

Health Care Workforce Committee: Workforce Development and Retention Subcommittee Strategy Paper

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Executive Summary

The Oregon Health Policy Board's Health Care Workforce Committee has a vision of "a robust, diverse, and resilient health care workforce that provides culturally and linguistically responsive care, eliminates health inequities, and meets the local health care needs of everyone in Oregon."

The committee's Workforce Development and Retention subcommittee authored this paper as a next step to address the findings of Oregon's Health Care Workforce Needs Assessment 2023 and the Strategic Framework adopted in May 2023 (see text box for more information). This paper is one of three interrelated strategy papers that the committee created based on the Strategic Framework. Additional context about the committee's process, the framework, and each strategy paper's recommendations is available in this [summary brief](#).

To achieve the committee's Strategic Framework vision, the subcommittee offers recommendations focusing on five areas to implement policy actions needed to develop and retain the health care workforce:

1. **Recruitment and awareness:** Develop strategies to market the opportunities available, highlight the benefits of working in the field, and actively engage with both local and external talent.
2. **Education and training:** Invest in education and training programs that graduate skilled and culturally-competent members into the health care workforce.
3. **Health care worker support, advancement, and retention:** Retention of health care professionals is equally important to recruitment. Once professionals are recruited and educated, focus on their ongoing development and support. Establish mentorship programs, continuing-education opportunities, and pathways for career advancement. Providing a supportive and fulfilling work environment can lead to higher job satisfaction and retention rates. Develop early indicators to identify if health care professionals may be planning to leave employment so action can be taken.

About the Health Care Workforce Committee Strategy Papers

The health care workforce is the heart of Oregon's health care system. The Oregon Health Policy Board's Health Care Workforce Committee created these strategy papers as a next step to the report, Oregon's Health Care Workforce Needs Assessment 2023 report. The committee built on the assessment's recommendations to develop a Strategic Framework that identified areas requiring attention to make progress toward creating a culturally and linguistically responsive health care workforce in Oregon:

- Workforce diversity
- Workforce wellness and resiliency
- Workforce development and retention

The committee's aim with the three strategy papers was to develop specific plans on how the Oregon Legislature, health care employers, education providers, workforce agencies, and state associations could implement the recommendations.

4. **Community integration and belonging:** To attract and keep top talent, focus on strategies that not only address the professional aspects of work but also the professional and social culture of the workplace and community in which health care professionals practice and live.
5. **Funding and resource allocation:** Develop a sustainable funding strategy to support recruitment efforts, educational programs, workforce development initiatives, and community integration projects. Explore partnerships with government agencies, private donors, and industry stakeholders to secure the necessary financial resources for the success of the health care professional expansion efforts.

In making these recommendations, we feel it is important to emphasize two points:

1. Recruitment and training alone are not enough. We must pay as much attention to the retention of health care workers at all levels once they have entered the workforce. This requires ongoing support and engagement.
2. The committee's three strategic goals of workforce diversity, wellness and resiliency, and development and retention are interdependent. Action must be taken in all three, together, to have a workforce that can meet the health care needs of everyone in Oregon.

Current policy approach

Background of problem

The quest to develop and retain a quality health care professional workforce in the U.S. has been a challenge for more than 50 years. The federal government saw rural and underserved communities serving people experiencing inequities had problems attracting and retaining health care professionals. As a result, the federal government launched the National Health Service Corps (NHSC) in 1972. It was the first major federal investment in the health care workforce in many rural areas of the country. Since then, new conditions for developing and retaining the workforce in Oregon have occurred including:

- Innovations in health care technology
- System transformation
- Substantial increases in tuition costs
- Medicaid expansion

- COVID-19 pandemic
- Increased focus on addressing health equity and systemic racism impacts
- Changed labor markets

National status

The national policy framework for health care development and retention is marked by a high amount of public spending on incentives to attract interested candidates into health care professions. Incentives include tuition assistance to cover partial education costs for students and loan repayment to reduce educational debt burden for practicing professionals.

The Health Resources and Services Administration (HRSA) is the largest federal funding source for workforce development and retention efforts — spending over \$1 billion in Fiscal Year 2022 across programs that:

- Increase health care professionals serving people in Tribal and rural communities.
- Promote workforce mental health.
- Expand pathways for public health workers.
- Fund loan repayment and scholarship programs for nurses.
- Support loan repayment and scholarships for non-nursing professionals through NHSC.
- Develop new residency programs in rural communities. (1)

Some programs, such as the Health Professions Student Loan Program, exist at the federal level to provide scholarship funds to institutions that offer degrees in dentistry, pharmacy, optometry, and podiatric medicine. (2)

Despite the enormous investment nationally, only a small amount of funding comes to Oregon. For example, approximately 580 students and clinicians, out of more than 15,000 nationally, receive funding from either the NHSC or Nurse Corps programs to support short or longer-term practice in underserved communities. While the amount of NHSC investments reaching Oregon is a higher percentage out of Oregon's total population compared with other states, students and practicing professional supported via NHSC funding comprise less than 0.5% of the total licensed health care workforce in Oregon.

Health systems have requested Congress expand opportunities for foreign physicians completing training in the United States to remain and serve

community health needs. (3) Meanwhile, no substantive changes have been made in the 20-year life of the program, in part due to conflicts over immigration policy.

Oregon's status

In addition to national efforts, Oregon has invested in expanding, retaining, and diversifying the health care workforce. The State has made attempts to coordinate many of these approaches. See [Appendix A](#) for a list of publicly funded programs. However, many efforts are not coordinated. Health systems, hospitals, rural health clinics and community health centers are frequently working independently within the same communities to attract and retain health professionals.

Health care workforce development, recruitment, and retention efforts within Oregon include the following:

Workforce development and training

- Regional Area Health Education Centers (AHECs) partner with the K-12 education system but have limited funding — mostly from federal grants to Oregon. (4)
- Larger higher education institutions offer robust promotional campaigns, while others have more limited means to promote programs. Community college health professions programs, for example, often increase and then shrink in size, based on ability to retain faculty, local demand, and state funding due to the comparable small size of their resource bases. (5)
- There is growing state funding for apprenticeship and training through agencies such as the Bureau of Labor and Industries, OHA and Oregon Higher Education and Coordinating Commission. However, there is no inventory of training opportunities. Additionally, labor-management partnerships in Oregon have developed recent initiatives to offer career ladders for workers in health care professions. (6, 7, 8)
- Various innovative approaches to training the health care professional workforce have been funded through the Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO), overseen by the Oregon Health Policy Board, and administered by OHA and Oregon Health & Science University (OHSU). (9)
- There is little specialized outreach or comprehensive strategy to promote health professional careers among people of color and Tribal members, with the notable exception of the very successful programs

of the Northwest Native American Center of Excellence housed at OHSU, such as Tribal Scholars and Wy'East Pathway. (10)

- A shortage of preceptors, mentors, and clinical training slots to meet potential demand limits the ability to train those interested. Oregon's legislature recently invested \$15 million to support additional clinical training at hospitals and other health facilities. (11)

Workforce recruitment

- Many large health care organizations pay private recruiter costs in addition to bonuses and stipends for new employees, contributing to a high overhead for recruitment of providers. Some resources exist for those organizations who cannot afford such strategies. The Oregon Office of Rural Health has a statewide recruitment director who works with rural health care organizations across the state and offers support and access to a national job board. (12)
- The Physician Waiver Program, which allows foreign physicians to work in Oregon, is small. It works with 30 new physicians each year to commit to three years of service in areas identified as having a shortage of primary care or specialist physicians. (13)

Workforce retention

- OHA offers state-funded incentives toward workforce retention such as loan repayment from the Health Care Provider Incentive Program and Behavioral Health Workforce Initiative. These serve as important tools to retain health care professionals who might relocate.
- Many health employers also offer benefit packages, flexible working hours and retention bonuses to retain providers and other professionals.
- [The Wellness and Resiliency subcommittee strategy paper](#) offers three recommendations on making the work environment more supportive and sustainable through deliberate employee wellness supports.

Vision

The Workforce Development and Retention subcommittee proposes several overarching principles in developing solutions that support people to enter a career pathway, have advancement opportunities and remain in the health care field.

“You can't fill a bucket that has a hole in the bottom.”

- Mike Carey, author

1. **Take an expanded and inclusive view of health care professionals.** Modern health care is a highly collaborative and interdisciplinary enterprise that requires well-trained professionals at every level. Programs focused only on a single discipline or profession can have limited benefit. A new clinician placed in a rural health clinic or behavioral health setting cannot practice on their own. They require an entire team to deliver needed health services to their community. Our recommendations therefore apply to the full spectrum of health care professions and allied health fields.
2. **Implement a comprehensive, holistic, end-to-end approach to recruiting and retaining the health care workforce.** As our consultant on the nursing workforce report put it: “you can’t fill a bucket that has a hole in the bottom.” If we inspire students to enter education programs but then leave them on their own, many may fail to successfully navigate the process. If we recruit trained clinicians to new communities or settings but do nothing to ensure they become integrated into the community and feel connected to neighbors, they may remain only a short time. Whether they leave the community, leave the profession, or move to non-clinical positions, we cannot afford to lose health care professionals.
3. **Health care workforce development requires a collaborative (“all-hands-on-deck”) approach to successfully recruit and retain students and practicing professionals with diverse identities.** No single government agency, education institution, or health care system can succeed on its own. All partners and participants in the health care arena must collaborate to develop, support, and retain a robust, resilient, and effective health care workforce.
4. **Support a diverse and connected workforce by ensuring applicants feel a sense of belonging.** It is challenging to face the prospect of a professional school interview, job interview panel, or meeting team members and colleagues in a new position. It is more daunting if, as one looks around the room, one feels as if, “I don’t belong here.” Whether based on ethnicity, race, gender, sexual orientation, gender identity, age, socio- economic status, or other identity, organizations must find ways to ensure applicants feel welcome, invited, and a sense of belonging. This sense of belonging can be supported through application, training and education, and community placement and integration. It is especially needed for people from underrepresented groups experiencing inequities. This is important not only for recruiting but also for supporting and retaining a robust, resilient, and diverse health care workforce.

Recommendations

The Workforce Development and Retention subcommittee proposes several recommendations organized by five domain areas. In each area, the subcommittee suggests policy actions needed to develop and retain the health care workforce.

1. **Recruitment and awareness:** Develop strategies to market the opportunities available, highlight the benefits of working in the field, and actively engage with both local and external talent.

Examples of initiatives and strategies that would meet these intentions and better support health care professionals in understanding the opportunities in Oregon include:

- **Expand youth health care day camp opportunities.** Single or multi-day youth health care camps are an effective means to increase recruitment. This has been backed by literature. (14)

There are many examples of youth health care camps in Oregon. The **MedQuest camp** run by Northeast Oregon Area Health Education Center (NEOAHEC). The goal of MedQuest is to create a pipeline into the health care field with a focus on recruitment. It includes a review of skills and techniques, shadowing, mentoring, and provides the gift of a stethoscope for all who attend the three to five-day camp. MedQuest is offered in The Dalles, Burns, and La Grande as well as a virtual option. The residential camp is for high school students. It costs up to \$400 to attend, which includes food, activity and supply costs, a stethoscope, and CPR training. NEOAHEC offers scholarships including full scholarships. NEOAHEC also offers day camps for middle-schoolers called the Investigators of Science Day Camp.

The subcommittee recommends reviewing how multi-day and single-day camps are offered and identifying ways to increase access to similar programs across Oregon. For example, all Oregon high schools, colleges and universities could offer day camps. Scholarship programs should be offered as an opportunity to equitably increase access to all interested parties, with priority given to students from underrepresented communities in the health care workforce.

- **Increase access to health care careers for people from diverse communities.** The U.S Supreme Court ended race-conscious admission programs at colleges and universities

across the country in 2023. In order to maintain a diverse and inclusive recruitment process, there will need to be greater innovation in the application review process. This should include focusing applications on experiences and unique attributes over academic achievements. At the high-school level, school counselors ought to be trained in supporting students in highlighting their life experiences and unique attributes on college and professional training program applications. The U.S. Department of Education issued guidance documents supporting racial diversity in education. (15)

Furthermore, outreach efforts should be taken to ensure recruitment is reaching underrepresented and minority groups across Oregon. This may be accomplished through initiatives like the health care camp program discussed above.

- **Reduce barriers in job descriptions.** Barriers exist within job descriptions that may prevent some from applying or being offered health care positions. Health care job descriptions often include narrow titles for the position being hired for that prevent someone from applying for a position. For example, if a primary care provider position is posted, it may not include options for a nurse practitioner, certified physician assistant, or naturopathic doctor to apply for the job. These professions are highly trained in primary care and are often excluded in a job description.

Additionally, job descriptions may lack clear descriptions and thus, cause hesitation from applicants. For newer graduates applying for their first job, clear expectations can help create understanding and confidence in their interest.

Job descriptions should include a comprehensive list of titles that are suitable for the position and a thorough description. We recommended organizations review their job descriptions every one to two years by individuals in similar positions. Improved job descriptions may ultimately improve recruitment for new graduates and experienced individuals in the health care field.

- **Long-term mentorship following pipeline programs.** Middle school pipeline programs exist across the country to enhance health care recruitment, often through day camp programs such as Oregon's MedQuest program described above. Other states have designed educational consortia to develop programs to support middle school and high school students who are interested in health care programs. In Oregon, programs should

include a weekly academy during the school year paired with enrichment programs. The academy and enrichment days would focus on health care experiences or shadowing, exam training, career counseling, and mentorship.

This would take effort to develop statewide but would certainly be an option to support students early and increase confidence in those desiring a health care-focused career path.

- **Provide application process support for underrepresented groups.** The American Indian and Alaskan Native (AI/AN) medical school application support program offered by Northwest Native American Center of Excellence provides one-on-one feedback to students in developing their medical school applications. (16) Supports include creating personal statements, writing letters of recommendation, and developing an overall understanding of the application process.

The program is offered to those intending to apply to medical school within one to two years. Program applicants must include:

- A written personal statement.
- Familiarity with the interview process.
- Previous Medical College Admission Test (MCAT) completion or practice MCAT completion.

The subcommittee recommends developing similar workshops for minority groups in Oregon applying for medical school and other academic programs leading to a health professional credential.

2. **Education and training:** Invest in education and training programs that graduate skilled and culturally-competent members into the health care workforce.

Universities, college, and training institutions should ensure they have health-related training programs are aligned with the needs of the health care sector. Their recruiting and graduating cohorts should reflect the diversity of the state. They should incorporate practical training experiences, so trainees graduate ready to enter the workforce. Furthermore, we recommend scholarship, grant, and incentive programs are consistently evaluated. Programs may need to

expand in response to enhance the affordability and attractiveness of health care training.

Examples of initiatives that would meet these intentions include:

- **Create free health care professional support programs for people from diverse communities** — Create a Wy’east Medicine-inspired program that is available to all health care professions. Wy’east Medicine is a tuition-free program sponsored by the Northwest Native American Center of Excellence that supports American Indian and Alaska Native (AI/AN) learners into and through medical school. Wy’east Medicine currently works with the OHSU School of Medicine, and we recommend that similar programs be created. (17)
- **Provide paid externship programs** — Like the Wy’east Medicine program, the Tribal Health Scholars (THS) program is a program sponsored by the Northwest Native American Center of Excellence. It is a paid externship program where AI/AN highschool students are supported and inspired to pursue careers in health care. We believe THS — and similar programs focused on high school students from underrepresented communities — are critical to a robust pipeline of future health care workforce members. We recommend investing and expanding THS and similar programs. (18)
- **Create a culturally responsive care training fund** — While cultural- responsive training is required of providers and some support staff, providing it for all members of the workforce is expensive and time intensive. Having a statewide fund to pay for this training would greatly improve the cultural responsiveness of the health care workforce and increase the level of culturally competent care.
- **Offer telehealth clinical-support training** — Oregon should offer telehealth clinical-support training to allow more robust utilization of telehealth. In cases of extreme workforce shortage where Oregon- based providers cannot be utilized, telehealth allows a clinic to utilize the services of a remote or out-of-state provider. However, this workflow requires unique support from in-person team members — such as nurses, medical assistants, and dental hygienists. We recommend creating training for support team members to maximize the effectiveness of

telehealth. We also recommend the state government, individual employers or both incentivize people to complete this training.

3. Health care worker support, advancement, and retention:

Retention of health professionals is equally important to their recruitment. Once professionals are recruited and educated, focus on their ongoing development and support. Establish mentorship programs, continuing- education opportunities, and pathways for career advancement. Providing a supportive and fulfilling work environment can lead to higher job satisfaction and retention rates. Develop registers to identify if health professionals may be planning to leave their place of employment so action can be taken.

Examples of initiatives and strategies that would meet these intentions and better support our workforce include:

- **Provide employee wellness programs designed by employees rather than developed through a top-down approach or human resources decision-making program development.** Being “consciously incompetent” is to acknowledge that due to our own lived experiences, we are ill-equipped to understand the lived experiences of others. We are never the expert in another person’s experience — we are incompetent in this regard. When considering employee wellness programs:
 - Acknowledge and normalize the widespread and variable nature of fear and worry.
 - Provide structure, a sense of purpose, and social interaction.
 - Talking about emotional experience can have the positive benefit of reducing isolation and despair.
 - Engage in healing conversations to promote positive coping and resilience.
 - Consider affinity groups if not currently in existence.
 - Provide onsite healing spaces — such as for yoga, meditation, and exercise.
 - Incorporate actions in a strategic plan. Prioritize human capital.
 - Identify funding for staff wellness and climate surveys.

- **Use an equity approach to all employee wellness programs that recognizes that all of us start out differently and have varying needs.** Systemic racism continues to oppress, invalidate, and deeply affect the lives of Black and Indigenous people in ways other people of color may not necessarily experience. This may prevent them from participating or sharing their ideas for employee wellness programs. In developing or soliciting ideas for employee wellness activities, recognize that Black and Indigenous employees still bear the impact of slavery and genocide. Seven in 10 employees say this is the most stressful time in their career. (19)
- **Provide health pathway coaching.** Collaboration between health career training institutions and groups associated with underrepresented groups should use available data to identify what's missing among those who are struggling or failing in placement.

Recruit counselors, mentors, faculty, and students who look like those from groups that are currently underrepresented in the health care workforce. This group of health pathway coaches and mentors should be deployed well in advance of graduation.

A lack of diversity in the community — and their lack of awareness of needs of a diverse workforce — can be a barrier to people of color or other underrepresented groups being attracted to that community or remaining there once recruited. As stated above there is a need to explicitly and proactively create and maintain connections to coworkers and community that ensures a sense of belonging. Such connection can help organizations proactively identify persons, during training or out in practice, who are at risk of leaving because they lack this sense of belonging.

Upper leadership in academic and health care institutions should provide funding support — including incidental financial costs — as well as ensure collaboration among health pathway groups.

- **Create Indigenous faculty forums to support, strengthen, and advance careers.** Academic institutions should invest in institutional support with a clear leader who has a vision to increase Indigenous faculty. This should include higher intensity

during early career and continued through each stage of advancement.

Furthermore, these institutions should study who advances slowly or falls out of academia when creating faculty advancement opportunities.

- **Provide assistance with relocation costs for those who reside outside of Oregon and within a certain distance of the state's borders.** The Legislature and health care organizations should provide additional funds to enable health care organizations focus on the recruitment and retention of diverse health care providers from areas just outside of the state.

The same incentives that are often given when recruiting for executive and senior level academic positions should be provided when recruiting for diverse health care provider positions. Incentives would be based on population data so that the incentives represent the diversity of the population being served.

4. **Community integration and belonging:** In order to attract and keep top talent, it is imperative to focus on strategies that not only address the professional aspects of work but the professional and social culture of the workplace and community in which health professionals practice and live.

This document outlines recommendations to achieve this objective, with a particular emphasis on initiatives that promote connection, work-life balance, mental health, and addressing relocation challenges.

- **Connecting to the community.** To facilitate the recruitment and seamless integration of health care professionals into local Oregon communities, several key strategies can be implemented:
 - Recruit rural and local students for rural positions. Studies find students with a rural background are more likely to locate in rural areas.
 - Establish mentorship programs to pair new health professionals with experienced practitioners. They can provide guidance, share local knowledge, and foster professional relationships.

- Encourage community engagement initiatives, such as volunteering opportunities and participation in local events. This enables health care professionals to connect with residents and understand the unique characteristics of their communities.
- Offer cultural sensitivity training. This can help health care professionals develop a deeper appreciation for the diverse backgrounds of local and Oregon residents, enhance their ability to provide culturally competent care, and reinforce their sense of belonging within the community.

These strategies collectively create a supportive environment that not only benefits the health care professionals but also strengthens the bonds between health care providers and the communities they serve.

- **Work-life balance and mental health.** Promoting a healthy work-life balance for health care workers is crucial to providers' well-being and job satisfaction. Initiatives to support this balance should include:
 - Implement flexible scheduling options. When possible, flexible scheduling options allow health care professionals to better manage their work hours, accommodate personal commitments, and reduce burnout.
 - Assess and remove barriers to health care professionals utilizing paid time off benefits. Along with flexible scheduling employers should ensure staff have the ability to use paid leave time that is included in their employment package.
 - Offer telehealth opportunities. If applicable, telehealth options can provide added flexibility — enabling remote work when appropriate.
 - Provide comprehensive mental health support. These supports could include counseling services, stress management workshops, and access to peer support groups, which can help health care workers navigate the emotional toll of their roles and maintain a positive work-life equilibrium. The HCWF subcommittee on workforce wellness and resiliency has proposed detailed

[recommendations on expanding mental health supports and services.](#)

- Offer on-site or subsidized childcare and elderly care services - These services can alleviate family-related stressors, allowing health care professionals to focus on their responsibilities.

These initiatives collectively contribute to a healthier work-life balance for health care workers, ultimately improving their overall job satisfaction and effectiveness in delivering quality care. The committee's [paper on workforce wellness and resiliency](#) should be consulted for additional strategies to support workforce retention through their well-being.

- **Relocation challenges.** Attracting and supporting health care workers facing relocation challenges requires a thoughtful approach. To address these challenges effectively, state programs and health care organizations can:
 - Offer comprehensive relocation assistance packages — These packages should cover moving expenses, temporary housing, and assistance in finding permanent housing within the community.
 - Provide financial incentives, such as sign-on bonuses or housing stipends — In order to be effective, these benefits must be larger than the opportunity costs associated with working in rural or local areas, including the possible additional income generated from working in the urban or private sector.
 - Establish cultural orientation programs to help newcomers acclimate — Orientation programs help people acclimate to the local and organizational lifestyle, navigate community services, and understand the unique attributes of the region. Hosting community welcome events where health care workers can meet local leaders, organizations, and residents can foster a warm and inclusive atmosphere and make the transition to a new environment smoother.

By combining financial support with cultural and community integration initiatives, health care organizations can create environments that not only attract health care workers but also incentivize them to stay longer.

5. **Funding and resource allocation:** Develop a sustainable funding strategy to support recruitment efforts, educational programs, workforce development initiatives, and community integration projects. Explore partnerships with government agencies, private donors, and industry stakeholders to secure the necessary financial resources for the success of the health care professional expansion efforts.

Oregon must develop a sustainable funding strategy to support health care workforce development and retention. This must include an end-to-end approach, encompassing recruitment efforts, educational programs, workforce development initiatives, and community integration projects. This will require coordination and collaboration among government agencies, private donors, industry partners and interested parties to secure funding.

It is also essential to recognize that not everything requires more money. In some cases what is required is different thinking — directing resources in ways that support these health care workforce goals. An example would be quality-based payment formulas that include clinician wellness and retention as a required quality measure — emphasizing primary care and other critical disciplines. This would be consistent with “the quadruple aim” of “enhancing patient experience, improving population health, reducing costs, ... and **improving the work life of health care providers, including clinicians and staff.**” (20)

Some examples of specific funding strategies to pursue include:

- **Continue funding of Oregon’s successful health care provider incentive programs.** Expand eligibility to include a broader range of needed health care professions and workers and different types of incentives — such as paid internship programs.
- **Direct resources based on workforce quality measures.** This might include projects such as clinician wellness and retention within an organization — emphasizing primary care and other critical disciplines.
- **Provide funding for dedicated staff to support clinical placements.** A stable number of support staff such as medical assistants and dental assistants can enable organizations to accept more students on clinical placements.
- **Provide funding for paid internship programs.** For many potential students and trainees, particularly those from

underrepresented and minority groups, paid internships could help open a pathway to health careers.

- **Direct resources through a Medicaid Clinician Incentive Program.** A Medicaid Clinician Incentive Program, where financial resources are offered specifically for organizations or clinicians who agree to newly accept Medicaid patients, would benefit clinician groups, hospitals, health systems, and independent facilities that hire providers to care for these patients.
- **Bridge the gap between community and academic salaries for health care professionals.** In nursing, medicine, and dentistry, among others, a significant gap exists between faculty and teaching position salaries and community salaries. This serves as a significant disincentive for qualified providers to serve in faculty roles, particularly considering the debt burden taken on for professional education. Narrowing this gap would help ameliorate the shortage of teachers by reducing the compensation disincentive for academic positions.

Conclusion

The Health Care Workforce Committee devoted this past year to developing policy solutions in three interrelated areas as a next step to Oregon's Health Care Workforce Needs Assessment 2023. The committee's three goals of workforce diversity, wellness and resiliency, and development and retention are interdependent. We must address them all to have a diverse, well, and resilient health care workforce that supports Oregonians to be healthy. We should pay attention to recruitment, education, and training that create career pathways and retain health care professionals at all levels once they have entered the workforce. This will require ongoing action by government and non-governmental entities to ensure Oregon has a culturally and linguistically responsive workforce that can deliver on the commitments of optimal health for everyone and eliminating health inequities.

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Suggested resources

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Appendix A: Selected financial incentives to support health care workforce development and retention

Program name	Agency	Summary	Funding 2021-23	Funding 2023-25
<p>Health Care Provider Incentive Program</p> <p>www.oregon.gov/oha/hpa/hp-pco/pages/hc-provider-incentive.aspx</p>	OHA	<ul style="list-style-type: none"> Financial support and tuition reduction for students Loan repayment and subsidies for credentialed professionals Support for career entry and advancement 	\$19.2M	\$25.2M
<p>HOWTO Grant Program</p> <p>www.oregon.gov/oha/hpa/hp-pco/pages/howto-grant-program.aspx</p>	OHA	Grants of up to \$1 million for community-based projects to expand and diversify health care workforce	\$10.4M	\$10.5M
<p>Workforce Ready Grants</p> <p>www.oregon.gov/highered/policy-collaboration/Pages/Future-Ready.aspx</p>	Oregon Higher Education Coordinating Council (HECC)	Direct financial supports and wraparound services to jobseekers from priority populations pursuing careers in the high demand fields of health care, manufacturing, and technology.	\$95M (only a portion of this will go to health care)	--

Program name	Agency	Summary	Funding 2021-23	Funding 2023-25
National Health Service Corps	Health Resources and Services Administration (HRSA)	<ul style="list-style-type: none"> Financial support and tuition reduction for students Loan repayment and subsidies for credentialed professionals 	\$26.2M	--
NurseCorps	HRSA	<ul style="list-style-type: none"> Financial support and tuition reduction for students Loan repayment and subsidies for credentialed professionals 	\$8.0M	--
Health Professions Training Program	HRSA	<ul style="list-style-type: none"> Support to institutions to expand health care workforce 	\$19.4M	--



HEALTH CARE WORKFORCE COMMITTEE

HEALTH POLICY AND ANALYTICS

Clinical Supports, Integration and Workforce Unit

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