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Public Health Policies on the Prevalence of Rural Health Professional Shortage Areas
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Introduction
The health professional shortage or maldistribution severely limits access to sufficient healthcare, affecting many Americans particularly in rural areas. About one-fifth of Americans live in rural areas whereas barely one-tenth of physicians practice there [3]. Currently, there are over 6,000 designated primary care health professional shortage areas (HPSAs) in the United States[1]. There is a range of studies that agree that the health professional shortage is pressing issue, but none that specifically evaluate the effectiveness of Loan Repayment Programs (LRPs) and Scholarship Programs (SPs) specifically aimed at combatting this issue.

Objective
This study aims to reveal the shortcomings of current Loan Repayment and Scholarship programs, in order to recommend various solutions that would improve the effectiveness of these programs at reducing the healthcare need in rural areas.

The articles analyzed covered a range of topics including, Title-VII funded schools, rural primary healthcare, and rural health professional shortage areas with respect to LRPs and SPs.

Results
Although LRPs and SPs are considered necessary and potentially effective programs, major improvements can be made including:

- Increasing the attractiveness of Rural Healthcare:
  - Lifting stringent contract policies
  - Rural focused medical school curriculum including courses taught by rural primary care physicians and incentives such as the Title-VII grant
  - Sending physicians to rural areas in groups
- Reorganizing the logistical structure:
  - Limiting the use of HPSAs in the designation of need
  - Growing collaboration between State and National Programs

While LRPs and SPs remain the main method of attracting and retaining physicians to these rural areas, these programs have limitations that need to be addressed.

Conclusions
The study found that the limitations of LRPs and SPs stem from the misuse of determining areas of need and allocating the correct number of physicians to these areas. The largest program, facilitated by the National Health Service Corp, uses HPSAs as the main method of determining need, however, HPSAs tend to over estimate need in certain areas. The National Program and the available state programs are also at odds- competing for both funds and applicants.

Health Professional Shortage Area Statistics [1]

<table>
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<tr>
<th>Health Professional Shortage Areas by Score [2]</th>
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<tr>
<td>Proportion Of HPSAs by Region [1]</td>
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<tr>
<th>Health Professional Shortage Areas (HPSA) - Primary Health HPSA Clinician Priority Scores</th>
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<tr>
<td>Number of Designations</td>
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<tr>
<td>Primary Medical HPSA Totals</td>
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<td>Geographic Area</td>
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<td>Population Group</td>
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A increase in coordination between state and national programs will increase in effectiveness of these strategies. There was a large range of factors deterring both physicians from serving in rural primary care. Early exposure to rural practices are potentially effective measures to increasing the popularity of rural healthcare.

Rural populations are homogenous, leading to prejudice and isolation for physicians. Therefore, sending the physicians into rural areas in groups may help increase the attractiveness rural health. These solutions provide a long term adjustment to the programs rather than a short term fix, with the hopes of widening access to primary care for rural Americans.

Acknowledgements
Virginia Commonwealth University Honors College

References