



Washington Health Corps Evaluation Findings

WSAC's Adult Pathways Division

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Across the nation, healthcare professionals are in a severe shortage, with approximately 75 million people living in a primary care Health Professional Shortage Area (HPSA),¹ 58 million people living in a dental health HPSA, and 122 million people living in a mental health HPSA.² Washington State is no exception to this shortage. Each one of Washington's 39 counties has at least one HPSA in primary care, dental health, and/or mental health.³ Additionally, 31 of Washington's 39 counties have areas with a medically underserved area or population (MUA/P),⁴ with 24 of those being rural counties and seven being urban counties (as identified by the Washington Department of Health).⁵

Motivated by ongoing investments to the [Washington Health Corps](#) (WHC), staff at the Washington Student Achievement Council (WSAC) conducted an evaluation of existing, non-pilot sub-programs within WHC. The purpose of the evaluation was to understand whether the programs achieve their intended goal of increasing recruitment and retention of healthcare professionals in identified shortage areas. As part of this evaluation, WSAC also identified recommendations for improving its internal program operations.

About the Washington Health Corps

The Legislature created the WHC to address healthcare shortages head-on. Functionally, WHC is a financial assistance program for healthcare professionals working in rural and underserved urban areas.⁶ The eight sub-programs that comprise the WHC offer direct financial assistance to healthcare providers, providers in training, or educators via loan repayment, conditional scholarships, block grants, and stipends.

Of the eight sub-programs, only four have been in operation for more than one year: the Federal Health Program, State Health Program, Behavioral Health Program, and Nurse Educator Program. The legislation specifies that these four programs could provide financial assistance through either loan repayment or a conditional scholarship, however the WHC planning committee⁷ prioritized loan repayment. To receive these funds, providers or educators must fulfill their annual service obligation and demonstrate that the funding they receive is used to repay their loans. **Since 2019, WSAC has awarded approximately \$40 million to over 900 healthcare professionals across Washington through these four programs.**

Evaluation Methods

To inform data collection and analysis, WSAC staff identified the short, intermediate, and long-term outcomes of the program and how those outcomes are connected to the broader goal of the program. These outcomes include:

1. Decrease loan debt among healthcare providers.
2. Increase knowledge about financial assistance options available.
3. Build relationships with WHC facilities and providers.
4. Ensure satisfaction among WHC facilities and providers.
5. Ensure programs are responsive to community needs.
6. Increase health workforce recruitment in shortage areas.
7. Increase health workforce retention in shortage areas.

We conducted 14 focus groups and five interviews to understand WSAC's progress toward achieving these outcomes.⁸ In total, we spoke with nine site representatives, ten alumni, and 24 providers.⁹ When conducting outreach, we sought geographic diversity as well as participant representation from all four programs. Ultimately, 18 out of Washington's 39 counties were represented, with 19 of the 43 participants self-identifying as living in a rural area. Program-level representation was relatively balanced, with nine individuals from the Behavioral Health Program, six from the Federal Health Program, six from the State Health program, and 13 from the Nurse Educator Program.¹⁰

In addition to the qualitative data collected through focus groups and interviews, we also utilized available data submitted by program applicants and recipients to examine demographic information¹¹ and student loan balances.

This mixed-methods approach provided us with a more complete picture of who the recipients of WHC funding are, how the funding has impacted their careers, and where there are opportunities for WSAC to improve its administration of the program to have a greater impact.

Evaluation Findings

The findings below detail the key learnings that surfaced during the WHC evaluation.

WHC decreases financial stress and reduces loan amounts

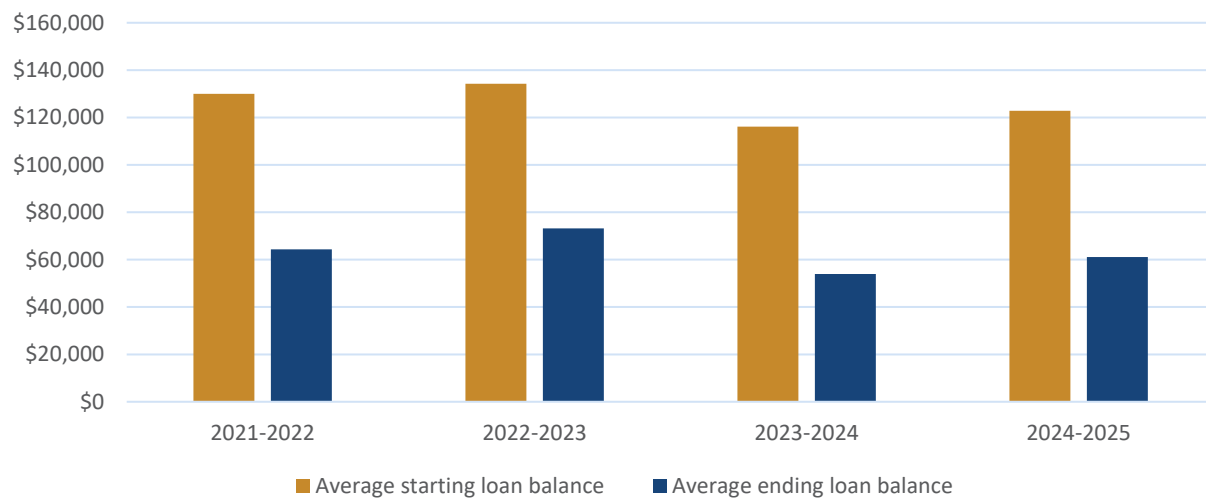
Outcome #1

Funding recipients widely acknowledged that loan repayment through WHC has reduced the stress they feel about paying off loans. This has allowed them to pursue other life goals. Although not every provider will have fully paid off their loans by the time they complete their service obligation, all participants were grateful for the assistance and noted that any amount of support is helpful.

“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 buy a house.”

These testimonies support the preliminary examination of WHC recipients’ loan amounts: the average participant’s total loan amount decreased by more than \$60,000 between initial enrollment in WHC and completion of their service obligation. Similar differences in starting and ending loan balances are observed across each of the last four cohorts (Figure 1).

Figure 1. Average starting and ending loan balances for WHC awardees



Note: Starting loan balances are entering cohort averages, determined by the loan amount listed on the initial application. Average ending balances are calculated by subtracting each recipient’s total award amount from their initial loan balance.

Although these estimates do not account for interest accrued while providers complete their service obligation, they demonstrate the magnitude of loans that healthcare professionals start with and the baseline impact that WHC can have on overall loan debt.

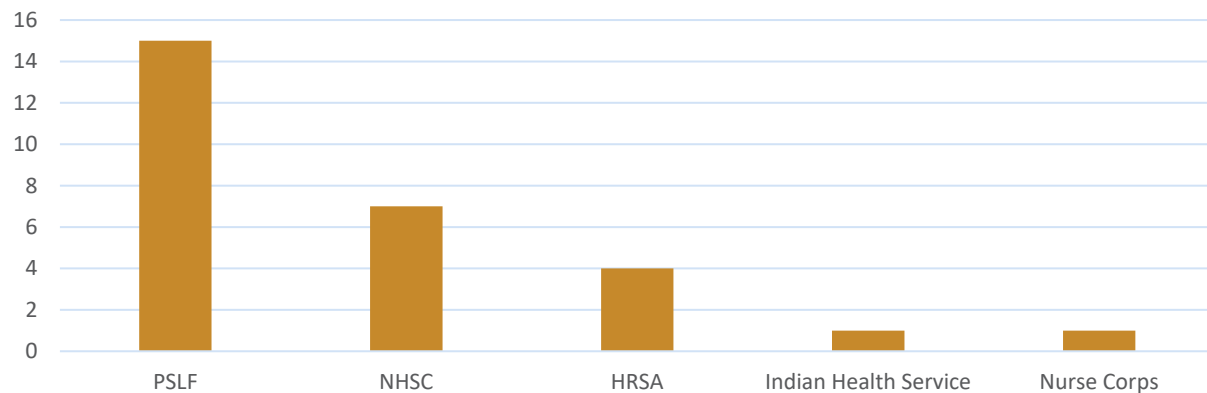
Providers learn about financial assistance opportunities through employers and look for a flexible and cost-effective program

Outcome #2

A majority of healthcare professionals (n=29) learned about WHC through their employers. In contrast, only one person heard about the WHC through their school. This suggests that WHC isn’t increasing knowledge of financial assistance; rather, that responsibility typically falls on employers.

Healthcare providers also shared that WHC is not the only loan repayment program they considered. Many of those interviewed mentioned the Public Service Loan Forgiveness (PSLF) program and the Health Resources and Services Administration (HRSA) programs, including the National Health Service Corps (NHSC) and the Nurse Corps (Figure 2).

Figure 2. Other programs mentioned by participants



Notably, several participants indicated that their decision to apply for and accept WHC over the other programs was based on the program design. Specifically, other programs had eligibility requirements that were too stringent and weren't as cost-effective.

Although WHC does not directly increase knowledge of financial assistance programs, one way to achieve this goal is to provide information about the programs to employers. Additionally, when considering programs, we learned that providers seek out flexibility and cost-effectiveness. This is crucial information to have as we aim to design programs that increase the recruitment and retention of healthcare professionals.

WSAC staff have built rapport with WHC recipients and supervisors, and ensured they are satisfied with the program

Outcomes #3 & #4

Overall, many people spoke positively about their perceptions of WHC and their interactions with WSAC staff who manage the program. In total:

- Twenty-six people said communication with the staff through our phone and email line is helpful and accessible.
- Ten people mentioned that the program's direct service hour requirements are flexible.
- Five people talked about how the program supports financial freedom.

Despite this positive feedback, people also mentioned key challenges they encountered.

- Sixteen people referenced issues with processing forms, which led to delayed payments.
- Fifteen people found some part of the program confusing.
- Fourteen people mentioned issues with miscommunication and/or lack of communication from WSAC staff at some point during their engagement with WSAC.

Many of these challenges could be addressed through increased communication and program transparency, as noted in the recommendations for improvement.

WHC is aligned with shortage areas identified by healthcare providers

Outcome #5

WSAC's applicant selection process prioritizes provider types that are in a shortage, as identified by the planning committee. Although the planning committee takes steps to comprehensively evaluate healthcare shortages in communities across the state, individuals working in health facilities might have a different perspective on which provider types are in a shortage. Therefore, we asked all participants about where they see shortages in the healthcare profession. We found a lot of overlap between the provider types that receive funding through WHC and the provider types identified during the focus groups as being in a shortage.

Even so, participants referenced other provider types that they consider a shortage area, but which are not yet funded through WHC. These include psychiatric providers and specialists, such as gastroenterologists, neurologists, obstetrician-gynecologists, and pediatricians. As WSAC staff revisit the provider selection process for future years, there is potential benefit to expanding the shortage areas to include those identified by providers themselves. However, this may result in changes to the current eligible license types due to funding limitations.

Loan repayment does not impact recruitment into healthcare professions¹²

Outcome #6

Participants made clear that their choice to enter a healthcare profession was not because of the expected cost of attendance or the potential for financial assistance through programs like the WHC. Of the 31 people who discussed the influence of loans on their career decisions, 21 (~67%) said there was no influence with most of them acknowledging significant loans as par for the course of entering the healthcare profession. Eight of the 31 (~25%) said they didn't fully understand the significance of the amount of loans they were taking out until they completed their education. Only two (~6%) said loan amounts caused them to change their education journey.

"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."

When asked what they would've done if they hadn't received WHC funding, only three out of 18 said they would have left the health profession, and only two out of 18 said they would have changed positions within the health sector. These responses suggest that financial assistance may not be an impactful recruitment tool since most people would choose this profession even absent any financial assistance.

Rather, some of the main factors that people mentioned as influencing their career decisions include having an intrinsic desire to help people, living near their family or home, and working at a place with shared values regarding the care of both patients and providers. Although WHC may not be increasing recruitment, we now have more information on the specific factors that *do* influence career choices. With this information, WSAC can consider other recruitment strategies that extend beyond financial assistance.

Factors influencing career decisions:

- Intrinsic desire (19 mentions)
- Wanted a specific location (13 mentions)
- Work environment (7 mentions)
- Financial reasons (6 mentions)
- Wanted opportunities for career mobility (3 mentions)

Loan repayment keeps healthcare professionals in the field

Outcome #7

As noted above, most people would choose to work in health even without financial assistance. This suggests that financial assistance may not be an effective retention tool. However, the majority of our focus group participants (n=30) mentioned some change in their careers because of WHC. Sixteen mentioned that the funding extended their time in healthcare. Seven were able to pursue a more fulfilling career. Four were able to afford to work at a more desirable site. And three were able to further their degree. In addition to loan repayment influencing whether they stay at a facility, some focus group participants also mentioned site satisfaction as an important factor, with supervisors heavily influencing site satisfaction.

Anecdotally, some supervisors noted higher retention rates among WHC recipients than non-WHC recipients.

“Our providers that have received [WHC] have greater tenure than our providers who didn't receive funding. The service commitment gives them time to build roots in the community and settle into the position.”

Unfortunately, current data limitations prevent us from systematically monitoring recipients' workforce outcomes. Without these data, we cannot confirm that participation in the WHC increases providers' tenure in the profession and within healthcare shortage areas.

Recommendations to improve recruitment and retention of health professionals

Based on the evaluation, the team identified several recommendations that, if implemented, would improve program operations. Of these, the WHC team will prioritize recommendations that relate to improving communication processes and program transparency. This intentional emphasis on communication reflects the WHC team's desire to increase the awareness and accessibility of the program, so that more healthcare providers in more regions can benefit from the financial assistance that WHC provides. The specific recommendations the team will focus on during the coming year are included in the box to the right.

Other recommendations identified for future iterations include changing how WSAC awards funds within WHC programs¹³ and increasing supports for healthcare providers broadly.¹⁴ These areas of improvement fall outside WSAC's scope as they would either require consultation with the WHC planning committee or, in some instances, legislative changes to the WHC statute.

Moving forward, the team will continue to conduct evaluations and seek opportunities to gather more quantitative data. This will allow us to conduct a comprehensive loan analysis and better track workforce outcomes for both WHC recipients and non-WHC recipients.

Top priorities for WSAC:

- Hold information sessions about WHC
- Implement a community of practice for WHC recipients
- Update the website
- Adjust WHC application deadline(s)
- Review payment cadence for WHC recipients
- Re-evaluate selection criteria and program requirements
- Review possible alignment with NHSC paperwork

¹ Health Professional Shortage Areas, or HPSAs, are a type of shortage designation that identify areas/populations/facilities that have a shortage of primary, dental, or mental health care providers.

² *State of the U.S. Health Care Workforce*. Health Resources & Services Administration. (2024, November). <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf>

³ See the Washington Department of Health's Healthcare Professional Shortage Area Maps: <https://doh.wa.gov/public-health-provider-resources/rural-health/data-maps-and-other-resources>

⁴ Medically Underserved Areas/Populations (MUA/Ps) are another type of shortage designation that identify geographic areas and populations that lack access to primary care services.

⁵ See the Health Resources & Services Administration's data on Medically Underserved Areas/Populations: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

⁶ See [RCW 28B.115](#) for WHC's founding legislation.

⁷ The planning committee, which is required through RCW 28B.115.050, includes representatives from various public and private health-related agencies and organizations, and assists WSAC in developing the criteria and selection of participants for the WHC programs.

⁸ Focus groups ranged from two to five participants, and interviews were one participant.

⁹ Site representatives are the supervisors of the WHC recipients at their health facilities, alumni are individuals who previously received funding through WHC and have since completed their service obligation, and providers are individuals currently receiving funding through WHC.

¹⁰ These counts only reflect the alumni and providers since site representatives are not associated with a specific program.

¹¹ The demographic information we examined included their provider type, license type, and work location.

¹² Recruitment into healthcare professions focuses on how many people chose to enter the healthcare profession pipeline due to this loan repayment opportunity.

¹³ This includes how recipients are selected, paid, and tracked.

¹⁴ This includes increasing training opportunities, improving compensation packages, and adjusting care models to encourage more collaboration across provider types.

About WSAC's Adult Pathways Division

The Adult Pathways division at WSAC administers the following financial aid programs to support workforce recruitment and retention:

- [Washington Health Corps](#)
- [Educator Workforce Programs](#)
- [National Guard Grant](#)
- [WA Grant for Apprenticeship](#)
- [Native American Apprenticeship Assistance Program](#)
- [Aerospace Loan Program](#)
- [State Work Study](#)
- [Career Connect Washington: Washington Jobs Initiative](#)

These programs include grants, loans, loan repayments, conditional scholarships, and stipends. Both the Washington Health Corps and the Educator Workforce Programs have multiple sub-programs. Each program's staff engages and convenes dedicated partners to seek input and make sure policy goals are met. Partners include state agencies, employers, higher education institutions, and tribal leaders. Program participants are healthcare providers, educators, nurse educators, National Guard service members, apprentices, and students.

In addition to administering programs, leaders in the Adult Pathways division play a key role in connecting practice to policy through several statewide and national initiatives aimed at supporting working and adult learners. Through the [Adult Learner Community of Practice](#), WSAC brings together partners from higher education, labor, and community-based organizations to provide a collaborative space to share best practices, identify learning opportunities, and pilot innovative strategies to support enrollment and credential completion for working and adult learners. Through the [Academic Credit for Prior Learning \(ACPL\)](#) workgroup, WSAC convenes representatives from higher education, K-12, and labor who share the goal of increasing awareness and awarding of credits for prior learning.



WASHINGTON STUDENT
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About the Washington Student Achievement Council

The Washington Student Achievement Council is committed to increasing educational opportunities and attainment in Washington. The Council has three main functions:

- Lead statewide strategic planning to increase educational attainment.
- Administer programs that help people access and pay for college.
- Advocate for the economic, social, and civic benefits of higher education.

The Council has ten members. Four members represent each of Washington's major education sectors: four-year public baccalaureates, four-year private colleges, public community and technical colleges, and K-12 public schools. Six are citizen members, including two current students (one graduate student and one undergraduate student).

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