



Healthcare Workforce Shortages in Rural California

Background

California's rural areas are chronically prone to workforce shortages in every economic sector, particularly among healthcare professionals. The 2 million rural residents currently residing in rural areas of the state are served by only 33 hospitals. Fewer and fewer medical graduate students are choosing to practicing in rural areas, further exacerbating the workforce shortages.

The shortage of healthcare workers prevails not only because few physicians wish to work in rural areas, but also because California's medical graduate students are leaving the state at higher rates than out-of-state or foreign students are entering (Johnson and Reed).

Rural vs. Urban

According to the Council on Graduate Medical Education, 25 of California's 58 counties have a less than adequate supply of physicians. Over 50% percent of the twenty-five affected counties are rural. In addition, rural hospitals have fewer nurses, beds and specialists for comparable numbers of residents than urban areas.

Rural Americans participate in more health-damaging behavior, have a greater rate of chronic illness, and have the highest mortality rates for children and young adults. Rural residents who live in poverty face immense health risks. Living in poverty not only means less access to health insurance and transportation to urban doctors, but is also associated with less preventative care and a greater likelihood that residents will report health ills (Blumenthal and Kagen, 2002).

Recruitment & Retainment

A major factor in the healthcare workforce shortage is the simple act of recruiting and retaining physicians in rural areas. The National Health Service Corps (NHSC) Loan Repayment Program, meant to increase the number of physicians practicing in designated "health professional shortage areas," allocates funds among states. For those states who do not receive funds there is the NHSC State Loan Repayment Program, in which participating clinics pay 50% of loan repayment costs. California does not augment NHSC funds with state-allocated money, and rural clinics often cannot afford the 50% repayment (California Program on Access to Care). Besides receiving NHSC scholarship, the likelihood that a medical student will eventually practice in a rural area is increased if their medical school provides a rural clinic rotation. However, most medical schools are located in urban areas and many graduates do not obtain rural experience (Rabinowitz and Paynter, 2002).

Highlights

45% of rural Californians live in regions designated as Primary Care Health Professional Shortage areas (California Program on Access to Care).

2/3 of CA shortage areas are rural (University of California, San Francisco).

33 of the 359 California hospitals are located in rural areas (North Carolina Rural Health Research and Policy Analysis Center, 2006).

There are 935 residents per doctor in rural California v. 460 residents per doctor in urban California (Center for Disease Control).

In 2001, California rural hospitals provided outpatient care to 3.4 million people (CSRHA).

19.5% of the rural workforce is in education, health, and social services (CSRHA).

Currently, 150 primary care practitioners in California participate in the three NHSC programs. Fifty-two participate in the NHSC Scholarship Program, 28 in the NHSC Loan Repayment Program, and 70 in the NHSC State Loan Repayment Program (California Program on Access to Care).

