

Local Colleges May Be A Panacea For Rural America's Healthcare Gap

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[Education](#)

I report on the intersection of higher education and policy.



Mayor Adam O'Neal, of Belhaven, North Carolina, walks with supporters during a rally for rural ... [+]

There is a gap in rural America's healthcare. About 20% of the country's population lives in a rural area. However, only 9% of the nation's physicians practice in rural communities.

There is no clear solution to the health services deserts, including tribal homelands, across the country. While some may turn to legislation for fixes, such as the [Save Rural Hospitals Act](#) first introduced in 2015 and again in 2017, or [increased](#) federal funding — the National Institutes of Health, for example, awarded over \$749 million to rural states in 2017 — the answer might be closer to home for many low population and farm communities: students from local higher education institutions.

According to the RTT Collaborative, a national nonprofit that develops and preserves health professions education programs in rural regions, there are now nearly 100 [accredited](#) rural family medicine residency programs in the country. While there are other programs that are specific to professions, such as nurse practitioner and physician's assistant, RTT's cooperative is representative of some of the nation's most prominent programs. The number of graduates is small, but the impact may be large.

The programs are not limited to rural students, but many recruit young people from the area, and that may be the

key. Not only do students who come from rural communities have a better understanding of local needs and issues, but they are more likely to remain and practice in the area, according to Hana Hinkle, associate director of the National Center for Rural Health Professions at the University of Illinois-Rockford.

“We try to recruit the right students to have social accountability and a mission as part of their goals to become a physician,” Hinkle says. “We look at this as not only trying to increase access to care for rural residents, but also to increase access to quality trained professionals.”

Staying After Graduation

The percentage of students that remain practicing in rural areas after graduation varies. For example, 30 rural medical sites partner with the University of Illinois in the Rural Medical Education program, which has graduated 346 healthcare professionals with almost 70% practicing in rural areas. Nicole Carritt, director of rural health initiatives at the University of Nebraska Medical Center (UNMC), says that out of the more than 615 graduates of the program at UNMC in the last 20 years, about 62% of graduates are working in Nebraska, and of that percentage, 72% of graduates set up practice in rural Nebraska.

Many rural health programs have expanded beyond primary

care — including specialties like cardiology and gynecology and obstetrics — in response to the needs of the local community. Hinkle says the university has expanded to include more specialties like psychiatry, and allows students from different disciplines, like pharmacy and medical students, to train together to comprehensively address rural health disparities.

Rural areas are facing a host of issues that impact healthcare, such as not having large economic centers and being physically far away from specialty care sites. The Economic Innovation Group calls this "[the ruralization of distress](#)," using indicators such as joblessness and poverty.

According to the Centers for Disease Control and Prevention ([CDC](#)), residents of rural areas "tend to be older and sicker than their urban counterparts."

"They have higher rates of cigarette smoking, high blood pressure, and obesity," the CDC states. "Rural residents report less leisure-time physical activity and lower seatbelt use than their urban counterparts. They also have higher rates of poverty, less access to healthcare, and are less likely to have health insurance."

According to Alan Morgan, CEO of the National Rural Health Association, the patient-to-primary care physician ratio in rural areas is only 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas. He

said that over 100 rural hospitals have closed since 2010, and as many as [700](#) are expected to close over the next decade. Many of these closures are due to declining financial resources, such as the Cumberland River Hospital in Celina, TN, which [closed](#) in March due to financial losses from declining reimbursements and low patient volumes.

As more hospitals close, not only is there is poorer access to healthcare but also lower quality of care. Morgan says many of these hospitals are closing because they are serving lower-income populations, so the hospitals are taking on debt.

“You have an older population, you have a sicker population, you have a low-income population,” says Morgan. “You have those most in need of health care services with the fewest options available.”

The Rural Payoff

The median student loan [debt](#) after medical school is \$200,000. Medical facilities attempting to recruit students may offer competitive sign-on packages or loan forgiveness in order to incentivize students to work in the area.

Some programs also offer financial incentives. At the University of Kansas, undergraduate students in the [Scholars of Rural Health Program](#) are assured admission to

the University of Kansas School of Medicine and are eligible to apply for the Kansas Medical Student Loan program, which provides tuition and living expenses in exchange for a commitment to practice in the area. Carritt says at UNMC, the [Rural Health Opportunities](#) program guarantees participants admission to a health profession training program at UNMC after completion of their undergraduate career. These students also receive full-tuition scholarships at the undergraduate institution.

"We're really providing multiple opportunities for those students to stay connected to rural communities to the community they came from, because we know that in order for them to want to go back to practice, they have to remain connected there in some way, shape, or form," she says.

"And just as importantly that those communities are wrapping their arms around the students, providing them opportunities to see the benefit of coming back to practice, to serve their friends, their neighbors, their family members, to help create and maintain vibrant communities all across Nebraska."

Carritt says it is also important to provide incentives — like tax incentives or student loan repayment options that are split between the state and the local community — for the practicing providers in rural communities to want to keep teaching the students

A [study](#) from the University of Chicago has shown that rural physicians make approximately \$30,000 more than urban physicians in addition to a lower cost of living in rural areas.

"I think the return on investment is going to be huge when you look at the impact one rural physician can have," Hinkle says.

Julia Terhune, assistant director of rural community health at Michigan State University, says that while there may be a need for specialists in a rural area, there may not necessarily be the volume of patients, so hospitals cannot afford to fill the positions full-time.

"You can still make a very good living and make as much money, if not more, as a primary care practitioner in a rural community, but because there aren't always the jobs for specialists, you might not have that opportunity," she says.

"It's A Win-Win"

Large research institutions are not the only saving grace for rural communities. Andrew College, a small private Methodist-affiliate school in Cuthbert, GA, held its first nurse pinning ceremony in May, graduating 27 students to work in the local area.

Susan Askew, director of nursing at Andrew College, says the program was founded to serve a need in the region; she

says most of the hospitals in the area — most about 45 minutes to an hour away — expressed that they were in need of associate degree nurses.

“It’s a mutual partnership, because they are hoping to hire nurses, so the more nurses we produce, the better for them,” Askew says. “And the more the facilities work with us to allow students to come and participate and learn and grow, then the better for our students. So it’s a win-win as we have expanded.”

Askew says that most of the students will remain and work at one of the partner facilities. She says the program is beneficial to the students, many of whom are non-traditional and work to support their families, because the training and job placement will increase their financial security.

“I think it's been a very, very good thing for this area,” Askew says. “And I'm hoping that we are creating good nurses, excellent nurses that will care for people.”

Still, running a program such as this does not come without challenges. Askew says extra finances go into supplying simulation equipment for students, as well as creating a new administrative position and having nursing faculty maintain their licensure. Hinkle says funding can be difficult to increase faculty development and assessing how to better

train physicians to provide education for students. Many of these institutions rely on grant and state funding, as well as private donors.

Davis Patterson, director of the Collaborative for Rural Primary Care Research, Education and Practice and research assistant professor in the University of Washington Department of Family Medicine, says rural health programs are an important step in making access to not only healthcare, but education, more equitable across the country.

"We have a disproportionate share of educational resources flow to urban areas," Patterson says. "Some rural areas are left behind."

Terhune herself grew up in a rural area and is just one of many students whose experiences have shaped her interest in rural healthcare.

"When you know what people face and the issues that they face, if you truly care about people you will care about rural, and living it makes a big difference," she says.