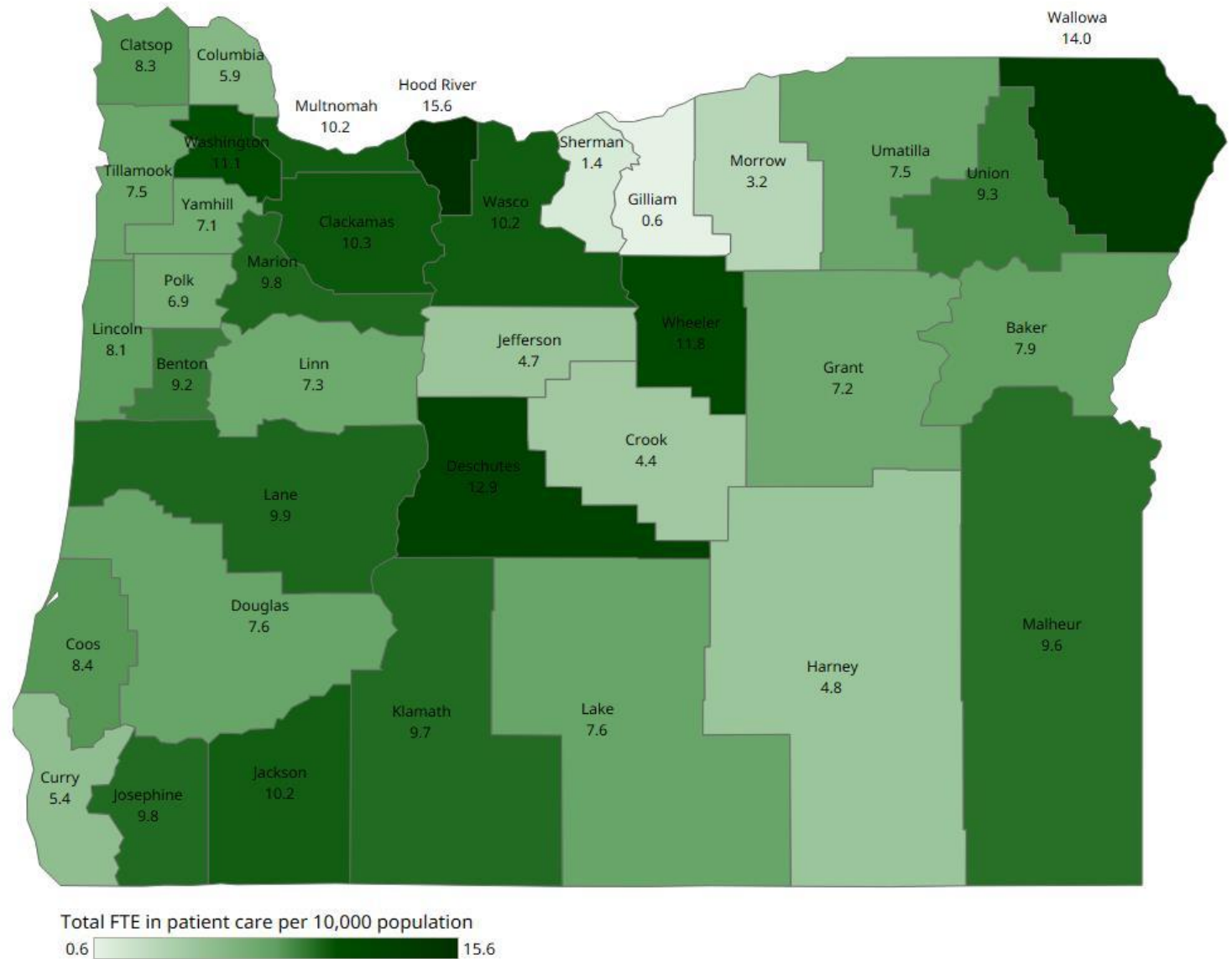
	All Oral Health Occupations	Dentists	Dental Hygienists
Estimated number of actively practicing oral health licenses, n	5,704	2,428	3,276
Estimated number actively practicing per 10,000 population	13.3	5.6	7.6
Estimated direct patient care FTE, n	4,196	2,046	2,150
Estimated direct patient care FTE per 10,000 population	9.8	4.8	5.0

- Since 2024 →
- **0.8% increase** in the number actively practicing
 - **1.3% increase** in direct patient care FTEs

Oral Health Workforce Distribution:

Direct patient care FTE per 10,000 population of the actively licensed oral health care workforce by county, 2026

Oregon overall = 9.8



Oral Health Workforce – Supply and Distribution Key Findings

- **0.8% increase in the number actively practicing**
 - Similar between dentists (1.0%) and dental hygienists (0.6%)
 - Number of **expanded practice dental hygienist permit holders increased by 14%**
- **1.3% increase in direct patient care FTEs**
 - **2.0%** among dentists
 - **0.6%** among dental hygienists
- **26.8% in rural areas**, most concentrated on the west side of the state
 - All counties have a dentist; 2 have 0 dental hygienists

Oral Health Workforce – Demographics Key Findings

- **Predominantly identify as female (68.2%) and White (60.6%),** with Hispanic and Black or African American populations underrepresented

Selected race and ethnicity groups	Licensed Oral Health	Oregon
American Indian or Alaska Native	1.0%	1.6%
Black/African American	0.4%	1.8%
Hispanic or Latino/a/x	4.7%	14.7%

- **25%** of the licensed workforce **speak a language other than English,**
- Dental Assistants also predominantly identify as female; **higher proportion identify as Hispanic or Latino/a/x (13.4%)** than dentists and dental hygienists (American Community Survey data)

Oral Health Workforce – Other Key Findings

- **Medicaid capacity is limited.**
 - About 31% of Oregon dentists accept Medicaid, with the number of claims increasing from 2023 to 2025.
 - 40% of those accepting Medicaid report that 50% or less of their patients carry Medicaid coverage
- Dental hygiene and dentistry completions have remained relatively stable, but **dental assisting completions have declined over time.**
- Demand is projected to grow across all occupations; a high number of expected replacement job openings for dental assistants

Measures of Need and Capacity - Key Findings

- **Birth outcomes such as low birthweight rates** in Oregon **better than the national** average, with the all-cause mortality rate similar to the U.S. overall
- **Behavioral health outcomes such as suicide rates were worse** in Oregon than national average
- Number of **Rural Health Clinics decreased** from 117 to 100 and number of **FQHC sites increased** from 191 to 213 (2023-2026)
- 65 hospitals; hospital-based behavioral health services limited
- Areas of Unmet Health Care Need score for Oregon is 49.8, up from 49.6 in 2025
 - **Increase** in (1) # of Primary Care Service Areas without any primary care capacity, (2) preventable hospitalizations, (3) dental ED rates
 - **No change** in rates of ED visits for mental health/substance use
 - **Decreasing** Primary Care Services Areas without any mental health providers.

Recommended Areas of Focus – Under Development

- Primary Care Workforce
- Behavioral Health Workforce
- Oral Health Workforce
- Cross-cutting Issues

Feedback and Questions

During the meeting:

- Do the key findings presented capture major points in the draft report?
- Where is “more” versus “less” needed, particularly with respect to recommended areas of focus?
- Are there any major gaps? How could these be incorporated?

Following the meeting through September 24:

- Complete [feedback form](#)

Thank You

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Care Workforce Committee at Healthcare.Workforce@odhsoha.oregon.gov or 503-480-5401 (voice/text). We accept all relay calls.

Health Policy and Analytics Division
Clinical Support, Integration, and Workforce Unit
Health Care Workforce Committee
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Draft 2027 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon

Feedback and questions

There are two ways to give us feedback on the draft report.

In the meeting today

Discussion session; two broad questions:

- Are there any major gaps, and how could we fill them?
- Were there any parts of the report that appeared inaccurate, and are there any additional data points that could help improve its overall accuracy?

Facilitators have additional prompts if the discussion needs them.

Written feedback form

Due Sept 24. Links below.

- [Feedback Form](#)
- [Report Draft](#)
- [Appendix B Draft](#)
- [Appendix C Draft](#)

Objectives for today

TODAY

1 Walk through the draft report findings

Overall findings and program-by-program, in plain language.

2 Gather your initial feedback on the draft report

Where do you need more detail, and where do you need less?

3 Opportunity to share more comments

The written feedback form is due September 24.

These findings included in this presentation are preliminary and have yet to be contextualized or validated by program staff or subject matter experts.

This is why we are gathering feedback today.

Numbers come from the data we were given. Program staff have not confirmed alignment with program activities.

Some patterns in the data may reflect circumstances or have explanations that are not visible in the data itself.

Your input and context will shape the final report that goes to the OHPB.

Programs we will cover today

ROADMAP

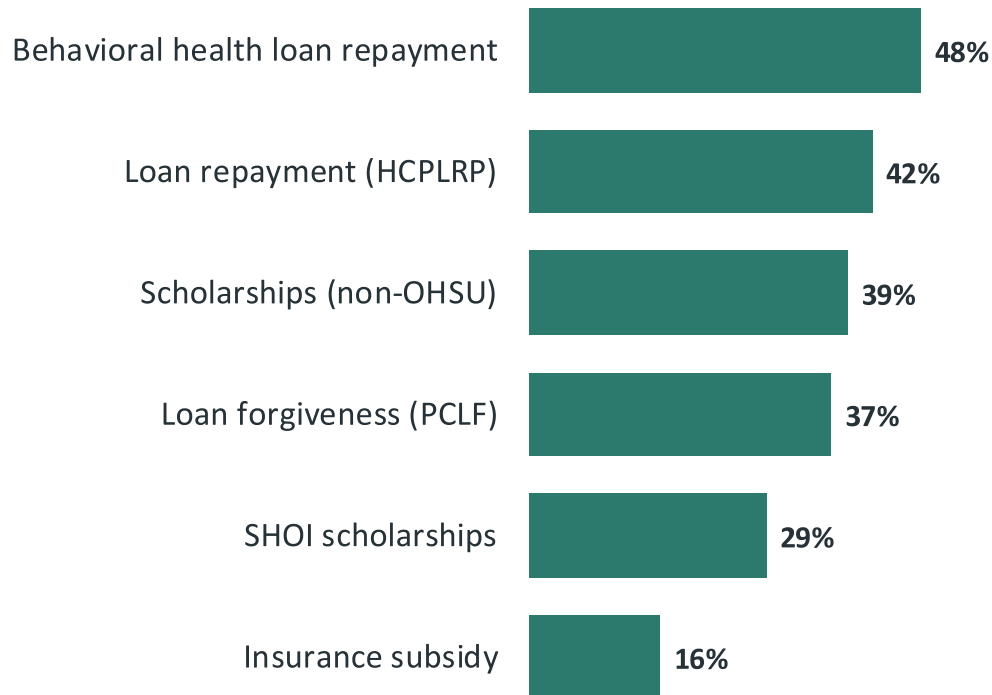
Loan repayment	448 recipients	Pays down existing student debt for people already practicing, in exchange for service (HCPLRP, BHLRP, SLRP).
Loan forgiveness	117 recipients	Supports students now in exchange for a service obligation later (PCLF).
Scholarships that require service	152 awards	Covers tuition at OHSU in exchange for service after graduation (SHOI).
Scholarships without a service requirement	371 students	Broadens the pipeline into health careers, with no service obligation attached.
Career pathways & training	2,196 people trained	Reaches people before they enter the workforce, and workers adding new skills.
Fee waivers	4,184 registrations	Covers certification, exam and training costs. Reaches the most people of any type (BH, Interpreter).
Insurance subsidy and tax credit	5,021 recipients	Lowers the cost of practicing rurally for providers already working there (RMPTC, RMPIS).

This presentation covers the Health Care Provider Incentive Program, HOWTO, the rural insurance subsidy and the rural tax credit. Behavioral Health Workforce Initiative and Tribal programs are described in the full draft report.

Recipient Demographics

ACROSS PROGRAMS

Share who identify as people of color or Tribal members
(among those who answered)



Share across each program who answered or indicated:

- **Gender Identity = Woman/Girl**
 - Career Pathways Scholarship: 69%
 - SHOI: 64%
 - MHACBO: 63%
 - HWCF Scholarship: 85%
- **Language Other than English**
 - BHLRP: 26%
 - HCPLRP: 40%
 - Interpreter Scholarship: 87%
 - PCLF: 5%
- **Any Disability or Functional Limitation**
 - BHLRP: 17%
 - HCPLRP: 12%
 - Career Pathways Scholarship: 9%
 - HWCF Scholarship: 8%
 - MHACBO: 5%

Source: Draft report, Summary of Findings and program demographic tables. Shares are among recipients who answered the question; response rates differ by program. Categories are not consistent across programs and are not directly comparable.

Direct Patient Care

ACROSS PROGRAMS

34.3 hrs/wk
Loan repayment
(HCPLRP)

n = 258

32.4 hrs/wk
Behavioral health loan
repayment (BHLRP)

n = 43

34.0 hrs/wk
Loan forgiveness
(PCLF)

n = 60

37.5 hrs/wk
Rural insurance
subsidy

n = 978

BH Provider Type	HCPLRP	BHLRP
Licensed	25.1	
Pre-Licensed		32.8
LPC		29.0
LCSW		31.4

hr/wk

hr/wk

Provider type	HCPLRP	PCLF	Ins Sub
Physicians (MD/DO)	35.7	35.2	37.5
Physician Associates	34.7	34.1	
Nurse Practitioners	36.9	34.9	37.3
Naturopathic Phys.	35.7		
Pharmacists	34.7		
Dentists	35.1		
Exp. Practice DHs	32.3		

hr/wk

hr/wk

hr/wk

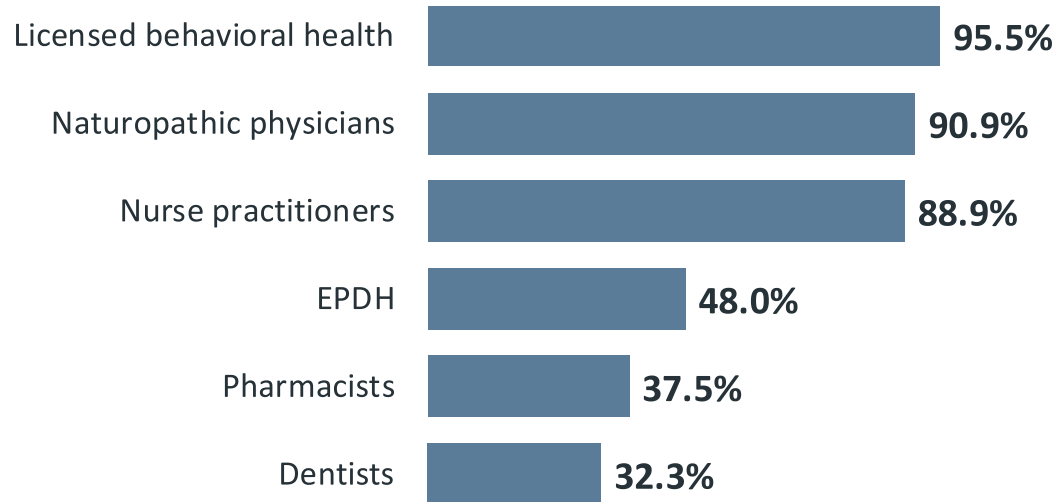
INSURANCE SUBSIDY

Average percent of weekly hours in rural practice: 99.1%

Care Delivered by Telehealth

ACROSS PROGRAMS

Share of HCPLRP recipients who deliver any care by telehealth, by profession



58%

of HCPLRP recipients*

deliver some care by telehealth (n = 180)

86%

of BHLRP recipients

deliver some care by telehealth (n = 43)

Small share of actual visits

- 2.6% of outpatient visits (HCPLRP)
- 21.3% of visits (BHLRP)

Note two measures of telehealth use

HCWF Reporting Program: Percentage reporting using telehealth at current primary or secondary practice location

PRISM End-of-Year Survey: Average reported percentage of outpatient visits via telehealth

Source: Health Care Workforce Reporting Program, 2026 (share using telehealth); PRISM end-of-year surveys (share of visits). EPDH = Expanded Practice Dental Hygienist

* Physicians and physician associates are not asked telehealth questions in the licensing survey and are not in these numbers.

Loan Repayment: Who was reached

LOAN REPAYMENT

322

Loan repayment
(HCPLRP)

2018-2026

113

Behavioral health
loan repayment

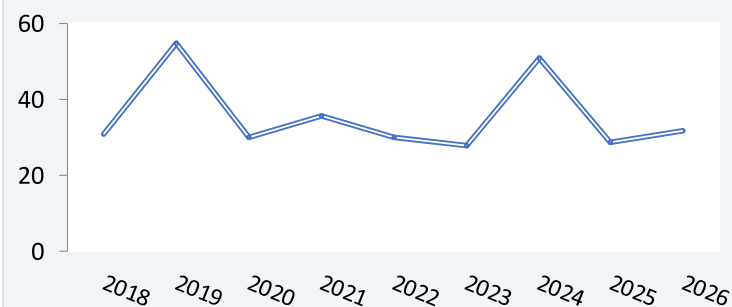
2021-2022, 2024-2026

13

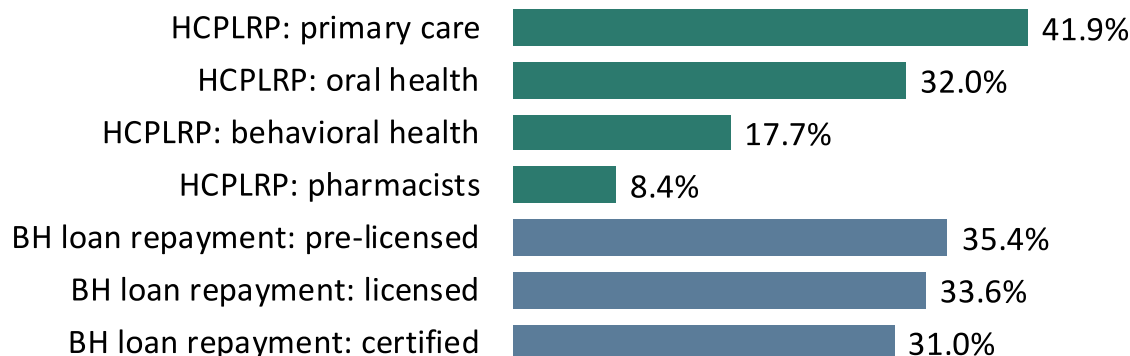
State partnership
loan repayment

2022-2023

HCPLRP: New recipients each year



What kind of provider received each award



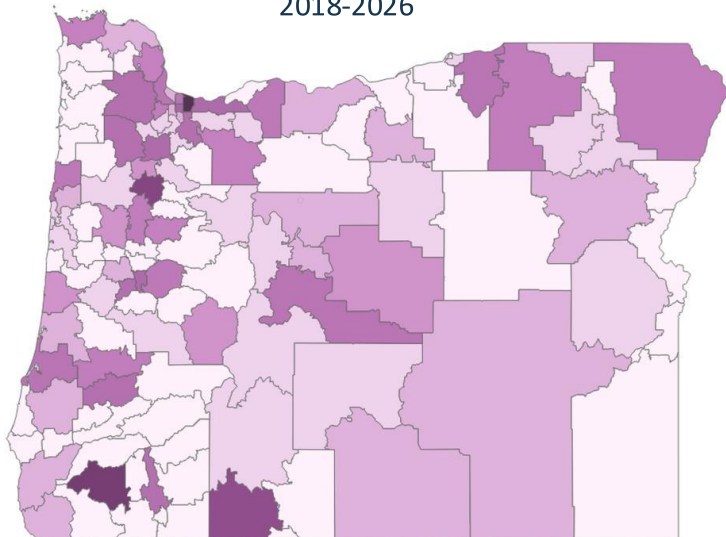
Thirteen SLRP recipients

Five professions are represented. Pharmacists are the largest single group at 38.5%. The other eight recipients (MDs/DOs, NPs, RNs and dentists) fall below the small numbers threshold and cannot be broken out.

Loan Repayment: Where were they?

LOAN REPAYMENT

HCPLRP, 322 recipients
2018-2026



darker shading = more recipients

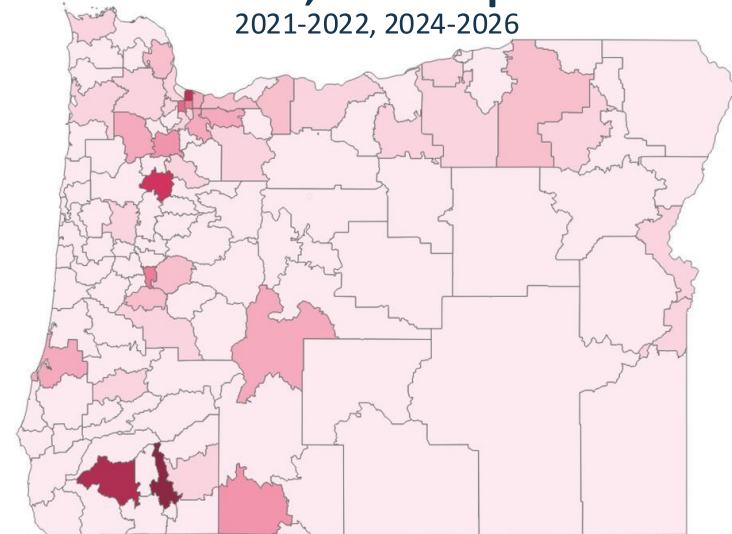
55.8%

Rural or remote

25.2%

Higher-need area*

BHLRP, 113 recipients
2021-2022, 2024-2026



darker shading = more recipients

45.1%

Rural or remote

6.2%

Higher-need area*

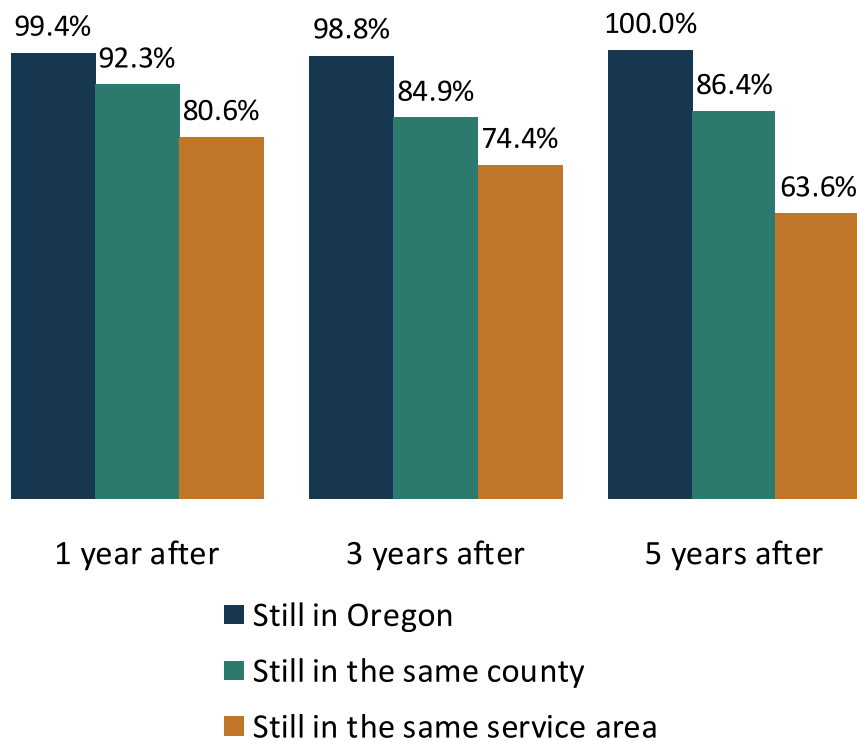
*Higher-need characterized as a Service Area with Areas of Unmet Health Care Need Score > state average (50) based on 2026 AUHCN data. This may not portray unmet needs at the time of LRP award or other eligibility factors for a specific LRP program.

Source: ORH participant data and 2026 Areas of Unmet Health Care Need data. Maps show unique recipients whose primary practice site falls in each service area; darker shading means more recipients. The exact SLRP rural share is suppressed under OHA small numbers rules; the report states it is over three-quarters.

Loan Repayment: Who stays?

LOAN REPAYMENT

HCPLRP: Share still practicing, by how long after service ended



Retention in BHLRP

1 year after service:

- 100% in Oregon
- 85.6% in the same county
- 61.5% in the same service area

2 years after service:

- 100% in Oregon
- 85.7% in the same county
- 64.3% in the same service area.

(Based on 13 & 14 recipients)

Rural recipients stay rural

Among HCPLRP recipients whose service site was rural or remote:

- **93.5%** were in rural/remote practice at 1 year
- **72.7%** were in rural/remote practice at 5 years

Source: Health Care Workforce Reporting Program licensure records only. Survey-based estimates are excluded here. The number of recipients shrinks at longer follow-up because recent recipients have not yet reached those points: HCPLRP falls from 155 recipients at 1 year to 22 at 5 years.

Loan Forgiveness: Who and when?

LOAN FORGIVENESS

117

recipients

2018-2026

\$4.9M

total awarded

average award about
\$55,000

69.8%

of applicants received
an award

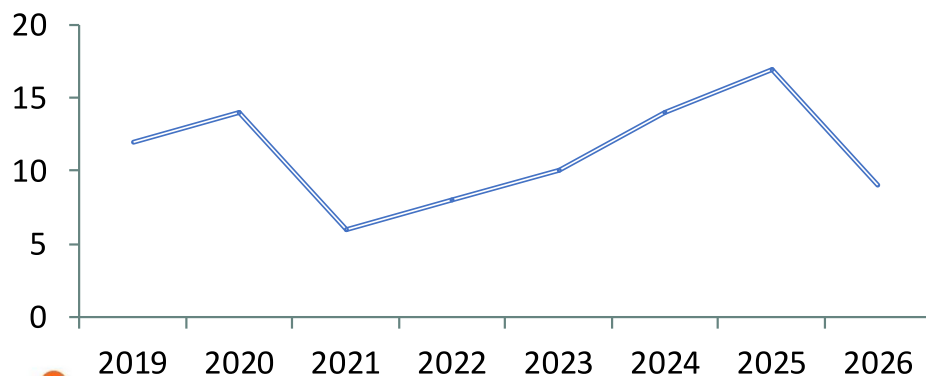
90 awards from 129
applicants

29.1%

have not started
service yet

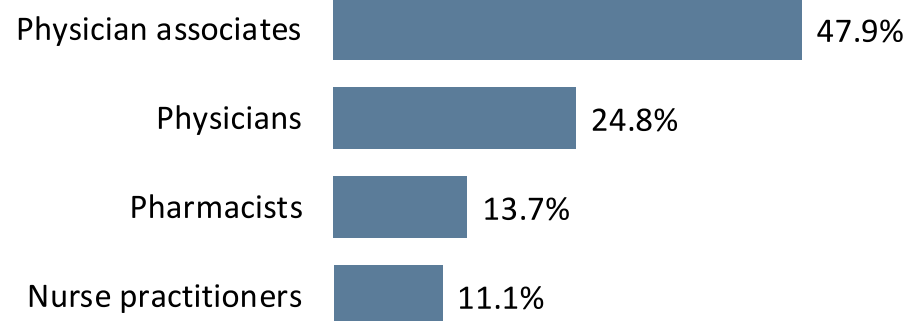
34 recipients still in school
or residency

New recipients each year



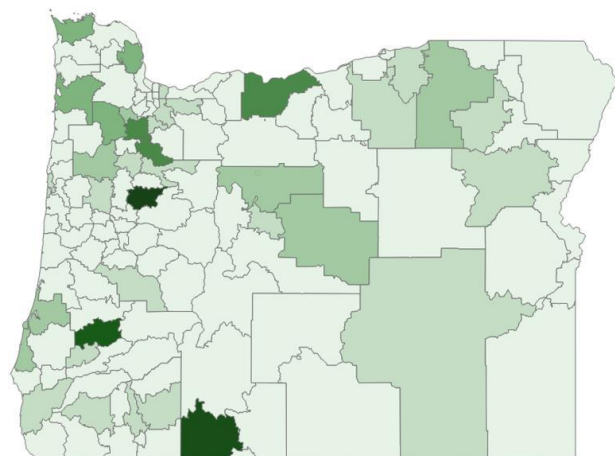
Source: ORH participant data, 4/1/2018-6/30/2026. 2026 is a partial year. Because the award comes first and the service comes later, outcomes for recent recipients are not yet observable.

Which professions received awards



Loan Forgiveness: Where were they?

LOAN FORGIVENESS



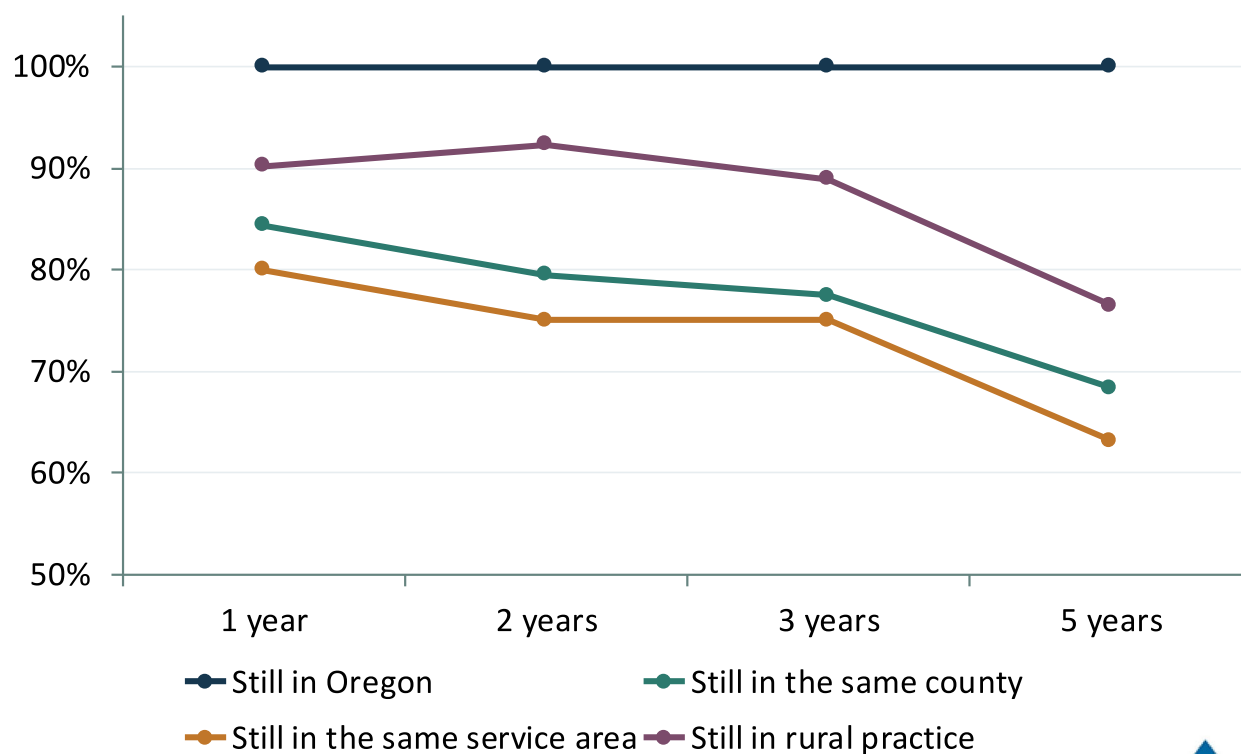
PCLF by Service Area

93.3%

practiced in a rural/remote service area

70 of the 75 recipients with a recorded site

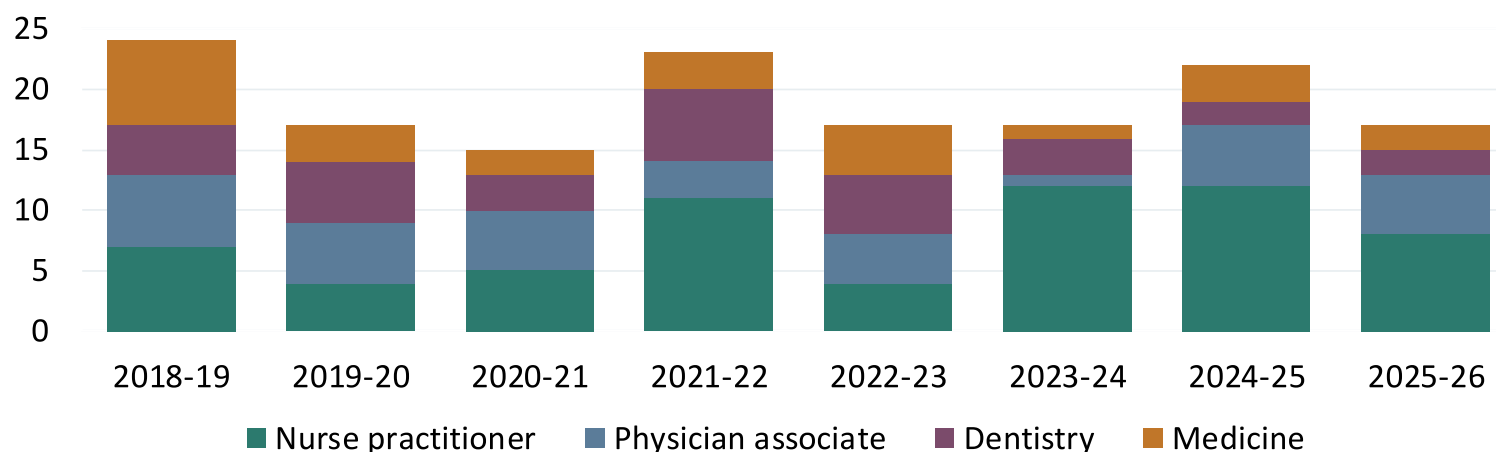
Share still practicing, by how long after service ended



Scholarships: SHOI at OHSU

SCHOLARSHIPS

Recipients by degree and school year



152

awards

2018-19 to 2025-26

\$21.1M

total disbursed

about \$2.6M a year

What changed over eight years

- Nurse practitioners went from 29% of the entering class to 47%.
- Medical students went from 29% to 12%.
- Class size stayed steady, between 15 and 24 students a year.

90.1%

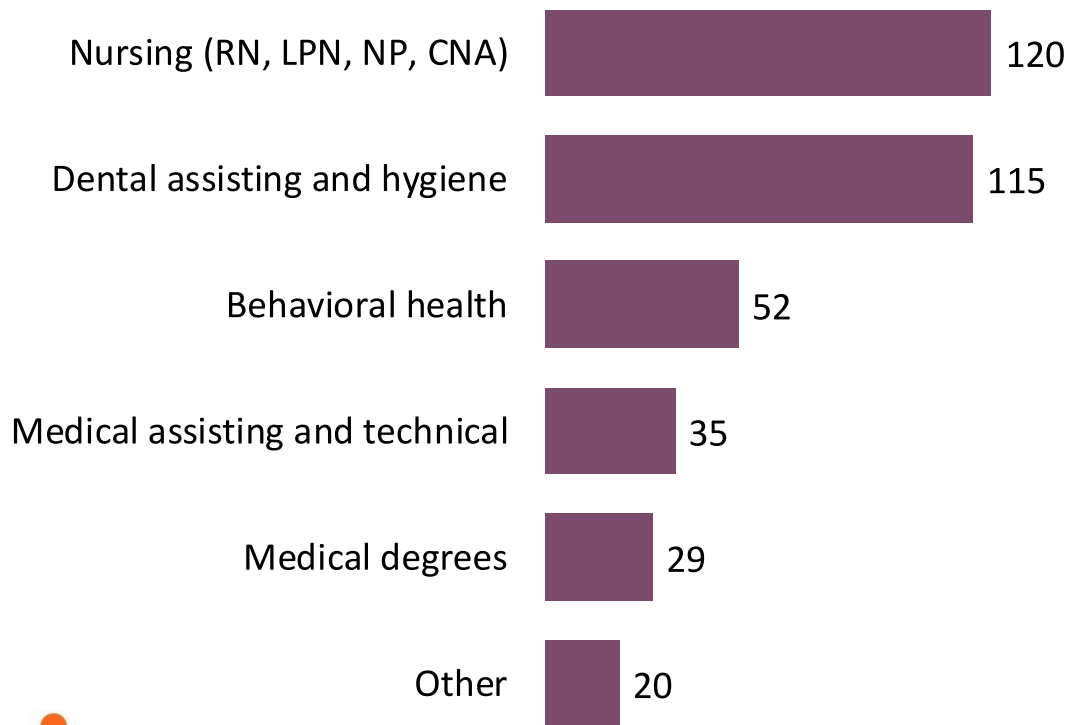
of recipients stayed in the program

did not withdraw, get dismissed or
breach their agreement

HCWF Scholarship

SCHOLARSHIPS

What students were studying (numbers of students)



371 students

supported across three biennia

14 in 2019-2021, 156 in 2021-2023, 201 in 2023-2025

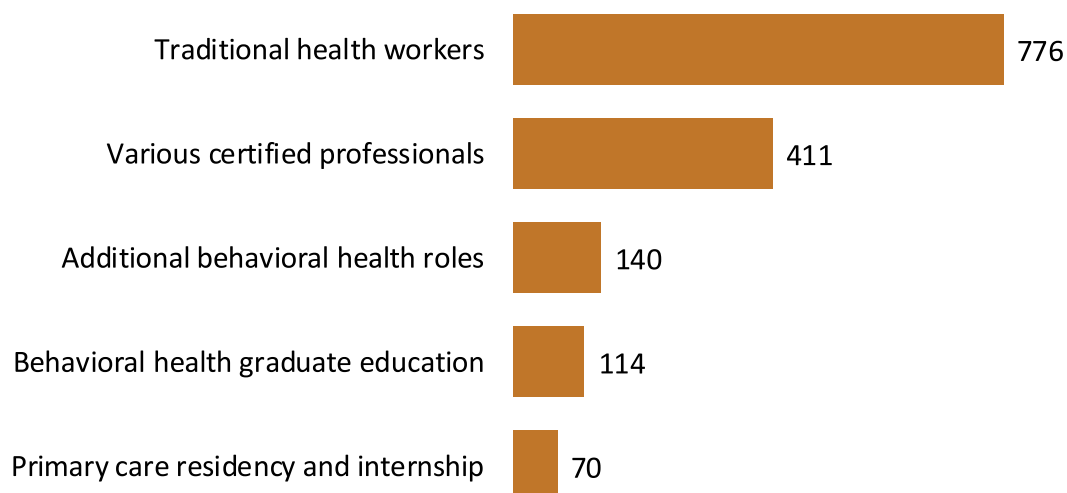
The program has grown and broadened

- Partner institutions went from 3 graduate programs to 8, including community colleges and public universities.
- 39% of the students who answered identified as people of color or Tribal members.

Career Pathways and Training

CAREER PATHWAYS

HOWTO: New workers trained, by the role they trained for



53
grantee projects

\$34.3M
awarded

1,728
people trained

6
rounds so far

Career Pathways Scholarships (grades 8-12)

- June and December 2025
- 468 students received a scholarship
- Schools and programs were spread fairly evenly across the state
 - 22.8% rural
 - 22.6% partially rural
 - 29.2% mixed rural and urban
 - 25.4% urban

Note: Where graduates practice (or will practice) is not yet known

Fee Waivers

FEE WAIVERS

Behavioral health certification and exam fees (with MHACBO)

4,082

registrations
covered

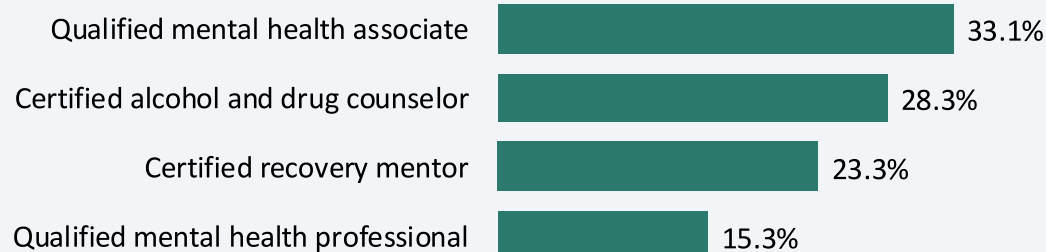
481

exams
covered

90%

passed, among
those who took
exam

Which certifications people were registering for



Health care interpreter (HCI) retention incentives

- June 2025 – December 2025
- 102 participants
- Most were either enrolled in training (38%) or had completed it (37%)
- Clinical Positions held
 - 40% HCIs-in-training (in 60-hour training program)
 - 32% certified HCIs completing 24 hours of CEUs
 - 30% were current health care providers

Languages participants are certified in (n = 52)

Spanish	46.2%
Russian	19.2%
Ukrainian	13.5%

87% of interpreter participants use a language other than English at home.

Rural Medical Practitioner Insurance Subsidy

INSURANCE SUBSIDY

978

recipients, 2018-2026

78.4% physicians, 21.6% nurse practitioners

98.1%

practice at a rural site

42 recipients also report an urban second site

97%

reported hours @ rural sites

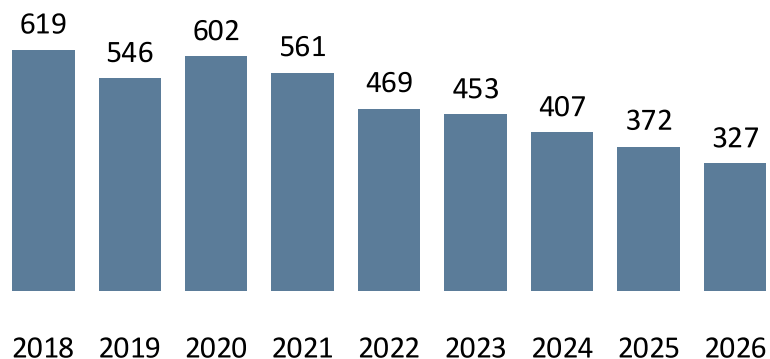
the only program that links hours to a location

37.5

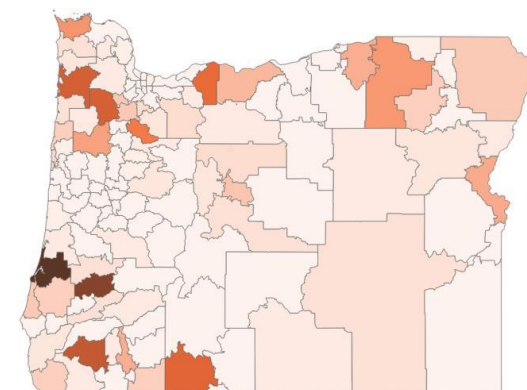
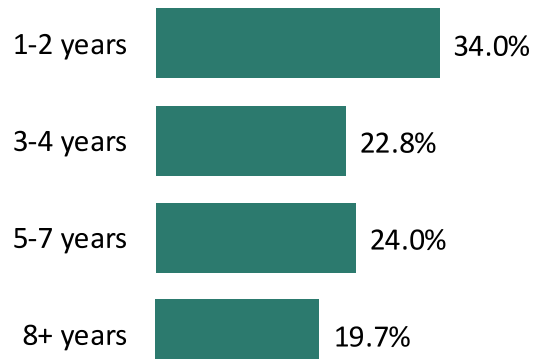
hours worked per week

physicians 37.5, nurse practitioners 37.3

Recipients each year



How long recipients keep the subsidy



**RMPIS Recipients
by Service Area**

Rural Medical Practitioner Tax Credit

TAX CREDIT

4,043

unique providers, 2018-2025

42.3% physicians, 30.8% nurse practitioners, 19.4% PAs

99.1%

practice at a rural site

a condition of claiming the credit

106 of 128

service areas reached

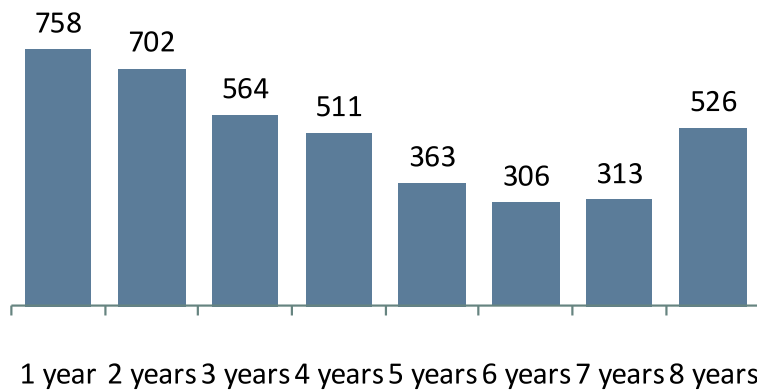
the widest geographic reach of any program

\$63.3M

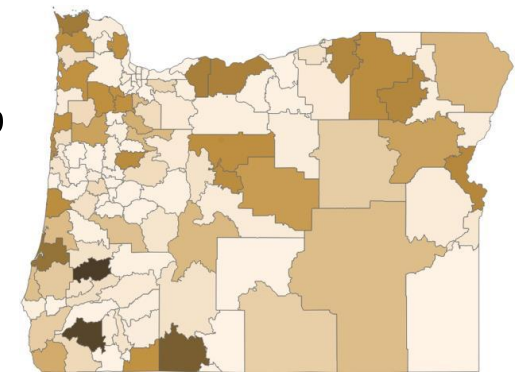
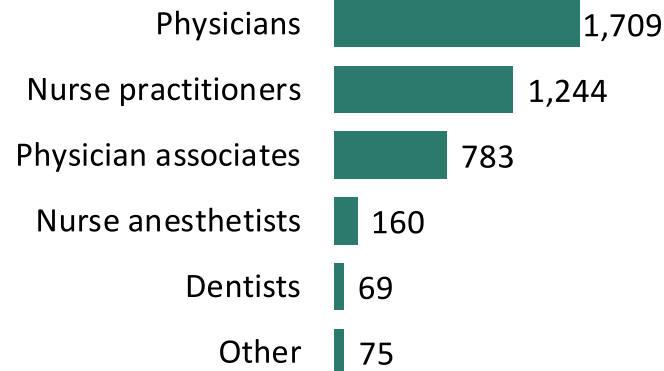
credited over eight years

annual credits of \$3,929 to \$4,022 per recipient

of tax years providers claimed the credit



Engaged Professions



**RMPTC Recipients
by Service Area**

What we can and cannot measure

DATA

Good

Individual records exist and link to workforce data

Partial

Data exist but are incomplete or only at program level

Limited

Little usable or available data

None

Not collected, or not applicable to this program

	Who was reached	Rural and high-need placement	Hours of direct patient care	Retention after service	Demographic data
Loan repayment	Good	Good	Good	Partial	Partial
Loan forgiveness	Good	Partial	Good	Good	Partial
Scholarships + service (SHOI)	Good	Limited	None	Partial	Partial
Scholarships	Good	Partial	None	None	Partial
Career pathways	Good	Partial	None	None	Partial
Fee waivers	Partial	None	None	None	Partial
Insurance subsidy	Good	Good	Good	Limited	Partial
Tax credit	Good	Good	None	Limited	None

Six topics from HB3261

FINDINGS

Do these incentives reach health care workers?

Yes, clearly

Large and varied recipient groups, and the mix of professions differs by program in alignment with the program's design.

Do they reach rural and high-need communities?

Yes, with variation

Several programs are heavily rural. Coverage of high-need service areas is uneven, but may depend on measurement.

Do recipients deliver direct patient care?

Yes, where we can link the data

Recipients work close to full time, concentrated in safety-net settings, with 32 to 38 hours of patient care a week.

Do recipients stay?

Largely yes

Retention in Oregon runs at or near 100%. Retention in the same service area drops but is maintained for many programs.

Do they reach a diverse workforce?

Yes, where data are available

Diversity in several programs; REALD and SOGI data collection has been implemented.

Do they support telehealth & modern delivery?

Early signs

Telehealth use is common in behavioral health and among nurse practitioners; need better assessment.

Key findings by program type

FINDINGS

Program type	Key finding	Next line of inquiry
Loan repayment	Reaches high-need placements and holds providers in Oregon: over 98% remain in Oregon 3 years after service.	Do providers stay in the community they served? Can award capacity keep up with rising demand?
Loan forgiveness	The most rural program of the three loan mechanisms: 93% of recipients with a recorded site served rurally.	What happens beyond the small groups we can currently link, given relatively short service obligation?
Scholarships + service	SHOI's student mix has shifted markedly toward nurse practitioners and away from medicine.	Where do recipients practice after service? Need for recipient-level location or retention data.
Scholarships	Reaches nursing, dental and behavioral health students at community colleges and universities across the state.	Downstream outcomes. Need for service obligation and no follow-up data.
Career pathways	1,728 people trained through 53 projects, most of them traditional health workers, plus 468 students grades 8-12.	Do trainees enter and stay in Oregon's health workforce? Need for downstream outcome data.
Fee waivers	Reaches more people than any other incentive type and reaches workers licensing data does not reach.	Where do these workers practice? Do they stay? Need for location data.
Insurance subsidy	Tightest link between eligibility, rural practice and reported hours: 97% of hours at rural sites.	Why has participation fallen every year since 2020? What happens after a provider stops claiming?
Tax credit	The widest geographic reach in the portfolio: 106 of Oregon's 128 service areas.	Do the credit affect retention? Who receives it? Demographic data are limited.

Source: synthesis of findings across incentive types in the draft report.

Thank You

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Care Provider Incentive Program at providerincentives@odhsoha.oregon.gov or 541-671-9239 (voice/text). We accept all relay calls.

Health Policy and Analytics Division
Clinical Support, Integration, and Workforce Unit
Health Care Provider Incentive Program
providerincentives@odhsoha.oregon.gov
541-671-9239

