

Improving Access to Care

Whether it is in the deserted stretches of New Mexico desert, where tumbleweeds seemingly outnumber residents, or in the isolated Caucasus Mountains of Georgia, ensuring that patients in rural areas have access to quality health care is a challenge facing both US and NIS administrators.

One in three of the estimated 50 million adults living in rural America is in poor health. Nearly half have at least one major chronic illness. In spite of the huge increase in US physician supply in the past 30 years, serious shortages remain in many rural--as well as inner-city areas--according to a 1994 Department of Health and Human Services report.

During a session on workforce issues in rural areas, Joe Scaletti, PhD, former dean of the School of Allied Health at the University of New Mexico in Albuquerque, said that the university places health professions students in three-month internships in rural community settings to help address the imbalance in the health care workforce. The University of New Mexico Health Science Center promotes a team-based approach to learning in which students collaborate with colleagues in allied health, dentistry, nursing, pharmacy, medicine and other health sciences "to promote interdisciplinary discussion, and to respond more effectively to specific community health needs," said Scaletti. Students are encouraged to shape health promotion strategies through patient interviews and community visits to better understand the culture and needs of the residents.

"We want to make rural practice a more attractive career choice in order to remove the professional isolation that many of these small communities suffer," said Scaletti, noting the importance of university-based resources like electronic media, mail and libraries, and desktop videoconferencing as important tools for enhancing urban-rural communication.

The University of New Mexico's program is based on the national strategy begun in 1972 to create greater links between health professions education and service delivery in underserved, primarily rural areas. Legislation enacted by the US Congress resulted in the creation of federally funded Area Health Education Centers (AHEC), which incorporate volunteers who serve as advisory board members and mentors for health professions students and residents as part of an effort to support the development of rural health programs. Today the AHEC program encompasses 178 community-based centers and 45 educational programs in 41 states.

NIS panelists echoed both similar challenges and solutions to help close the rural workforce gap. Lia Mamaladze, RN, chief specialist for nursing with the Georgian Health Ministry, noted that, as in the US, many small, rural hospitals in Georgia have closed, while other health care facilities face rising financial constraints. She also said she is concerned that the Georgian national health plan may not adequately serve rural residents, due to low population density, unavailability of health resources and transportation problems.

In Tajikistan, where the rural population comprises approximately half of the nation's residents, the health ministry mandates that all health professions students work in rural areas for two years before working in urban centers, said Khamdam Rafiev, rector of the State Medical University in Dushanbe. Rafiev recommends expanding primary care programs in medical schools as a way to address rural health needs.

Determining what health delivery program works best for the often diverse rural communities can be a challenge, concluded Scaletti. But health systems in the US and the NIS must identify strategies that both encourage primary care doctors to practice in rural areas and that target the needs of rural communities to ensure that all citizens in a nation receive comprehensive care, he said.