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March 3, 2023

The Honorable Kathleen Taylor
Senate Committee on Labor and Business
900 Court St. NE
Salem, Oregon 97301

SUBJECT: March 2 informational hearing follow up

Dear Chair Taylor and Members of the Committee:

Thank you for allowing OHA to provide information on the state of the health care workforce at your informational hearing on March 2, 2023. Below you will find follow up information on topics raised during the hearing.

Please also find attached linked here the full Health Care Workforce Needs Assessment report, referenced during the hearing. https://www.oregon.gov/oha/HPA/HP-HCW/Documents/Health%20Care%20Workforce%20Needs%20Assessment%20Report%202023_FINAL.pdf

Information on primary care service area definition

The Oregon Office of Rural Health (ORH), with the help of other state and local agencies, chose ZIP Codes to be the building blocks of sub-county service areas and grouped all of Oregon's 470+ ZIP Codes into Oregon "Primary Care Service Areas" using the following criteria:

- 1) Health resources are generally located within 30 minutes travel time.
- 2) Defined areas are not smaller than a single ZIP Code and ZIP Codes used are geographically contiguous and/or follow main roads.
- 3) Defined areas contain a population of at least 800 to 1,000 or more people.
- 4) Defined areas constitute a "rational" medical trade or market area considering topography, social and political boundaries, and travel patterns.
- 5) Additional considerations for service areas are boundaries that:
 - a) Are congruent with existing special taxing districts (e.g., health or hospital districts); and
 - b) Include a population that has a local perception that it constitutes a "community of need" for primary health care services or demonstrates demographic or socioeconomic homogeneity. The population should be large enough (800-1000 or more) to be financially capable of supporting at least a single midlevel health care provider.

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There are 128 Oregon Primary Care Service Areas, and we have attached the service area profile for Wheeler County that ORH provided along with additional information on data sources. These 128 areas are classified by urban, rural, and frontier below:

- Urban: 24
- Rural + Frontier: 104
- Rural Only: 86
- Frontier Only: 18

Source, ORH Areas of Unmet Health Care Need Report, December 2022, https://www.ohsu.edu/sites/default/files/2023-01/AUHCN%20Report_2022%20-%20FINAL%20Sm.pdf

Information on timelines

OHA conducts an evaluation of the effectiveness of health care provider incentive programs as required by House Bill 3261 (2017) that was released last month. The study may be accessed here (<https://www.oregon.gov/oha/HPA/HP-HCW/Documents/2023-Evaluation-of-Health-Care-Provider-Incentives-Report.pdf>) as well as an executive summary (<https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HB4003-Nursing-Workforce-Study-Exec-Summary.pdf>).

In 2017, the Oregon Legislature passed House Bill 3261 to create the Health Care Provider Incentive Fund (Fund), which consolidated multiple funding streams for provider incentives into a single pool. Administered by OHA in collaboration with the Oregon Office of Rural Health at OHSU (ORH) and under the policy direction of the Oregon Health Policy Board (OHPB), the Fund increases workforce supply and retention in communities experiencing health inequities. The report shares data relevant to the effectiveness of incentives from January 1, 2018, through June 30, 2022, that are directed to Oregon's urban and rural areas experiencing inequities, as defined by federal and state methodologies. The report summarizes data for three Fund initiatives:

- Health Care Provider Incentive Program (HCPPI) created by House Bill 3261 (2017)
- Healthy Oregon Workforce Training Opportunity Grant Program (HOWTO) created by House Bill 3261 (2017)
- Behavioral Health Workforce Initiative created by House Bill 2949 (2021) and House Bill 4071 (2022)

This report also includes data on two incentives separate from the Fund:

- Rural Medical Practitioner Tax Credit Program
- Behavioral Health Workforce Stability Grants from House Bill 4004 (2022)

Some key takeaways include:

- About 3,600 participants joined Oregon's health care workforce as a result of the financial incentives offered
- For incentive recipients for whom race and ethnicity data was collected, 34 percent of students and practicing professionals receiving awards identify as people of color or Tribal members

- Over a million hours of patient care in primary care oral health were provided to approximately 430,000 patients through loan forgiveness, loan repayment, and scholarships

Information on nurse education capacity

OHA's Oregon Health Care Workforce Committee was directed by the Oregon Legislature as required by House Bill 4003 (2022) to conduct a study of Oregon's nursing workforce to identify and describe challenges in addressing staffing shortages in nursing. The study may be accessed here (<https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HB4003-Nursing-Workforce-Study.pdf>) as well as an executive summary (<https://www.oregon.gov/oha/HPA/HP-HCW/Documents/HB4003-Nursing-Workforce-Study-Exec-Summary.pdf>).

The study provides specific recommendations on increasing nursing education capacity, which include incentivizing nurses to become faculty and are summarized below.

- Expand capacity in rural areas by developing and expanding distance-based LPN-to-RN programs and semi-remote RN education programs. State government funds and grant programs could facilitate this endeavor.
- Colleges that want to have both ADN and LPN programs should consider sharing faculty. In addition, schools should ensure their programs are structured to allow RN students to take the LPN licensure exam while they are continuing in their RN education.
- RN and LPN education programs should create and expand educational options and supportive services. Many prospective students may prefer part-time programs; currently employed CNAs and LPNs cannot easily advance their education if they must quit their jobs for full-time education programs. In addition, education programs and other state agencies should increase support services for RN students, particularly first-generation-to-college and under-represented-in-health care populations.
- The pay differential between clinical jobs and faculty positions should be redressed. Educational institutions should work closely with faculty unions and other stakeholders to explore strategies to supplement nursing faculty salaries, such as developing clinical revenue streams and pursuing grant or private sector funds. Oregon policy makers can consider providing grant funds to support faculty hiring and compensation.
- State policymakers should consider providing financial incentives to faculty such as expanded tax breaks and loan repayment.

The study provides specific recommendations for what health care employers can do to improve nurse well-being, which are summarized below:

- Support the creation of peer support groups, provide training to managers to recognize and address burnout among staff, and ensure that nurses take all the paid time off they are allotted.
- There are numerous organizations that have published guides and resources to help employers and educational institutions support health care worker well-being.
 - The National Academy of Medicine has published a Resource Compendium for Health Care Worker Well-Being that includes evidence-based resources to

strengthen leadership behaviors, assess the well-being of staff, assess the workplace's wellness culture, and create a supportive culture.

<https://nam.edu/compendium-of-key-resources-for-improving-clinician-well-being/>

- The U.S. Surgeon General published an Advisory on Building a Thriving Health Workforce that provides detailed recommendations to address health care worker burnout. <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>
- The Joint Commission has published several Safety Issues on increasing the resilience of the nursing workforce. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-50-developing-resilience-to-combat-nurse-burnout/#.ZAJAqm3MKUI>
- The Oregon Center for Nursing's RN Well-Being Project provides links to resources for nurses, and the Oregon Wellness Program offers free counseling and education. <https://oregoncenterfornursing.org/rn-well-being-project/>
- Create healthy work environment interventions to support health and well-being, and they need to address issues such as protection from workplace violence, bullying, and racism head-on. Components of a positive nursing work environment include professional autonomy, adequate staff and resources, and good working relationships with physicians and management.
- Address workload concerns as part of the process of improving work environments to improve nurse retention and the quality of patient care. This includes staffing levels for both nursing and non-nursing staff, as shortages of any staff lead to greater workloads for other staff. The National Academy of Medicine's Resource Compendium includes resources to assess the healthiness of the work environment and advance organizational commitment to a healthy work environment.
- Oregon's government can support employer efforts to improve employee well-being by maintaining and expanding the Oregon Wellness Program, creating incentives for workplace health programs, and providing resource guides and seed funding to support development of new employer and educator programs

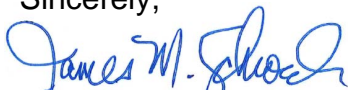
Information on the J-1 Physician Visa Waiver Program

More information about the J-1 Physician Visa Waiver Program may be in the annual report available here (<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8279.pdf>).

Information on Wheeler County service profile

Please find attached to this letter data from the Office of Rural Health detailing Wheeler County services.

Sincerely,



James M. Schroeder
Interim Director