

The Rural Health Workforce

Data and Issues for Policymakers in:

Washington

Wyoming

Alaska

Montana

Idaho

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Policy Brief Series

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BY THE NUMBERS

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INTRODUCTION

This series of policy briefs describes characteristics of the rural health care workforce and factors affecting the delivery of health care in rural areas. The five briefs provide data on the numbers of health care professionals in Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI states) from available data sources, discuss the impacts of using differing definitions of *rural*, list state-level resources for WWAMI health workforce data, describe the foundations of health workforce assessment, and provide examples of national and regional resources to help ameliorate provider shortages in rural areas. The information included in this series will help guide policymakers and others in their efforts to strengthen the health workforce to better serve rural populations.



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Building and Maintaining the Rural Health Workforce: Resources and Strategies

PROGRAMS TO SUPPORT THE RURAL HEALTH WORKFORCE

A wide variety of federal, state, and local policies and programs have been implemented over the past several decades in an attempt to address the limited number of, and access to, health care providers in rural areas. Workforce-oriented programs are generally designed to increase the supply of providers practicing in rural locations. While not exhaustive, Table 1 provides numerous examples of programs designed to increase and/or stabilize health care provider supply, many of which target rural areas. The first part of the table classifies programs according to the types of support provided: educational; pipeline/partnership; recruitment; retention; and incentives/loan repayment, a specific type of recruitment and retention support. The second part of the table provides a description of each program.

POLICY IMPLICATIONS

A glance at the available programs to strengthen the rural health workforce reveals great variety in the support provided, target populations (rural, underserved, general), and sponsorship (federal, federal/state, state, local, private, etc.). This diversity undoubtedly helps to ensure that a variety of possible solutions, involving multiple types of sponsors, are available to address a complex, multi-faceted problem. At the same time, policymakers and funders face increasingly difficult choices in allocating workforce investments, especially during a time of deepening fiscal austerity. It is imperative, therefore, that program leaders and rural workforce champions demonstrate program impacts through rigorous evaluations and sharing of results. This information enables policymakers and funders to make an evidence-based case for prioritizing continued funding and dissemination of rural health workforce strategies that provide the biggest return on investment.

Table 1: Programs that Support Education, Recruitment, and Retention of Rural Health Care Providers

Programs by Types of Support Provided							
Program Name	Education	Pipeline or Partnership	Recruitment	Retention	Incentives or Loan Repayment for Service Obligations	Website	
Centers of Excellence	●	●	●			http://bhpr.hrsa.gov/grants/diversity/index.html	
Critical Access Hospital (CAH) program			●	●		http://www.raconline.org/info_guides/hospitals/cah.php	
Federal Area Health Education Centers (AHECs)	●	●	●	●		http://bhpr.hrsa.gov/grants/areahealtheducationcenters/index.html	
Federally Qualified Health Centers (FQHCs)			●	●		http://www.raconline.org/info_guides/clinics/fqhc.php	
Health Careers Opportunity Program (HCOP)	●		●			http://bhpr.hrsa.gov/grants/diversity/index.html	
Indian Health Service (IHS) Scholarship Program	●		●		●	http://www.ihs.gov/jobscareerdevelop/dhps/scholarships/ihs_scholarships.cfm	
Indians Into Medicine Program	●		●			http://www.healthfinder.gov/orgs/hr3564.htm	
J-1 visa waivers			●		●	http://www.raconline.org/info_guides/hc_providers/j1visa.php http://travel.state.gov/visa/temp/info/info_1296.html	
Jobs to Careers	●	●	●	●		http://www.jobs2careers.org/	
Josiah Macy, Jr. Foundation Grants	●	●	●	●		http://www.josiahmacyfoundation.org/	
Medicare Incentive Payments Program			●	●		http://www.cms.hhs.gov/HPSAPSAPhysicianBonuses/	
National Health Service Corps (NHSC)			●	●	●	http://nhsc.hrsa.gov/	
National Rural Recruitment and Retention Network (3RNet)			●	●		http://www.3rnet.org	
Nursing Education Loan Repayment Program (NELRP)			●		●	http://www.hrsa.gov/loanscholarships/repayment/nursing/	
Rural Health Clinics (RHCs)			●	●		http://www.raconline.org/info_guides/clinics/rhc.php	

Table 1 (cont.): Programs that Support Education, Recruitment, and Retention of Rural Health Care Providers

Program Descriptions	
Program Name and Sponsor	Description
Centers of Excellence <i>Federal: U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Bureau of Health Professions</i>	Funds health professions schools to establish or expand programs for underrepresented minority individuals that improve student academic performance, recruitment and retention of underrepresented minority faculty, minority health education resources, faculty and student research on minority health issues, community-based training opportunities at sites remote from the school, and the competitive applicant pool.
Critical Access Hospital (CAH) program <i>Federal/State</i>	CAHs provide essential services to a community and are reimbursed by Medicare on a “reasonable cost basis” for services provided to Medicare patients. Created by the 1997 federal Balanced Budget Act as a safety-net device to assure Medicare beneficiaries access to health care services in rural areas. It was designed to allow more flexible staffing options relative to community need, simplify billing methods, and create incentives to develop local integrated health delivery systems, including acute, primary, emergency, and long-term care.
Federal Area Health Education Centers (AHECs) <i>Federal: HHS/HRSA</i>	Academic-community partnerships that train health care providers in sites and programs that are responsive to state and local needs. Health career enhancement and recruitment programs for K-12 students are emphasized. AHECs improve the supply, distribution, diversity, and quality of the health workforce, ultimately increasing access to health care in medically underserved areas.
Federally Qualified Health Centers (FQHCs) <i>Federal classification (defined by Medicare and Medicaid statutes)</i>	Provides enhanced Medicare and Medicaid reimbursement and grants to non-profit FQHC clinics providing comprehensive primary care, located in underserved areas and accepting all patients regardless of ability to pay. FQHCs provide access to primary, dental, and mental health care to the uninsured and low-income.
Health Careers Opportunity Program (HCOP) <i>Federal: HRSA, Bureau of Health Professions</i>	Builds diversity in the health fields by providing students from disadvantaged backgrounds an opportunity to develop the skills needed to successfully compete, enter, and graduate from health professions schools.
Indian Health Service (IHS) Scholarship Program <i>Federal: IHS</i>	The Preparatory Scholarship provides financial assistance for American Indian/Alaska Native (AI/AN) students to enroll in preparatory courses (those required to improve science, mathematics, or other basic skills and knowledge) leading to entry to health professional schools. The Pre-graduate Scholarship provides financial aid for courses leading to a bachelor’s degree in specific health pre-professional areas, such as pre-medicine, pre-dentistry, and pre-podiatry. The Health Professions Scholarship provides financial aid for health and allied health professions programs. Students incur service obligations and payback requirements on acceptance of their scholarship award.
Indians Into Medicine Program <i>Federal: IHS</i>	Augments the number of AI/AN health professionals serving AI/ANs by encouraging them to enter the health professions and removing barriers to their entrance into Indian Health Service (IHS) and private practice among AI/AN communities.

Table 1 (cont.): Programs that Support Education, Recruitment, and Retention of Rural Health Care Providers

Program Descriptions	
Program Name and Sponsor	Description
<p>J-1 visa waivers</p> <p><i>Federal:</i> U.S. Department of State Appalachian Regional Commission Delta Regional Authority</p> <p><i>State:</i> Conrad State 30 J-1 visa waiver programs</p>	<p>Allows international medical graduates (foreign-educated physicians) to remain in practice in the United States after U.S. residency, if they agree to serve in specific underserved areas.</p>
<p>Jobs to Careers</p> <p><i>Private: The Robert Wood Johnson Foundation</i></p> <p>Josiah Macy, Jr. Foundation Grants</p> <p><i>Private: Josiah Macy, Jr., Foundation</i></p>	<p>Advances and rewards the skill and career development of low-wage incumbent workers providing care and services on the front lines of the health and health care systems. Grants are awarded to partnerships of at least one health care employer and at least one educational institution (e.g., a community college) that provide academic credit or an industry-recognized credential.</p> <p>Funds projects to demonstrate or encourage interprofessional education and teamwork among health care professionals; teach principles of patient safety, quality improvement, and system performance; develop new models for clinical education, including community-based models; increase the diversity of the health care professional workforce through career development for underrepresented minorities; and improve education for the care of underserved populations. Several grants target rural areas.</p>
<p>Medicare Incentive Payments Program</p> <p><i>Federal: Centers for Medicare & Medicaid Services</i></p> <p>National Health Service Corps (NHSC)</p> <p><i>Federal: HHS/HRSA</i></p>	<p>Incentive (bonus) payments from Medicare provided to physicians in geographic Health Professional Shortage Areas and Physician Scarcity Areas.</p> <p>NHSC assists Health Professional Shortage Areas to meet their primary care, oral, and mental health services needs. The NHSC Recruitment Program awards scholarships to health professions students and loan repayment agreements to fully trained clinicians committed to serving underserved communities. The NHSC Scholarship Program awards scholarships to health professions students committed to a career in primary care and service in underserved communities of greatest need. Upon completion of training, NHSC scholars become salaried employees of organized systems of care in underserved communities. The NHSC Loan Repayment Program offers fully trained clinicians the opportunity to receive assistance to pay off qualifying educational loans in exchange for service in a Critical Access Hospital or HPSA of greatest need. This service commitment is for a minimum of two years in an underserved community.</p>

Table 1 (cont.): Programs that Support Education, Recruitment, and Retention of Rural Health Care Providers

Program Descriptions	
Program Name and Sponsor	Description
<p>National Rural Recruitment and Retention Network (3RNet)</p> <p><i>Private: Alliance of not-for-profit organizations</i></p>	<p>3RNet is made up of not-for-profit organizations such as State Offices of Rural Health, Primary Care Offices, Area Health Education Centers (AHECs), university programs, state-based non-profit organizations, and Primary Care Associations. These organizations help health professionals locate practice opportunities in rural and underserved areas.</p>
<p>Nursing Education Loan Repayment Program (NELRP)</p> <p><i>Federal: HHS/HRSA</i></p>	<p>Competitive program that repays 60% of the qualifying loan balance of registered nurses selected for funding in exchange for two years of service at a critical shortage facility. Some may be eligible to work a third year and receive an additional 25% of the qualifying loan balance.</p>
<p>Rural Health Clinics (RHCs)</p> <p><i>Federal/State classification</i></p>	<p>RHCs are eligible for enhanced Medicare and Medicaid reimbursement, in order to stabilize access to outpatient primary care in underserved rural areas and encourage the use of physicians, physician assistants, nurse practitioners, and certified nurse midwives.</p>

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