



U.S. Department of Health and Human Services

**NATIONAL HEALTH SERVICE CORPS
REPORT TO CONGRESS
FOR THE YEAR 2014**

Submitted to

**The Committee on Health, Education, Labor and Pensions
U.S. Senate**

and

**The Committee on Energy and Commerce
U.S. House of Representatives**

Executive Summary

The Report to Congress for year 2014 details the program accomplishments of the National Health Service Corps (NHSC), which is charged with helping communities in Health Professional Shortage Areas (HPSAs) of greatest need provide primary health care services through the recruitment and retention of primary care health professionals. The report:

- provides updates on HPSA information;
- defines the need for primary care services through requests for recruitment and retention assistance from underserved communities;
- shows the current NHSC Field Strength¹ and the projection for next year;
- explains recruitment efforts for the NHSC Scholarship and Loan Repayment Programs;
- provides estimates on the number of patients seen by NHSC clinicians;
- details the most recent statistics on short term and long term retention of NHSC clinicians in service to the underserved; and
- describes the evaluation process to determine an entity's compliance with section 333(a)(1)(D) of the Public Health Service (PHS) Act for inclusion on the NHSC Jobs Center.

Significant findings in the report include the following:

- The NHSC and many federal and state workforce programs use HPSA designations for resource allocation. As of September 30, 2014, the following types and number of HPSAs were identified:

HPSA Type	Number of HPSAs
Primary Medical	6,084
Dental	4,968
Mental Health	4,050

- Approximately 56 percent of all identified HPSAs are designated as non-metropolitan² and 44 percent of NHSC placements in FY 2014 were in facilities that served rural areas.³
- The NHSC Field Strength in FY 2014 was 9,242. The NHSC clinicians served in urban, rural, and frontier communities in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, and the Pacific Basin.⁴

¹ "NHSC Field Strength," as this term is used in this Report, includes clinicians recruited through the NHSC Loan Repayment Program, NHSC Scholarship Program, and the State Loan Repayment Program.

² State Primary Care Offices self-report metropolitan/non-metropolitan status when applying for new HPSA designations or updating existing HPSA designations.

³ The NHSC uses the Federal Office of Rural Health Policy definition for identifying whether or not an NHSC approved site is rural. See http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

- The NHSC remains committed to the interdisciplinary approach to patient care. The discipline mix of the NHSC Field Strength reflects both this commitment and the program’s efforts to respond to underserved communities’ demand for services.
- In FY 2014, NHSC clinicians provided care to approximately 9.7 million underserved people. About 49 percent of NHSC clinicians serve in health centers supported by Health Resources and Services Administration (HRSA) grants; the remaining offer patient care services in Rural Health Clinics, group or private practices, hospital-based outpatient clinics, and similar locations that are not supported by HRSA grants.
- The NHSC Scholarship and Loan Repayment Programs continue to serve as vital recruitment tools for underserved communities in need of primary care, oral health, and behavioral and mental health services. In FY 2014, the NHSC made the following new and continuation awards:

NHSC Program	Number of Awards
Scholarship	197
Loan Repayment	4,880
Students-to-Service Loan Repayment	79

- In FY 2010, the NHSC received \$1.5 billion through the Affordable Care Act to be allocated to the program in annual allotments through FY 2015. In FY 2014, all individual awards listed above were funded through the Affordable Care Act. The NHSC also awarded 38 grants to states through the State Loan Repayment Program with Affordable Care Act funds.

⁴ “Pacific Basin” includes American Samoa, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, and the Republic of Palau.



National Health Service Corps Report to Congress For the Year 2014

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Acronym List

BCRS	Bureau of Clinician Recruitment and Service
BHW	Bureau of Health Workforce
BMISS	Bureau of Health Workforce Management Information System Solution
CAH	Critical Access Hospital
CSI	Customer Satisfaction Index
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
LRP	Loan Repayment Program
NHSC	National Health Service Corps
PHS	Public Health Service
PPO	Private Practice Option
S2S	Students to Service
SLRP	State Loan Repayment Program
SP	Scholarship Program
VJF	Virtual Job Fair

I. Legislative Language

The current report requirements are found at Section 336A of the PHS Act [42 USC 254i]:

“The Secretary shall submit an annual report to Congress, and shall include in such report with respect to the previous calendar year:⁵

- (1) the number, identity, and priority of all health professional shortage areas designated in such year and the number of health professional shortage areas which the Secretary estimates will be designated in the subsequent year;*
- (2) the number of site applications filed under section 333 of this title in such year for assignment of Corps members and the action taken on each such application;*
- (3) the number and types of Corps members assigned in such year to health professional shortage areas, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps;*
- (4) the recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year;*
- (5) the number of patients seen and the number of patient visits recorded during such year with respect to each health professional shortage area to which a Corps member was assigned during such year;*
- (6) the number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in health professional shortage areas after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election;*
- (7) the results of evaluations and determinations made under section 333(a)(1)(D) of this title during such year; and*
- (8) the amount charged during such year for health services provided by Corps members, the amount which was collected in such year by entities in accordance with section 334 of this title, and the amount which was paid to the Secretary in such year under such agreements.”⁶*

These requirements are discussed below, highlighting program information and activities as they relate to the requirements. Data provided in this report are FY data, reported in accordance with how funds are appropriated to the NHSC program. This report enables the NHSC to discuss activities and initiatives that are aligned with the mission of the program.

⁵ Data provided in this report are FY data, reported in accordance with how funds are appropriated to the NHSC program.

⁶ The Health Care Safety Net Amendments of 2002 amended Section 334 [42 USC 254g] to eliminate the requirement that entities receiving NHSC assignees reimburse the agency for health services provided by those Corps members. Therefore, reporting element #8 is no longer relevant.

II. Introduction

This Report to Congress describes the program activities of the National Health Service Corps (NHSC) for 2014. The program is located in the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services. The NHSC was established on December 31, 1970, by the Emergency Health Personnel Act of 1970 (Public Law 91-623), and it has been amended and reauthorized several times in the ensuing 44 years. The Affordable Care Act appropriated \$1.5 billion in funds for the NHSC through FY 2015. The Affordable Care Act also made several changes to the NHSC Program including: authorizing a maximum annual loan repayment award of \$50,000 per year for the NHSC Loan Repayment Program (LRP),⁷ offering the option of half-time service for both scholars and loan repayors, and allowing service credit for teaching.

The NHSC posted a slight increase in Field Strength from 8,899 clinicians in FY 2013 to 9,242 in FY 2014, more than doubling the 3,601 NHSC clinicians posted in 2008. Field Strength includes clinicians recruited through the NHSC LRP, NHSC Scholarship Program (SP), and the State Loan Repayment Program (SLRP).

There has been tremendous interest in the program which can be linked to an increase of recruitment activities conducted by BHW. More than 8,100 applications were received for the NHSC SP and LRP in FY 2014, demonstrating that interest in these programs is strong among both students and clinicians. Successful recruitment tools include social networking, increased collaboration, and online visibility. BHW successfully used social networking for the NHSC, specifically Facebook, to target current applicants, potential applicants, and sites; NHSC Ambassadors (volunteers who educate and inform prospective Corps members and support new and existing members); and organizations with missions similar to the NHSC's. In FY 2014, BHW collaborated with 16 national health professional organizations (increased from 10 in FY 2013). These groups represent clinicians, students, residents, school administrators, and/or sites serving underrepresented racial and ethnic minorities, Rural Health Clinics, and communities. BHW exhibited at seven national partner conferences, developed and launched a new NHSC Partnership webpage (<http://www.nhsc.hrsa.gov/partners/index.html>) to provide individuals and organizations with resources about the NHSC scholarship and loan repayment opportunities, and hosted three Virtual Job Fairs (VJF) in which 94 NHSC sites (representing 570 facilities from 43 states and Washington, DC) participated.

NHSC Ambassadors were given several new tools – including a tool kit, tutorial, and communications templates – to use in recruiting eligible NHSC applicants. Many of these tools are available online. Building on this effort, in FY 2014, webinars and quarterly Ambassador conference calls were held to share best practices and information on how to use these newly created tools.

An important measure of the success of the NHSC is the retention of NHSC clinicians in service to the underserved after the fulfillment of their NHSC commitment. A recent study completed in

⁷ Beginning with FY 2012, the total amount is determined by the Secretary on an annual basis to reflect inflation.

FY 2014 showed 86 percent of those who had fulfilled their NHSC commitment remained in service to the underserved in the short term, defined as up to 2 years after their NHSC commitment ended.⁸ An evaluation conducted in FY 2012 showed that 55 percent of NHSC clinicians continue to practice in underserved areas 10 years after completing their NHSC service commitment.⁹ This reaffirmed findings from an earlier study in FY 2000 which showed the majority of NHSC clinicians remained committed to service to the underserved in both the short and long term.¹⁰

III. Overview

In FY 2014, the NHSC made 190 new scholarship awards, 7 scholarship continuation awards, 2,775 new loan repayment awards, and 2,105 loan repayment continuation awards out of funds received through the Affordable Care Act.

In FY 2014, the NHSC continued implementation of the Students to Service (S2S) LRP, offering loan repayment awards to medical students in their last year of school. This program is designed to encourage medical students to select a primary care specialty and requires a 3-year service commitment in a high priority Health Professional Shortage Area (HPSA),¹¹ which begins once their primary care residency is completed. In FY 2014, the NHSC made 79 S2S LRP awards.

In FY 2014, the NHSC also continued implementation of the enhanced award structure in the NHSC LRP to incentivize clinicians to work in the most underserved areas of the country, offering up to \$50,000 for an initial 2-year contract for those clinicians serving full-time in HPSAs with a score of 14 or higher. For those serving full-time in HPSAs below that score, the maximum award for an initial 2-year contract is \$30,000. This HPSA tiering policy was initiated in FY 2012. Previous to FY 2012, all loan repayors were eligible for the same amount of funding regardless of HPSA score.

In FY 2014, to extend the reach of the NHSC in rural areas, the NHSC also continued implementation of the Critical Access Hospital (CAH) pilot program, which allows the inpatient setting of a CAH to qualify as an NHSC site. Prior to FY 2012, only the outpatient clinic of a CAH was eligible, and NHSC clinicians were generally limited to no more than 8 hours per week in the inpatient setting. With the pilot program, clinicians may now spend up to 24 hours per week in the CAH inpatient setting, with no fewer than 16 hours per week being spent in an affiliated outpatient clinic.¹² As of September 30, 2014, 229 active CAH sites had been approved to be NHSC sites, and 75 NHSC clinicians were practicing in a CAH.

⁸ FY 2014 National Health Service Corps Customer Satisfaction Survey.

⁹ "Evaluating Retention in BCRS Programs" Final Report. March 30, 2012. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

¹⁰ "Evaluation of the Effectiveness of the National Health Service Corps" Final Report. May 31, 2000. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill and Mathematica Policy Research, Inc.

¹¹ Currently defined as having a HPSA score of 14 or above. HPSA scoring methodology is described in more detail later in the report.

¹² For the purposes of the CAH Pilot Program, placement at CAHs is limited to physicians, physician assistants, nurse practitioners, and certified nurse midwives.

IV. Report Requirements

Requirement #1: The number, identity, and priority of all HPSAs designated in such year and the number of HPSAs which the Secretary estimates will be designated in the subsequent year.

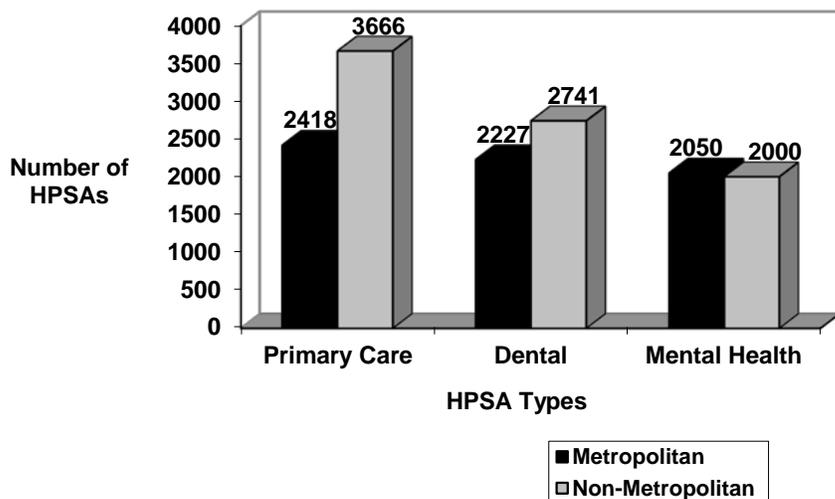
The designation of HPSAs is an applicant-driven process. Any individual or agency may apply to have a geographic area, population group, or facility designated as a HPSA. The designation process involves two types of actions: (1) the analysis of the data submitted with each new request, and (2) the review of previously-designated HPSAs (which is done every 3 years). HRSA determines the priority of a HPSA by assigning a numerical score based on a calculation weighing a number of factors of need, including physician-to-population ratio, infant mortality, access to health services, health status, and the ability to pay for health services. While the HPSA designation was originally designed for the placement of NHSC clinicians, currently more than 30 federal and state programs and agencies use the HPSA designation for resource allocation. A list of designated HPSAs is published annually in the *Federal Register*. Additionally, HRSA maintains an online database (updated daily) of designated HPSAs and their HPSA scores (<http://hpsafind.hrsa.gov>).

As of September 30, 2014, there were 6,084 primary care HPSAs, 4,968 dental HPSAs, and 4,050 mental health HPSAs (more information on HPSAs can be found at <http://www.hrsa.gov/shortage/>). Graph 1 shows the metropolitan/non-metropolitan¹³ distribution of these FY 2014 HPSAs. Overall, the total number of HPSAs has increased roughly seven percent from FY 2013; HRSA anticipates that the total number of HPSAs in FY 2015 will increase by the same percentage.

The Health Care Safety Net Amendments of 2002 revised the authority for designation of HPSAs to provide for automatic facility HPSA designation, for a period of 6 years, of Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and those Rural Health Clinics that provide services regardless of ability to pay. Automatic designation of these facilities was made permanent in the Health Care Safety Net Act of 2008.

¹³ State Primary Care Offices self-report metropolitan/non-metropolitan status when applying for new HPSA designations or updating existing HPSA designations.

Figure 1: HPSAs by Type by Metropolitan/Non-Metropolitan Distribution

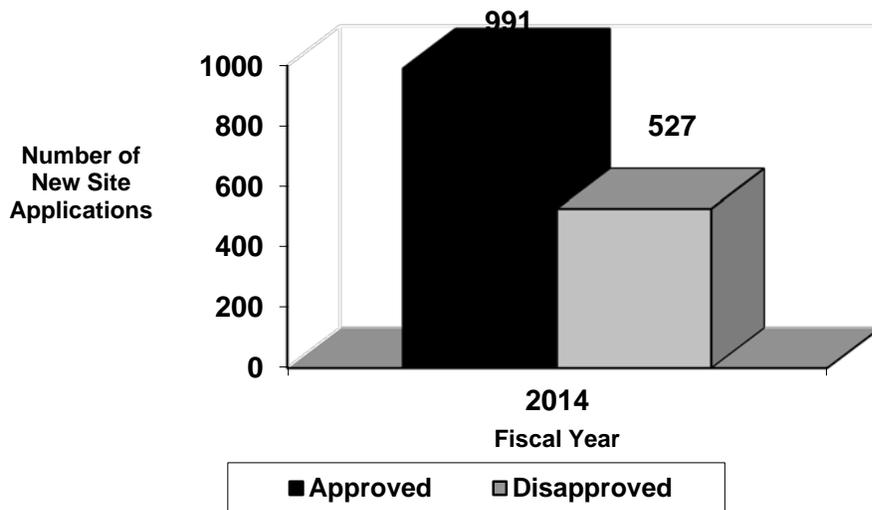


Requirement #2: The number of site applications filed under section 333 of this title in such year for assignment of Corps members and the action taken on each such application.

Section 333 of the PHS Act establishes the framework by which the NHSC evaluates formal requests from facilities seeking eligibility for NHSC recruitment and retention assistance (see **Requirement 7** for a description of the evaluation process). Eligibility is based on the continued need for health professionals in the area; the appropriate and efficient use of NHSC members previously assigned to the entity; community support for the assignment of an NHSC member to that entity; the facility’s unsuccessful efforts to recruit health professionals from other sources; the reasonable prospect of sound financial management by the entity; and the entity’s willingness to support or facilitate mentorship, professional development, and training opportunities for Corps members. Specific requirements to qualify to participate as an NHSC-approved site include, but are not limited to, providing health services in or to a designated HPSA; providing comprehensive primary care services; providing services on a free or reduced fee schedule basis to individuals at or below 200 percent of the federal poverty level; and accepting patients covered by Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). More information on site eligibility is available on the NHSC website (<http://www.nhsc.hrsa.gov/sites/index.html>).

Facility vacancies for primary care medical, dental, and mental health providers in high-need areas are listed in the NHSC Jobs Center and are used by HRSA to process applications for assignment of Corps members. In FY 2013, the NHSC instituted an application cycle which limited the period of time in which new site applications could be submitted. The most recent new site application cycle opened April 15, 2014, and closed June 16, 2014. The number of new site applications approved in FY 2014 (through September 30, 2014) was 991, with 527 disapproved. There are currently more than 15,000 NHSC-approved sites. Graph 2 shows the disposition of new site applications received in FY 2014.

Figure 2: Disposition of New Site Applications, FY 2014

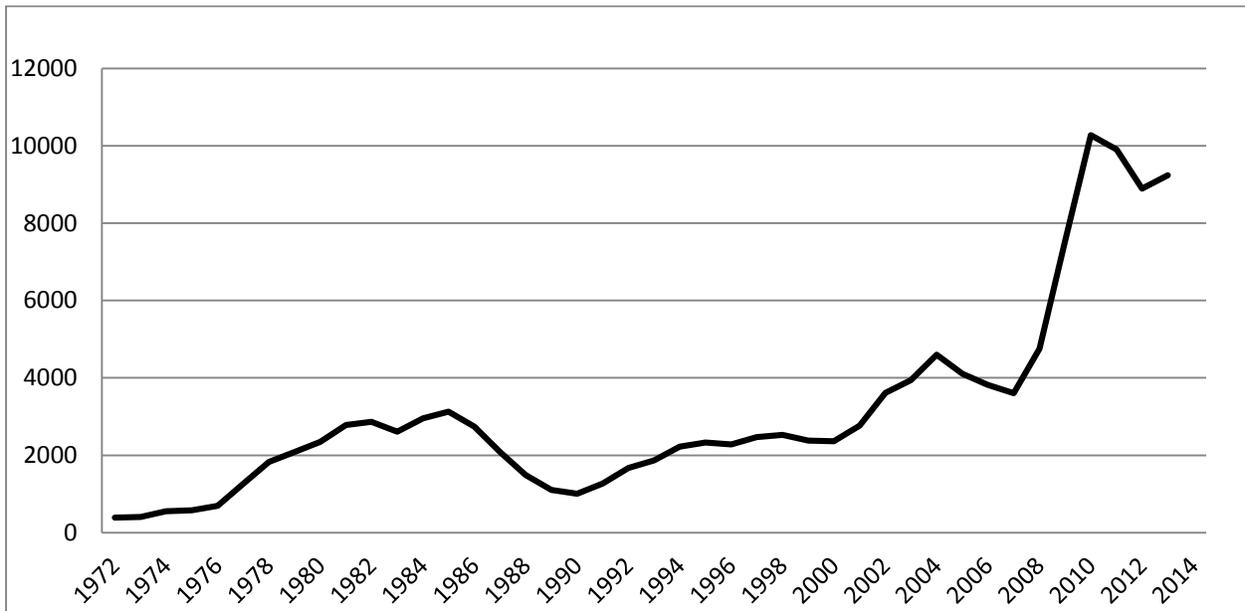


Requirement #3: The number and types of Corps members assigned in such year to HPSAs, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps.

The 9,242 clinicians enumerated in the FY 2014 NHSC Field Strength make this the third-largest cohort since the first placements were made in 1972 (see **Appendix A** for distribution of NHSC clinicians by discipline and program for FY 2014). NHSC clinicians are recruited by several mechanisms: the NHSC SP and LRP, the S2S LRP, and the SLRP.¹⁴ Though NHSC clinicians who have chosen the Private Practice Option (PPO) provided under Section 338D of the PHS Act [42 USC 254n] and the participants in the SLRP are not considered to be “members of the Corps,” the yearly NHSC Field Strength calculation does account for them, as PPO clinicians and SLRP participants are supported by NHSC funds. The Field Strength in FY 2014 includes those who began service in that year, as well as those whose service began in previous years and who are still fulfilling a service commitment to the NHSC. It does not include those NHSC clinicians who have fulfilled their service commitment but have been retained in service to the underserved (see **Requirement 6**). Graph 3 shows the history of the NHSC Field Strength from FY 1972 through FY 2014.

¹⁴ The SLRP is a grant program to states for the purpose of offering loan repayment awards to clinicians in return for a minimum 2-year commitment to provide primary care services in a HPSA in the state. The state must match the federal grant funds dollar-for-dollar and must provide funding for the administration of the program; no federal funds may be used for this purpose. In FY 2014, the SLRP awarded 38 new grants to the states. Note: in Appendix A, SLRP clinicians are not included in the Urban /Rural and Grant/Non-Grant columns.

Figure 3: NHSC Field Strength, FYs 1972 – 2014



The NHSC is working to increase the number of minority clinicians.¹⁵ In FY 2014, Black or African-American physicians represented 18.1 percent of the Corps physicians, exceeding their 6.3 percent share in the national physician workforce.¹⁶ Hispanic or Latino physicians represented 15.6 percent of the Corps physicians, exceeding their 5.5 percent¹⁷ share in the national physician workforce. Hispanic or Latino, Black or African-American, and Asian NHSC LRP and SP participants surpassed national health care workforce averages of dentists, and Black or African-American NHSC LRP and SP participants surpassed national health care workforce averages of nurse practitioners.¹⁸ Among NHSC participants, Hispanic or Latino participation in the mental health discipline of psychology is above the national health workforce average.¹⁹

¹⁵ With regard to race and ethnicity data discussed in this Report to Congress, participant data are self-reported and individuals may select multiple racial categories. These responses are collected internally and compiled based on the total responses, including the non-responses received. Hispanic or Latino/Non-Hispanic or Latino self-reported ethnicity data in the Bureau of Health Workforce Management Information System Solution (BMISS) is separate from the race category. Therefore, the total percent of Hispanics or Latinos is based on total ethnicity. As a result, Hispanic or Latino data may be over reported as this information is the only metric for capturing ethnicity. This data, with respect to the NHSC Programs' field strength and pipeline is then compared to national workforce and student enrollment data/percentages respectively. The BMISS is an IT system modernization program that replaces and/or retires a multitude of legacy systems that contain information collected from individual scholarship and loan repayment applications, and recruitment and retention assistance applications and monitoring data from individual sites.

¹⁶Diversity in the Physician Workforce: Facts and Figures 2010, Association of American Medical Colleges.

¹⁷*Ibid.*

¹⁸U.S. Department of Labor, Bureau of Labor Statistics (BLS), Labor Force Characteristics by Race and Ethnicity (2013) used for comparison.

¹⁹*Ibid.*

Based on self-reports, of the 1,154 NHSC scholars in the pipeline, 17 percent are Black or African-American, 14 percent are Asian or Pacific Islander, and 2 percent are American Indian or Alaska Native. Moreover, 18 percent of NHSC scholars self-identified as Hispanic or Latino. Blacks or African-Americans exceed national student enrollment averages for students participating in the NHSC pipeline across all eligible disciplines/specialty categories except nurse practitioners and nurse midwives.²⁰ Hispanic or Latino NHSC scholars exceeded student enrollment averages in dentistry as they represent 12.3 percent of the Corps dental participants compared to their 7.0 percent share of the national student enrollment.²¹ American Indian and Alaska Natives exceed national student enrollment averages in dentistry, medicine, physician assistants, and nursing for the NHSC pipeline.²²

The NHSC estimates the FY 2015 Field Strength to be over 8,400 clinicians. This will represent a reduction from the FY 2014 level due, in part, to a projected decrease in the number of NHSC LRP and SLRP participants in service. However, the FY 2014 projection still represents a more than doubling of the Field Strength over the FY 2008 level of 3,601.

Requirement #4: The recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year.

In FY 2010, HRSA's Bureau of Clinician Recruitment and Service (BCRS) (now BHW) conducted a Customer Satisfaction Survey to measure factors related to partner and participant satisfaction with the NHSC and to identify areas in which the NHSC may improve to support recruitment into the NHSC and retention of Corps members in HPSAs following their service commitment to the Corps. Results from this inaugural survey – which established a baseline for customer satisfaction – highlighted the need to provide clear, concise, and timely information about the Corps and the need for improved responsiveness to program participants. Since FY 2010, the NHSC Customer Satisfaction Survey has been administered annually to continue to gather feedback on program improvement efforts and identify overall satisfaction with the program.

Results from the FY 2014 Customer Satisfaction Survey demonstrated the same overall satisfaction among NHSC program participants as the 2013 survey. This year, the NHSC Customer Satisfaction Index (CSI) maintained a score²³ of 79, which continues to be higher than the federal government average CSI of 67. The survey indicated a high likelihood that program participants would recommend the Corps to others and a high likelihood that current members

²⁰American Dental Association, 2012-2013 Survey on Dental Education: Academic Programs, Enrollments, and Graduates – vol.1. Association of American Medical Colleges, 2013. American Association of Nursing, 2013. 28th Physician Assistant Education Association Annual Report, 2011-2012.

²¹ *Ibid.*

²² *Ibid.*

²³The American Customer Satisfaction Index (ACSI) methodology is used to identify the drivers of customer satisfaction and their impact on performance. The ACSI is the only uniform, cross-industry/government measure of customer satisfaction in the U.S. and includes more than 200 private-sector company scores and over 100 federal or local government program scores. Performance scores (survey scores on rated items) are on a 0-100 scale.

would continue to provide services in high-need areas after completion of their service commitment. Further, among participants who had already completed their service obligation, 86 percent had remained working in HPSAs.

NHSC Recruitment Materials

Feedback from NHSC LRP applicants indicated that many became aware of the Corps through their work site, school, NHSC web searches and social media, and friend or family word of mouth. In FY 2014, the NHSC developed communication materials that could be used across those contexts to recruit eligible applicants and raise awareness of the NHSC.

The NHSC has continued to use member stories and member videos to highlight the impact of the NHSC on communities with limited access to care, often releasing these materials to coincide with national health observances like National Men’s Week and Nurses Week.

There were more than 54,000 views of NHSC videos in FY 2014 compared to a total of 30,000 views for all previous years combined. The popularity of the member videos can be directly related to active promotional efforts and the paid campaigns we have implemented for those videos. Videos were selected for the paid campaigns because they represent gender, discipline, and racial diversity both in the providers and in the population served. They provide a compelling glimpse at life in the NHSC, focusing on NHSC providers who are implementing best practices for care in their communities.

Outreach was conducted directly to potential program participants to announce the opening of the FY 2014 NHSC application cycles. E-Blasts (mass emails) sent to a large mailing list were created and sent to more than 168,000 prospective NHSC LRP and NHSC SP applicants, school administrators, and NHSC partners including Ambassadors, NHSC alumni, the National Advisory Council, professional associations, NHSC sites, program participants, and State Primary Care Offices. As summarized in the Tables below, in FY 2014, these efforts resulted in more than 1,800 applications being submitted to the NHSC SP, and more than 6,300 applications being submitted to the NHSC LRP:

Table 1: NHSC SP Applications, FY 2014

	FY 2014
Applications Received	1,845
New Awards	190

Table 2: NHSC LRP Applications, FY 2014

	FY 2014
Applications Received	6,302
New Awards	2,775

Table 3: S2S LRP Applications, FY 2014

	FY 2014
Applications Received	97
New Awards	79

Mass Media

In FY 2014, the Corps used mass media to support efforts to increase visibility among prospective program participants. The FY 2014 media relations activities resulted in coverage by 16 media outlets (television, radio stations, and newspapers), resulting in more than 800,000 impressions. In FY 2014, there were three radio media tours promoting the NHSC LRP, NURSE Corps LRP, and the NURSE Corps SP. These three campaigns resulted in 28 interviews with HHS leadership that represented 14 states with a combined reach of nearly 7 million impressions.

Knowing that prospective program participants expect uninterrupted access to information makes social media outlets necessary for recruitment efforts. Some examples are highlighted below:

- Between October 1, 2013, and September 30, 2014, the number of NHSC Facebook page “likes” has increased from more than 10,000 to more than 30,000; a nearly 300 percent increase. The number of NHSC Twitter followers has increased from about 2,600 to more than 7,700; an increase of nearly 300 percent.
- There were three Facebook chats to promote the application cycles for the NHSC SP and LRP. More than 450 potential applicants, current members, and Ambassadors attended these chats and more than 300 programmatic questions were answered.
- There were two paid social media campaigns to promote application cycles for the NHSC SP and LRP. The campaigns reached nearly four million people.
- A paid social media campaign to promote awareness of the NHSC Jobs Center was launched through social media, YouTube, and Google Ads. The campaign reached more than 4.3 million people.

Partner Engagement and Conference/Exhibits

In order to reach prospective clinicians through the organizations and individuals they trust and interact with regularly, the NHSC expanded its outreach to new platforms. One such example was being featured on Student Doctor Network via a full length blog post based on an interview with the then Acting Director of the NHSC. The Student Doctor Network, which has over 220,000 unique visitors each month, is a website for pre-health students, medical students, dental students, pharmacy students, optometry students, residents, doctors, and other health professionals.

Also, during FY 2014, BHW increased collaboration from 10 to 16 national health professional organizations that represent clinicians, students, residents, school administrators, and/or sites serving underrepresented racial and ethnic minorities, Rural Health Clinics, and communities. Information shared electronically and verbally with partners included annual

face-to-face meetings on the opening and closing of application cycles, application technical assistance conference calls, pre-recorded webinars, VJFs, Affordable Care Act updates, NHSC National Advisory Council vacancies, a stakeholder listening session, and other resources (e.g., fact sheets, member videos, NHSC and NURSE Corps data). Five partners printed six stories about BHW programs in their monthly or quarterly journals educating thousands of their members about opportunities for careers in primary care in underserved communities.

BHW also exhibited at seven national partner conferences sponsored by the National Hispanic Medical Association, Student National Medical Association, National Black Nurses Association, National Dental Association, National Association of Hispanic Nurses, American Association of Nurse Practitioners and the National Association of Minority Medical Educators. BHW also developed and launched a new NHSC Partnership webpage (<http://www.nhsc.hrsa.gov/partners/index.html>) to provide individuals and organizations resources about the NHSC scholarship and loan repayment opportunities. Since the page launched in January 2014, there have been more than 11,300 webpage views.

HRSA and the Indian Health Service (IHS) continue to work together to increase utilization and availability of the NHSC Program as a recruitment tool to fill health professional vacancies at Tribal sites. The Affordable Care Act permits Tribal, IHS, and Urban Indian health facilities that exclusively serve Tribal members to qualify as NHSC sites, extending their ability to recruit and retain primary care providers by utilizing NHSC scholarship and loan repayment incentives. Since FY 2011, the BHW Division of Regional Operations has worked with Tribal sites, offering hands-on assistance for completing a site profile and posting vacancies on the NHSC Job Center. HRSA's Shortage Designation Branch has worked with Indian health program sites to verify that their HPSA scores are current, enabling them to be competitive in recruiting NHSC Scholars and loan repayors to their sites. As a result of these efforts, 643 Tribal clinical sites were qualified to offer NHSC loan repayment to eligible clinicians, and 391 NHSC clinicians (51 of whom identified themselves as American Indian/Alaska Native) were serving at Tribal, IHS, and Urban Indian health sites across the country as of September 30, 2014.

Virtual Job Fairs

In FY 2014, BHW hosted 3 VJFs, which included presentations from 94 NHSC sites (representing 570 facilities) from 43 states and Washington, DC, recruiting for 400 job vacancies. Over 445 NHSC scholars and potential loan repayors who were exploring employment opportunities participated.

- Thirty-eight NHSC sites (representing 326 unique health facilities) from 21 states and the District of Columbia participated in the VJF on November 19, 2013, recruiting for more than 150 primary care job vacancies. A special invitation to participate was extended to military veterans and transitioning military.
- A March VJF included the Indian Health Service as the opening presentation, with multiple positions open in five states. Twenty NHSC sites representing 64 unique Tribal sites from 10 states promoted more than 80 job vacancies.
- The NHSC collaborated with the NURSE Corps Program to host the first nurse-focused VJF on May 6, 2014, in celebration of National Nurses Week. This was the largest VJF

to date, featuring presentations from 36 sites in 25 states and the District of Columbia, representing more than 180 unique sites and approximately 188 nurse vacancies. Enrollment records were broken, with more than 460 nurses pre-registering and more than 200 participating.

Pipeline Programs

In an effort to increase the pipeline of NHSC-eligible health professionals and increase the number of minority clinicians and those dedicated to serving in underserved communities, throughout FY 2014, the NHSC worked closely with academic medical institutions, such as Historically Black Colleges and Universities, Hispanic Serving Institutions, Indian/Tribal Academic Institutions, and those medical schools with strong rural health tracks to encourage their students' interest in applying for the S2S LRP. It has been reported that students, including those from minority populations, who train in these settings are more likely to return to underserved communities and practice culturally-competent health care after becoming providers.²⁴ Also, the NHSC fostered relationships with other academic medical schools and presented to third and fourth year medical students, as well as faculty and school administrators throughout the country on S2S LRP opportunities.

Requirement #5: The number of patients seen and the number of patient visits recorded during such year with respect to each HPSA to which a Corps member was assigned during such year.

In aggregate, NHSC clinicians serving in FY 2014 saw 9.7 million patients and generated 38.8 million patient visits. The NHSC estimates that primary care NHSC clinicians saw 5.0 million patients and generated 20 million patient visits; dental health NHSC clinicians saw 1.5 million patients and generated 6 million patient visits; and mental and behavioral health NHSC clinicians saw 3.2 million patients and generated 12.8 million patient visits.

²⁴The Sullivan Commission. (2004) "Missing persons: Minorities in the health professions." Retrieved from: <http://www.aacn.nche.edu/media-relations/SullivanReport.pdf>. Komaromy M, Grumbach K, Drake M, Vranizan K, Luri N, Keane D, Bindman AB; (1996). "The role of Black and Hispanic physicians in providing health care for underserved populations." *New England Journal of Medicine*; 334:1305-1310. Cooper-Patrick L, Gallo JJ, Gonzales JJ, Vu HT, Powe NR, Nelson C, Ford DE; (1999). "Race, gender and partnership in the patient-physician relationship." *Journal of the American Medical Association*; 282(6):583-9.

Requirement #6: The number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in HPSAs after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election.

The NHSC continues to monitor the retention rates of NHSC scholars and loan repayors in service to the underserved beyond the fulfillment of their service commitment. Retained clinicians are those who provide care in a designated HPSA after their service obligation ends.

Short Term Retention

The NHSC is committed to continuous performance improvement. Based on the FY 2014 Participant Satisfaction Survey results, the NHSC estimates that of those NHSC clinicians who completed their NHSC service commitment in the past 2 years, more than 5,200 continue to provide primary care services to underserved communities and vulnerable populations.²⁵ This estimated short term retention rate of 86 percent demonstrates a 1 percent increase from the FY 2013 rate of 85 percent.

The experiences that NHSC providers have at their sites while completing their service obligations, continues to significantly influence retention among NHSC providers along with how closely the site operation/direction aligns with the provider's goals. The most common reasons given by participants for not remaining at their NHSC-approved site following their service commitment were family considerations, financial considerations, and problems with the employer or site.

Long Term Retention

On March 30, 2012, a Final Report titled "Evaluating Retention in BCRS Programs," was completed by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, which examined long term retention of NHSC clinicians in service to the underserved. This report estimated that 55 percent of NHSC scholars and loan repayors remained in service to the underserved as long as 10 years after fulfilling their NHSC service commitment.²⁶ This compares favorably with the findings from the 2000 Report titled

²⁵ The FY 2014 Participant Satisfaction Survey (see **Requirement 4** above) found that 86 percent of those NHSC clinicians who had fulfilled their obligation and responded to this voluntary survey met the program's definition of being retained; that is, they were continuing to practice at their assigned site, were practicing at another NHSC site, or were practicing in a designated shortage area. The sample was deemed large enough to generalize a percentage to the entire population. Applying the survey's retention rate of 86 percent to the 6,101 clinicians who successfully completed service in that time frame yields an estimate of approximately 5,246 clinicians retained.

²⁶ "Evaluating Retention in BCRS Programs" Final Report. March 30, 2012. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. The estimated retention figure of 55 percent is based on the finding that 1,745 of the 3,174 respondents to the study met the retention criteria, and that the sample size was sufficient to generalize to the entire population.

“Evaluation of the Effectiveness of the NHSC,” which found that 52 percent of those who had completed their service commitment were considered to be retained.²⁷ An NHSC retention brief was released in December 2012 and is available on the NHSC website (<http://nhsc.hrsa.gov/currentmembers/membersites/retainproviders/retentionbrief.pdf>).

Requirement #7: The results of evaluations and determinations made under section 333(a)(1)(D) during such year.

Section 333 of the PHS Act establishes the framework by which the NHSC evaluates formal requests from facilities seeking eligibility for NHSC recruitment and retention assistance (see **Requirement 2** for the number of applications received and their disposition). The following describes the process by which the NHSC determines the eligibility of health care facilities for NHSC recruitment and retention assistance. Eligibility is based on, among other things, the continued need for health professionals in an area; the appropriate and efficient use of NHSC members previously assigned to that entity; community support for the assignment of an NHSC member to that entity; the HPSA’s unsuccessful efforts to secure health professionals; the reasonable prospect of sound fiscal management by the entity; and the entity’s willingness to support or facilitate mentorship, professional development, and training opportunities for Corps members.

There is a three-step process for obtaining approval to become an NHSC site which determines an entity’s compliance with section 333(a)(1)(D) prior to acceptance into the program. First, the geographic area, population group served by the site, or the facility must be designated as a HPSA. Generally, the need and demand for health professionals is documented by the ratio of available health professionals to the number of individuals in the area. See 42 CFR Part 5. Second, the area, population group, or facility must be a HPSA of greatest shortage. Indicators are analyzed and scored to determine which HPSAs are in greatest need and reflect different patient utilization patterns for primary care, dental, and mental health services. Indicators include:

- ratio of health providers to individuals in the area;
- rate of low birth weight births;
- rate of infant mortality;
- rate of poverty;
- accessibility of primary health care services (travel time or distance);
- presence of fluoridated water;
- ratios of population under 18 and over 65; and
- prevalence of alcohol or substance abuse.

HPSA scores range from 1 to 25 for primary care and mental health and 1 to 26 for dental care (with 1 representing the least need). All FQHCs and those Rural Health Clinics that provide

²⁷ “Evaluation of the Effectiveness of the National Health Service Corps” Final Report. May 31, 2000. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill and Mathematica Policy Research, Inc.

access to care regardless of ability to pay receive automatic facility HPSA designation. These facilities may have a HPSA score of zero.

Finally, for an application to be accepted, the submitting entity must meet all of the following requirements:

- It is part of a system of care;
- It has a documented record of sound fiscal management;
- It verifies appropriate and efficient use of current and former NHSC personnel;
- It is accessible to individuals regardless of their ability to pay;
- It accepts Medicaid, Medicare, and CHIP beneficiaries;
- It maintains a sliding discount fee schedule; and
- It has general community support for the assignment of an NHSC member to that entity.

NHSC recruitment and retention assistance is offered to all facilities that apply and meet the above requirements.

Once their application is approved, facilities post vacancies on the NHSC Jobs Center as they occur. The NHSC lists vacancies through its online Jobs Center, which includes primary care medical, dental, and mental health provider job vacancies in designated HPSAs. In FY 2012, the NHSC Jobs Center was re-designed to provide users with expanded information related to the services provided and populations served by NHSC-approved sites. From October 1, 2013, through September 30, 2014, the number of new vacancies created was 9,861, and during that period, 4,368 vacancies were filled. As of September 30, 2014, there were 3,167 vacancies listed. The NHSC Jobs Center is located on the NHSC website: <http://nhscjobs.hrsa.gov/>.

V. Conclusion

The achievements of the NHSC in FY 2014 are indicative of the increased promotion and outreach of the program and the greater collaboration with partners, both made possible by the enhanced resources provided to the NHSC. These resources have allowed the NHSC to grow to record levels, serving the health care needs of more than nine million patients across the United States.

The NHSC will continue its focus on ensuring that NHSC providers are serving in the nation's high-need areas and leverage the existing statutory authority to encourage individuals to pursue a career in primary care. These efforts and the fostering of collaborative partnerships will allow the NHSC to continue to address the nationwide shortage of health care providers in underserved communities.