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State Incentive Programs that Encourage Allied Health Professionals to Provide Care for Rural and Underserved Populations

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BACKGROUND

Difficulties in recruiting allied health professionals to rural and underserved areas are cause for concern given projections of increasing demand for numerous allied health occupations (defined in this study as all health professionals except physicians, physician assistants, dentists, nurses, and pharmacists). Incentive programs are a common strategy to address health professional shortages, and this study sought to systematically describe allied health incentive programs at the state level (including the District of Columbia)—their goals, policies, practices, and available data on their success in allied health professional recruitment and retention to rural and underserved areas.

METHODS

We identified allied health incentive programs through online searches in all 50 states and DC. We included programs providing financial support or training opportunities to students or professionals in return for a service requirement in a defined medically underserved setting (programs that only targeted physicians, dentists, nurses, physician assistants, or pharmacists were excluded). We conducted 30 semi-structured phone interviews with key informants from 27 states in 2018. Interviews explored program goals, eligible professions, incentives offered, service obligations, facilitators and barriers to recruitment and retention, importance of incentive programs as a means of addressing allied health professional shortages, and program success. Findings are based on publicly available information on all 50 states and DC and data from state personnel participating in interviews.

KEY FINDINGS

Key findings include:

- Most programs targeted allied health as well as primary care professionals such as doctors, nurses, and dentists. Non-allied health professionals often took priority over allied health in the allocation of incentives.
- Allied health professionals were eligible for incentives in 43 states and DC, and 16 states had more than one allied health program.
- 39 different types of allied health professionals were eligible for incentives; the most common types were behavioral or mental health professionals.
- Loan repayment, funded by states alone or in partnership with the Federal Health Resources and Services Administration, was the most common type of incentive, followed by scholarships and tax credits.
- Reported allied health professional recruitment and retention barriers included non-competitive salaries, lack of benefits

CONCLUSIONS AND POLICY IMPLICATIONS

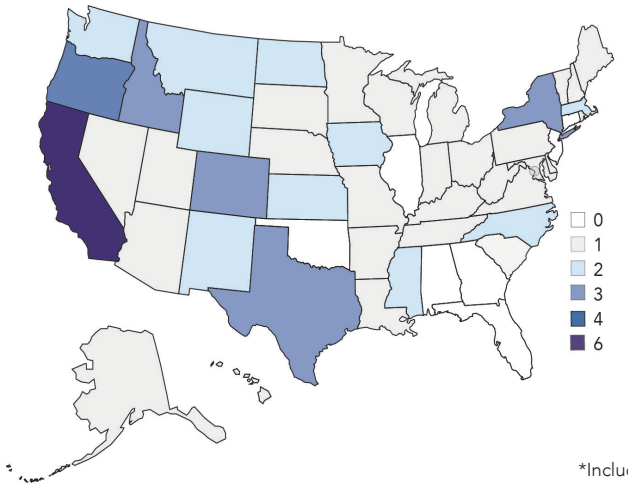
This study documented at least 69 different programs in 2018 sponsored by or within states that offered incentives to 39 types of allied health professionals for practice in rural and underserved areas or facilities. We found that state programs frequently mirrored federal programs by offering loan repayment to a similar set of eligible occupations, including allied health. Programs often gave higher priority to primary care medicine, dentistry, nursing, and behavioral health occupations, while numerous allied health occupations outside of these categories were excluded from most states' programs.

Overall, study participants thought their incentive programs were important in addressing allied health professional shortages. Some noted, however, that measuring program impact was challenging for several reasons: difficulty assessing allied health workforce demand, self-selection of health professionals into practice in rural and underserved communities, lack of longitudinal tracking data, and multiple influences on health professional practice choice. Better evidence on effective recruitment and retention strategies, including the role that incentives can play, will be key to providing rural and underserved communities the supports needed to attract allied health professionals.

and professional support, poor fit with rural communities, burnout, and lack of rural community infrastructure.

- Recruitment and retention facilitators included community engagement with program participants, competitive compensation, pre-existing commitment of applicants to rural or underserved area practice, professional support for work-life balance, and the natural environment.
- Respondents overall thought their incentive programs were important in addressing allied health professional shortages, but some noted that measuring program impact was challenging due to difficulty assessing workforce demand, self-selection of health professionals into rural and underserved practice, lack of tracking data, and multiple influences on health professional practice choice.

Number of State* Allied Health Incentive Programs Identified by State, 2018



Types of State* Incentive Programs for Allied Health Professionals, 2018

Type	Description	Funding source	States with programs
HRSA State Loan Repayment Program (SLRP)	Loan repayment for health professionals who have graduated, with combined HRSA National Health Service Corps SLRP and state funding	Federal/ state	30
Non-HRSA loan repayment	Loan repayment for health professionals who have graduated, funded by the state (not HRSA); all require a service obligation	State only	17**
Scholarship	Scholarships for participants still in school, funded by the state; all require a service obligation	State only	6
Tax credit	Tax credits to emergency medical service (EMS) personnel who volunteer with a department other than the one that employs the incentive recipient	State only	3
Educational loan with loan repayment	Educational loans for participants still in school, with service obligations after graduation to repay loans	State only	2
Stipend	Funds to (1) rural facilities or community groups to offer to allied health professionals to increase recruitment, or (2) directly to allied health professionals to increase recruitment in rural areas, with no restrictions on how the money can be spent	State only	2
Clinical experience	Free opportunity for students to shadow providers to increase recruitment in rural and underserved areas	State only	2
Loan repayment or Stipend	Choice of loan repayment or stipend (for those who do not have loans) to increase recruitment in rural and underserved areas	State only	1

*Includes DC. **These 17 states had 23 distinct loan repayment programs.

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FULL REPORT

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https://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2019/12/State-Incentive-Programs-Allied-Health-FR-2019.pdf

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