

Oregon Healthcare
Workforce Institute



Oregon's Obligated Service Health Providers: 2008 through 2012

Oregon Healthcare Workforce Institute
February 2014

Acknowledgement

This study on Oregon's obligated service health providers and programs from 2008 through 2012 was made possible through the Oregon Health Authority's Primary Care Office, from a Health Resources and Services Administration ARRA grant (U6AHP16568). Additional information on the Primary Care Office's services and resources is available at <http://www.oregon.gov/oha/OHPR/PCO/Pages/index.aspx>.

Oregon's Obligated Service Health Providers: 2008 through 2012

Since the 1960s, the issue of an adequate supply of health professionals to meet the needs of underserved areas and populations has been a part of the national discussion around health care.¹ The establishment of the National Health Services Corps (NHSC) in 1972 was a watershed event, in which the federal government created a concentrated approach to address health care access in underserved areas. To varying degrees, states have followed the lead of the federal government, with many states sponsoring their own loan repayment and loan forgiveness programs to supplement federal resources to recruit health professionals to practice in underserved areas or with underserved populations.

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) has agreements in place with 54 states and territories to coordinate the NHSC and other recruitment and retention programs. In Oregon, the Oregon Primary Care Office (PCO) within the Oregon Health Authority works in partnership with HRSA in administering many federal health care workforce programs to increase the supply of health providers in Oregon's rural and underserved areas.² These HRSA programs include student loan repayment and scholarships, as well as the J-1 physician visa waiver program, for qualified health providers who commit to practicing for a defined service period in communities located in Health Professional Shortage Areas (HPSA).³

The term "obligated service providers" is used in this report to define those health professionals fulfilling a service contract with HRSA in exchange for loan repayment assistance or scholarship, as well as those individuals fulfilling a service contract under a J-1 Visa Waiver for a foreign physician. This report presents information on these obligated service programs and health professions, employing facilities, and retention rates of obligated service providers in Oregon's health care workforce from 2008 through 2012.ⁱ

Obligated Service Programs

Oregon's PCO coordinates four obligated service programs for the state: the National Health Service Corps, NURSE Corps, Faculty Loan Repayment Program, and J-1 Visa Waiver Program.

National Health Service Corps (NHSC) providers serve in federally designated HPSAs in primary care, dentistry, and mental and behavioral health. There are two NHSC programs:

The National Health Service Corps Loan Repayment Program (LRP) offers providers working full-time in HPSAs up to \$60,000 in student loan repayment. The program requires a two-year service commitment with an opportunity to extend service contracts for

ⁱ It is noted here that there are other state and private programs administered in Oregon that provide similar financial assistance for health care providers; however, information on these programs and providers are not included in this report.

additional support. Recipients must work in approved worksites in rural, urban and frontier communities.

The National Health Service Corps Scholarship Program (SP) offers students pursuing primary health care careers funding for tuition and other educational expenses as well as monthly stipends. In exchange, recipients commit to practicing in a HPSA for a minimum of two and maximum of four years after graduation and licensure.

The NURSE Corps includes licensed registered nurses, advanced practice nurses and nurse faculty who serve at Critical Shortage Facilities (CSF). CSFs are facilities within HPSAs that include non-profit hospitals, inpatient or outpatient nursing facilities, Federally Qualified Health Centers, rural health or public health clinics, and accredited public or private not-for-profit nursing schools. There are two NURSE Corps programs:

The NURSE Corps Loan Repayment Program (NELRP) offers registered nurses and advanced practice registered nurses working in critical nurse-shortage areas loan repayment for up to 60% of eligible school loans. The program requires a two-year service commitment and offers additional 25% repayment for a third-year of service. Recipients must work in approved facilities in rural, urban and frontier communities.

The NURSE Corps Scholarship Program (NSP) offers nursing students funding for tuition and other educational expenses as well as stipends. Recipients commit to working in HPSA facilities with a critical shortage of nurses for a minimum of two and maximum of four years after graduation and licensure.

The Faculty Loan Repayment Program (FLRP) is for health profession program graduates from disadvantaged backgrounds who serve for two years as faculty in qualified health profession education programs at an accredited college or university. Recipients can receive a maximum of \$40,000 in loan repayment to be matched by the employing institution.

J-1 Physician Visa Waiver Program (J-1 Visa Waiver)

To address the U.S. physician shortage, the federal J-1 Physician Visa Waiver Program, also known as the Conrad Program, authorizes Oregon's PCO to sponsor up to 30 international medical graduates per year in full-time employment in federally-designated HPSAs, Medically Underserved Areas, or Medically Underserved Population worksites.^{4,5}

Foreign physicians who obtained their exchange visitor visa to pursue graduate medical education or post-graduate training in the United States are eligible for this program. The J-1 Visa Waiver waives the requirement that foreign physicians return to their home country for two years before applying for permanent residency in the United States. In exchange, the physician agrees to practice full-time for three years in underserved areas or with underserved populations. Once the obligations of the J-1 Visa Waiver have been fulfilled, the physician is eligible to apply for permanent residence or other visa status.

Data and Methods

Data for this report comes from the following sources:

- PCO's 2010 - 2013 National Health Service Corps Field Strength Reports, which includes the loan repayment and scholarship programs, identifies the providers' health profession, employment status, obligated service program type, worksite location, and length of obligation.
- PCO's 2013 J-1 Physician Visa Waiver Database identifies the physicians' practice specialty, gender, country of origin, worksite location, start date, and waiver year. When data elements from the J-1 Physician Visa Database match with data elements in the loan repayment and scholarship database (e.g., worksite location), the data is presented together, otherwise the data is presented separately.
- Oregon Medical Board (OMB) licensing applicant/licensee services website identifies the current license status and worksite location for physicians and physician assistants.⁶
- Oregon State Board of Nursing (OSBN) license verification services website identifies the current license status and worksite location for nurses.⁷
- Oregon Board of Dentistry online licensee directory identifies the current license status and worksite location of dentists and dental hygienists.⁸
- Oregon Board of Licensed Professional Counselors and Therapists online licensee directory identifies the current license status and worksite location for licensed professional counselors and marriage and family therapists.⁹
- Oregon Board of Licensed Clinical Social Workers online license verification and disciplinary records check system identifies the current license status and worksite location for licensed social workers.¹⁰
- Nurse practitioner workforce data from the 2012 OSBN licensing database as submitted to the Oregon Health Care Workforce Licensing Database in February 2012 and cleaned by the Oregon Center for Nursing.¹¹
- Physician and physician assistant workforce data from the 2012 OMB licensing database as submitted to the Oregon Health Care Workforce Licensing Database in January 2012 and cleaned by the Oregon Healthcare Workforce Institute.¹²

The number of obligated service providers in Oregon for 2008, 2009, 2010, 2011, and 2012 was determined by counting obligated service health professionals reported as active in the National

Health Service Corps Field Strength Reports and the J-1 Physician Visa Database for any duration during the specified year.

The primary practice address for obligated service health professionals working in multiple counties was identified as the first reported address. The obligated service providers' rural/non-rural practice status was determined using the Oregon Office of Rural Health's rural/urban zip code designation list.¹³

Retention rates of the health providers who have fulfilled their contract obligations were established using 2013 worksite location data from the licensing boards' online licensee directories.

The percentages of obligated service physicians, nurse practitioners, and physician assistants and their non-obligated counterparts working in primary care were determined at the county-level using data from the 2012 Oregon Health Care Workforce Licensing Database. For purposes of this report primary care providers are defined as physicians, nurse practitioners and physician assistants who reported practicing in the specialties of family medicine, general practice, geriatrics, pediatrics, adolescent medicine, internal medicine, obstetrics and gynecology, or women's health.

Section I: Obligated Service Providers in Oregon from 2008 through 2012

Oregon's Obligated Service Providers

There are 14 types of health providers eligible for the obligated service programs identified in this report:¹⁴

- Osteopathic (DO) and Allopathic (MD) Physicians
- Physician Assistants (PA)
- Nurse Practitioners (NP)
- Certified Nurse Midwives (CNM)
- Dentists (DD)
- Health Service Psychologists (HSP)
- Licensed Clinical Social Workers (LCSW)
- Licensed Professional Counselors (LPC)
- Marriage and Family Therapists (MFT)
- Registered Nurses (NUR), (Nursing NELRP)
- Advanced Practice Nurses (Nursing NELRP)
- Nurse Faculty (Nursing NELRP)
- Psychiatric/Mental Health Nurse Practitioners and Clinical Nurse Specialists (defined by HRSA program criteria as *Psychiatric Nurse Specialists* and abbreviated as PNS)
- Registered Dental Hygienists (RDH)

The number of obligated service providers in Oregon has increased from 33 in 2008 to 338 in 2012 (see Table 1).

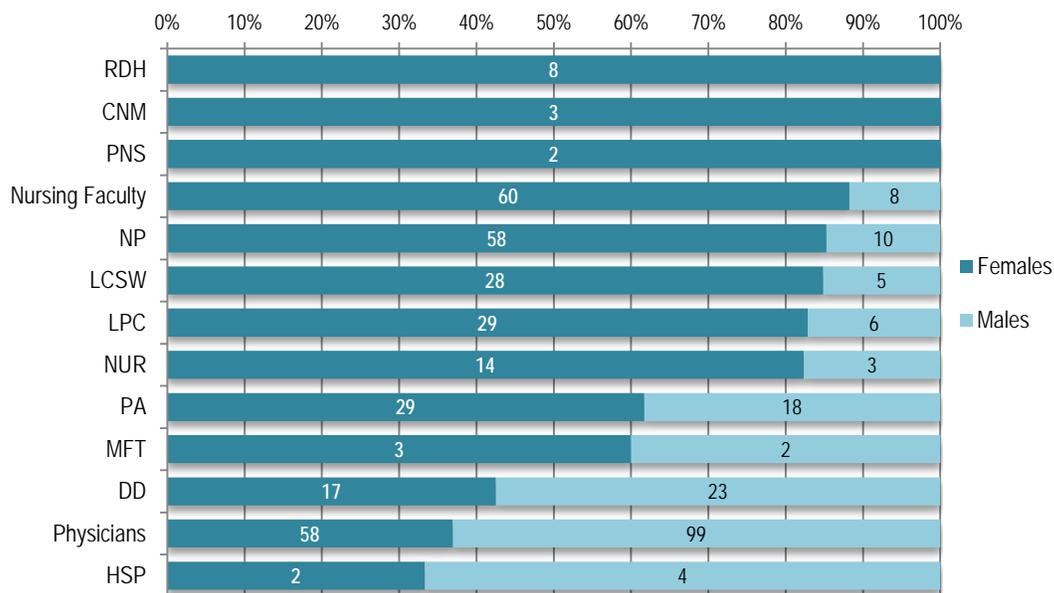
Table 1: Count of Oregon's Obligated Service Health Providers by Year: 2008 - 2012

Profession	2008	2009	2010	2011	2012
Nursing Faculty	0	0	0	0	67
Physicians (MD/DO)	26	36	42	91	78
Nurse Practitioners	1	11	28	49	53
Physician Assistants	1	12	21	38	39
Licensed Clinical Social Workers	0	3	9	21	28
Licensed Professional Counselors	0	5	9	20	29
Dentists	5	14	21	31	30
Registered Nurses	0	0	0	0	17
Health Service Psychologists (HSP)	0	0	1	4	6
Registered Dental Hygienists	0	0	5	7	5
Marriage and Family Therapists	0	1	2	4	3
Certified Nurse Midwives	0	3	3	3	1
Psychiatric/Mental Health Nurse Practitioners & Clinical Nurse Specialists (PNS)	0	1	1	1	1
Total	33	86	142	243	338

Gender of Obligated Service Providers

The number of females (311) in obligated service programs exceeds the number of males (178) (see Figure 1); however, three provider types have a majority of males: physicians, dentists (DD), and psychologists (HSP).

Figure 1: Gender of Oregon's Obligated Service Providers by Provider Type: 2008 - 2012



Oregon's Obligated Service Providers by County

From 2008 through 2012, Oregon's PCO facilitated the placement of 489 obligated service providers in Oregon's rural and underserved areas. Table 2 presents the number of obligated service providers by county of placement over this five-year time period.ⁱⁱ

From 2008 through 2012, the counties with the highest number of obligated service providers are Multnomah (86), Jackson (56), Marion (31), and Washington (28). No obligated service provider identified a practice address in Curry, Sherman, Wallowa, or Wheeler counties during this time period.

ⁱⁱ From 2008 to 2012, eight obligated service providers worked in two or more counties. Two dentists, one physician assistant, and one social worker practiced in both Hood River and Wasco counties. One physician worked in Benton and Linn counties. One dental hygienist worked in Jackson and Josephine counties and one dental hygienist worked in Washington and Yamhill counties. One nurse practitioner worked in three counties: Crook, Deschutes, and Jefferson. For the purpose of this report, only the county associated with the primary practice address of each of these professionals was used to construct Table 2.

Table 2: Distribution of Oregon's Obligated Service Providers by County: 2008 - 2012

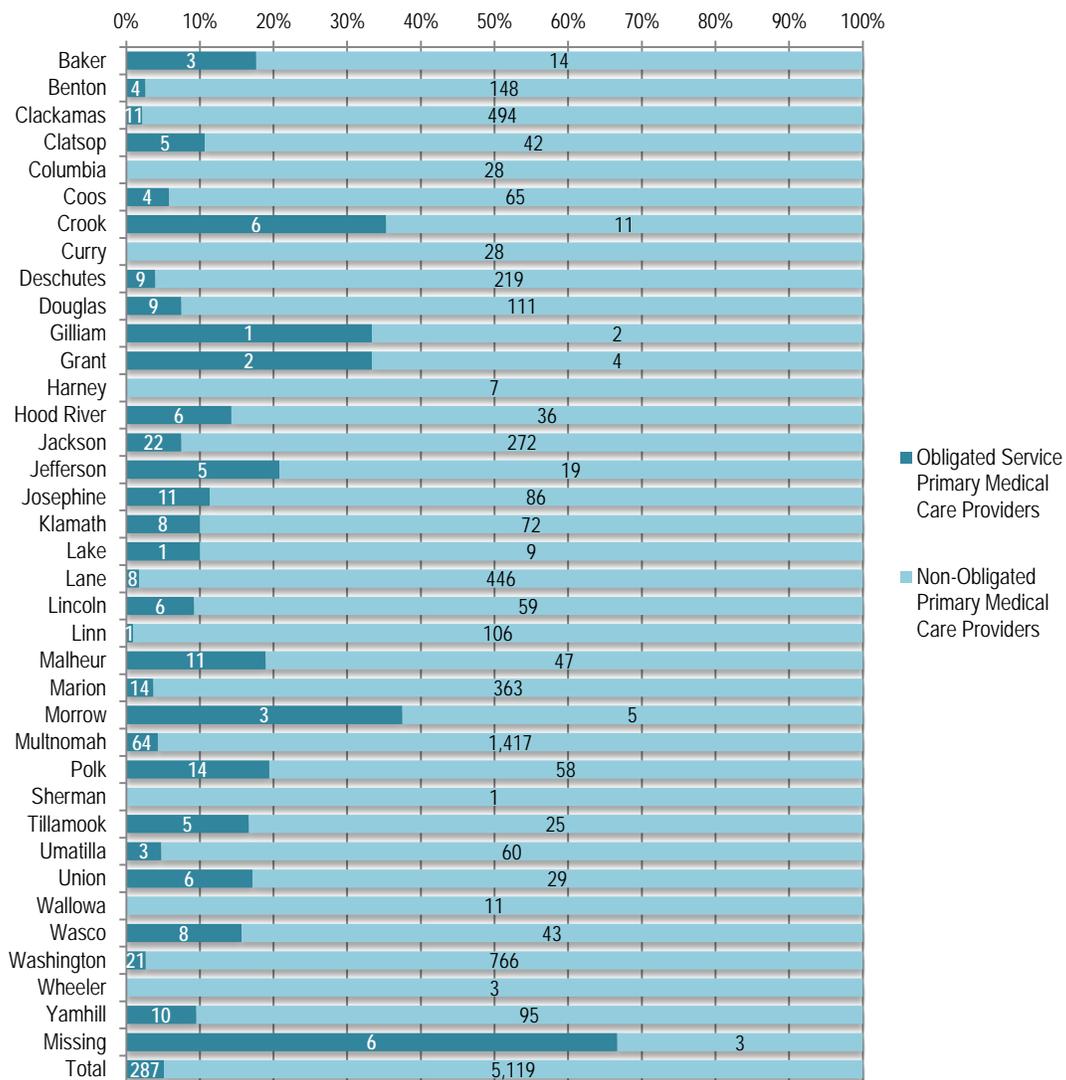
County	Certified Nurse Midwife	Dentist	Health Service Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Marriage and Family Therapists	Nurse (NELRP Program)	Nurse Practitioner	Registered Nurse	Physician (MD/DO)	Physician Assistant	Psychiatric/Mental Health NP or CNS (PNS)	Dental Hygienist	Total
Baker	0	0	0	1	1	0	1	0	0	0	1	0	0	4
Benton	0	0	0	0	0	0	0	0	1	1	0	0	0	2
Clackamas	0	1	0	2	2	0	2	4	0	2	1	0	0	14
Clatsop	0	0	0	0	0	0	0	8	0	4	0	0	0	12
Columbia	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Coos	0	0	0	1	3	0	0	4	0	7	0	0	0	15
Crook	0	0	1	0	0	0	0	1	0	2	3	0	0	7
Curry	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Deschutes	0	0	0	0	0	0	1	1	0	6	7	0	0	15
Douglas	0	0	0	2	3	1	0	7	0	9	0	0	0	22
Gilliam	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Grant	0	0	0	0	1	0	0	1	0	2	0	0	0	4
Harney	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Hood River	0	3	0	1	0	0	0	0	0	2	1	0	0	7
Jackson	2	10	0	2	5	0	3	8	2	20	1	0	3	56
Jefferson	0	0	0	1	1	0	1	2	0	2	0	0	0	7
Josephine	0	3	1	3	3	0	1	3	0	7	0	1	1	23
Klamath	0	1	0	1	2	1	1	2	0	9	0	0	1	18
Lake	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Lane	0	1	0	0	0	0	2	3	0	18	0	0	0	24
Lincoln	0	3	0	1	2	1	1	0	0	0	0	0	0	8
Linn	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Malheur	0	6	0	1	0	0	0	0	2	6	1	0	0	16
Marion	0	1	1	0	0	0	4	1	4	15	4	0	1	31
Morrow	0	0	0	1	1	0	0	0	0	0	2	0	0	4
Multnomah	0	2	0	3	2	0	40	12	5	14	6	1	1	86
Polk	0	2	0	3	6	0	0	3	0	1	5	0	0	20
Sherman	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tillamook	0	0	0	1	1	0	0	1	0	1	3	0	0	7
Umatilla	0	0	0	2	0	0	0	2	0	9	0	0	0	13
Union	0	0	0	2	1	0	2	0	0	5	1	0	0	11
Wallowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wasco	0	0	0	2	1	0	1	3	0	3	2	0	0	12
Washington	1	3	2	3	0	0	8	1	3	2	4	0	1	28
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yamhill	0	4	1	0	0	0	0	1	0	7	4	0	0	17
Total	3	40	6	33	35	5	68	68	17	157	47	2	8	489

County Distribution of Obligated Service Primary Care Medical Providers

In Figure 2, a comparison is made between the number of obligated service physicians, nurse practitioners and physician assistants who are primary care medical providers and their non-obligated counterparts by county of practice in 2012. Primary care medical providers are defined as physicians, nurse practitioners and physician assistants who reported practicing in the specialties of family medicine, general practice, geriatrics, pediatrics, adolescent medicine, or internal medicine, obstetrics and gynecology, or women’s health.

Statewide in 2012, obligated service physicians, nurse practitioners, and physician assistants made up 5% of the statewide primary care medical workforce. There were four counties where more than 25% of the primary care medical workforce consisted of obligated service physicians, nurse practitioners, and physician assistants: Morrow (38%), Crook (35%), Gilliam (33%) and Grant (33%).

Figure 2: Count of Obligated Service Primary Medical Care Providers as Compared to Non-Obligated Primary Medical Care Providers by County (2012)



J-1 Visa Waiver Program

From 2008 through 2012, 105 foreign physicians began their obligated service contracts in Oregon under the J-1 Visa Waiver program. These physicians represented 33 different countries (see Table 3). The most frequently reported home country was India (28) followed by the Philippines (22), Canada (8), and Pakistan (5).

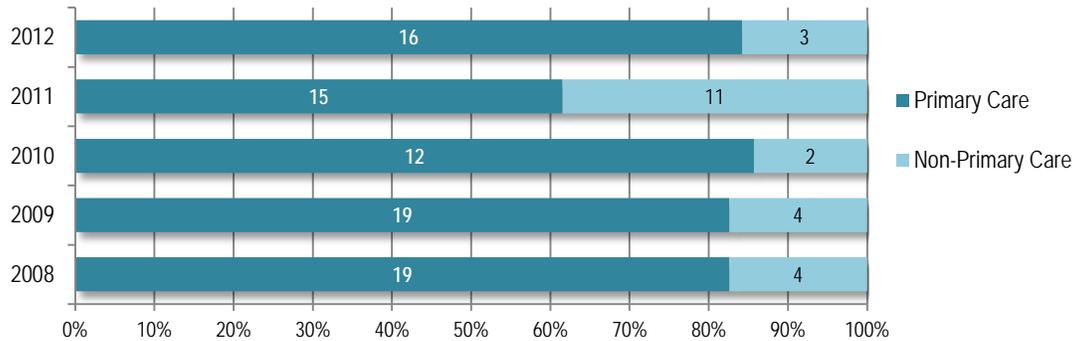
Table 3: Home Country of Oregon's J-1 Visa Waiver Program Physicians by Year Entered: 2008 - 2012

Home Country	2008	2009	2010	2011	2012	Total 2008 - 2012
Argentina	0	0	1	1	0	2
Bangladesh	0	0	1	0	0	1
Barbados	0	0	1	0	0	1
Botswana	0	0	0	0	1	1
Canada	4	1	0	1	2	8
Dominican Republic	2	2	0	0	0	4
Egypt	0	0	0	0	1	1
El Salvador	0	0	0	0	1	1
Germany	0	0	1	0	0	1
Great Britain	0	0	1	0	0	1
India	2	8	5	8	5	28
Kenya	0	0	0	1	0	1
Lebanon	1	0	0	0	1	2
Malaysia	1	0	0	2	0	3
Maldives	0	0	1	0	0	1
Mexico	1	1	0	1	0	3
Moldova	1	0	0	0	0	1
Nepal	0	1	0	1	0	2
New Zealand	0	1	0	0	0	1
Pakistan	2	1	0	1	1	5
Peru	0	0	0	0	1	1
Philippines	6	3	2	8	3	22
Romania	0	0	0	0	1	1
South Korea	0	1	0	0	0	1
Serbia and Montenegro	1	0	0	0	0	1
Slovak Republic	1	0	0	0	0	1
Saint Vincent and the Grenadines	1	0	0	0	0	1
Sudan	0	0	0	0	1	1
Syria	0	1	1	0	0	2
Thailand	0	1	0	0	0	1
Trinidad and Tobago	0	0	0	0	1	1
Turkey	0	1	0	1	0	2
Venezuela	0	0	0	1	0	1
Missing	0	1	0	0	0	1
Total	23	23	14	26	19	105

Primary Care Physicians in the J-1 Visa Waiver Program

From 2008 through 2012, 77% of the 105 J-1 Visa Waiver physicians beginning their 3-year service obligation in Oregon were primary care providers (see Figure 3).

Figure 3: Percentage and Count of Oregon's J-1 Visa Waiver Physicians by Specialty Category by Year Entering: 2008 - 2012



Practice Specialties of Oregon's J-1 Visa Waiver Physicians

There are 20 reported practice specialties of physicians in the J-1 Visa Waiver Program (see Table 4). Internal medicine (56) and family medicine (20) were the most frequently reported specialties identified by those physicians entering the J-1 Visa Waiver program in Oregon from 2008 through 2012.

Table 4: Practice Specialty of Oregon's J-1 Visa Waiver Physicians by Year of Entry: 2008 - 2012

Specialty Type	2008	2009	2010	2011	2012	Total
Bariatric Surgery	0	2	0	0	0	2
Cardiology	1	0	0	1	0	2
Dermatology	1	0	0	1	0	2
Endocrinology	0	0	1	1	0	2
Family Medicine	4	2	3	6	5	20
General Psychiatry	0	0	0	1	0	1
General Surgery	0	0	0	1	1	2
Geriatrics	1	0	0	0	0	1
Hematology	0	0	0	1	0	1
Infectious Diseases	0	0	0	1	0	1
Internal Medicine	14	15	9	8	10	56
Laparoscopic Surgery	0	0	0	1	0	1
Nephrology	1	1	0	0	0	2
Neurological Surgery	0	0	0	0	1	1
Neurology	1	0	0	0	0	1
Obstetrics/Gynecology	0	1	0	1	0	2
Otolaryngologist	0	0	1	0	0	1
Pediatrics	0	1	0	0	1	2
Pulmonology	0	0	0	2	0	2
Rheumatology	0	1	0	0	1	2
Vascular Surgery	0	0	0	1	0	1
Total	23	23	14	26	19	105

Section II: Obligated Service Programs in Oregon from 2008 through 2012

In 2008, only ten obligated service providers in the NHSC loan repayment and scholarship programs were serving in Oregon (see Table 5). In 2012, that number grew to 319 providers in five HRSA loan repayment and scholarship programs.

Table 5: Number of HRSA Obligated Service Providers by Program by Year in Oregon: 2008 - 2012

Program	Count of Obligated Service Providers 2008	Count of Obligated Service Providers 2009	Count of Obligated Service Providers 2010	Count of Obligated Service Providers 2011	Count of Obligated Service Providers 2012
FLRP	0	0	0	0	2
NELRP	0	0	0	0	67
NHSC LRP	9	62	124	208	221
NHSC SP	1	3	4	9	13
NSP	0	0	0	0	13
Total	10	65	128	217	319

The number of J-1 Visa Waiver physicians beginning their terms of service for each year from 2008 through 2012 is seen in Table 6.

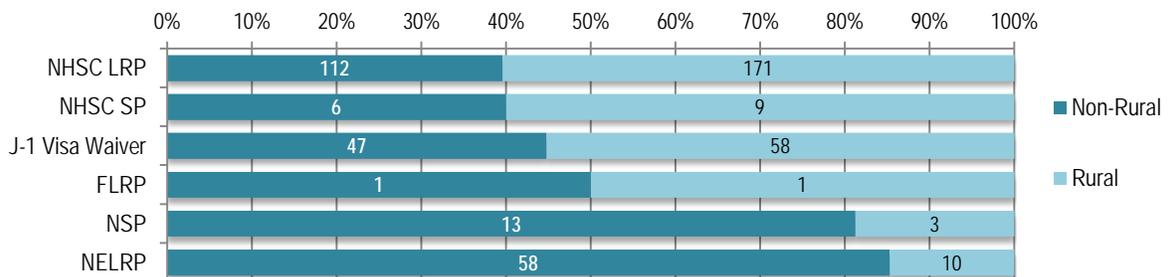
Table 6: Number of J-1 Visa Waiver Physicians in Oregon by Year of Service Entry: 2008 - 2012

Program	2008	2009	2010	2011	2012	Total Entering 2008 - 2012
J-1 Visa Waiver Physicians	23	23	14	26	19	105

Rural/Non-Rural Practice Locations of Obligated Service Providers by Program

From 2008 through 2012, more than 50% of obligated service providers practiced in Oregon's rural communities (see Figure 4). Sixty percent (or 171) of NHSC loan repayment obligated service providers served in rural communities. Of Oregon's J-1 Visa Waiver program physicians, 55% (or 58) practiced in rural communities. The majority of NSP (13) and NELRP (58) obligated service nurses worked in non-rural communities.

Figure 4: Rural/Non-Rural Location of Providers in Obligated Service Programs: 2008 - 2012



Obligated Service Program by County

From 2008 through 2012, health care providers participating in obligated service programs were present in 31 of Oregon's 36 counties.

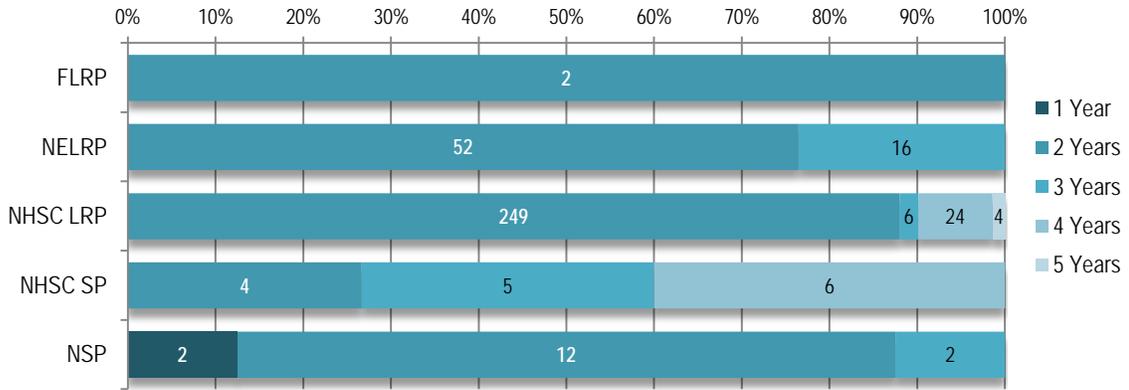
Table 7: Obligated Service Programs by County and Number of Providers: 2008 - 2012

County	FLRP	J-1 Visa	NELRP	NHSC LRP	NHSC SP	NSP	Total
Baker	0	0	1	3	0	0	4
Benton	0	0	0	1	0	1	2
Clackamas	0	1	2	11	0	0	13
Clatsop	0	2	0	10	0	0	10
Columbia	0	1	0	0	0	0	0
Coos	0	7	0	8	0	0	8
Crook	0	0	0	5	2	0	7
Curry	0	0	0	0	0	0	0
Deschutes	0	0	1	11	3	0	15
Douglas	0	8	0	14	0	0	14
Gilliam	0	0	0	1	0	0	1
Grant	0	0	0	4	0	0	4
Harney	0	0	0	1	0	0	1
Hood River	0	0	0	6	1	0	7
Jackson	0	18	3	29	4	2	38
Jefferson	0	0	1	3	3	0	7
Josephine	0	7	1	15	0	0	16
Klamath	0	4	1	12	1	0	14
Lake	0	0	0	1	0	0	1
Lane	0	17	2	5	0	0	7
Lincoln	0	0	1	7	0	0	8
Linn	0	0	0	2	0	0	2
Malheur	0	3	0	11	0	2	13
Marion	0	12	4	11	0	4	19
Morrow	0	0	0	4	0	0	4
Multnomah	1	5	40	36	0	4	81
Polk	0	0	0	20	0	0	20
Sherman	0	0	0	0	0	0	0
Tillamook	1	0	0	6	0	0	7
Umatilla	0	8	0	5	0	0	5
Union	0	5	2	4	0	0	6
Wallowa	0	0	0	0	0	0	0
Wasco	0	1	1	9	1	0	11
Washington	0	0	8	17	0	3	28
Wheeler	0	0	0	0	0	0	0
Yamhill	0	6	0	11	0	0	11
Total	2	105	68	283	15	16	489

Length of Service Obligation

From 2008 through 2012, most of Oregon’s obligated service providers committed to a two-year length of service (see Figure 5). The NHSC loan repayment program has the largest number of obligated service providers serving beyond two years. Twenty-eight providers in the NHSC loan repayment program served for four or more years. J-1 Visa Waiver physicians have a three year service obligation.

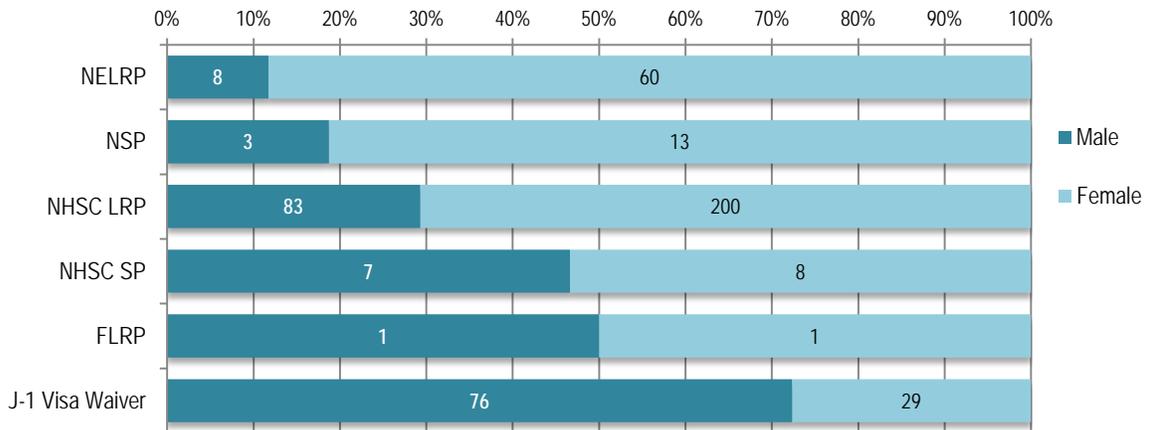
Figure 5: Count and Percentage of Providers by Length of Service Commitment in Obligated Service Program: 2008 -2012



Obligated Service Program Gender Profile

From 2008 through 2012, the majority of Oregon’s obligated service providers were female (see Figure 6). The only program with a majority of males is the J-1 physician visa waiver program with 76 male physicians and 29 female physicians beginning service during this timeframe.

Figure 6: Provider Gender by Obligated Service Program: 2008 - 2012



Section III: Oregon’s Health Care Facilities Employing Obligated Service Providers

Overview of Facilities Employing Obligated Service Providers

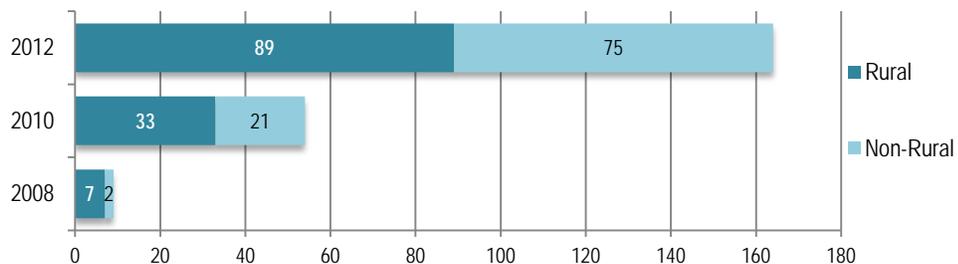
Obligated service providers are employed in federally designated facilities, such as rural health clinics, tribal clinics, migrant health centers or Federally Qualified Health Clinics, or as faculty in accredited health profession education programs (see Table 8). In Oregon, the most common facility types employing obligated service providers in 2012 were Community and Migrant Health Centers (40) and Federally Qualified Health Centers (26).

Table 8: Type and Count of Facilities Employing Obligated Service Providers (2012)

HRSA Designated Facility Type	Count of Facilities (2012)
Community/Migrant Health Center	40
Federally Qualified Health Center	26
Certified Rural Health Clinic	7
Hospital Affiliated Primary Care Practice	5
Mental Health/Substance Abuse	2
Prison	2
Compacted Indian Tribe	1
Dental Clinic	1
Group Practices	1
Homeless Shelter	1
Indian Health Service, Tribal Clinic, and Urban Indian Health Clinic	1
Other	21
Missing	56
Total	164

The majority of facilities employing obligated service providers were located in Oregon’s rural communities, where the number of facilities increased from 7 in 2008 to 89 in 2012 (see Figure 7). In Oregon’s non-rural communities, the number of facilities employing obligated service providers increased from two in 2008 to 75 in 2012.

Figure 7: Rural/Non-Rural Location of Facilities Employing Obligated Service Providers: 2008 - 2012



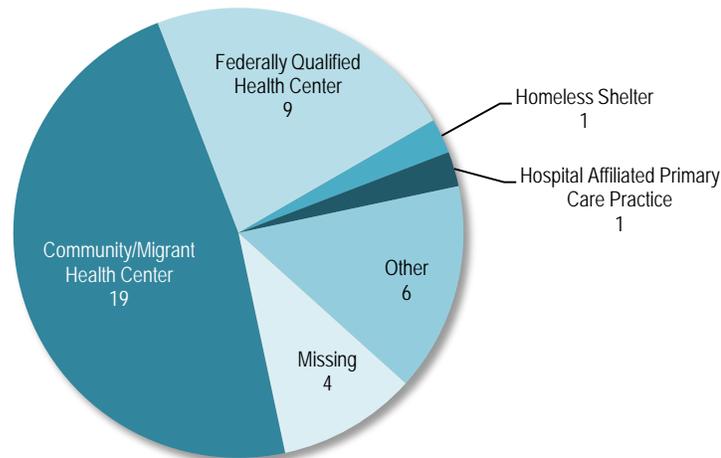
In 2008, there were nine facilities in seven counties employing obligated service providers (see Table 9). By 2012, the number of facilities employing obligated service providers increased to 164 and spread throughout 30 counties in Oregon. The counties experiencing the largest increases in the number of facilities employing obligated service providers from 2008 through 2012 were Multnomah (25), Jackson (13), and Washington (12).

Table 9: Count and County of HRSA Designated Facilities Employing Obligated Service Providers by Year

	Count of Facilities: 2008	Count of Facilities: 2010	Count of Facilities: 2012
Baker	0	1	3
Benton	0	0	3
Clackamas	0	2	8
Clatsop	0	1	3
Columbia	0	0	0
Coos	0	1	1
Crook	0	2	3
Curry	0	0	0
Deschutes	1	1	3
Douglas	0	2	8
Gilliam	0	0	1
Grant	0	2	1
Harney	0	1	0
Hood River	0	2	2
Jackson	0	6	13
Jefferson	0	1	6
Josephine	1	1	6
Klamath	2	3	5
Lake	0	0	1
Lane	0	3	5
Lincoln	0	0	7
Linn	0	0	1
Malheur	2	4	8
Marion	0	1	9
Morrow	0	1	3
Multnomah	1	7	25
Polk	0	2	6
Sherman	0	0	0
Tillamook	0	1	3
Umatilla	0	1	3
Union	0	1	4
Wallowa	0	0	0
Wasco	0	2	7
Washington	1	3	13
Wheeler	0	0	0
Yamhill	1	2	3
Total	9	54	164

In 2012, most of the 319 obligated service health professionals worked in a single facility. Twenty-three, however, worked in at least two and up to four facilities during their service obligation. The obligated service providers working at multiple facilities included nine nurse practitioners, three licensed clinical social workers, three dentists, three physicians, two physician assistants, two dental hygienists, and a marriage and family therapist. Additionally, these 23 obligated service health professionals worked in 40 of the 164 active HRSA designated facilities in 2012 (see Figure 8).

Figure 8: Type and Count of Facilities Employing Those Obligated Service Professionals Who Worked in Multiple Locations (2012)



Section IV: Retention of Obligated Service Providers: 2008-2013

Retention of Oregon’s Obligated Service Providers

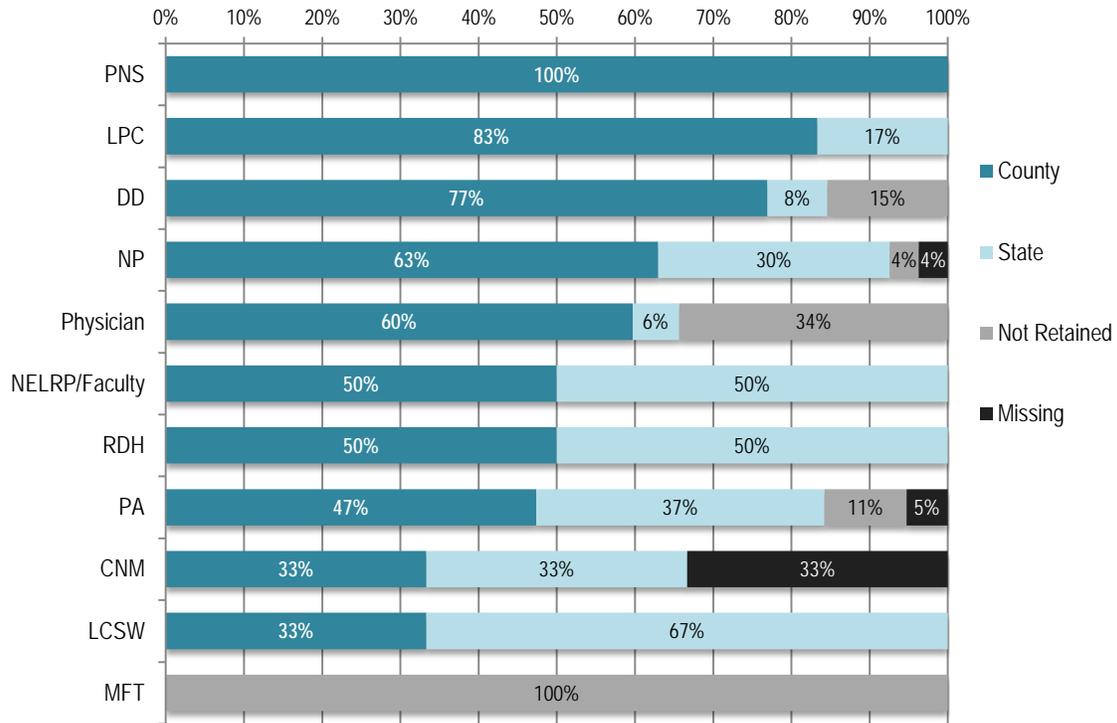
From 2008 through 2013, 142 obligated service providers fulfilled their service contracts in Oregon, including 65 physicians, 27 nurse practitioners, 19 physician assistants, 13 dentists, six licensed professional counselors, three certified nurse midwives, three licensed clinical social workers, two nurse faculty, two dental hygienists, one psychiatric/mental health nurse practitioner (PNS), and one marriage and family therapist. Overall, 78% of these obligated providers completing their service agreement from 2008 through 2013 have remained in Oregon, of which 60% continue to practice in the same county where they served (see Table 10).

Table 10: Percent Retention of Obligated Service Providers (based on service dates): 2008 - 2013

In-County Retention Rate	In-State Retention Rate	Not Retained in Oregon	Missing Data
60%	78%	20%	2%

The provider types with the highest percentage rates of in-county retention include the psychiatric/mental health nurse practitioner (PNS) (100%), licensed professional counselors (83%), dentists (DD) (77%), nurse practitioners (63%), and physicians (60%) (see Figure 10).

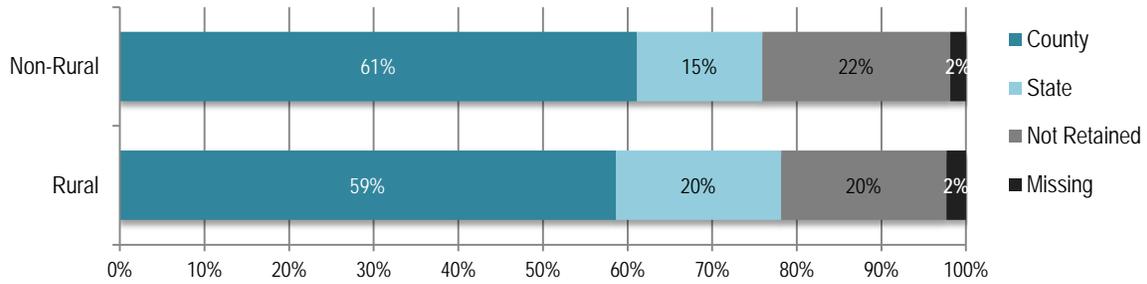
Figure 10: Retention Rates of Oregon's Obligated Service Providers: 2008 - 2013



Retention of Oregon's Obligated Service Providers in Rural and Non-Rural Areas

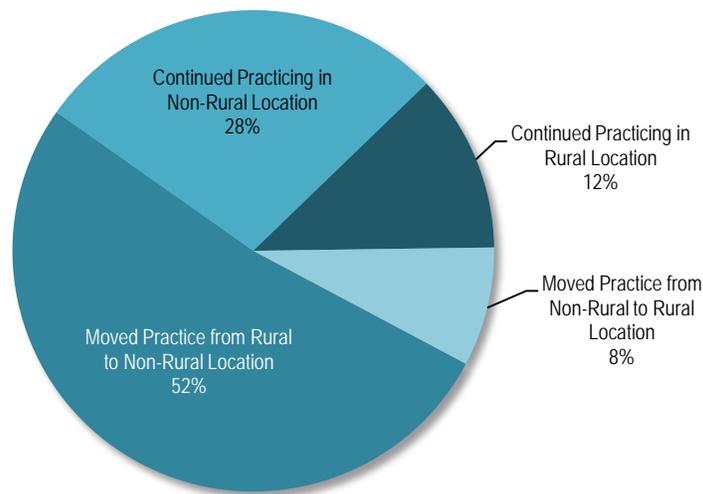
From 2008 through 2013, 61% of non-rural and 59% of rural obligated service providers continued to practice within the same county after completion of their contracts (see Figure 11). Twenty percent of rural and 15% of non-rural providers who completed their service obligations during this time period moved their practice to another county, but remained in Oregon. Twenty-two percent of non-rural and 20% of rural obligated service providers left the state after finishing their service obligations.

Figure 11: Percent Retention of Oregon's Obligated Service Providers by Rural/Non-Rural Practice Location: 2008 - 2013



Of those obligated service providers who completed their service contracts and remained in Oregon, 80% practice in non-rural communities (see Figure 12). Of those, 52% percent relocated from a rural Oregon community. Eight percent of obligated service providers moved their practice from a non-rural setting to a rural community after completion of their service obligation.

Figure 12: Post-Service Practice Location of Oregon's Obligated Service Providers Remaining in Oregon: 2008 - 2012



Conclusion

At a time when health insurance coverage for historically underserved groups is expanding at a rate faster than that of the supply of health care providers, and with state and federal health care reforms fully underway, the need for health professionals is greater than ever. Since 2008, the Oregon Primary Care Office has assisted in the promotion of access to care by facilitating the placement of 489 obligated service providers in rural and underserved areas. In 2008, nine facilities in seven of Oregon's counties employed the total of the state's 33 obligated service providers. In 2012, 164 facilities in 30 of Oregon's counties employed the total of the state's 338 obligated service providers.

One crucial measurement of the continued success of these programs is the fulfillment of contracts and subsequent retention of providers. Since 2008, 142 obligated service providers fulfilled their contracts. Seventy-eight percent of these providers have remained in Oregon, of which 60% continue to practice in the same county where they served.

The increases in the numbers of obligated service providers, facilities that employ them and retention rates after contract conclusion show the success of efforts to utilize these programs to their maximum effectiveness. Moreover, the geographic distribution of these providers throughout Oregon's counties and in rural and underserved urban areas has improved. In the face of health reform implementation, provider shortages, and Oregon's growing and aging population, these successes come at a crucial time to meet the workforce demands of a dynamic health care system.

Endnotes:

¹ Reynolds, P. (2008). A legislative history of federal assistance for health professions training in primary care medicine and dentistry in the United States: 1963-2008. *Academic Medicine*, 83: 1004-1014.

² <http://www.hrsa.gov/index.html>

³ <http://www.hrsa.gov/shortage/>

⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration. *Bureau of Clinician Recruitment and Services*. Available at <http://www.hrsa.gov/about/organization/bureaus/bcrs/>.

⁵ U.S. Department of Homeland Security. *Conrad 30 Waiver Program*. Available at <http://www.uscis.gov/working-united-states/students-and-exchange-visitors/conrad-30-waiver-program>

⁶ <https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>.

⁷ <http://osbn.oregon.gov/OSBNVerification/Default.aspx>.

⁸ <http://obd.oregonlookups.com/>

⁹ <https://hrlb.oregon.gov/oblpt/licenseelookup/index.asp>

¹⁰ <https://hrlb.oregon.gov/BLSW/LicenseeLookup/index.asp>

¹¹ Oregon Office for Health Policy and Research (2013). *Oregon Health Professions: Occupational and County Profiles (February 2013)*. Available at <http://oregonhwi.org/documents/2012ProfilesReportFINAL1.pdf>

¹² Oregon Office for Health Policy and Research (2013). *Oregon Health Professions: Occupational and County Profiles (February 2013)*. Available at <http://oregonhwi.org/documents/2012ProfilesReportFINAL1.pdf>

¹³ Oregon Office of Rural Health. *Rural/Urban Designation*. Available at <http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm>

¹⁴ U.S. Department of Health and Human Services. (February 2013). National Health Service Corps Loan Repayment Program. Rockville, MD.