



# Washington Health Corps Evaluation

Health Workforce Council Meeting

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# Information on Washington Healthcare Workforce

**95%** of health-related professions have labor demand that exceeds workforce supply

Occupation	“Gap” between Labor Demand and Supply in April 2025
Registered Nurses	6,210
Medical and Health Service Managers	1,950
Home Health and Personal Care Aides	1,768
Medical Assistants	1,229
Nursing Assistants	1,124

Data source: [Washington State Employment Security Department labor market supply/demand report – April 2025](#)

Occupations are grouped according to the [Standard Occupational Classification System from the U.S. Bureau of Labor Statistics](#)



# Why is there a shortage?

*"Rural is difficult for families as the communities lack the resources that many families require and employment is difficult for providers' spouses."*

## Growing Demand

- Increased demand for mental health support after COVID *(2 mentions)*
- Aging populations *(1 mention)*

## Declining Supply

- Difficult work conditions *(39 mentions)*
- Impacts on lifestyle (e.g., low pay relative to cost of living) *(20 mentions)*
- Challenges recruiting in rural communities, specifically *(16 mentions)*
- Workforce changes, such as provider retirement *(11 mentions)*
- Changing perspectives within the medical community *(5 mentions)*



# What is the impact of this shortage?

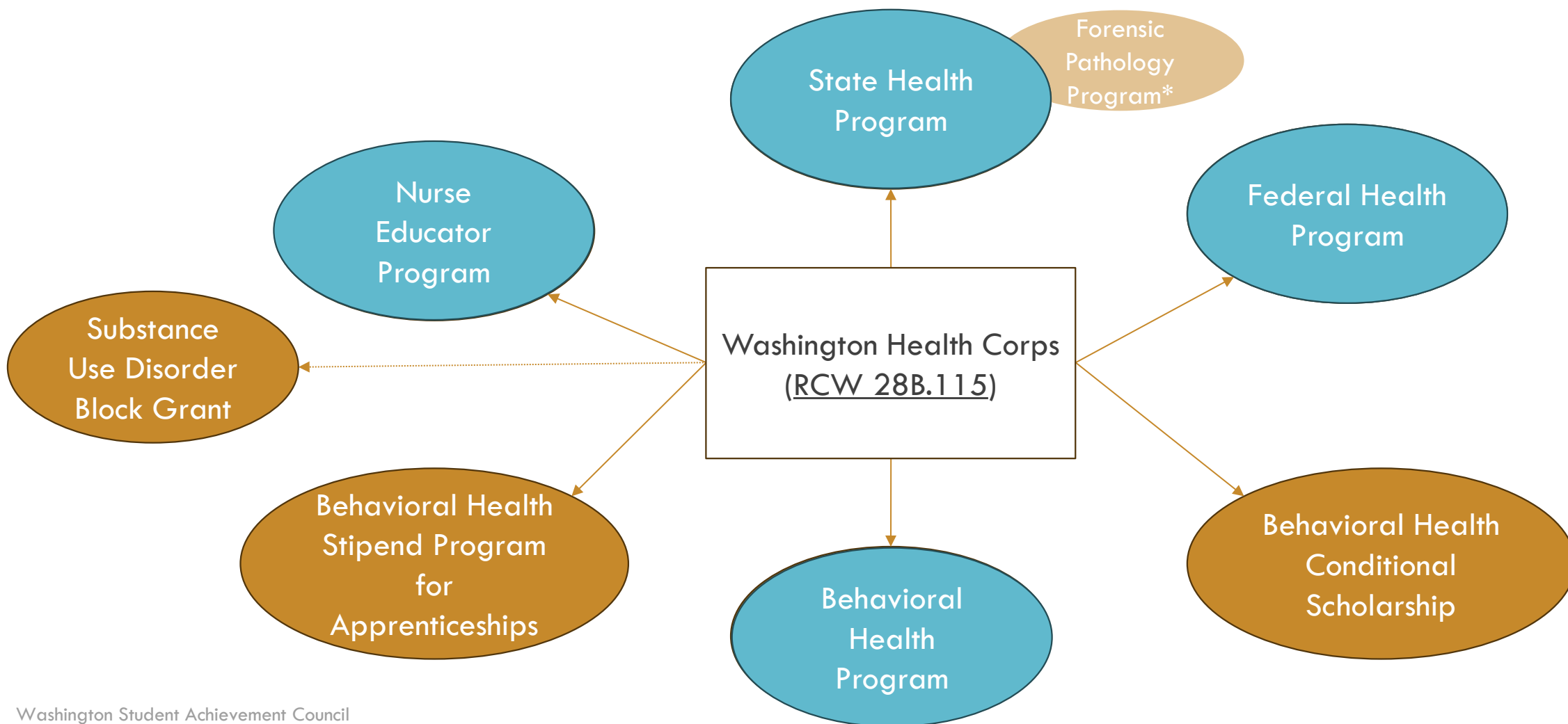
- Long wait times lead to delayed care  
*(15 mentions)*
- Providers can't complete fundamental tasks like filling prescriptions or training incoming providers *(4 mentions)*
- High turnover of providers leads to lack of trust in the healthcare system *(2 mentions)*

*“People are not able to get in to their provider, so they delay care, but then are desperate at the last minute and seek out care they wouldn’t normally need if they could get in to see a primary earlier.”*





# About the Washington Health Corps



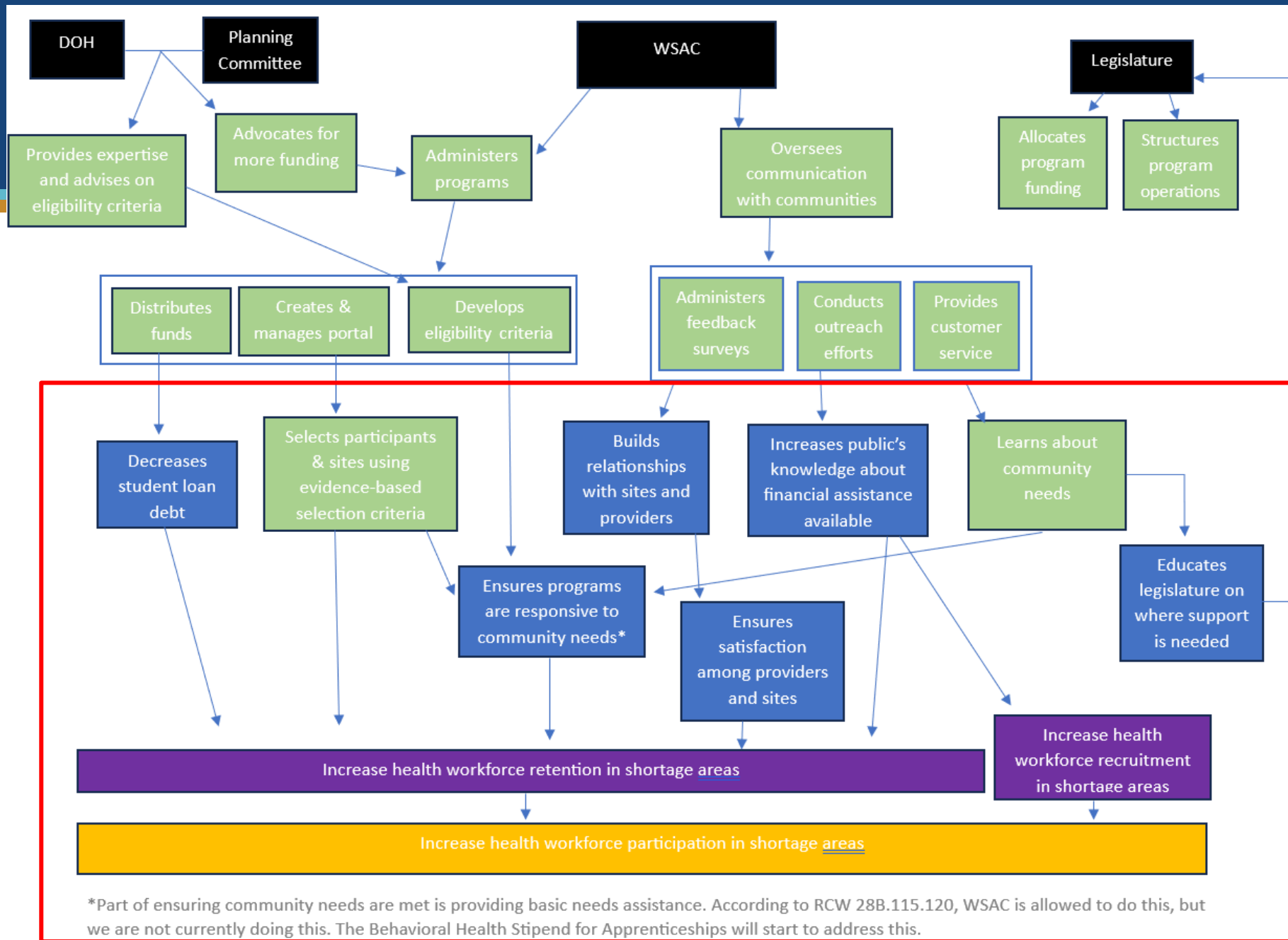


# About the Washington Health Corps

Program Name	Maximum Award Amount	Service Obligation
Federal Health Program	\$70,000	2 years (must be full time)
State Health Program	\$75,000	3 years (up to 5 years if less than full time)
Behavioral Health Program	\$75,000	3 years (up to 5 years if less than full time)
Nurse Educator Program	\$75,000	3 years (up to 5 years if less than full time)

## Additional Details:

- In most specialties, 80% of the work week must be spent in direct patient care.
- Recipients may receive credit for up to 520 hours per quarter.
- If recipients default on their student loans, they must pay back a certain amount of the money they were awarded.





# Main Questions

Outcomes	Research Questions
Decreases student loan debt	Are we decreasing loan debt?
Increases public's knowledge about financial assistance available	Are we increasing knowledge of financial assistance?
Builds relationships with sites and providers	Are we building rapport with the community?
Ensures satisfaction among providers and sites	
Ensures programs are responsive to community needs	Are we addressing community needs?
Increase health workforce recruitment in shortage areas	Are we increasing recruitment?
Increase health workforce retention in shortage areas	Are we increasing retention?

**How can we improve recruitment and retention of health professionals?**





# Evaluation Structure

- Qualitative Data Collection and Analysis
  - Conducted 14 focus groups and 5 interviews
  - Coded data from the focus groups using a deductive approach
  - Thematically analyzed codes to identify the big ideas and answer the main questions of the evaluation
- Quantitative data used to bolster findings



# Participant Information

- 19 rural
- 24 non-rural

## 24 Providers

*Current recipients of  
WHC funding*

- 7 managerial positions
- 10 mental health providers
- 15 Nurses/Nurse Educators

## 9 Site Representatives

*Supervisors of WHC  
recipients*

## Focus Group Participants

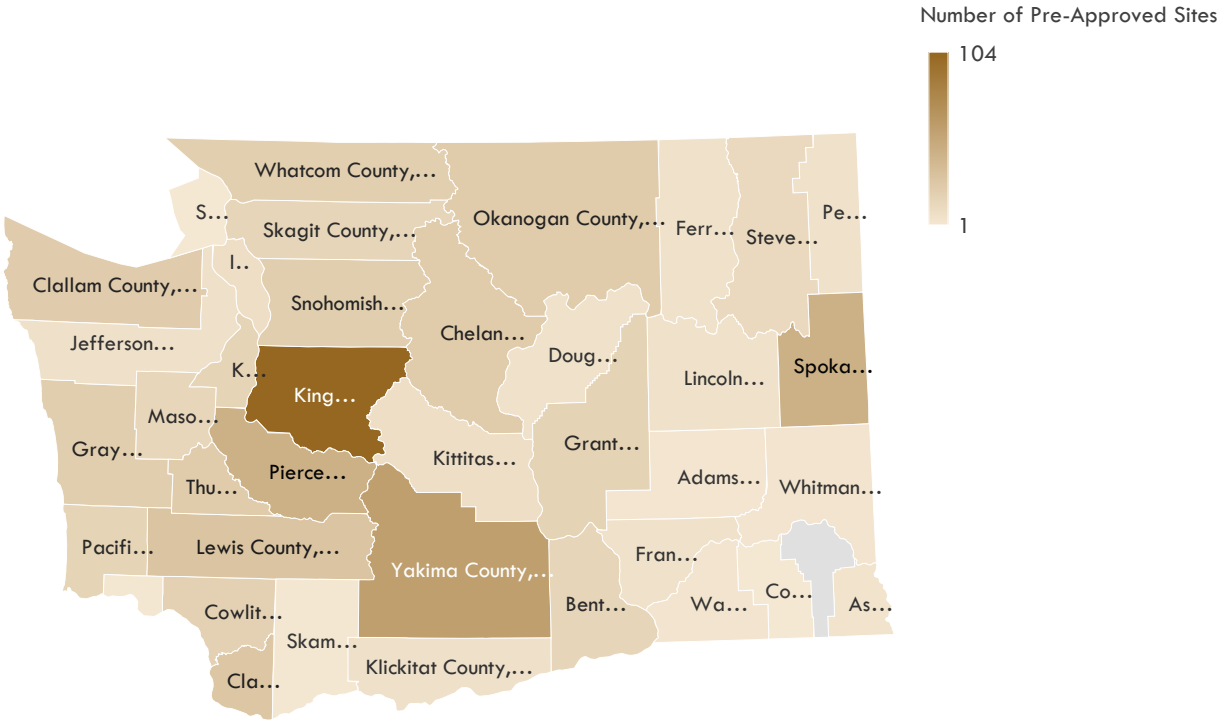
## 10 Alumni

*Former recipients of  
WHC funding*



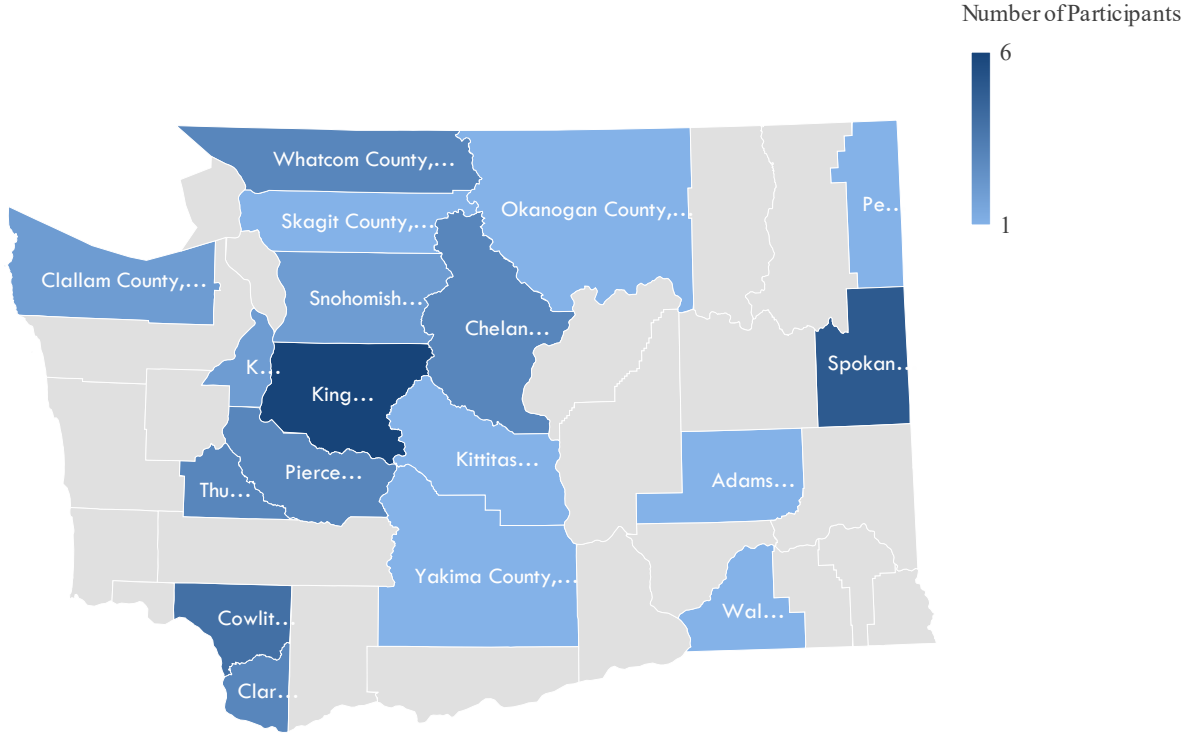
# Participant Information

Locations of Pre-Approved Sites



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Work Location of Focus Group Participants



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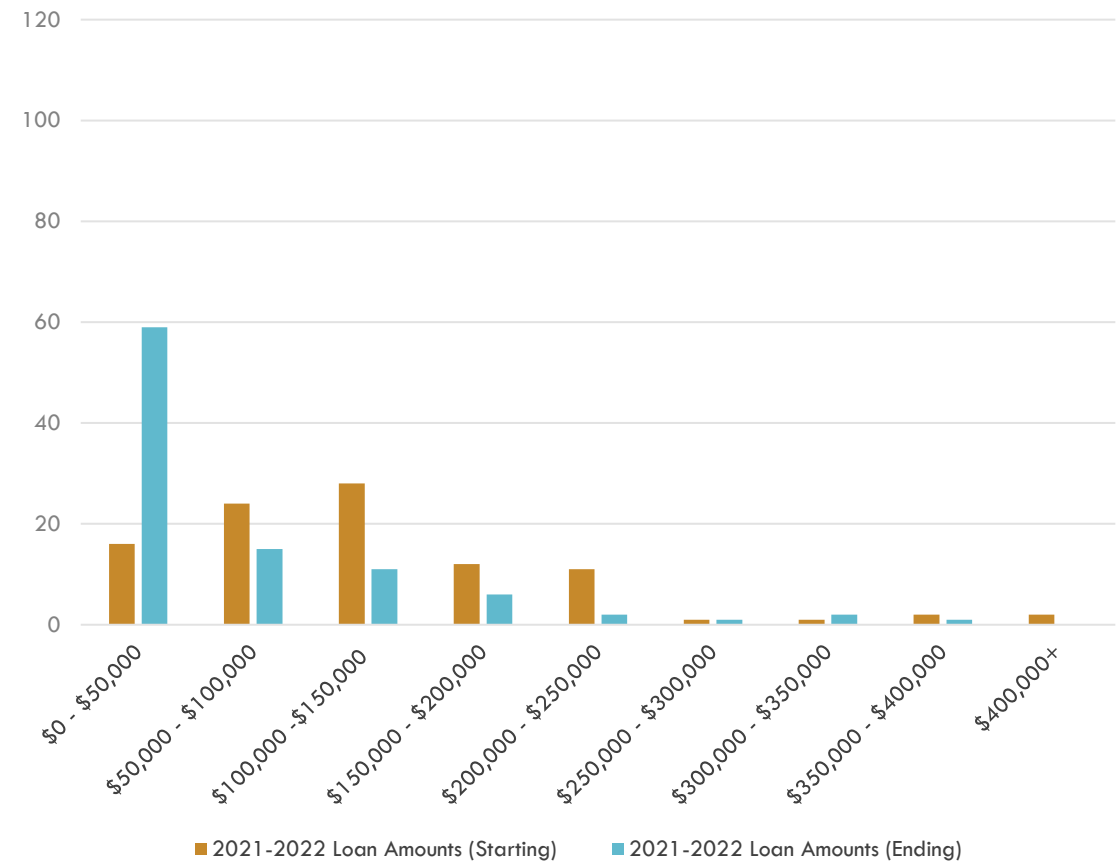


# Research Question #1: Are we decreasing loan debt?

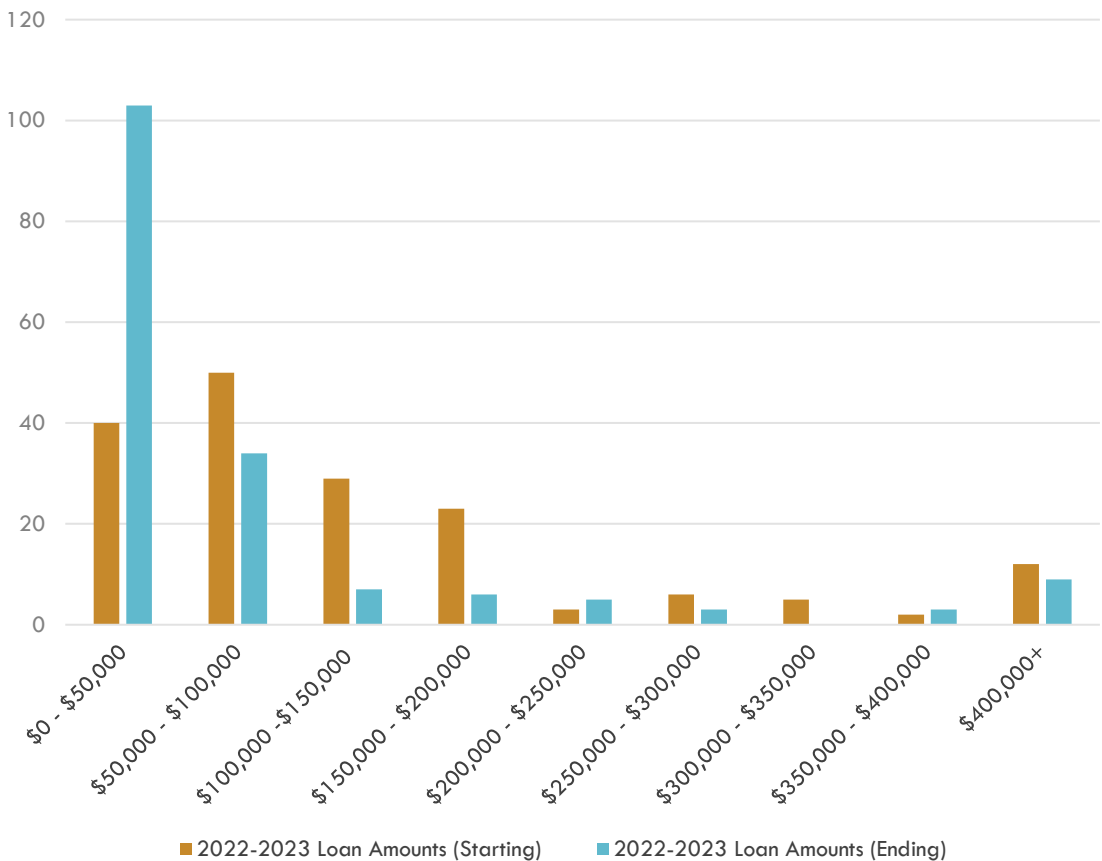


# Are we decreasing loan debt?

2021-2022 Cohort Loan Changes



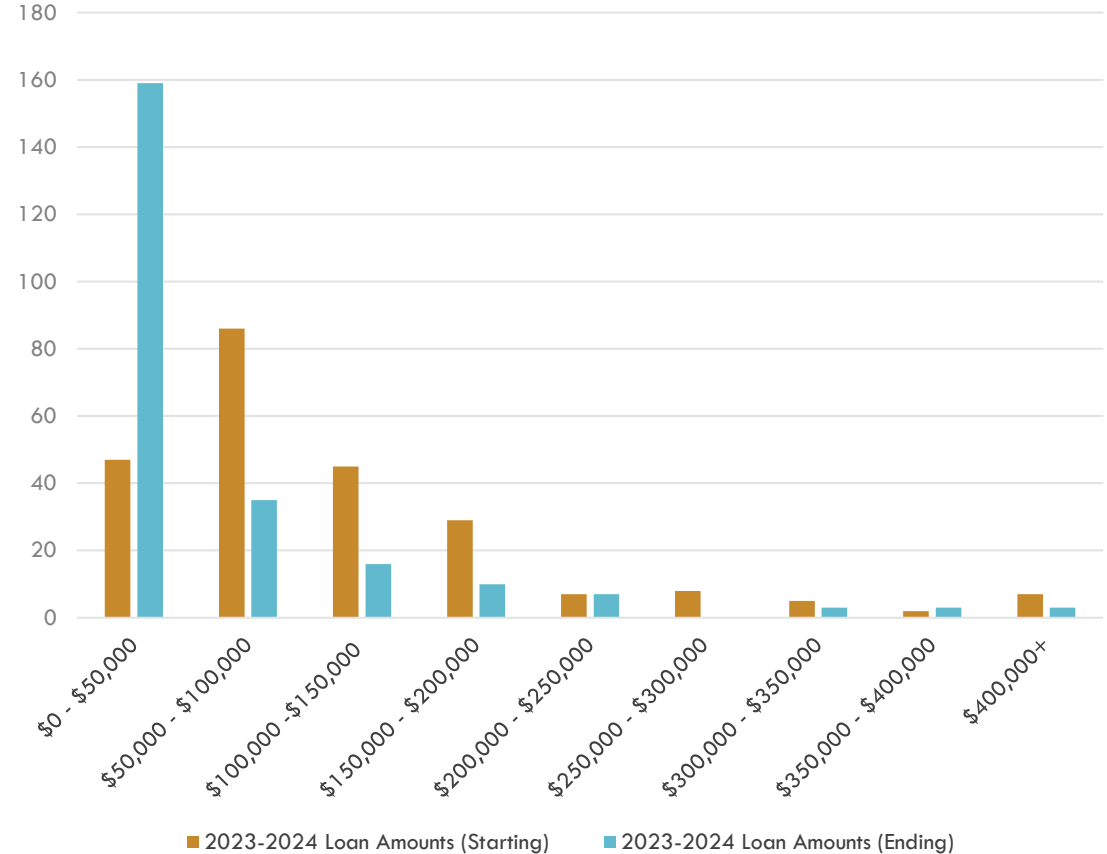
2022-2023 Cohort Loan Changes



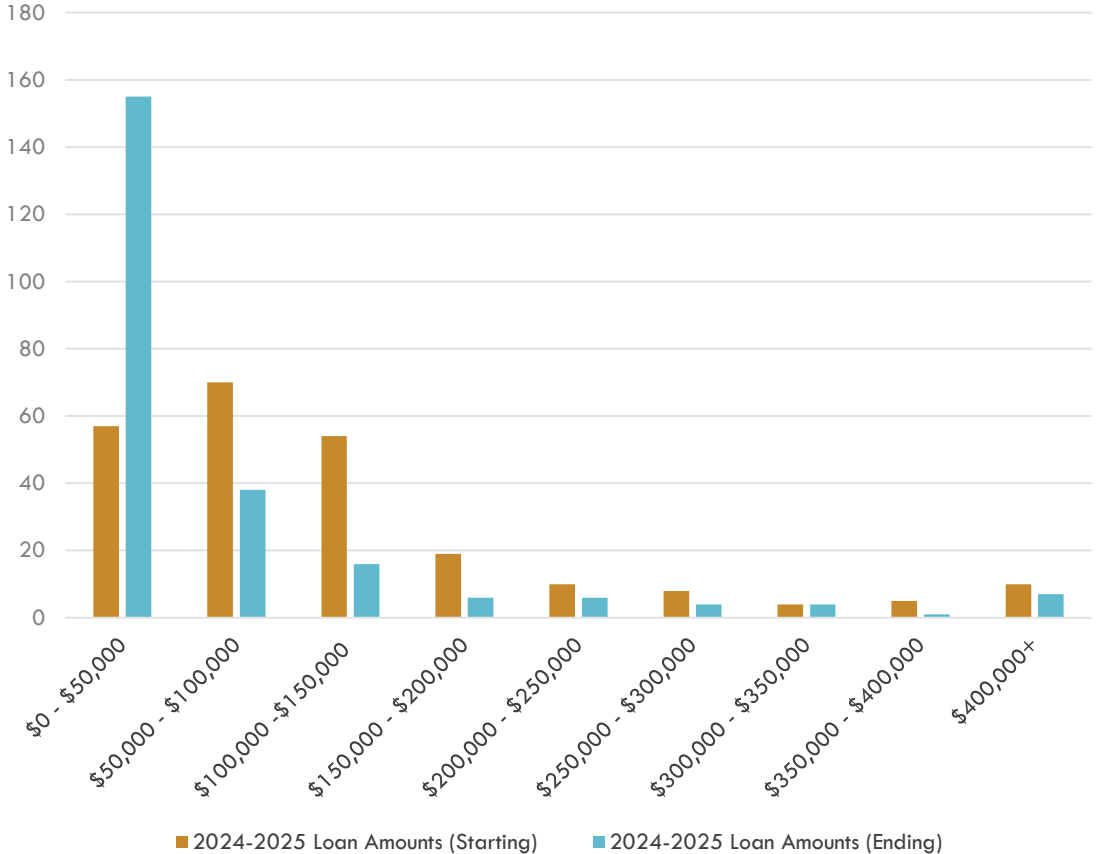


# Are we decreasing loan debt?

2023-2024 Cohort Loan Changes



2024-2025 Cohort Loan Changes







# Are we decreasing loan debt?

WHC funding has **reduced stress** and allowed people to **pursue other life goals**. (16 mentions)

*“I couldn’t buy a house, I couldn’t get a car. I couldn’t do anything because my student debt was too much and because of the longevity of the loans. So having this has really helped increase my credit. In a few months I’ll be able to go buy a house.”*

*“The stress of trying to pay that [loans] back with the decrease in pay has been weighing on me a lot the last few years.”*

*“You are changing people’s lives in a way that I don’t think you’ll ever really understand.”*



# Research Question #1: Are we decreasing loan debt?

*Finding: Generally, yes. Although we need more quantitative evidence to definitively answer this question and be able to show the magnitude of impact.*



# Research Question #4: Are we addressing community needs?



# Are we addressing community needs?

## Behavioral Health Providers in WHC

Doctor of Medicine

Doctor of Osteopathy

**Licensed Clinical Psychologist**

**Licensed Independent Clinical Social Worker**

Licensed Marriage & Family Therapist

**Licensed Mental Health Counselor**

Licensed Practical Nurse

Nurse Practitioner

Physician Assistant

Registered Nurse

**Substance Use Disorder Professional**

## Other Behavioral Health Providers Needed

Behavioral Health Providers

Case Managers

Community Mental Health Providers

Designated Crisis Responders

Psychiatric Nurse Practitioners

Psychiatrists



# Are we addressing community needs?

## Primary Care Providers in WHC

Certified Nurse Midwife

**Doctor of Medicine**

**Doctor of Osteopathy**

Licensed Midwife

Licensed Practical Nurse

Naturopathic Doctor

Nurse Practitioner

Pharmacist

Physician Assistant

**Registered Nurse**

## Other Primary Care Providers Needed

Bedside Nurses

Medical Assistants

Nurses

Primary Care Providers

Supervisors

Gastroenterologists

Neurologists

OBGYNs

Pediatrics

Preceptors

Prescribers

Specialists



# Are we addressing community needs?

## Instructors in WHC

**Nurse Educators**

## Other Instructors Needed

Med Surge Clinical Instructors

Psych Mental Health Instructors

## Dental Providers in WHC

**Doctor of Dental Surgery**

**Doctor of Medical Dentistry**

**Registered Dental Hygienists**





## Research Question #4: Are we addressing community needs?

*Finding: Yes. Our providers overlap with identified shortage areas, and there are opportunities to expand selection criteria to cover more shortage areas.*



# Research Question #5: Are we increasing recruitment?



## Are we increasing recruitment?

*“I applied for school, they put these loan packages in front of me, and I didn’t understand the ramifications of what it meant to sign this piece of paper. It wasn’t until I was out of school and finally had to pay them that I realized, holy cow this is so much money.”*

*“I was young and starry eyed just thinking, it’s okay. It’ll be fine. I’ll just pay them off. It won’t be such a hassle.”*

*“I kind of knew that there would be a lot of loans and I’d have a lot of debt, but I didn’t understand how the interest rates would compound the original amount. That piece can be kind of shocking unless you have a financial advisor, a trusted family member, or a mentor who could actually tell you this.”*



## Are we increasing recruitment?

**Even if they did not receive financial assistance through WHC, most people would still be in their current position.**

### Main factors influencing career choice:

- Intrinsic desire to care for others (19 mentions)
- Live near family/their home (13 mentions)
- Work for a company that cares about providers and patients (7 mentions)

*“I really love helping people. I really do enjoy it.”*

*“I knew the style of practice I wanted to work in, and I knew the patient population I wanted to work for. So, I don’t think the loan forgiveness program personally helped me determine that, but it just made it feasible.”*



## Research Question #5: Are we increasing recruitment?

*Finding: Not as much as expected. While everyone is very grateful for the financial assistance, they did not choose to go into health because of this funding.*



# Research Question #6: Are we increasing retention?





# Are we increasing retention?

## Loan repayment and site satisfaction impact tenure.

- Impacts of WHC funding:
  - Extended time in health (16 mentions)
  - Pursued a more fulfilling career despite low pay, or explored other positions in health (7 mentions)
  - Impacted sites in which they work (4 mentions)
  - Furthered their degrees (3 mentions)

*“It keeps us experienced educators in the field of teaching a little longer than I would’ve intended. And it re-fills my soul because it’s the reason I went into nursing education – just to teach.”*

*“The loan reimbursement factors heavily in the ability to go and choose to work at the job like this [in a rural area].”*



## Research Question #6: Are we increasing retention?

*Finding: Unclear. We know that the financial assistance is extending people's time in the health field, but we need more quantitative evidence to understand how much longer people stay in the health field after completing their service obligation.*



How can we improve recruitment  
and retention of health  
professionals?



# How can we improve recruitment and retention of health professionals?

## Supports provided

- Speakers to bridge theory and practice
- Teach self-care in school
- Monetary supports (e.g., sign-on & retention bonuses, reimbursement for certification, etc.)

## Supports desired

- More financial assistance/better benefits
- More training opportunities in preparation for clinical work
- More information on debt-to-income ratios and licensure requirements



# How can we improve recruitment and retention of health professionals?

## Communication Changes

- Increase transparency about healthcare pathways
- Hold information sessions about WHC
- Attend faculty meetings
- Implement a community of practice for WHC recipients

## Technical Changes

- Update WSAC website (include FAQs)
- Create a dashboard to track service obligations
- Remove third party verification on forms
- Extend WHC application timeline



# How can we improve recruitment and retention of health professionals?

## Administration Changes

- Administer lump sum payments or consider conditional scholarships
- Broaden/re-evaluate eligibility criteria and program requirements
- Align with NHSC on paperwork

## Policy Changes

- Increase training opportunities for supervisors and providers
- Improve compensation packages
- Consider implementing integrated care models





## Future Research

- Speak with people who chose to not pursue a career in health to gather more information on factors impacting recruitment.
- Match workforce outcomes for recipients to know whether this program is keeping people in health beyond their obligation.
- Collect more accurate loan data once funding recipients complete their service obligation to better estimate how much WHC is reducing loan amounts.



# Questions?