NICHD HEALTH OUTCOMES OF CHILD HEALTH AND HUMAN DEVELOPMENT
Healthcare Workforce Development & Rural Health Research

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Objectives

- Summarize background information about the rural health professional workforce
- Highlight the relationship of Health Professional (HP) workforce disparities on the health of rural children
- Examine HP workforce factors that could contribute to expanding research focusing on rural youth
Rural Healthcare Workforce: An Overview

- Shortages vary by specialty, region, local demographics and health care needs
- HP shortages have negative impact on economies of communities
- Shortages impact/contribute to health disparities
  - Access to services
  - Quality of care
  - Health care outcomes
  - Place more stress on existing providers
  - Impact HP recruitment and retention
HP Shortages & Cost Considerations

- Higher costs for HC facilities associated with compensation levels to reflect increased demand
- Increased use of overtime hours, salaries (i.e., costly temporary personnel, locum tenums, ‘travelers’)
- Residents less likely to have access to preventive/health promotion services
- Residents are sicker when accessing services; thus, need more intense care
Other Considerations

- Health care (HC) a major segment of the U.S. economy in general
- HC industry a major employer in rural areas
- Available, or lack there of, HC services impact local employment opportunities
- Closure of rural hospital = local economic stressor
Initiatives focusing on HP shortages

- Identifying health professional shortage areas (HPSAs)
- Growing use of the term ‘underserved’
- Acknowledged disparities = increased vulnerability esp. young and elderly
Why HP disparities in rural areas?

- An aging workforce population
- High retirement eligibility
- Difficulty in retention of workers
- Difficulty in recruitment of workers
- Lack of educational and training opportunities
- High vacancy rates
- High turnover rates
- Lack of opportunities for career advancement
- Financial concerns (lower pay; benefits; competing with urban)
- Increased workload
# Health Professional & Paraprofessional Shortages

<table>
<thead>
<tr>
<th>Health Professionals</th>
<th>Paraprofessionals</th>
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<tbody>
<tr>
<td>Pediatricians</td>
<td>Lab technicians</td>
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<tr>
<td>Obstetricians</td>
<td>Pharmacists</td>
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<td>Licensed practical nurses</td>
<td>Optometrists</td>
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<td>Physician assistants</td>
<td>Chiropractors</td>
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<td>Dentists</td>
<td>Allied health personnel</td>
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<td>Registered nurses</td>
<td>Public health personnel</td>
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<tr>
<td>Nurse Practitioners</td>
<td>Radiology technicians</td>
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<td>Primary care physicians</td>
<td>Specialists of all types</td>
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<td>Certified nursing assistants</td>
<td>Veterinarians</td>
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<td>Home care aides</td>
<td>Researchers</td>
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<tr>
<td>Community health assistants</td>
<td>Other</td>
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<td>Community health educators</td>
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Service(s) Needed by Rural Children

• Life (age) span: preconception/prenatal period up to 18 years of age
• Specialty services (Obstetric; pediatric; rehab special needs; behavioral health; health promotion; illness prevention; oral/dental/visual, etc., etc., etc.)
• Consideration of rural context in planning/implementing child/family centered care
Recruitment & Retention Strategies

- Local
- State
- National
- Partnership initiatives
- Evidence based outcome data often imprecise or non existent
- Anecdotal reports by rural a mixed bag
Federal/State Initiatives

- Loan repayment/forgiveness programs
  » [link]
- Scholarship programs
  » [link]
- Faculty loan repayment
  » [link]
- Health education financial aide
  » [link]
Federal Initiatives: Physicians

• J-1 Visa Wavers to recruit foreign medical graduates
  » [http://www.raconline.org/info_guides/hc_providers/j1visafaq.php#whatiswaiver](http://www.raconline.org/info_guides/hc_providers/j1visafaq.php#whatiswaiver)

• Conrad State 30 program
  » [http://www.raconline.org/info_guides/hc_providers/j1visafaq.php#conrad30](http://www.raconline.org/info_guides/hc_providers/j1visafaq.php#conrad30)
  – initiated in 1994; designed to provide each of the 50 states up to 30 waivers for physicians each/fiscal year
  – state given some flexibility to implement guidelines
  – some basic requirements for each state
National Health Service Corps

- Addresses some health professional inequities
- Federal $ allocations have recently increased
- Primary care providers (Physicians/Nurses)
- Support for other specialties also needed
Retention Considerations

• Recruitment is costly; Retention is cost effective
• Transition to practice programs
  – Orientation
  – Ongoing preceptor/mentoring programs
  – Simulation to sustain expertise
  – Research/program evaluation needed to assess outcomes/effects
What is the Research Connection with Health Professional Shortages?

• Paucity of evidence based knowledge about rural children and their health status

• Qualitative, quantitative, mixed methods studies needed to obtain a holistic perspective on this diverse population to develop evidence based (practice) guidelines.

• Rural perspective needed by researchers when designing studies and analyzing findings

• Conversely, research perspective needed by rural providers

• Rural perspective needed by granting reviewers/granters

• Participatory action research holds promise but many investigators, granting entities not familiar with approach
Partnerships

- Promote collaborative education, practice, research opportunities
- Establish partnerships among educational institutions/researches/rural providers
- Market health careers to rural consumers
- Implement local academic pipeline(s) to prepare future health care workers/researchers with rural perspective
- Use information technology most effectively
- Offer continuing education to rural providers on the research process
- Disseminate information on best practice/model programs
Presenter’ Musings!

- Lack of rural representation in clinical trials
  - Children a particular concern
  - May need to seek care outside of home/community
- Lack of access to ethics and IRB committees in rural setting
  - Recruiting informed committee members
  - Reality of the rural context
    - Insider-outsider frame of reference
    - Informal social networks
More Musings . . .

• (mis)Perceptions by rural residents about research and researchers
• Low population & low volume DXs = low sample size = ???
• Studies/data focusing on racial/ethnic minorities in rural needed (may be cultural/regional variances)
• Youth a very difficult population to access esp. for research
• How is rural defined
• Caution in generalizing urban based findings
Summary
References
