

# SERVICE-LINKED SCHOLARSHIPS, LOANS, AND LOAN REPAYMENT PROGRAMS FOR NURSES IN THE SOUTHEAST

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A variety of public and private programs provide financial support for the costs of nurses' training in exchange for service commitments to work in rural, underserved, and other needy areas. Little is known about the number, size, and operations of these support-for-service programs for nurses. We identified and in this article describe such programs in eight southeastern states. Eligible programs were those that in 2004 paid for all or a portion of nurses' education costs in exchange for a period of clinical nursing service within one or more of the eight targeted states. Programs obligating nurses to a specific hospital, practice, or community or to teaching roles were excluded. Programs were identified through available compendia, online searches, and telephone contacts with program directors, nursing school administrators, and state officials. Additional data on eligible programs were gathered through telephone interviews and questionnaires mailed to program staff and from publicly available documents. Data were double coded, and qualitative and quantitative analyses were conducted. Twenty-four nursing support-for-service programs met our eligibility criteria in the eight-state region: nine scholarship programs; six loan repayment programs; five service-cancelable loan programs; two loan interest rate reduction programs; and two direct incentive programs. These programs had fiscal year 2004 budgets totaling approximately \$28.8–31.8 million; collectively, they received approximately 11,700 applications from nurses, signed approximately 8,300 contracts, and had a combined field strength of approximately 4,900 nurses working to fulfill their program obligations. Individual states offered between zero and five eligible programs each. Support-for-service programs are a substantial component of federal and state nursing workforce distribution efforts in the Southeast. Future research should identify and describe these programs for other regions, measure outcomes, and offer recommendations to maximize their effectiveness in alleviating nursing shortages. (Index words: Nursing; Workforce; Policy; Loan repayment; Support for service; Loan; Scholarship; Southeast) *J Prof Nurs* 24:122–30, 2008. © 2008 Elsevier Inc. All rights reserved.

**T**HERE IS CONVINCING evidence of a shortage of nursing professionals in the United States (Government Accountability Office [GAO], 2006; National Center for Health Workforce Analysis, 2002, 2004). This shortage impedes access to health care (Brewer,

2005), exacerbates existing deficiencies in the care available to traditionally underserved populations (LaSala, 2000), and hampers quality improvement efforts in the nation's hospitals (Heinz, 2004; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002).

The literature describing the causes and possible remedies for the nursing shortage is substantial. Theoretical models outlining the types of interventions available have been developed (Dumpe, Herman, & Young, 1998; GAO, 2001; Prescott, 1991; Ricketts, 2005), and summaries of some past workforce policies and their effectiveness have been written (Cleary et al., 2005; Lovell, 2006; Salsberg, 2003). Past work has described the factors that determine supply and demand in the nursing labor market, which has helped

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inform discussions about the best strategies for addressing nursing shortages (Auerbach, Buerhaus, & Staiger, 2007; GAO, 2001).

In spite of articulation of the broad outlines of the nation's nursing workforce policy and past analyses of some types of interventions, details of other types of efforts to address the nursing shortage remain unclear. One set of initiatives that has received little scrutiny involves the service-linked scholarship, loan, loan repayment, and other related programs offered by public and private agencies at the local, state, and national levels intended to influence the size, composition, and distribution of the nursing workforce. These support-for-service programs aim to increase the supply of nursing professionals in settings that traditionally find it difficult to attract nurses and in areas where demand for nursing care is especially strong, which can be entire states. These programs operate by offering financial incentives to nurses during or shortly after their training in exchange for fixed- or variable-term service commitments (Pathman, 2006).

Similar programs targeting other health professions have been shown to field large workforces and to play important roles in the recruitment and retention of providers (Pathman, Konrad, King, Taylor, & Koch, 2004; Pathman et al., 2000). Research into support-for-service programs outside of nursing has also revealed that there are important differences in the designs of the various program types and corresponding differences in the outcomes each type achieves (Pathman et al., 2004). Anecdotal evidence suggests that support-for-service programs also play a substantial role in shaping the workforce in nursing; however, this has not been documented systematically.

In this study, we examined the use of support-for-service programs for nurses in the southeastern United States. This region faces the nursing shortage found nationally, and its communities are often further burdened by greater poverty and socioeconomic inequality (DeNavas-Walt, Proctor, & Lee, 2005) and higher rates of some chronic and debilitating illnesses (Mensah, Mokdad, Ford, Greenlund, & Croft, 2005; Obisesan, Vargas, & Gillum, 2000), which increase the region's requirement for nurses. We aimed to identify and describe nursing support-for-service programs in eight southeastern states as of 2004.

## Methods

We applied a mixed mode and iterative approach to identify support-for-service programs in the states of Alabama, Florida, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee using searches of available compendia and telephone contacts with state nursing boards, higher education financing authorities, state offices of rural health, and financial aid office directors at nursing schools, in addition to searches of printed and online documents. Program eligibility criteria were clarified as we learned about the specifics of the variety of existing nursing workforce redistribution

initiatives and came to understand their common and unique characteristics. Eligible programs were designated as those that:

1. paid for all or a portion of the costs of nursing education through financial incentives in exchange for a required or optional period of clinical nursing service;
2. supported registered nurses, licensed practical nurses, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and/or clinical nurse specialists;
3. operated in at least one of the eight targeted states in fiscal year 2004 (FY04); and
4. allowed participants to serve their obligations in sites across a given state or in a substantial region of the state.

We excluded other types of programs that similarly supported nurses' education and/or sought to influence where they worked but had fundamentally different program goals. Specifically, we excluded programs that:

1. required nurses to provide service in a specific hospital or community, such as common recruitment-enticing bonuses offered by individual hospitals;
2. provided support without requiring service in return (e.g., traditional merit and need-based educational scholarships and loan programs); and
3. were designed to attract faculty to nursing schools as educators.

An initial list of potentially eligible programs was generated through the search approaches described. We then conducted semistructured telephone interviews with directors of identified programs to verify their eligibility and obtain further program information. Program directors were also asked to complete a mailed questionnaire to provide additional details about their programs, including operational and workforce characteristics. For programs that did not respond, we obtained most of the information through publicly available online and printed documents. We then recontacted program staff by telephone to gather the last pieces of missing data.

In this article, we report the common and unique features of the programs. We identify five broad types of programs and describe their key characteristics. Some programs indicated that they do not maintain various types of data, such as the number of program applicants and current workforce size, requiring us to generate estimates for all programs combined by extrapolating from the programs that maintained and reported such data. The descriptive nature of this study and the relatively small number of eligible programs did not lend themselves to detailed quantitative analyses or the use of inferential statistics.

This study's research protocol was approved by the biomedical institutional review board of the University

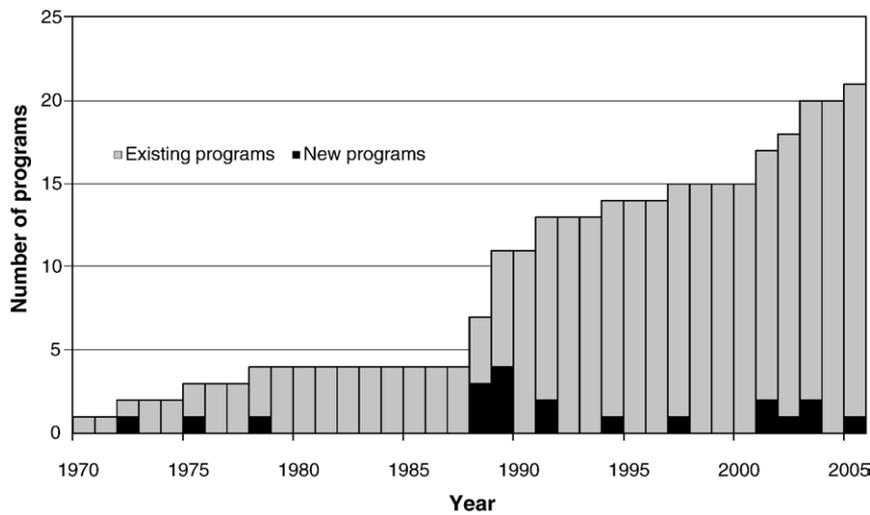


Figure 1. Count of nursing support-for-service programs in the Southeast by year.

of North Carolina at Chapel Hill's Office of Human Research Ethics.

### Results

Twenty-four programs met our eligibility criteria. The oldest program we identified began offering incentives to nurses in 1947, and the most recent program in 2005 (Figure 1). Relatively few programs operating in FY04–05 began before 1978 ( $n = 4$ ); most started after 1988 ( $n = 17$ ). We could not ascertain the start date of three programs.

#### Support-for-Service Program Models

The programs in our sample used five basic support mechanisms: scholarships, service-cancelable loans, loan repayment, loan interest rate reduction, and direct incentives (Table 1).

Scholarship programs provide up-front funding to cover all or part of students' tuition, fees, and sometimes other educational and living expenses. These programs recruit students before beginning or early in their nursing training. Service is expected of scholarship program participants, and programs typically levy penalties or high interest rates for those who opt not to provide the contracted service.

Service-cancelable loan programs also provide funds to nursing students for educational and related expenses. Different from that in scholarship programs, however, service in these programs is not obligatory and participants may opt to fulfill their program contracts by simply

repaying funds they received at affordable interest rates and without penalties.

Funds from loan repayment programs are used to pay down the principal on existing student loans. These programs generally recruit nurses around the time they complete their education. Most loan repayment programs disburse funds on a regular basis for work/service that nurses have provided over the immediately preceding 3 or 12 months and therefore do not need to assess penalties for those who do not provide service; they simply do not disburse program funds without documentation that eligible service has been provided.

Interest rate reduction programs are similar to loan repayment programs in that they also help nurses pay back existing educational loans. They differ from loan repayment programs in that they target nursing students rather than recent graduates and operate by reducing the interest rate nurses must pay on their educational loans rather than by paying down the loan principal.

Direct incentive programs target nurses about the time they complete their training and provide the most flexible dollars: Participating nurses may use program funds to cover educational debts or for any other use they wish in exchange for a service commitment.

Among the 24 programs operating in our eight-state region, scholarship programs were the most numerous ( $n = 9$ ), followed by loan repayment programs ( $n = 6$ ) and service-cancelable loan programs ( $n = 5$ ; Table 2). Two programs operated on the loan interest rate reduction model, and 2 others did on the direct

Table 1. Types of Nursing Support-for-Service Programs

Program type	No. in sample (N = 24)	Eligible individuals	Typical design
Scholarship	9	Students	Funds cover educational expenses; service is expected
Service-cancelable loan	5	Students	Funds cover educational expenses; service is an option
Loan interest rate reduction	2	Students	Reduces interest rate paid on education loans
Loan repayment	6	Practitioners	Funds repay existing education loan principal and interest
Direct financial incentive	2	Practitioners	No restriction on use of funds

**Table 2.** Number of Programs by State and Type

State	Scholarship	Service-cancelable loan	Loan interest rate reduction	Loan repayment	Direct financial incentive	Total by state
Federal	2			2		4
Alabama	2					2
Florida	1		1	1		3
Georgia	1	3				4
Kentucky	1			2		3
Mississippi		1				1
North Carolina	2	1		1	1	5
South Carolina						0
Tennessee			1		1	2
Total by type	9	5	2	6	2	24

incentive model. The number of programs per state ranged from 5 in North Carolina to none in South Carolina (Table 2). Alabama and Mississippi each offered a single type of program for nurses, and five states offered 2 or more program types each.

### Program Administration and Funding

The primary mission of 11 programs was to influence the size and/or distribution of the nursing workforce in their targeted area; for only 1 program was the primary mission to make nursing careers more affordable (Table 3). Ten other programs placed equal emphasis on influencing the size and/or distribution of the nursing workforce and making nursing careers more affordable. We were unable to ascertain the primary mission of the remaining 2 programs.

Programs were most commonly administered by state higher education finance authorities ( $n = 9$ ). Of the remaining programs, four were administered by the US Health Resources and Services Administration Bureau of Health Professions, four were administered by state offices of rural health, two were administered by state departments of health, two were administered by state boards of nursing, two were administered by nonprofit corporations, and one was administered by an individual nursing school.

Programs in our sample obtained their funding from a variety of sources (Table 3). Most programs ( $n = 13$ ) were funded by state legislatures using general tax revenues, four were entirely federally funded, and three were funded by private nonprofit organizations. The remaining four programs relied on unique funding mechanisms subsequently described.

Two initiatives in Florida were funded through a \$5 tax levied against all nursing licensure applications filed in the state. The Florida Nursing Scholarship Program relies completely on these funds and reported that since its inception in 2001, too little had been raised to fund any scholarships. The other program that received funding from tax on nursing licensure applications—the Florida Nursing Student Loan Forgiveness Program—received additional support from the practice sites where nurses served, which has enabled it to write contracts with participants.

The Kentucky State Loan Repayment Program provided \$4,000 per year in loan repayment incentives to participating nurses using a combination of federal funding through the National Health Service Corps' State Loan Repayment Program and matching dollars from the practice sites where nurses served. Finally, the Georgia Intellectual Capital Partnership Program combined state dollars and funds from individual hospitals to support nurses' education at various universities while obligating them to work at these nearby hospitals after graduation.

Fiscal year 2004 budgets were available for 13 programs in our sample. Within this group, FY04 budgets ranged from a low of \$16,371 for the Georgia Ladders in Nursing Careers program to a high of \$2,980,449 for expenditures in the eight study states for

**Table 3.** Administration and Funding of Nursing Support-for-Service Programs

Characteristic	<i>n</i> (%)
Primary mission	
To influence size or distribution of workforce	11 (46)
To make nursing careers more affordable	1 (4)
Both of the above equally emphasized	10 (42)
Missing data	2 (8)
Total	24 (100)
Primary administrative organization	
State higher education financial authority	9 (38)
Federal Health Resources and Services Administration	4 (17)
State office of rural health	4 (17)
State department of health	2 (8)
State board of nursing	2 (8)
Nonprofit corporation	2 (8)
Individual nursing school	1 (4)
Total	24 (100)
Primary funding source	
State legislature	13 (54)
Federal government	4 (17)
Private nonprofit organization	3 (13)
Tax on all nurses' state licenses	2 (8)
Combined federal and work site sources	1 (4)
Combined state and work site sources	1 (4)
Total	24 (100)

the federal Nursing Education Loan Repayment Program (NELRP).<sup>1</sup> The average budget for the 13 responding programs in our sample was \$1,324,585, and the median was \$1,200,000; the combined allocation for all 13 programs was \$17,219,606. Extrapolating based on the mean and median budgets of responding programs, we estimated that the combined funding for all 24 nursing support-for-service programs was in the range of \$28.8 to \$31.8 million.

### Workforce Influence

All of the programs required participants to be US citizens or resident aliens. All state (i.e., non-federally administered) programs further stipulated that participants be legal residents of the state where each program operated. Other common eligibility requirements for nurses included the following: not having a current practice obligation to another program; not having a lien; not being currently in default on a previous financial obligation; and being enrolled full time in an accredited nursing education program (for scholarships, service-cancelable loans, and loan interest rate reduction programs) or having a valid license to practice (for other incentive types).

The service requirements for programs in our sample were varied and are summarized in Table 4. Three programs set no minimum term of participation, and six set no explicit maximum number of years. Among programs that required a minimum term of practice, that term averaged 1.4 years and ranged from 6 months to 3 years. Among programs that set a maximum period over which benefits could be received, that period averaged 3.4 years and ranged from 2 to 5 years.

Table 4 also summarizes the range of awards offered by programs in exchange for service and outlines the payback requirements for nurses who do not fulfill their program obligations through service. Award amounts fell roughly into three size categories: large awards that ranged from approximately \$3,000 to \$25,000 per participant per year; small awards that ranged from \$100 to \$600 per participant per year; and variable awards in which the specific amount for an individual depended on that participant's outstanding debt or the tuition at the educational institution where the participant was enrolled. Loan repayment terms and penalties similarly varied, with some programs attaching interest or other penalties to funds not paid back through service. Among the 14 programs that did assess interest charges, the rates varied from a low of 4% while participants were still in school up to the maximum legally allowable rate. Penalties were uncommon ( $n = 4$ )

but generally severe, typically requiring a payback amount of \$3 for every program dollar received.

To assess the collective size of the programs in our sample, we analyzed data on number of applicants, number of contracts signed, and number of practitioners serving in FY04 for each program. We were able to collect data on the number of applications received for 14 programs, data on the number of contracts signed for 18 programs, and data on field strength for 15 programs. On average, responding programs each received 487 applications from nurses or nursing students, signed contracts with 346 individuals in nursing, and had a field strength of 203 nurses serving their obligations. In total, the 18 programs that provided data on one or more of these variables received 6,824 applications, signed 6,226 contracts, and had a combined field strength of 3,047 nurses. Extrapolating from these average figures for responding programs to all of the 24 eligible programs, we estimated that these programs collectively received approximately 11,700 applicants, signed 8,300 contracts, and had a combined field strength of 4,900 nurses in 2004.

Table 5 summarizes practice site restrictions and placement procedures for each program. Seven state programs and all four federal programs require nurses to fulfill their service obligations within specific communities, specific sites, or particular types of sites identified for their critical personnel shortages. Only four programs indicated that they provided some form of assistance to nurses in finding suitable practice sites.

The percentage of participating nurses who complete their program contracts with service is an important outcome for programs. Five programs were too new to report service completion rates, three reported that they did not track this information, and two signed up participants only after they had provided the expected service and thus the service completion rate concept did not apply to them. Of the remaining 14 programs, 8 reported service completion rates, which ranged from 80% to 98.9%, with a mean of 89.8%. Eight programs reported the percentage of participants who completed the terms of their contracts through monetary repayment rather than through service, and this ranged from 0% to 19%, with a mean of 5.9%. Nine programs reported default rates for their participants, which ranged from 0% to 12%, with an average of 5.1%.

### Discussion

These data confirm that nursing support-for-service programs are a substantial component of state and federal workforce efforts in the Southeast. Collectively, the 24 programs we identified had a combined FY04 expenditure of roughly \$30 million. Availability of these funds attracted approximately 11,700 applications and yielded partial or full support for approximately 4,900 nurses in the region.

The types of information that prospective applicants need—program names, application forms, filing deadlines, rough guidelines on eligibility, and contract terms—

<sup>1</sup>Program expenditures for the NELRP were available for its overall national efforts and for individual states. We report the NELRP's budget for only the eight southeastern states in our study region (\$2,980,449) rather than its national budget (\$17,600,111). For the three other federal programs in our sample for which federal budgets but not state-specific expenditures were available, we applied the proportion of the NELRP's national budget spent in the study region to estimate region-specific costs.

**Table 4.** Awards, Service Terms, and Obligations by Program

Program	State	Maximum annual award *	Service term		Obligations on exit without service completion		
			Minimum	Maximum	Repay principal	Interest	Penalties
NELRP	Federal	85% of existing student loans	2	3	Yes	Maximum legal rate	Disqualified from future NELRP funding
NSP	Federal	\$13,380 stipend + tuition + educational expenses	2	4	Yes, within 3 years	Maximum legal rate	None
NHSC Scholarship Program	Federal	\$13,536 stipend + tuition + educational expenses	2	4	Yes, prorated	Yes	Pay back 3× award
NHSC Loan Repayment Program	Federal	\$25,000 + federal tax exempt	2	Unspecified	Yes	Maximum legal rate	Greater of \$31,000 or \$7,500 times months of obligation remaining
Alabama Postbaccalaureate Nursing Scholarships	AL	\$3,800	1	Unspecified	Yes	None	None
Alabama State Nursing Scholarship	AL	\$600	1	†	Yes	None	None
Florida Nursing Scholarship Program	FL	\$8,000	1	2	Yes	18% interest	None
Florida NSLFP	FL	\$4,000	1	4	None	None	None
Florida Nursing EdLoan Program	FL	2% loan interest reduction	None	Unspecified	None	None	None
Registered Nurse Service-Cancelable Loan Program	GA	\$4,500	1	2	Yes, prorated	Not to exceed 10%	None
Service-Cancelable Stafford Loans	GA	\$2,000	1	Unspecified	Yes, prorated	Standard rates	None
Georgia LINC	GA	\$3,000	1	4	Yes	At federal Stafford loan rates	None
Georgia ICAPP	GA	\$4,000	1	4	Yes	1% + 91-day T-bill rate	None
Kentucky State Loan Repayment Program	KY	\$35,000	2	2	Yes	Maximum legal rate	Yes
Nursing Incentive Scholarship Fund	KY	\$3,000	1	Unspecified	Yes	8% interest	None
NSLFP	KY	\$4,600	1	5	None	None	None
NELS	MS	\$4,000	1	3	Yes	†	†
Student Loan Program for Health, Science, and Mathematics	NC	\$5,000	1	3	Yes	4% interest if in school; 10%–15% interest if out of school	None

(continued on next page)

**Table 4.** (continued)

Program	State	Maximum annual award *	Service term		Obligations on exit without service completion		
			Minimum	Maximum	Repay principal	Interest	Penalties
NSP	NC	\$3,000–5,000, depending on degree upon entrance	1	4	Yes	10% interest	None
NESLP	NC	\$3,000–5,000, depending on degree upon entrance	0.5	4	Yes	10%–15% interest	None
High Needs Service Bonus Program	NC	\$5,000	3	3	None	None	None
North Carolina State Loan Repayment Program	NC	\$10,000 + 39% tax stipend	None	3	None	None	None
Tennessee Nursing EdLoan Program	TN	2% loan interest reduction	None	Unspecified	None	None	None
Health Access Incentive Program	TN	\$30,000	3	†	Yes	None	Pay back 3× award

Note. NSP indicates Nursing Scholarship Program; NHSC, National Health Service Corps; NSLFP, Nursing Student Loan Forgiveness Program; LINC, Ladders in Nursing Careers; ICAPP, Intellectual Capital Partnership Program; NELS, Nursing Education Loan/Scholarship; NESLP, Nurse Education Scholarship Loan Program.

\*For programs in which funding varied depending on the participant's degree; the maximum annual award figures reported are the amounts that registered nurse candidates or graduates would receive.

†Data missing.

were generally readily available via the Internet and by mail. Other data necessary to understand the details of these programs and assess their outcomes were generally difficult to acquire, however. For many programs, simply finding an administrative contact who could provide detailed operational information proved to be challenging. In some cases, programs do not collect data on salient features of their operations, such as the number of contracts signed each year and the percentage of enrollees who defaulted on their service obligations. Perhaps greater communication among program leaders would prompt more programs to collect comprehensive and, ideally, uniform data on their activities. Such information would be useful in program self-assessments as well as external evaluations and could prove to be helpful in demonstrating programs' outcomes to cost-conscious legislatures and other funding agencies.

Several features of this group of programs suggest that they operate and face challenges similar to support-for-service programs that target other types of health professionals. Most of the programs we identified operated at the state rather than national level, and service sites for participants were generally not restricted to a list of identified underserved areas and employers. This is consistent with the design of state-sponsored support-for-service programs for physicians (Pathman et al., 2000). Similarly, few nursing and physician programs provided one-on-one assistance to participants as they choose their service sites and completed their service commitments. The lack of individualized assistance from nurse-supporting programs is consistent with our general observation that programs are primarily designed to recruit nurses into desired areas, with little effort made to

retain them there. Lack of sufficient program funds, lack of staffing, and lack of expertise also appear to limit assistance given to participating nurses. Placing greater emphasis on matching participants with suitable practice sites may encourage more nurses to remain in their service sites after their obligations and may help ensure that providers are distributed to the areas of greatest need.

### Limitations

The heterogeneity of nursing support-for-service programs makes them difficult to be summarized as a cohesive group. In spite of our mixed mode data collection approach, we were unable to gather complete information for every program. Furthermore, the data we collected and report only partially describe these programs. Other data, such as trends in program enrollment over time and longitudinal data on provider retention rates, would have been particularly useful in understanding these programs but were rarely available. Finally, the regional focus of our study makes it impossible to know exactly how these findings apply to the country as a whole.

### Conclusions

As of 2004, there were 24 nursing scholarship, service-cancelable loan, loan repayment, loan rate interest reduction, and direct incentive programs available to nurses in the Southeast, with a combined expenditure of approximately \$30 million. These 24 programs provided support to approximately 4,900 practicing nurses and thus appear to play a large role in financing nurses' education and in efforts to build and influence the distribution of the nursing workforce in the region.

**Table 5.** Practice Site Restrictions and Placement Methods by Program

<b>Program</b>	<b>State</b>	<b>Program type</b>	<b>Practice site restrictions</b>	<b>Site selection procedure</b>
NELRP	Federal	Loan repayment	Program-defined types of shortage facilities	Nurses find own sites from list of types of eligible organizations
NSP	Federal	Scholarship	Program-defined types of shortage facilities	Nurses find own sites from list of types of eligible organizations
NHSC Scholarship Program	Federal	Scholarship	HPSA with NHSC approval	Nurses select from list
NHSC Loan Repayment Program	Federal	Loan repayment	HPSA with NHSC approval	Nurses select sites from list or seek approval for new site
Alabama Postbaccalaureate Nursing Scholarships	AL	Scholarship	Anywhere in state	Nurses find own sites
Alabama State Nursing Scholarship	AL	Scholarship	Anywhere in state	Nurses find own sites
Florida Nursing Scholarship Program	FL	Scholarship	State-defined eligible types of needy organizations without specific geographic limitations	Nurses find own sites from list of types of eligible organizations
Florida NSLFP	FL	Loan repayment	State-defined eligible types of needy organizations without specific geographic limitations	Nurses find own sites from list of types of eligible organizations
Florida Nursing EdLoan Program	FL	Loan interest reduction	Anywhere in state	Nurses find own sites
Registered Nurse Service-Cancelable Loan Program	GA	Service-cancelable loan	Program-participating employers without explicit geographic limitations	Nurses select from list of participating employers
Service-Cancelable Stafford Loans	GA	Service-cancelable loan	Anywhere in state	Nurses find own sites
Georgia LINC	GA	Service-cancelable loan	Anywhere in state	Nurses find own sites
Georgia ICAPP	GA	Scholarship	ICAPP-sponsoring employers without explicit geographic limitations	Administering agency assists in site matching from list
Kentucky State Loan Repayment Program	KY	Loan repayment	HPSAs	Nurses find own sites
Nursing Incentive Scholarship Fund	KY	Scholarship	Anywhere in state	Nurses find own sites
NSLFP	KY	Loan repayment	State-defined eligible types of needy organizations without specific geographic limitations	Nurses find own sites from list of types of eligible organizations
NELS	MS	Service-cancelable loan	Anywhere in state	Nurses find own sites
North Carolina Student Loan Program for Health, Science, and Mathematics	NC	Service-cancelable loan	Anywhere in state	Nurses find own sites
NSP	NC	Scholarship	Anywhere in state	Nurses find own sites
NESLP	NC	Scholarship	Anywhere in state	Nurses find own sites
High Needs Service Bonus Program	NC	Direct incentive	HPSAs	Administering agency assists in site matching
North Carolina State Loan Repayment Program	NC	Loan repayment	State-approved HPSAs and MUAs	Administering agency assists in site matching
Tennessee Nursing EdLoan Program	TN	Loan interest reduction	Anywhere in state	Nurses find own sites
Health Access Incentive Program	TN	Direct Incentive	State-defined health resource shortage area	Administering agency assists in site matching

Note. HPSA indicates health professional shortage area; MUA, medically underserved area.

Still, little is known about these programs, particularly their outcomes. This study should be seen as a first step in understanding the role that support-for-service programs play in promoting nursing careers and remedying nursing shortages and maldistribution.

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