The National Health Service Corps at 50: Accomplishments, Adaptations, & Aspirations

Perspectives of the National Advisory Council on the National Health Service Corps

2022

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The National Advisory Council on the National Health Service Corps (NHSC) provides advice and recommendations to the Secretary of the U.S. Department of Health and Human Services. It serves as a forum to identify priorities for the NHSC and bring forward and anticipate future program issues and concerns. The Council's web page provides more information and links to all of the Council's reports and recommendations.

The views expressed in this report are solely those of the National Advisory Council on the National Health Service Corps and do not represent the perspectives of the Health Resources and Services Administration nor the United States Government.

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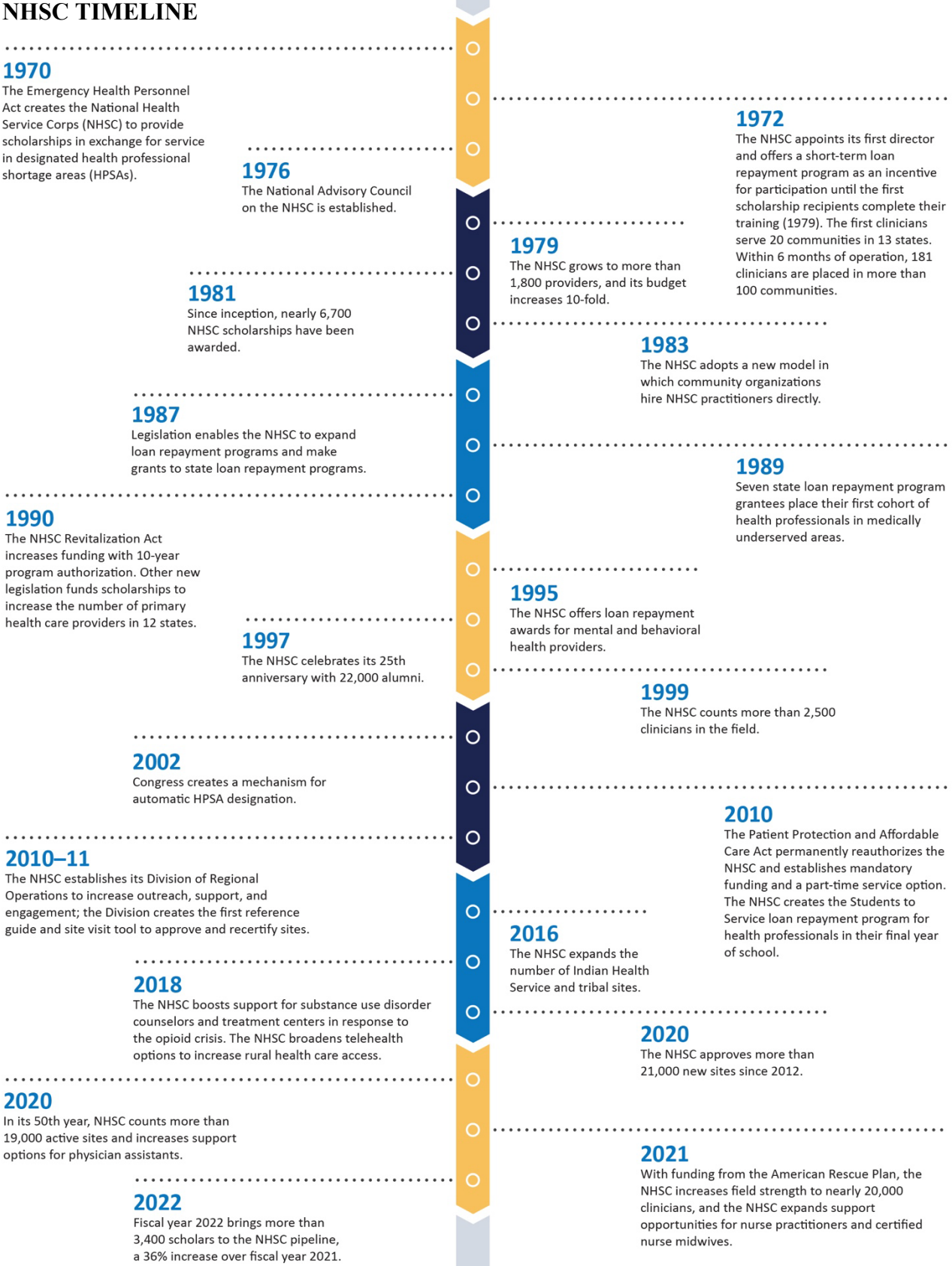
INTRODUCTION

In 1969, Laurence Platt, M.D., proposed that the U.S. Public Health Service create a National Health Service Corps (NHSC) to provide scholarships for health care professionals in training in exchange for a commitment to practice for at least two years in parts of the country suffering from a severe lack of health care providers. (Dr. Platt talks about the origins of his idea in this video on the NHSC's 50th Anniversary YouTube channel.) That seed was sown as part of the Emergency Health Personnel Act of 1970 and took root in 1972. Fifty years later, the program is thriving, having supported training for more than 69,500 health professionals who served communities in need across the United States and its territories.

NHSC TIMELINE

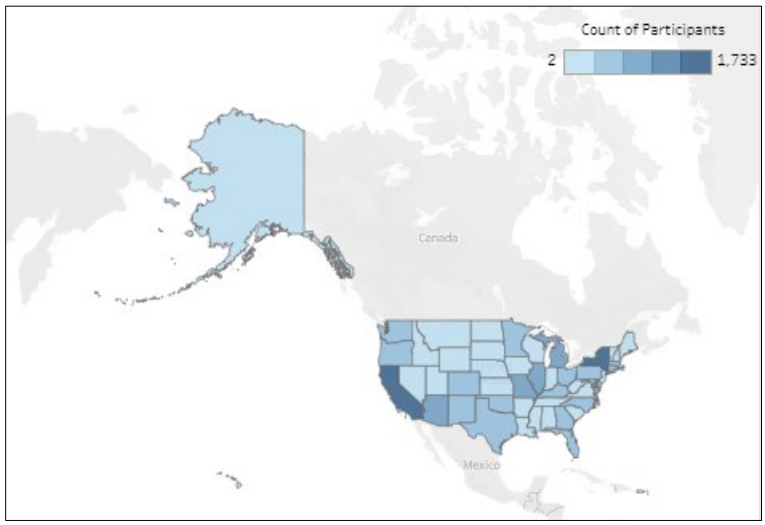


ACCOMPLISHMENTS

The NHSC was envisioned as a way to improve health care delivery in areas of the United States facing critical medical workforce shortages.[1] The National Advisory Council on the NHSC was created to guide that process, and as we join in celebrating the NHSC's 50th anniversary, we are proud of the accomplishments that have helped advance health equity by increasing access to health care in communities across the United States and its territories.

The impact of the NHSC can be credited first to its legislative roots, which sought to address the health care needs of the country for years to come. The NHSC has thrived, demonstrating exponential growth in field strength—more than 20,000 NHSC members are currently providing care to more than 21 million people across the nation. Throughout its 50 years, the NHSC's work has been bolstered by continued federal legislation, prioritization, financial support, and commitment to the NHSC infrastructure. The NHSC remains the country's largest federal program dedicated to addressing the maldistribution of clinicians.

Since the NHSC began, it has helped more than 69,500 primary care medical, dental, and behavioral health professionals complete their training through scholarships and loan repayment. These professionals have met the needs of millions of people in more than 19,000 sites that do not have enough health care providers. A large majority (80 percent) of NHSC alumni who completed service between fiscal years 2012 and 2020 currently work in a designated Health Professional Shortage Area (HPSA).[2] About one quarter of participants remain over the long term in the county where they chose to serve, and many of the rest continue to serve in rural areas or in community-based urban settings.[3] Notably, the NHSC field population is more racially and ethnically diverse than the national health care workforce.[4] The number of Scholarship and Students to Service Loan Repayment Program applications reached more than 3,100 in fiscal year 2022, and the NHSC continues to see rising interest in participation.

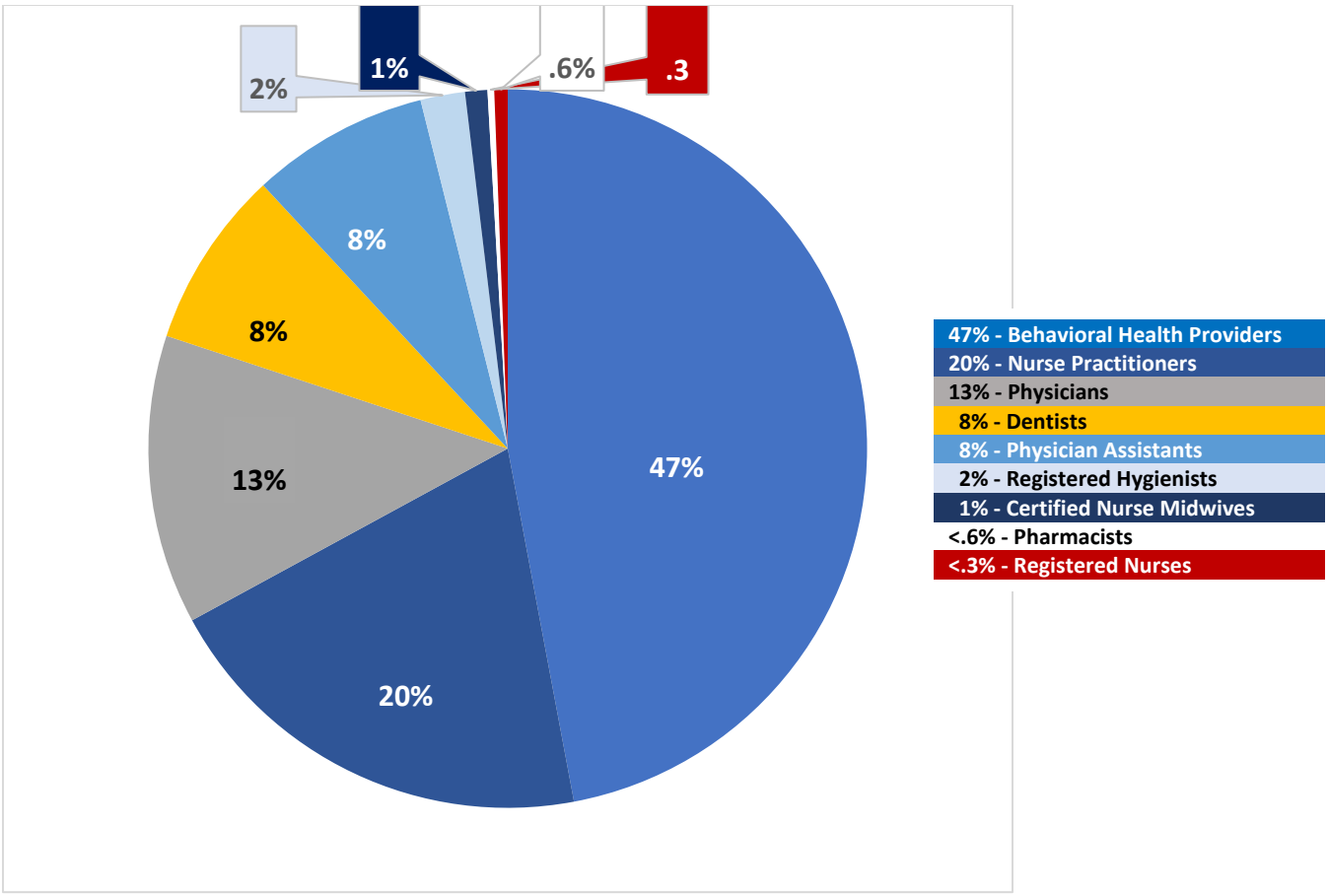


National Health Service Corps Providers, by State and Territory (as of September 30, 2022)[1]

"The NHSC Loan Repayment Program was an amazing experience to give back to my community as a primary care behavioral health provider. I have remained at my clinic for 14 years, and the opportunity to serve others every day is truly a gift!"

—Elizabeth Zeidler Schreiter, Psy.D., NHSC Loan Repayment Program, Class of 2010

[1] HRSA Heath Workforce Field Strength Dashboards: https://data.hrsa.gov/topics/health-workforce/field-strength



National Health Service Corps Field Strength, by Discipline (as of September 30, 2022)

The commitment of the NHSC has remained consistent across multiple presidential administrations and demonstrates a collaborative, unified effort to improve health care outcomes.

Support for the NHSC Across Administrations

- 1979: The NHSC budget increases 10-fold since the program started, significantly increasing the number of scholarship awards.
- 1990: The NHSC Revitalization Act expands funding and reauthorizes the program for 10 years. The Disadvantaged Minority Health Improvement Act awards grants to 12 states to increase primary health care in urban and rural HPSAs.
- 2010: The Patient Protection and Affordable Care Act permanently reauthorizes the NHSC and creates a mandatory funding stream.
- 2021: The American Rescue Plan funds historic increase to bolster field strength in the midst of the COVID-19 pandemic.

The NHSC has expanded successfully by acknowledging that effective recruitment and retention helps promote resiliency and mitigate burnout among providers. Division of Regional Operations personnel conduct regular site visits to evaluate retention and offer site-specific technical assistance for recruitment and retention. The NHSC recruitment tools include a web-based Health Workforce Connector, virtual job fairs, and allowances to pay the cost of travel to interviews at NHSC sites. The Health Workforce Connector includes descriptions of sites and communities.

Growing data demonstrate the impact of the NHSC on health care and outcomes. When the NHSC sent providers to resource-deprived rural counties with poor health, health outcomes improved.[5] People living in rural HPSA counties with NHSC physicians consistently reported better health status and lower mortality rates than counties without NHSC physicians.[5] NHSC providers enhance the provision of medical and behavioral health care in Community Health Centers, especially dental and mental health care,[6] without increasing costs per visit.[7] North Carolina found that after the Affordable Care Act expanded funding for the NHSC, the state saw a four-fold increase in active NHSC providers over a decade, which had a profound impact on essential services in rural communities.[8] (North Carolina also determined that, on average, a full-time physician has an annual economic impact of $666,249 on the rural North Carolina community in which the physician lives and works.[8])

"Working with our community's most vulnerable populations has simply been a privilege that I am forever grateful for. I have learned more about myself, finding a new level of determination and compassion in serving the underserved."

—Kara Gee, RDH, NHSC Loan Repayment Program, Class of 2015

"Serving in the NHSC set me on a path that I could've never imagined. It empowered me to help communities all over Hawaii, in ways few people do. I'm forever grateful for this life experience as a doctor and lieutenant governor."

—Joshua Green, M.D., NHSC Scholarship Program, Class of 2000

The NHSC has weathered many challenges and disease outbreaks—most recently the COVID-19 pandemic, which has caused not only unprecedented loss of life but also highlighted the deficiencies in our health care system and exacerbated disparities in health care. However, the pandemic also showed that the NHSC remains the resilient, steadfast backbone of primary health care delivery for our nation. The NHSC continues to rise to meet the goals of its mission by constantly adapting programs and operations to respond to emerging needs.

ADAPTATIONS

In the 1960s, as the number of medical schools boomed, so did the number of physician specialists who relied on new technology available at large medical care centers. That shift, along with a number of older general practitioners retiring, resulted in a decline in the number of primary care physicians practicing in rural areas.[9] Congress created the NHSC to address this maldistribution and improve the nation's health. Within six months of starting up, the NHSC sent 181 participants—physicians, dentists, and nurses who were federal employees—to more than 100 communities through interim loan repayment programs. The first scholarship awardees completed their studies in 1975.[10] By 1979, NHSC had placed 1,800 clinicians in the field.

Recognizing that far more providers were required to respond to the substantial needs of underserved communities around the country, including U.S. territories, Congress increased support for the NHSC throughout the 1980s by authorizing full scholarships, adding more loan repayment options, providing grants to states, and expanding the types of clinicians and specialties eligible. As the shortfalls in behavioral health and oral health care became increasingly clear, the NHSC made more funding opportunities available to behavioral health professionals in the 1990s and dentistry and adolescent and child psychiatry providers in the 2000s. As the opioid epidemic spread and substance use disorders rose, the NHSC expanded loan repayment programs for counselors, registered nurses, and certified registered nurse anesthetists who specialize in treating substance use disorders, increasing access to treatment and care in the areas hardest hit by the opioid crisis. When universities transitioned to virtual classes in response to the COVID-19 pandemic, the NHSC made scholarships available to health professional students seeking 100 percent online education.

Over the years, the NHSC increased its focus from remote, rural areas to a range of sites to reach underserved populations. With the digital technology boom of the 21st century, the NHSC took advantage of the opportunity to extend the reach of providers and improve access to care through telehealth visits.

"If there had not been an NHSC, there is a good chance I would not have been able to complete medical school… [The NHSC] was life-changing for me."

—Luis Padilla, M.D., Associate Administrator, Bureau of Health Workforce, HRSA, NHSC Scholarship Program, Class of 1998

"The NHSC is how we put the 'care' in health care—going above and beyond, taking services to the people who need them."

—Keisha R. Callins, M.D., M.P.H., NHSC Scholarship Program, Class of 2002, Chair, National Advisory Council on the NHSC

NHSC SITES

- Federally qualified health centers and look-alikes
- Indian Health Service facilities, tribally operated programs, and Urban Indian Health programs
- Federal and state prisons
- Centers for Medicare & Medicaid Services certified rural health clinics
- Critical access hospitals
- Community mental health centers
- State or local health departments
- Community outpatient facilities
- Private practices
- School-based clinics
- Mobile units
- Free clinics
- Substance use disorder treatment facilities
- Immigration and Customs Enforcement Health Service Corps

"In my time in the NHSC, serving patients in an all-male prison, I learned that you will transform lives in ways you cannot imagine."

—Karen Gedney, M.D., NHSC Scholarship Program, Class of 1984

Thanks to its firm foundation in underserved communities, the NHSC has been prepared and positioned to respond to major health crises around the country. For example, in 2016, the NHSC mobilized clinicians in U.S. territories and other high-risk areas to address the Zika virus outbreak through the Zika Response and Preparedness Act Loan Repayment Program. Lessons learned over the years by NHSC participants informed the response to the COVID-19 pandemic, and the American Rescue Plan Act allowed NHSC to dramatically and rapidly increase the number of clinicians in the field to fill the gaps created by the pandemic. The NHSC expanded flexibility in its program requirements to allow participants and sites to focus on addressing the ongoing COVID-19 pandemic. The NHSC continues to link providers who wish to serve as emergency volunteers with sites seeking assistance via the Health Workforce Connector.[11]

Advances in information technology have enabled the NHSC to take advantage of vast amounts of data about health care needs, access, and equity. The NHSC is committed to using data to increase understanding of the health care landscape, strengthen and grow the primary care workforce, and connect providers with people who have limited access to health care.[12] The Department of Health and Human Services' Health Workforce Strategic Plan cites enhancing the use of data and evidence to improve program outcomes as one of the Department's four key goals.[13] The Health Resources and Services Administration (HRSA) relies on solid evidence to make the case to Congress for continued support to fulfill the NHSC mission.

In the course of monitoring data trends, HRSA recognized the emerging maternal health crisis caused by closures of rural hospitals and labor and delivery units, which disproportionately affect rural, minority, and Indigenous communities. Half of U.S. counties do not have an obstetrician–gynecologist,[14] and the number of maternity health deserts (areas with no facilities or providers offering obstetric care) has increased since 2020.[15] In 2018, Congress empowered the NHSC to address the issue. HRSA now designates Maternity Care Health Professional Target Areas (MCTAs) within existing Primary Care HPSAs to link maternal health care professionals to areas in need. The MCTA designation, along with expanding the Students to Service loan repayment program to include certified nurse midwives, exemplifies the NHSC's responsiveness and adaptation to a burgeoning public health crisis.

In its advisory role to HRSA, the National Advisory Council continuously reviews current public health and health care workforce issues facing the nation. The Council made recommendations for approaches that the NHSC can take immediately to tackle urgent health care workforce shortages in their/or the Council's Recommendations for Priorities to Support National Health Service Corps Efforts to Address the U.S. Health Care Workforce Shortage 2021-2023:[16, 17]

- **Telehealth:** Take advantage of telehealth, which increases access to primary and specialty care, expands workforce capacity, increases equitable distribution of providers, and can potentially improve the quality of care. Deploy telemedicine training, equipment, and technologies that facilitate continuity of care, address social determinants of health, and otherwise support the NHSC to reduce workforce distribution imbalances.
- **Community Engagement:** Promote engagement between NHSC participants and community partners to leverage community assets and coordinate resources that address social determinants of health and contribute to more effective and sustainable practices in underserved communities.
- **Data-Driven Modernization:** Affirm efforts to modernize and validate HPSA and MCTA designations to improve health workforce supply and distribution. The designation process should factor in stakeholder input and focus on equity, especially in critical areas of mental health and maternal health. The NHSC should strive to maintain current, valid, relevant designations of where health care is needed most.
- **Clinician Resilience:** Because providers in health care shortage areas are likely to be more isolated, have limited resources, and manage patients with higher burden of disease than other providers, affirm evolving and ongoing efforts to supporting clinician resiliency at NHSC sites (such as the NHSC's Empowering Clinicians for Resiliency and Transformative Care Program, a five-year initiative that continues through August 2025). Supporting health care provider resilience and well-being is essential for recruitment and retention in areas with greater health care needs.

- **Workforce Readiness:** Define the education and training needed to better prepare NHSC participants to address the needs of rural and underserved communities and support efforts to increase participant readiness.

These steps can take the NHSC further toward its goals of increasing health equity and eliminating health disparities across the country. Recent HRSA data identifies thousands more HPSAs in need of primary medical, dental, and behavioral health care providers, and the NHSC could help fill those needs. The NHSC funds approximately 10 percent of all new scholarship applications and 40 percent of all new traditional loan repayment applications it receives. As history shows, increased NHSC funding translates directly to more clinicians and increased health care capacity in underserved areas. With the resources and support to expand, the NHSC will be prepared to meet future widespread health challenges.

"The NHSC is one of America's most successful health care investments. It's propelled thousands of clinicians like me to care for communities in need and advance health equity."

—Rishi Manchanda, M.D., NHSC Scholarship Program, Class of 2008

ASPIRATIONS

As we embark on the NHSC's next 50 years, the Council anticipates that the NHSC will continue to be a driving force toward eliminating health disparities and prioritizing diversity, equity, inclusion, and belonging within its workforce, which the Council believes are of paramount importance to achieving optimal health in our communities and our nation. The Council sees the NHSC as a vital tool for realizing health equity by promoting comprehensive, patient-centered medical care across the country and its territories. We anticipate expansion of the patient-centered medical home concept, with a focus on interdisciplinary care that incorporates primary medical, dental, and behavioral health, delivered through a collaborative approach.

The Council envisions an NHSC that stands at the forefront of innovation, taking into consideration all models of care and tailoring services to meet the needs of specific populations and communities. We encourage the NHSC to maintain a standard that ensures the highest quality of care for patients and at the same time mitigates the burnout and mental health challenges that providers face, especially during crises in health care.[16, 17] Ideally, the NHSC can help develop systems in which all health disciplines work together in coordinating care, centering the whole patient and improving overall health outcomes, with each member contributing equally and to the utmost of their abilities.

"I wanted to give back and take care of people who looked like my family and were not always able to get the same care as others. I accepted a role at a federally qualified health center and stayed because I love family medicine, my organization's mission, and those we stand for."

—Karenna Senors, M.D., NHSC Loan Payment Program, Class of 2007

The next 50 years will see a continuously changing health care environment, and the NHSC must have the flexibility to adapt and respond. To meet this mission, the Council anticipates that the NHSC will integrate and assimilate telehealth and other digital technology advances to allow all disciplines to connect and communicate so they can better meet the needs of individuals wherever they live.[18] We hope that future generations will enjoy widespread digital connectivity that facilitates equal access to services for all. The Council envisions the NHSC as an essential ingredient in building a resilient workforce across the country that is prepared to lead the response to all kinds of public health challenges—disease outbreaks and pandemics, natural disasters and the effects of climate change, and new and emerging conditions. It is imperative that the NHSC have continued support to evolve so that it can face the challenges of the future and bring to fruition the vision of a healthy America.

As a champion for the NHSC, the Council must look at ways to better promote the NHSC as an option for all new potential medical, dental, and behavioral health providers by making them aware of the incredible opportunities the NHSC offers, highlighting how NHSC clinicians fill the substantial gaps in our health care system by caring for underserved populations and the personal fulfillment that brings. The Council will explore how to expand mentorship, pairing new NHSC

participants with a mentor who can help them navigate the new environment of care and assimilate more seamlessly into the public health care environment.

The Council aims to advocate for greater training opportunities. More and broader opportunities for learning in the Community Health Center environment will improve recruitment and retention of new providers and enhance community engagement and development, as new providers put down roots in the communities they serve. The Council hopes to promote the establishment of more rural residency programs in all disciplines. To achieve these goals, the Council seeks to increase its cooperation and collaboration with the other advisory councils under HRSA's Bureau of Health Workforce, which address interdisciplinary, community-based linkages; nurse education and practice; primary care medicine and dentistry training; and graduate medical education.

"Participating in the NHSC is in line with the type of work experience that I've always wanted to have—one that prioritizes the well-being of patients and their communities."

—Onyema Nwanaji-Enwerem, M.D., NHSC Students to Service Loan Repayment Program, Class of 2021

CONCLUSION

The Council applauds the substantial accomplishments of the NHSC over its first 50 years. We appreciate all those who have supported the NHSC, from Dr. Platt, who first planted the seed of an idea, to the policymakers who brought that idea to fruition and funded the program, to the staff and supporters who have refined and grown it, to the tens of thousands of clinicians who have participated. Together, they have demonstrated that investing in training clinicians produces a measurable, meaningful impact on public health.

"If you're looking for a job that you will love, that's really investing in people's lives and investing in a community; you need to look at National Health Service Corps."

—Monica Taylor-Desir, M.D., NHSC Scholarship Program

The Council recognizes that there is a long way to go to meet the health care needs of all people in this country and to achieve health equity. The NHSC is well positioned to rise to the challenge by empowering communities to improve health. Over 50 years, the NHSC has created and cultivated a robust infrastructure for training capable, resilient clinicians who contribute to healthier communities and advocate for healthy community partnerships, making the NHSC the ideal mechanism for realizing optimal health for all.

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