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## An Evaluation of the Michigan State Loan Repayment Program

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## An Evaluation of the Michigan State Loan Repayment Program

### Cover Page Footnote

**PURPOSE:** The objective of this study was to survey providers in the Michigan State Loan Repayment Program to determine if the program is effective in retaining providers from different disciplines in underserved communities. **METHODS:** Participating providers received a total of three surveys over a 3-year period. Survey questions were collected from July of 2014 to December of 2016 and entered into Survey Monkey, an internet based survey program. Providers were sent four reminders via email and one direct mail reminder to their home to complete the surveys. **RESULTS:** For the first two-years of the study, up to 22 of 30 (73%) providers responded to our surveys who were primarily physicians. The majority of the providers were male (71%) and raised in a small town or rural community (71%). The primary reasons for a provider's participation in the program were the need for financial assistance (95.2%) and the urge to provide care to underserved populations (90.5%). The majority of the providers (60%) that responded in the last year of the survey indicated that they intend to remain practicing in Michigan for greater than 10 years. **CONCLUSIONS:** We anticipate that the findings from this study will not only improve the recruitment process in Michigan but in other states as well in identifying providers that are likely to complete the program and remain in rural and underserved communities. The findings may also assist the Area Health Education Center in improving its process for providing continuing education opportunities for providers serving these communities.

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Title: An Evaluation of the Michigan State Loan Repayment Program

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### **Key Words: loan repayment, rural health, primary care, program evaluation**

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## **ABSTRACT**

**PURPOSE:** The objective of this study was to survey providers in the Michigan State Loan Repayment Program to determine if the program is effective in retaining providers from different disciplines in underserved communities.

**METHODS:** Participating providers received a total of three surveys over a 3-year period. Survey questions were collected from July of 2014 to December of 2016 and entered into Survey Monkey, an internet based survey program. Providers were sent four reminders via email and one direct mail reminder to their home to complete the surveys.

**RESULTS:** For the first two-years of the study, up to 22 of 30 (73%) providers responded to our surveys who were primarily physicians. The majority of the providers were male (71%) and raised in a small town or rural community (71%). The primarily reasons for a provider's participation in the program were the need for financial assistance (95.2%) and the urge to provide care to underserved populations (90.5%). The majority of the providers (60%) that responded in the last year of the survey indicated that they intent to remain practicing in Michigan for greater than 10 years.

**CONCLUSIONS:** We anticipate that the findings from this study will not only improve the recruitment process in Michigan but in other states as well in identifying providers that are likely to complete the program and remain in rural and underserved communities. The findings may also assist the Area Health Education Center in improving its process for providing continuing education opportunities for providers serving these communities.

## INTRODUCTION

Many states have utilized student loan repayment programs to attract providers to health professional shortage areas<sup>1,2</sup> and state initiatives such as the Area Health Education Center (AHEC) has assisted providers in Michigan to remain in underserved areas.<sup>3</sup> These programs are available to health care providers from several disciplines (e.g., physicians, nurses, dentists, social workers, physician assistants) that are willing to practice in medically underserved communities for a two-year period in exchange for student loan repayment. The funding for the student loan repayment programs commonly originates from a combination of federal, state, and local sources.<sup>4</sup>

There have been several national studies regarding the evaluation of state loan repayment programs.<sup>5,6</sup> A recent national study of state repayment programs for health care educational loans found that most programs were state-funded, followed by joint state and National Health Service Corps (NHSC) programs and direct financial incentive programs.<sup>5</sup> Loan repayment incentive programs have been found to contribute to health care professional retention efforts in underserved communities.<sup>6</sup>

However, there is little information regarding student loan repayment survey data obtained from providers practicing in underserved communities in an individual state.<sup>1,2,5</sup> Thus, the objective of this study was to survey providers in the Michigan State Loan Repayment Program (MSLRP) to determine if the program is effective in retaining providers from different disciplines in underserved communities.

## METHODS

*An Overview of the Michigan State Loan Repayment Program*

The MSLRP assists employers in recruiting and retaining primary medical, dental, and mental healthcare professionals by providing loan repayment to those entering into MSLRP service obligations.<sup>4</sup> Health professionals are required to provide the program with full-time services in Health Professional Shortage Areas at non-profit ambulatory centers for a period of two-years. The program provides up to 200,000 dollars to repay student debt over a period of up to eight years. Health professionals participating in the program are required to remain employed for a minimum of 40 hours per week for at least 45 weeks per year in statewide practice sites providing primary healthcare services to underserved communities. This programs receives federal funding from the National Health Service Corps of the Health Resources and Services Administration as well as state and local funding.

### *Surveys*

The three surveys utilized for this study were developed for the Multi-State/NHSC Retention Collaborative and provided for this study.<sup>7</sup> The 30 participating providers received a total of three surveys during their MSLRP commitment. Year 1 of the survey included 21 questions regarding demographic data in addition to demographic data collected from the MSLRP application. However, only 15 of 21 questions were relevant to the study and were completed by the providers. Year 2 of the survey included 16 questions regarding the provider's initial interest in MSLRP. However, only 9 of 16 questions were relevant to the study and were completed by the providers. Year 3 of the survey included 14 questions regarding a provider's future career plans.<sup>7</sup> However, only 5 of 14 questions were relevant to the study and were completed by the providers. We received approval from the Wayne State University IRB to conduct this study. Survey data was collected from July of 2014 to December of 2016. Survey questions for all

three years were entered into Survey Monkey, an internet based survey program. Providers were sent four reminders via email and one direct mail reminder to their home to complete the surveys. The survey questions for all three years have been validated in previous studies.<sup>7</sup>

### *Provider Cohort*

The Michigan Department of Health and Human Services provided the Michigan Area Health Education Center Program Office with the MSLRP providers contact information for the cohort. The 30 providers represented five primary care disciplines consisting of medicine, nursing, dentistry, social work, and physician assistant. In this cohort, the providers practiced at either a hospital or a Federally Qualified Health Center. Certain provider practice sites also included rural health clinics and state/federal correctional facilities. Fewer providers practiced at either a critical access hospital, local public health department or a private nonprofit primary care center.

## RESULTS

The year 1 survey was completed by 21 of 30 (70%) participants and included 10 physicians, 2 dentists, 4 nurse practitioners, 1 midwife, 2 social workers, and 2 physician assistants. The mean age of providers was 38.1 years and 71% of the providers were males and 29% were females (Table 1). Over eighty-five percent of the survey respondents spent most of their time in Michigan before their college education. The majority of the providers (71%) were raised in a small town or rural community. Of the providers who reported having a spouse or partner at the beginning of their MSLRP service commitment, 67% reported that their spouses/partners were raised in Michigan and over 52% of their spouses/partners were raised in a small town or rural community. Ninety percent of the physicians completed a residency program in Michigan and

19 of 21 (90%) of the providers received exposure to medically underserved populations as a professional student or during their training. Finally, male providers had a higher mean debt (\$248,000) than female provider (\$101,000).

The year 2 survey was completed by 22 of 30 (73%) participants and included 11 physicians, 1 dentist, 4 nurse practitioners, 3 social workers, 1 midwife, and 2 physician assistants. Most of the participants indicated that they were working in their practice site (71.4%) when they applied for MSLRP (Table 2). Most of the participants indicated that they would have worked in the same practice (61.9%) if they had not participated in MSLRP and 42% of the participants worked at their practice site for over a year before applying for loan repayment. Most of the participants indicated the need for financial assistance (95.2%) and the urge for providing care to underserved populations (90.5%) as the primary reasons for their interest in MSLRP. The majority of the participants indicated that working near family (71.4%) or in a specific area (42.9%) was an extremely or very important employment factor that contributed to the selection of the MSLRP practice site. Most of the participants indicated that working with an underserved or ethnic population (95.2%) met their needs at their first MSLRP practice site. The participants indicated that they were satisfied with the practice administrator, financial stability of the practice site, physical condition of the facility, their salary, cross coverage availability, mission and goals of the practice, access to specialist consultations, support by other clinicians, and support they received from MSLRP staff while fulfilling their MSLRP service obligation. Most of the participants indicated that their spouses and children were happy in the community and satisfactory educational opportunities were available for their children while working in their MSLRP practice site.



The year 3 survey questions asked participants about their career plans at their current practice site and their views regarding MSLRP (Table 3). The year 3 surveys questions that 5 of 30 (17%) participants completed were regarding their career plans after MSLRP. Only 2 of 5 participants indicated their discipline as nurse practitioners. All five participants indicated that they continue to be employed in the same practice site where they fulfilled their MSLRP obligation.

## DISCUSSION

Overall, participants were very satisfied with MSLRP and indicated that the program exceeded their expectations. Certain providers indicated that they would have preferred the full loan payment upfront to avoid monthly payments and accruing interest during the course of the two-year contract. Few comments were made concerning improvements of the MSLRP program. Finally, participants indicated that MSLRP provides a huge incentive and is highly rewarding for a clinician to practice in an underserved area.

The information we received from the MSLRP participants is consistent with other provider retention loan repayment state studies.<sup>6-9</sup> For example, provider experiences with MSLRP practice sites indicated that they were very satisfied with their practice administrator, financial stability of the practice site, physical condition of the practice facility, their salary, mission and goals of their practice, access to specialist consultations, and support they received from other clinicians at their site. This provider information we collected was also true in two multi-state retention studies on loan repayment.<sup>6,7</sup> Also, provider family experiences indicated that their spouse/partner and children were happy in the practice site community and satisfactory educational opportunities were available for their children in the community. Similar

information was collected in two multi-state retention studies on loan repayment.<sup>6,7</sup> However, the MSLRP providers responded neutral or in disagreement for satisfactory professional opportunities available for their spouse or partner in the community which differed from the favorable responses a multi-state retention collaborative received from its providers.<sup>7</sup>

Although, we received a limited number of responses from providers regarding their career plans after MSLRP, most of their responses were positive. Providers indicated that they would remain in their current practice site and current community from five to greater than ten years. Also, providers indicated that they will remain in rural practice and continue serving the medically underserved from nine years to greater than ten years. Finally, providers indicated that they would remain in their current state of Michigan from nine years to greater than ten years. This information is consistent with other studies that have indicated that providers that were raised in rural and underserved communities are more likely to return and practice in these communities.<sup>6</sup> In our study, over two-thirds of the providers that participated in MSLRP were raised in small towns or rural communities.

Other retention initiatives in the state of Michigan include the Michigan AHEC that is currently assisting with the retention of providers practicing in rural and underserved areas including MSLRP recipients.<sup>3</sup> AHEC's retention efforts are accomplished by its five regional centers throughout Michigan that work in collaboration with state organizations and academic institutions to provide continuing education opportunities to providers practicing in underserved communities. These continuing education opportunities include a combination of lectures, seminars, conferences, and webinars on emerging medical topics. Thus, AHEC aside from MSLRP has played a pivotal role in the retention of providers in rural and underserved communities.

This study had several limitations. A major limitation for all three years of the study included the inability to obtain survey completions by all participants. For example, in year 3 of the study, we received completed information from only 2 of 5 providers that submitted survey information and had to match prior year survey information to identify the remaining providers. It is likely that many providers had completed their state loan repayment obligations and did not feel the need to respond to the third year survey questions or had moved from their current location. A different limitation was that the surveys were optional for the participants which limited the number of responses we received. Finally, we were not able to develop pre-screening criteria that may become useful for MSLRP to select future MSLRP applicants and predict their retention in rural and underserved areas.

## CONCLUSION

We anticipate that the findings from this study will not only improve the recruitment process in Michigan but in other states as well in identifying providers that are likely to complete the program and remain in rural and underserved communities. Also, assist states in advocating for increased state contributions to expand the program. The findings may assist other state entities such as MI-AHEC as well as other state AHECs to improve their process in developing continuing education opportunities for providers serving these communities. Finally, we suggest that MSLRP require participants to complete surveys in order to increase response rates that may assist in the development of pre-screening criteria that could potentially predict retention for future MSLRP applicants.

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TABLE 1: Year 1 Survey Questions - Provider Characteristics

Characteristics	N (%)
Age, mean (SD)	38.1 (8.67)
Gender	
Female	15 (71.4)
Male	6 (28.6)
Race	
White	19 (90.5)
Hispanic	1 (4.8)
Other	1 (4.8)
Marital status	
Married	19 (90.5)
The state the spouse/partner lived when growing up	
Michigan	14 (66.7)
Indiana	1 (4.8)
Georgia	1 (4.8)
Nebraska	1 (4.8)
Ohio	1 (4.8)
Missing	3 (14.3)
The type of community the spouse/partner grew up	
Small town or rural	11 (52.4)
Suburban	4 (19)
Urban	4 (19)
Missing n=2	
The state where the majority of time was spent prior to college	
Michigan	18 (85.7)
Kansas	1 (4.8)
Minnesota	1 (4.8)
North Carolina	1 (4.8)
The type of community when growing up	
Small town or rural	15(71.4)
Suburban	5(23.8)
Urban	1(4.8)
The state of professional school graduation	
Michigan	15(71.4)
Missouri	2(9.5)
Ohio	2(9.5)
Tennessee	1(4.8)
Outside the US	1(4.8)
Completed a residency program	10 (47.6)
The state a residency program was completed	
Michigan	9 (90)
Ohio	1 (10)
The mean number of years after completing a residency program	5.5

Formal experiences with medically underserved populations during professional training		
During residency or fellowship		10 (47.6)
As a professional student		9 (42.9)
Outstanding educational debt when completing professional school and training		
Mean (US dollars)		148,119
Male (US dollars)		248,333
Female (US dollars)		108,033
Exposure to the following settings during professional training	A lot of Exposure (N=21)	Moderate Exposure (N=21)
Community health centers	3(14.3)	5(23.8)
Rural health care	2(9.5)	6(28.6)
Inner city health care for the poor	4 (19.0)	7 (33.3)
Past and/or current MSLRP clinicians	0	3 (14.3)
Rural health center (past and/or current NHSC clinicians)	0	3 (14.3)
Other primary care practice	5(23.8)	4(19.0)
Specialty practice	3(14.3)	4(19.0)
City or county health department	0	3 (14.3)
Mental health or substance abuse facility	0	2 (9.5)
Nursing home	0	1 (4.8)
University-based clinic or service	3 (14.3)	3 (14.3)
Nurse managed health center	0	2 (9.5)
Hospital- based clinic or service	7 (33.3)	4 (19)

TABLE 2: Year 2 Survey Questions – Provider Interest in MSLRP

<b>Were you already working in this practice site(s) when you applied for the Michigan State Loan Repayment Program?</b>	Number	Percent
Yes	15	71.4
No	6	28.6
<b>About how many months had you worked in this practice before applying for loan repayment ?</b>		
NA	6	28.6
<12	6	28.6
>=12	9	42.9
<b>When you decided to work in this practice, did you know it might be eligible for the Michigan State Loan Repayment Program?</b>		
Yes	4	26.7
No	11	73.3
<b>Where would you likely have worked if you had not participated in the Michigan State Loan Repayment Program?(Check all that apply)</b>		
In the same practice	13	61.9
In a rural practice	4	19.0
In an inner city practice	0	0.0
In an underserved area	6	28.6
In a health care system	5	23.8

Reasons for applying to the Michigan State Loan Repayment Program.

<b>How much do you agree or disagree with each statement below about your reasons for applying to the Michigan State Loan Repayment Program.</b>	Number	Percent
<b>I needed financial assistance to pay off educational debt.</b>		
Strongly agree/ agree	20	95.2
Neutral/ disagree/ strongly disagree	1	4.8
<b>I wanted to provide care to an underserved population or area.</b>		
Strongly agree/ agree	19	90.5
Neutral/ disagree/ strongly disagree	2	9.5

Employment factors that contributed to the selection of the Michigan State Loan Repayment Program practice site.

<b>How important to you and your family were each of the following considerations when choosing to work in your first Michigan State Loan Repayment Program practice site(s)?</b>	Number	Percent
<b>Working with an underserved or ethnic population</b>		
Missing	1	4.8
Extremely/ very important	8	38.1
Not at all/ slightly/ moderately important	12	57.1
<b>Working at a specific, known site that you already had in mind</b>		

Missing	1	4.8
Extremely/ very important	9	42.9
Not at all/ slightly/ moderately important	11	52.4
<b>Working in a specific area (e.g., near family or in a particular state)</b>		
Missing	1	4.8
Extremely/ very important	15	71.4
Not at all/ slightly/ moderately important	5	23.8

Provider satisfaction with the Michigan State Loan Repayment Program practice site and community.

<b>Did the practice and community you chose meet your needs at your first Michigan State Loan Repayment Program practice site(s)?</b>	Number	Percent
<b>Working with an underserved or ethnic population</b>		
Yes	20	95.2
<b>Working at a specific, known site that you already had in mind</b>		
Yes	18	85.7
<b>Working in a specific area (e.g., near family or in a particular state)</b>		
Yes	18	85.7
<b>Having ready access to specific activities like fishing, hiking, fine dining or theater</b>		
Yes	18	85.7

Provider experience in their Michigan State Loan Repayment Program practice sites.

<b>How much do you agree or disagree with the following statements about your work in your first Michigan State Loan Repayment Program practice site(s) while fulfilling your Michigan State Loan Repayment Program service obligation?</b>	Number	Percent
<b>Your relationship with the practice administrator</b>		
Very satisfied/ satisfied	16	76.2
Neutral/ dissatisfied/ very dissatisfied	4	19.0
Missing	1	4.8
<b>Financial stability of the practice site or sponsoring organization</b>		
Very satisfied/ satisfied	16	76.2
Neutral/ dissatisfied/ very dissatisfied	4	19.0
Missing	1	4.8
<b>Physical condition of the health care facility</b>		
Very satisfied/ satisfied	18	85.7
Neutral/ dissatisfied/ very dissatisfied	2	9.5
Missing	1	4.8
<b>Your salary or income from your practice</b>		
Very satisfied/ satisfied	15	71.4
Neutral/ dissatisfied/ very dissatisfied	5	23.8
Missing	1	4.8
<b>Availability of cross coverage to allow you to leave town</b>		
Very satisfied/ satisfied	16	76.2



Neutral/ dissatisfied/ very dissatisfied	4	19.0
Missing	1	4.8
<b>Mission and goals of the practice</b>		
Very satisfied/ satisfied	17	81.0
Neutral/ dissatisfied/ very dissatisfied	3	14.3
Missing	1	4.8
<b>Your access to specialist consultations for your patients</b>		
Very satisfied/ satisfied	15	71.4
Neutral/ dissatisfied/ very dissatisfied	5	23.8
Missing	1	4.8
<b>Support by other clinicians working at the site</b>		
Very satisfied/ satisfied	17	81.0
Neutral/ dissatisfied/ very dissatisfied	3	14.3
Missing	1	4.8
<b>The contacts and other support you receive(d) from Michigan State Loan Repayment Program staff</b>		
Very satisfied/ satisfied	17	81.0
Neutral/ dissatisfied/ very dissatisfied	3	14.3
Missing	1	4.8

Provider family experiences with the service communities.

<b>How much do you agree or disagree with each of the following statements about your family and the community where you live/lived while working in your first Michigan State Loan Repayment Program practice site(s). (Check one number on each line or "Not Applicable" if you did not have a spouse or partner or have children)</b>	Number	Percent
<b>My spouse/partner is/was happy in the community.</b>		
Strongly agree/ agree	11	52.4
Neutral/ disagree/ strongly disagree	3	14.3
Not applicable	6	28.6
<b>Satisfactory professional opportunities for my spouse/partner are/were available in the community.</b>		
Strongly agree/ agree	5	23.8
Neutral/ disagree/ strongly disagree	8	38.1
Not applicable	7	33.3
<b>My children are/were happy in the community.</b>		
Strongly agree/ agree	8	38.1
Neutral/ disagree/ strongly disagree	5	23.8
Not applicable	7	33.3
<b>Satisfactory educational opportunities for my children are/were available in the community.</b>		
Strongly agree/ agree	8	38.1
Neutral/ disagree/ strongly disagree	5	23.8
Not applicable	7	33.3

TABLE 3: Year 3 Survey Questions – Provider Career Plans after MSLRP

Providers were asked the following questions regarding their career plans.\*

- 1) Remain in your current practice site: 1 of 5 participants indicated 5 years, 1 of 5 participants indicated greater than 10 years, 2 of 5 participants indicated 9 to 10 years, and 1 of 5 participants indicated 3 to 5 years.
- 2) Remain practicing in your current community: 2 of 5 participants indicated greater than 10 years, 2 of 5 participants indicated 9 to 10 years, and 1 of 5 participants indicated 3 to 5 years.
- 3) Remain in rural practice: 1 of 3 participants indicated greater than 10 years, 2 of 3 participants indicated 9 to 10 years.
- 4) Continue practicing with the medically underserved: 1 of 5 participants indicated 5 years, 1 of 5 participants indicated greater than 10 years, 2 of 5 participant indicated 9 to 10 years, and 1 of 5 participants indicated 3 to 5 years.
- 5) Remain in your current state: 3 of 5 participants indicated greater than 10 years, and 2 of 5 participant indicated 9 to 10 years.

\*We provided information for the survey questions that were completed by the providers.