



*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

Pediatricians
Obstetricians
Licensed practical nurses
Physician assistants
Dentists
Registered nurses
Nurse Practitioners
Primary care physicians
Certified nursing assistants
Home care aides
Community health assistants
Community health educators

Lab technicians
Pharmacists
Optometrists
Chiropractors
Allied health personnel
Public health personnel
Radiology technicians
Specialists of all types
Veterinarians
Researchers
Other

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
 - » http://services.aamc.org/fed_loan_pub/index.cfm?fuseaction=public.welcome&CFID=7563505
- Scholarship programs
 - » http://services.aamc.org/fed_loan_pub/index.cfm?fuseaction=public.welcome&CFID=7563505
- Faculty loan repayment
 - » <http://www.hrsa.gov/loanscholarships/repayment/faculty>
- Health education financial aid
 - » http://www.raonline.org/info_guides/funding/hpeducation.php

Federal Initiatives: Physicians

- J-1 Visa Wavers to recruit foreign medical graduates
 - » 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
 - 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

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Stands For Opportunity