

Championing Community Health: Innovative Strategies for Loan Repayment and Workforce Development Among the Underserved

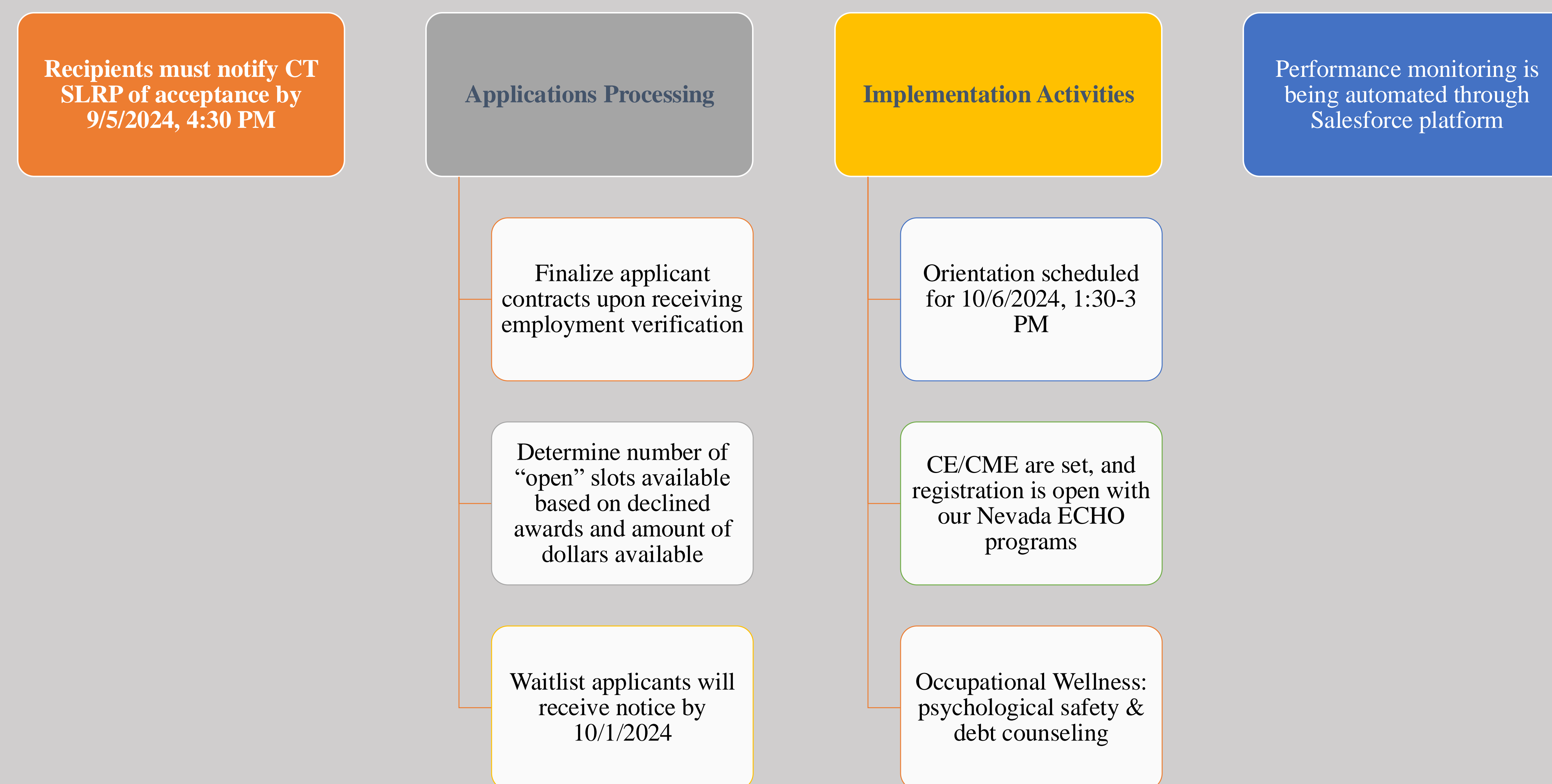


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The burden of educational debt affects professional development, occupational wellness, and population health outcomes.

Figure 1: Simplified Implementation Plan for the Connecticut Student Loan Repayment Program



More on the implementation design and evaluation plan.

Preliminary Results



Introduction

- Student loan repayment programs aid in retaining a healthcare workforce in medically underserved communities therefore expanding access to health services[1].
- Educational indebtedness among providers contributes to increased psychological distress and burnout rates, impacting the quality of care provided to patients [2].
- Within New England, there is a high cost of living, providers often choose between primary care and paying off their debt[3].

Connecticut Student Loan Repayment Program

The Connecticut Student Loan Repayment Program was relaunched in 2024 by CT Area Health Education Center and Department Public Health. We have designed a program that leverages principles of behavioral economics to augment the experience of participating in such a demanding program to assess the impact of structural and psychosocial factors workforce development. This program is dually funded by the Health Resources and Services Administration and the American Rescue Plan.

Objective

Evaluate three implementation strategies introducing educational loan repayment relief to encourage primary care providers to work in medically underserved communities..

Methods

- Design:** RE-AIM III hybrid cluster randomized control trial including retrospective administrative data review of 200-300 participant records collected from May 2024 to May 2027.
- Data Collection:** Retrospective data will be collected from loan repayment recipients, who will be randomized into one of the three groups.

Measures:

- Quantitative Surveys:** Assess participation in the program, evaluation of the interventions, and perceived impact on overall wellbeing, job satisfaction, and willingness to stay in their current job.
- Employer Satisfaction:** Measure employer satisfaction with the program and its perceived impact on patient outcomes.
- Qualitative Interviews:** Conducted with both recipients and their employers to gather detailed insights into their experiences and the program's impact
- Main Outcomes:** Retention of providers in their positions and reduction in the debt-to-earnings ratio.

Approval: UConn Health IRB, 2024

Discussion

- Informed Decisions:** Guides policymakers in designing effective loan repayment programs.
- Funding Justification:** Supports allocation of funds towards loan repayment and support services.
- Healthcare Access:** Enhances access and reduces disparities in underserved areas.
- Debt Management:** Financial coaching reduces stress and improves job satisfaction.
- Professional Growth:** CMEs enhance skills and career satisfaction.
- Wellness Support:** Coaching reduces burnout and promotes work-life balance.
- Recruitment & Retention:** Improves strategies and makes organizations more attractive.
- Workforce Stability:** Supports a stable and committed workforce.
- Health Outcomes:** Better provider satisfaction leads to improved patient care.

Limitations

- Sample Size:** Findings may not be generalizable beyond the 200-300 participants or outside Connecticut.
- Retrospective Design:** May introduce biases due to the accuracy and completeness of historical data.
- Self-Reported Data:** Can introduce response bias, affecting reliability.
- Implementation Fidelity:** Variability in intervention implementation may affect consistency.
- External Factors:** Uncontrolled factors like policy changes could influence outcomes.
- Short Follow-Up:** May not capture long-term effects on debt reduction and retention.
- Selection Bias:** Participants may differ systematically from non-participants, affecting validity.
- Data Privacy:** De-identifying and transmitting data could introduce errors or data loss.

References

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Disclaimer

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