

**Welcome!**

***2022 WEBINAR SERIES***  
***"SPECIAL TOPICS IN RURAL HEALTH"***



**Sponsored by Representative Kathy L. Rapp  
and Senator Michele Brooks**

**Coordinated by the  
Pennsylvania Rural Health Association**



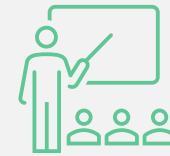
# **Cultivating Rural Health Professionals: How We Can Grow Our Own in Pennsylvania**

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# Pennsylvania Area Health Education Center (AHEC)

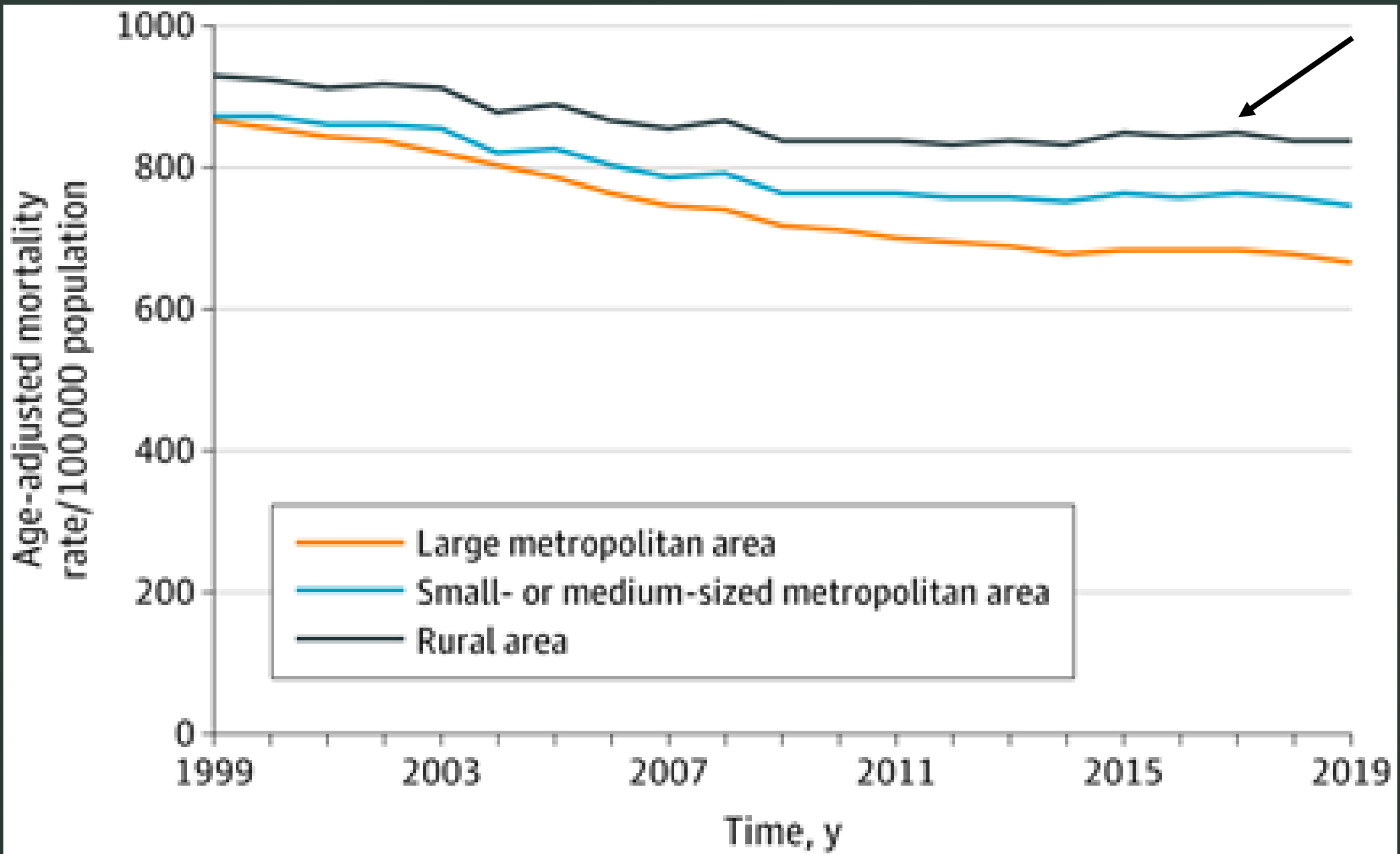


TRAIN, RECRUIT AND RETAIN



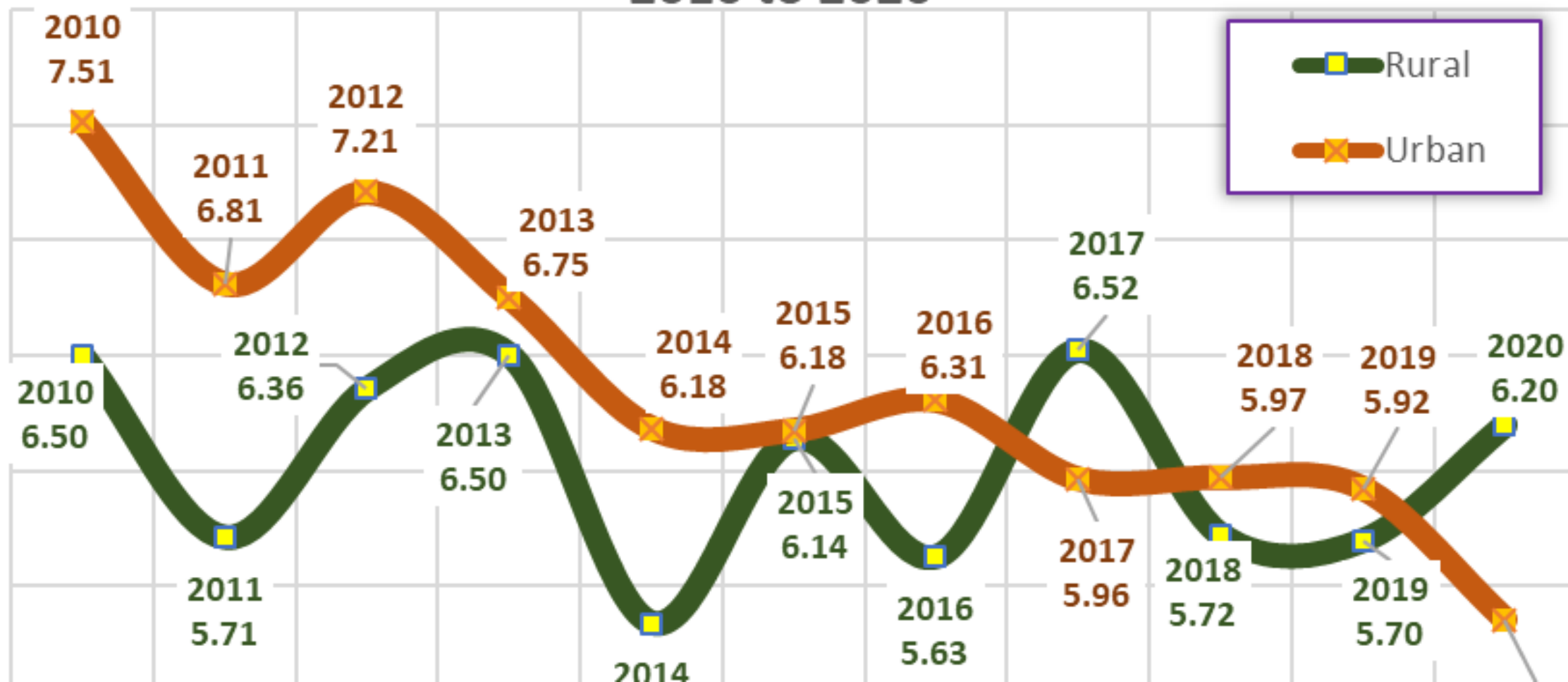
AHEC supports the recruitment, training, **and** retention of health professionals **for** underserved communities







## Infant Mortality Rate in Rural and Urban Pennsylvania, 2010 to 2020



# 'Medical deserts' strand millions without access to life-saving healthcare

By Barnini Chakraborty, Senior Investigations Reporter | August 09, 2022 07:00 AM



The emergency room of Flint River Community Hospital sits closed in Montezuma, Ga. Analysts say that rural hospitals are struggling nationally because they typically serve small populations of customers more likely to be older, uninsured or enrolled in government health care programs that do not fully pay their bills.

(AP Photo/David Goldman)

*Millions of Americans are receiving healthcare that rivals Third World standards. Vast regions of the country have seen medical services evaporate over the past decade. Hospitals have closed, doctors have left, and pharmacies have been forced into bankruptcy. In this series,*

# Hospital Closures in PA







27/47

**PENNSYLVANIA** ranks 27<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Pennsylvania is one of three states to receive a grade of "C-" for rural health access and outcomes in 2019.

# PENNSYLVANIA

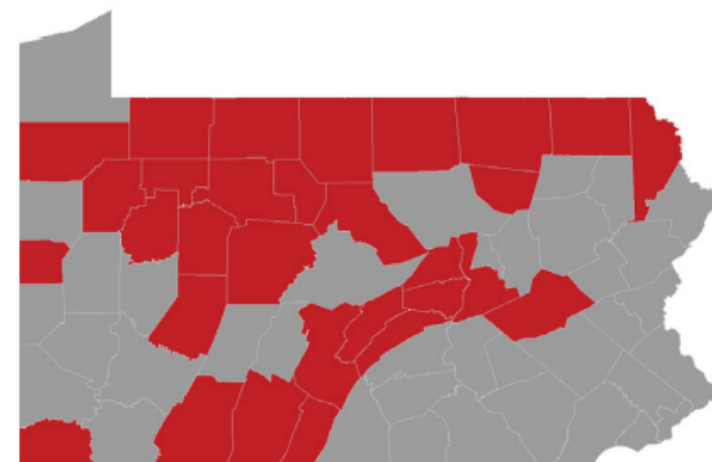


All-Cause Mortality	C-	Primary Care Access	C-
General Health	C	Mental Health Access	B
Mental Health (30 Days)	D	Dental Care Access	C-
Physical Health (30 Days)	C-	Broadband Access	C+
Low Birth Weight	C+	Uninsured Rate	B+

**P**ENNSYLVANIA has a population of 12.8 million people, 1.4 million live in one of Pennsylvania's 30 rural counties.

93.7 percent of the state's rural population is Non-Hispanic White, 2.1 percent is Black/African-American, 2.1 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

Pennsylvania's rural poverty rate is 13.6%,



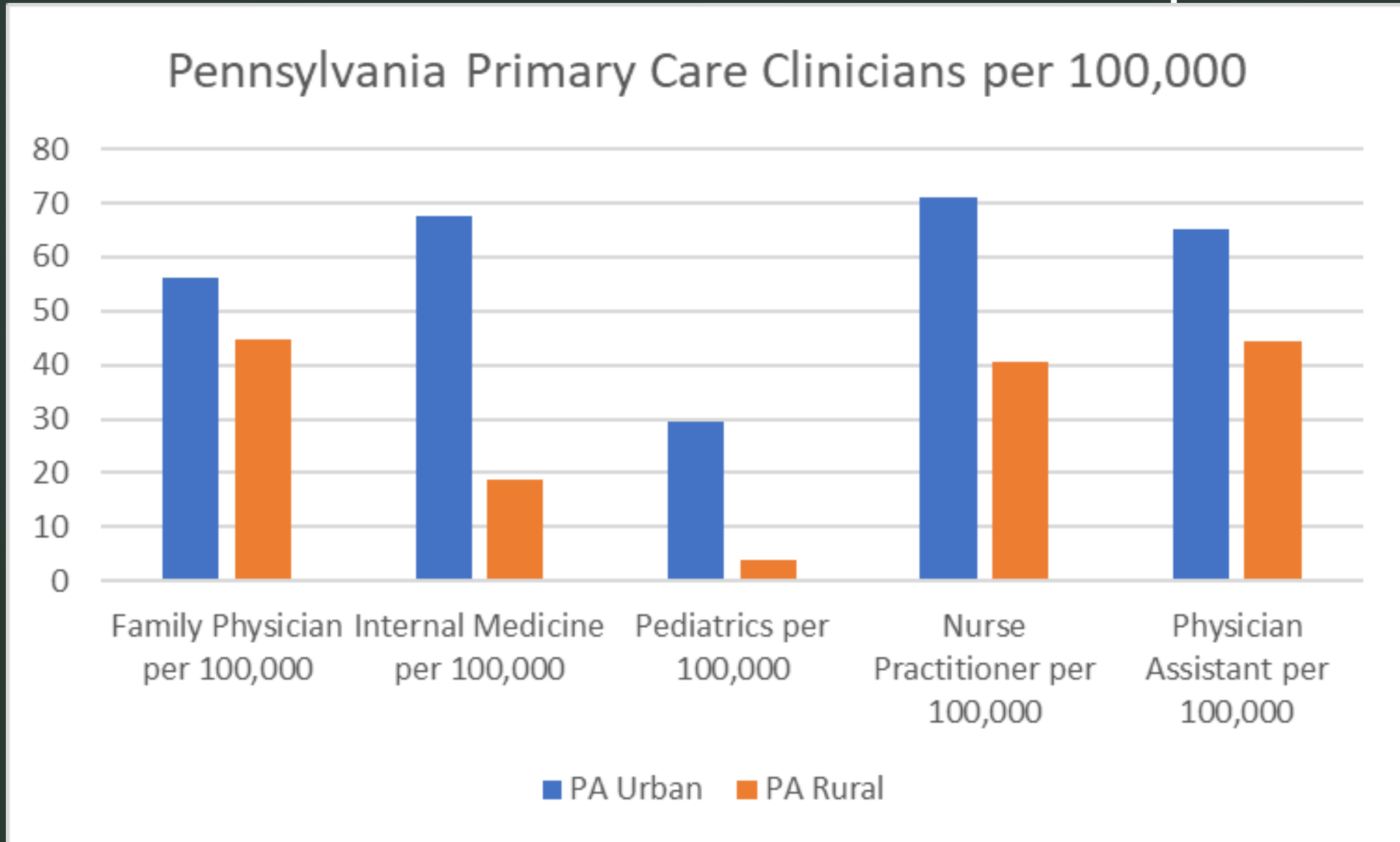
● RURAL COUNTIES



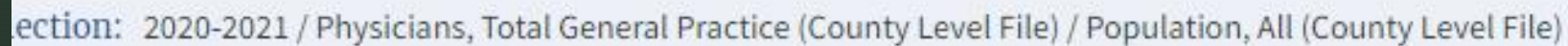
# RURAL PA PRIMARY CARE ACCESS



# Rural vs. Urban Disparities

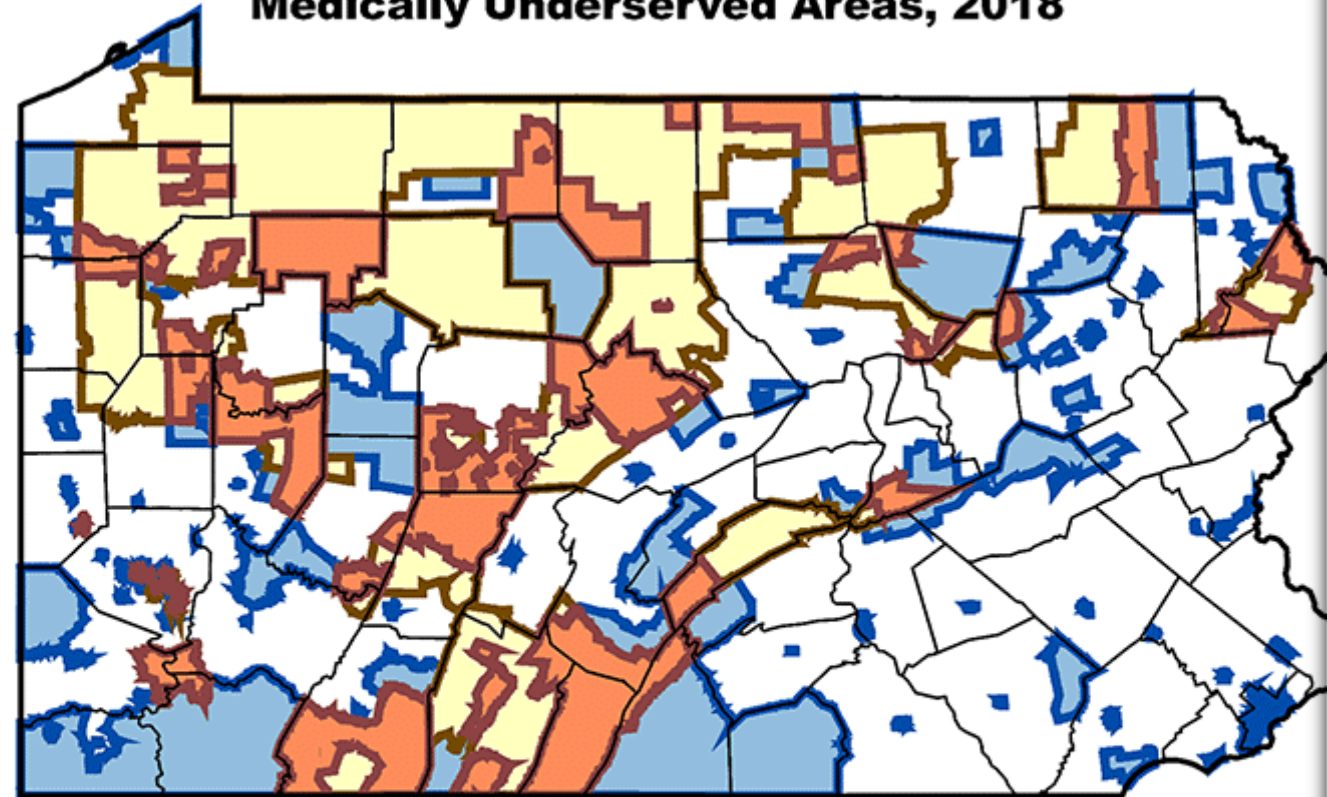






# Medical Deserts in the PA

## Location of Pennsylvania Health Professional Shortage Areas Medically Underserved Areas, 2018



- Primary Care Health Professional Shortage Areas (HPSAs)
- Medically Underserved Areas (MUAs)
- Both Medically Underserved Area and Primary Care Health Professional Shortage Area

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Data source: HRSA. Map by the Center for Rural Pennsylvania.



### Recruitment

- Rural **students** apply to med school at lower rates

### Training

- Lack of clinical and community experiences in rural areas for health professional students

### Retention

- PA struggles to retain med school and residency graduates

## REASONS FOR THE RURAL HEALTHCARE WORKFORCE DISPARITIES

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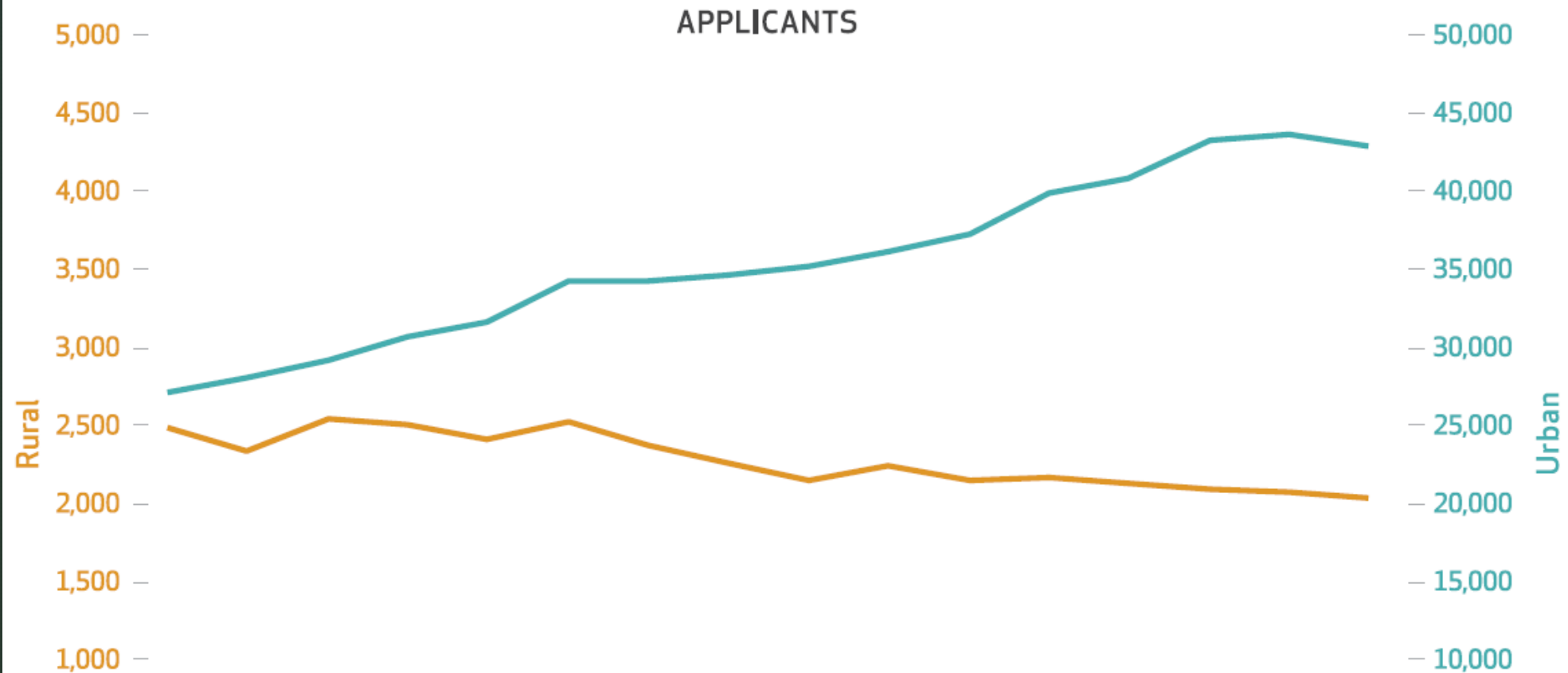
Recruitment of rural students into  
medicine

4x

# RECRUITMENT OF RURAL STUDENTS INTO MEDICINE

## EXHIBIT 2

Applicants to medical school for academic years beginning 2002-17, by rural or urban background





Testimonial: I was born in small town...



# Testimonial: Pre-health advisors

- Additional challenges rural students face....
  - Less academic rigorous high school prep (esp. math & science)
  - Cultural differences and insecurities (do I belong here?)
  - They don't realize their strengths! [e.g. grit]
  - Fewer networking and opportunities
  - Financial difficulties
- They tend to leave the pursuit of medicine

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## REASONS FOR THE RURAL HEALTHCARE WORKFORCE DISPARITIES

# TRAINING: Medical school rural training experiences

Exposure to rural practice in medical school is a MAJOR factor in recruitment

Lacking in most PA medical schools

- A contributor to ongoing low rural and underserved recruitment
- ~3% of Pennsylvania medical school graduates practice in rural and/or underserved

Need to show learners the wonderful challenges and opportunities presented in rural medicine



# Testimonials: Family Physicians

- “Out in rural areas, you have to be more versatile; you have to be a little bit brave; you have to be willing to learn; you have to get to know your patient.”
  - --Dr. Amanda Vaglia, Family Physician Indiana County, PA
- “The person who comes and paints my house may be somebody I cared for at the hospital years before, or if I see a patient at the store, they may ask me a medical question.”
  - Dr. John Boll, Family Physician Potter County, PA

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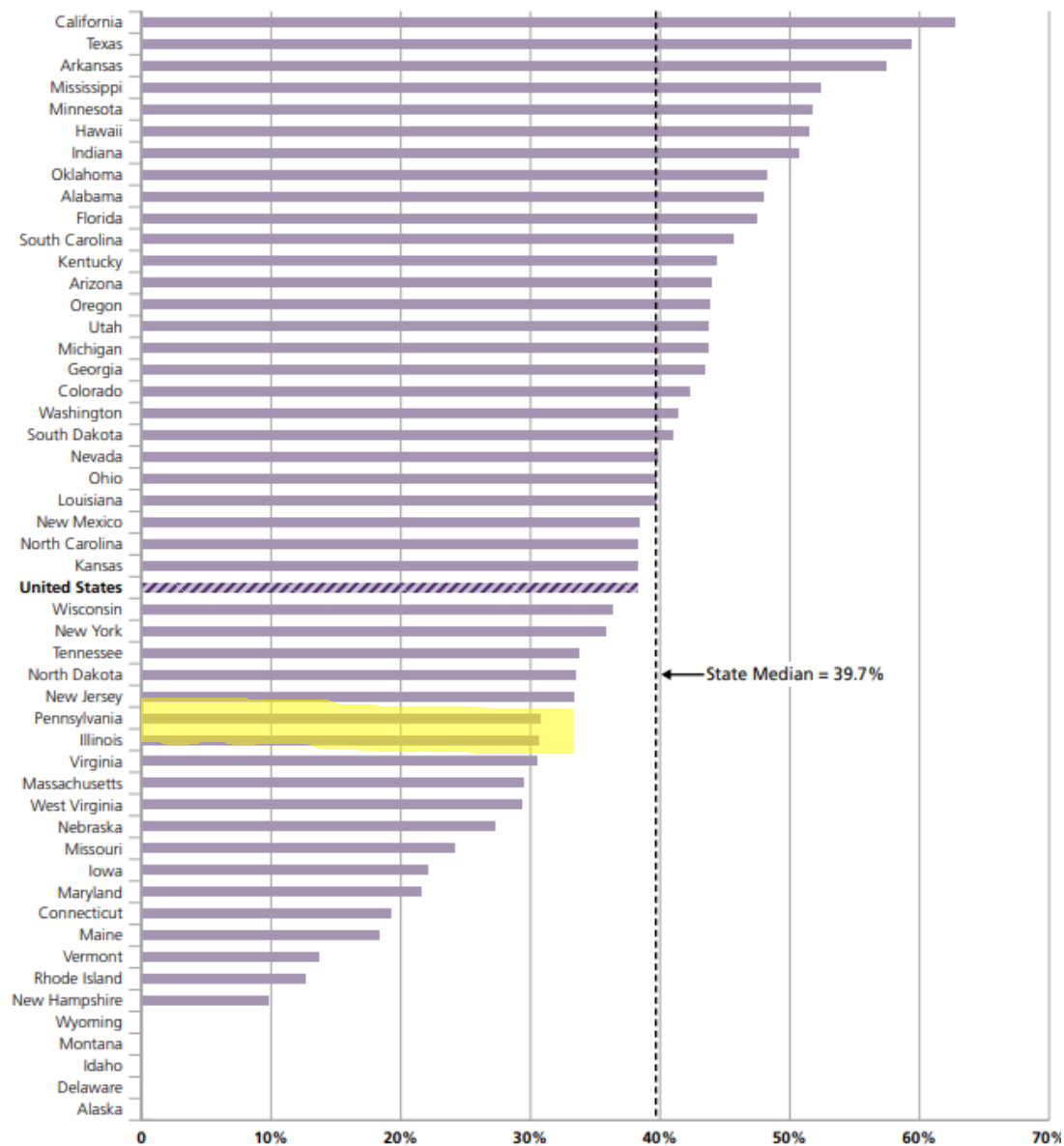
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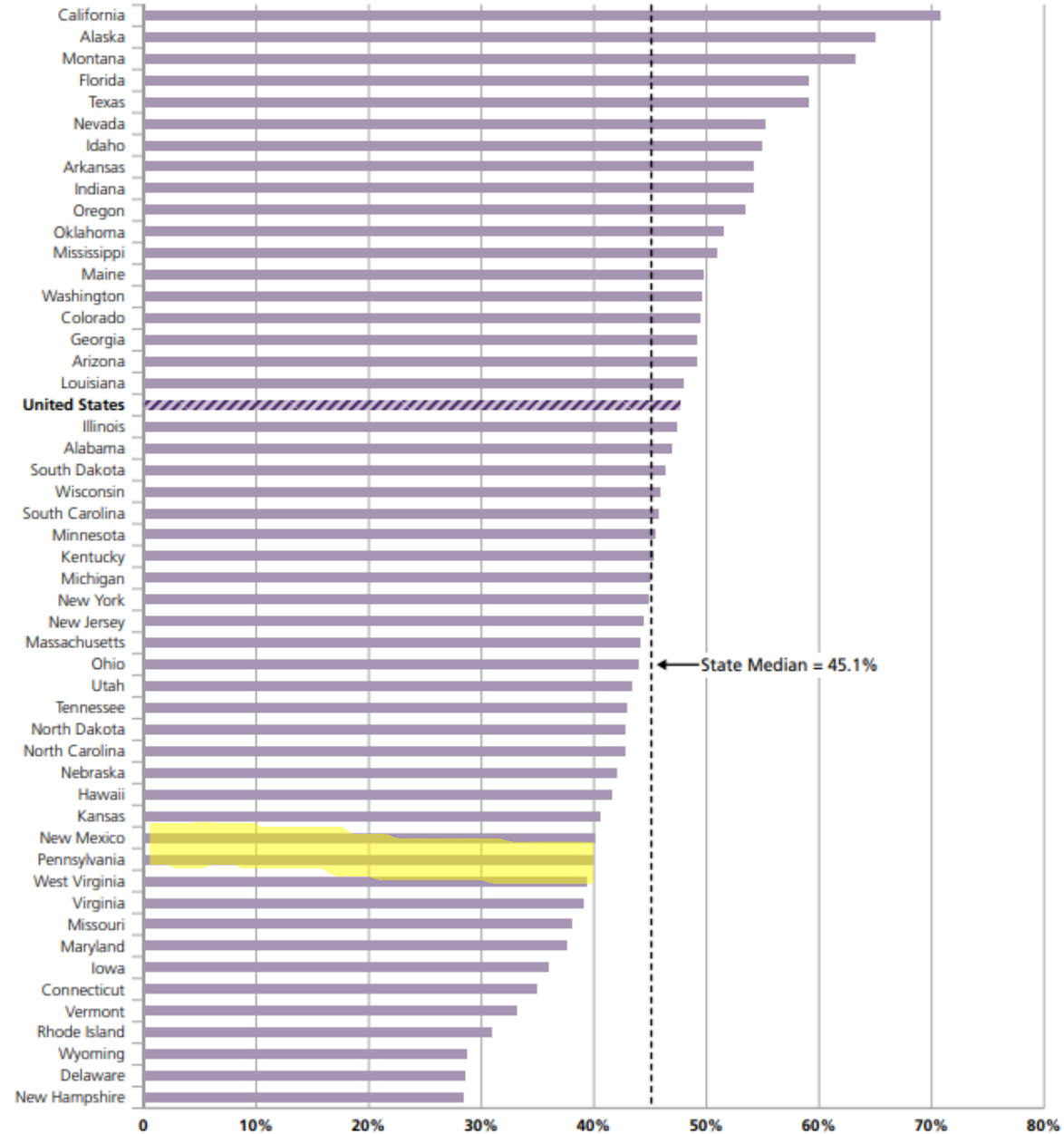
## REASONS FOR THE RURAL HEALTHCARE WORKFORCE DISPARITIES



Source: 2021 AMA Physician Masterfile (Dec. 31, 2020).

Notes: The University of Washington recruits students from Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) for admission to its WWAMI regional medical education program. However, retention numbers for the state of Washington do not include 267 graduates from the University of Washington who are active in the other four WWAMI states. When those graduates are included, the UME retention rate for the WWAMI region is 70.1%. Idaho has one DO-granting school, but because it was established in 2017, no graduate is included in the 2021 AMA Physician Masterfile.

**Figure 4.1.** Percentage of physicians retained from undergraduate medical education (UME), 2020.



Source: 2021 AMA Physician Masterfile (Dec. 31, 2020).

**Figure 4.3.** Percentage of physicians retained from graduate medical education (GME), 2020.

Growing our own!

# Potential solutions





# Potential Solutions

## Recruitment

- Rural students are applying at a low rate
- -->High school and college counselor training
- -->College-level programming
- -->College scholarships

## Training

- Clinical and community experiences are in suburban and urban locations
- -->Increase rural experiences for medical students
- -->Expand rural residencies

## Retention

- PA struggles to retain graduates
- -->Rural Healthcare Service Scholarship (like military scholarships)
- -->Intersectoral collaboration to attract and retain talent

# RECRUITMENT: INITIAL COMMENTS

- "[Students'] **rural background** and preference for smaller sized communities are associated with both recruitment and retention. **Loan forgiveness** and **rural training** programs appear to support recruitment. Retention efforts must focus on financial incentives, professional opportunity, and desirability of rural locations."
  - Zina M. Daniels , et al.. "Factors in Recruiting and Retaining Health Professionals for Rural Practice," [The Journal of Rural Health](#) 2015

# RECRUITMENT: Rural students

- Teacher/Counselor Training [PA AHEC's TEACH Academy]
  - We need 4x as many rural students applying to medical school (big lift)
- High School
  - Pipeline/Pathway Programming (health career camps, etc)
  - Connect interested rural high school students with rural medical students
- College-level programming
  - Address affordability through scholarships for rural students
  - Enhanced academic and personal support [PA AHEC Primary Care Ambassador Program]

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# TRAINING: Medical School

- Rural primary care clinical and community experiences
  - Need for student housing!!! [e.g. Georgia Model]
  - Incentivize FQHCs, Rural Health Clinics and Rural Residency Programs to host students [e.g modified Ohio Model]
  - "Case management" of students (e.g. Welcome Wagon)

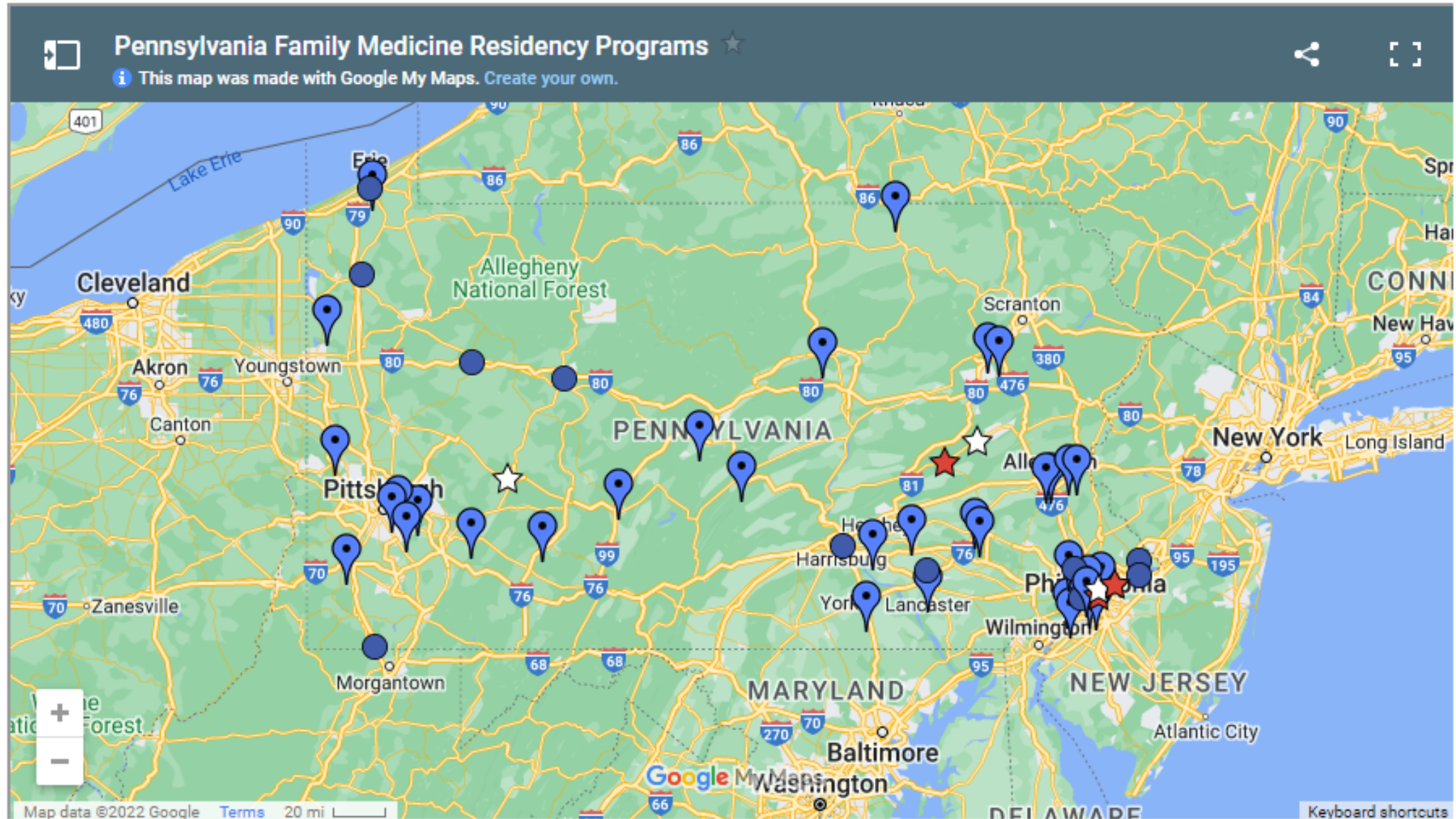


# RETENTION: Rural Residency Programs

- Pathway to becoming a family physician
  - 4 years Bachelors
  - 4 years of medical school
  - 3 years of family medicine residency

## PENNSYLVANIA'S FAMILY MEDICINE RESIDENCY PROGRAMS

[View the map on Google](#)



# RETENTION: RURAL RESIDENCY PROGRAMS

- Support for new and emerging rural family medicine programs
  - Additional funding support for the PAFP's PA Residency Expansion Program

# Potential Solutions

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# RETENTION: Scholarships for rural students

- Pennsylvania Primary Care Practitioner Loan Forgiveness Program
- Rural Healthcare Service Scholarship (new proposed idea)



# RETENTION: Testimonial



# RETENTION: LOAN REPAYMENT

- **Proposed idea: Rural Healthcare Service Scholarships**
- Student is from rural PA with financial need
- Accepted into medical school
- Completes primary care residency
- Agrees to provide primary care clinical services in rural Pennsylvania for same number of years as the scholarship covered tuition

# RETENTION: LOAN REPAYMENT

- **Proposed idea: Rural Healthcare Service Scholarships**
- **Examples of Potential Sponsors:**
  - State sponsorship
  - County, multi-county, or cross-sectoral sponsorship
  - Hospital system or employer sponsorship

# RETENTION: Intersectoral collaboration

- Economic impacts
- "Each health care dollar generally 'rolls over' about 1.5 times in a rural community. Every five jobs in health care generate four jobs in the local economy."
- "Bundles' of retention are most likely to be effective. "
  - (financial, accommodation, educational and family related incentives)

# RECOMMENDATIONS



Recruitment



Training

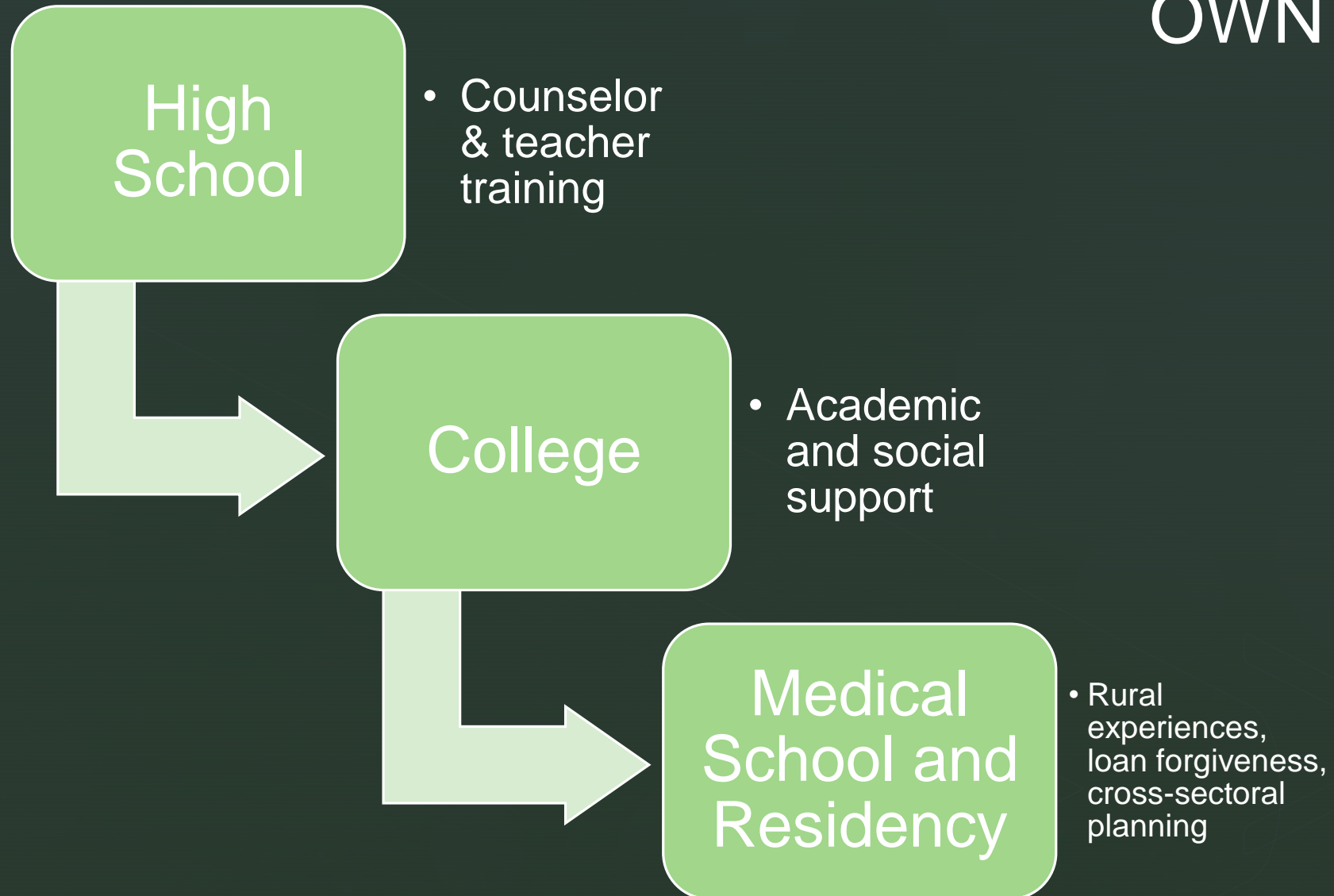


Retention





# RECOMMENDATIONS TO GROW OUR OWN



# PENNSYLVANIA





# With appreciation!

- Representative Kathy L. Rapp
- Senator Michele Brooks
- Lisa Davis, Pennsylvania Office of Rural Health
- Jonathan Johnson, Center for Rural Pennsylvania
- Dr. George Garrow, The Primary Health Network
- Dr. James Kent, Wellspan Health
- Rural Recruitment Reimagined group

# **“SPECIAL TOPICS IN RURAL HEALTH”**

## **Access Presentations and Recordings at**

**<https://paruralhealth.org/>**

### **Wednesday, July 27, 2022**

#### **Solving Health Care Access Challenges through High Quality, Community-based Support**

Eric Kiehl, APR, Director of Policy and Partnership, Pennsylvania Association of Community Health Centers, Wormleysburg, PA; Laura Spadaro, Vice President of Primary Care and Public Health Policy, The Wright Center, Scranton, PA; and Sara Rupp, Marketing Director, The Primary Health Network, Sharon, PA

### **Wednesday, August 3, 2022**

#### **Oral Health Access and Workforce: Why is Rural Such a Problem?**

Helen Hawkey, Executive Director, PA Coalition for Oral Health, Delmont, PA

### **Wednesday, August 17, 2022**

#### **Transforming Rural Health Care in Pennsylvania through Innovation in Payment and Service**

Gary Zegiestowsky, Chief Executive Officer and Janice Walters, Chief Operating Officer, Pennsylvania Rural Health Redesign Center, Harrisburg, PA

### **Tuesday, September 6, 2022**

#### **Cultivating Rural Health Professionals: How We Can Grow Our Own in Pennsylvania**

Ben Fredrick, MD, Professor of Family & Community Medicine, Penn State College of Medicine and Program Director, Pennsylvania Area Health Education Center (PA AHEC), Hershey, PA