

# CULTIVATING SOLUTIONS

## HEALTH PROFESSION RURAL SUMMER IMMERSION PROGRAM

### SUMMER 2019 ISSUE BRIEF



## COLLABORATING TO CREATE A LOW-COST RURAL HEALTH CARE PROVIDER PIPELINE

Facing critical health care professional shortages in its rural region, the Foundation for Community Health (FCH) spearheaded the creation of a low-cost “pipeline” program to encourage health care students to practice in Connecticut’s northwestern Litchfield County and New York’s northeastern Dutchess County.

In developing the Health Profession Rural Summer Immersion Program (HPRSIP), the Foundation collaborated with representatives of the academic, health care, government, workforce, business and

recreation sectors to keep costs low and engagement between students and rural health care providers high.

Since its creation in 2016, this unique two-week program has hosted nearly two dozen students. Pre- and post-participation survey data show students gained a better understanding of the challenges and benefits of a rural health care practice, and reported an increased likelihood of working in pastoral Connecticut or New York upon completion of their education.



## HEALTH CARE SHORTAGES IN RURAL AREAS

In 2014, parts of Dutchess and Columbia Counties (NY) and Litchfield County (CT) averaged one primary care physician for every 1,675 residents,<sup>1</sup> making health care access one of the most important issues in FCH's service area.<sup>2</sup> More than 35 percent of community stakeholders surveyed that same year rated access to primary health care services as one of the top three health concerns in the region.<sup>3</sup>

Based on FCH's 2014 Community Health Needs Assessment, additional primary, mental health, substance use disorder and dental care providers are needed to shorten appointment wait times and decrease travel distances to practitioners. Existing barriers to care, combined with an aging workforce and no consistent pipeline of future practitioners, has created a deficit of health care providers throughout the area.

Seeking to mitigate these shortages and cultivate the next generation of rural health care professionals, FCH led the development of an immersion pipeline program focused on the unique aspects of the rural health care system. Exposing students to living and working in a pastoral area could influence where they practice after graduation.

**I can say with confidence that the (HPRSIP) was a valuable experience that has made me even more excited about the possibility of practicing in a rural environment in the future.** 2017 HPRSIP participant, Quinnipiac University Frank H. Netter M.D. School of Medicine

## DEVELOPING THE HEALTH PROFESSION RURAL SUMMER IMMERSION PROGRAM (HPRSIP)

In creating a rural health care workforce pipeline model, the Foundation collaborated with multiple partners across Connecticut and New York to keep costs of an immersion program to a minimum while providing a high quality experience for current medical (allopathic and osteopathic) and physician assistant students.

In the Fall of 2015, the Foundation convened a feasibility committee of representatives from the following to determine the viability of implementing such a program in the region: Health 360 (Northwestern Connecticut Area Health Education Center in Waterbury), the Catskill Hudson Area Health Education Center (Highland, NY), Geer Village Senior Community (Canaan, CT), Sharon Hospital (Sharon, CT), HRHCare Amenia Health Center (a federally-qualified health center in Amenia, NY), the Connecticut State Office of Rural Health (CT-ORH in Winsted, CT), Quinnipiac University Frank H. Netter M.D. School of Medicine (North Haven, CT) and Touro College of Osteopathic Medicine (Middletown, NY).

After several brainstorming sessions, the committee rejected current pipeline models that were either too costly or did not meet the needs of FCH's service area. Instead, the committee agreed that an immersion program could be developed that was low-cost, replicable and specific to the local rural health care system. The University of Connecticut (UCONN) School of Medicine (Farmington, CT) joined in 2017.

By the spring of 2016, the Foundation formed a planning committee with Health 360, the Catskill Hudson Area Health

Education Center, Northwestern Connecticut Community College (Winsted, CT) and the CT-ORH.

This committee, which designed a model based on collaboration among local institutions and in-kind contributions, agreed to initiate the program over the summer.

The HPRSIP targets second-year health professional students before they select a clinical residency or post-graduate fellowship. Elements of the program include rotations in several facilities that provide primary care/medical specialties, geriatric medicine, emergency medicine, rehabilitative health care, home health care, and discharge planning/transitional care services. In addition to shadowing rural health professionals during rotations, students attend lectures, review case studies and participate in a local community service project, such as a health fair and/or a migrant farm worker clinic.

Actualizing a theoretical model requires a "point person" who can dedicate two hours or less per week to schedule monthly meetings, create meeting agendas and minutes, and ensure committee members complete their "assignments."

Some assignments include: establishing health care, education and housing/lifestyle partnerships; constructing an application process and forms; developing marketing materials to recruit students; creating various privacy and health documents; and designing a tool to measure knowledge of rural health care systems and the likelihood of practicing in a pastoral area both before and after HPRSIP participation (sample forms, marketing materials and surveys are available at [www.fchealth.org/resources/publications](http://www.fchealth.org/resources/publications)).

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## Health Care Partners

Thanks to the planning committee’s hard work, the following multidisciplinary health care facilities/providers have hosted rotations and/or provided informational lectures (along with some meals): Sharon Hospital; HRHCare Amenia Health Center; Geer Village Senior Community; Salisbury Visiting Nurse Association (Salisbury, CT); North Canaan Volunteer Ambulance (North Canaan, CT); Mountainside (an addiction treatment facility in Canaan, CT); and Noble Horizons (a nursing home and retirement community in Salisbury, CT).

## Education Partners

Four health care education institutions agreed to recruit potential participants among their second-year medical (allopathic and osteopathic) and physician assistant students: Touro College of Osteopathic Medicine, Quinnipiac University Frank H. Netter M.D. School of Medicine, UCONN School of Medicine, and Marist College School of Science Physician Assistant Program (Poughkeepsie, NY).

Working with colleges and universities on student recruitment was the most time consuming aspect of the inaugural class of the HPRSIP, but became easier due to past participant word-of-mouth marketing.

## Housing/Lifestyle Partners

This model pipeline program also features a lifestyle component to give participants a “feel” for rural living during the evenings and weekends.

Numerous local businesses and organizations offered participants social and entertainment experiences (e.g., movie, theater, restaurant, hiking/fishing, motorsport racing, etc.) for free or at a discount. For example, member organizations of the Tri-State Chamber of Commerce, which represents businesses in several counties in Connecticut, New York and Massachusetts, hosted after hours social events to give students opportunities to interact with the local companies.

Although securing free lodging was one of the most challenging organizational aspects of the HPRSIP, boarding schools, such as the Indian Mountain School and The Hotchkiss School (both located in Lakeville, CT) provided complimentary housing.

The entire process — from feasibility to implementation — unfolded in about nine months.

## A DAY IN THE LIFE OF AN HPRSIP PARTICIPANT

Each year up to nine students are competitively selected to participate in the HPRSIP.

Typically, participants check into dormitory housing on a Sunday evening. The first full day includes a rigorous orientation featuring an overview of the HPRSIP; a streamlined federal privacy and occupational safety clinical orientation by facilities hosting rotations; an introduction to rural emergency medicine; a synopsis of local recreational and entertainment activities; the completion of a pre-participation survey; and a collaborative case study session.

During this session, students learn about Interprofessional Collaborative Practice. The goal of team-based health care is to provide accessible, high quality, patient-centered care through seamless collaboration among community health providers (e.g., emergency medical technician-paramedics, pharmacists, visiting nurses, dieticians, social workers, substance use disorder counselors, physical/occupational therapists, etc.) and medical professionals.

Health care provider rotations begin on the second day of the program. Participants are divided into three groups of three students, with each group rotating through a partner health care facility every day. At various times throughout the program, students meet as a group to work on a community service project; attend clinician panel discussions; and participate in social activities.

At the end of the program, students complete a post-participation survey and attend a debriefing lunch at Geer Village Senior Community.

### The Foundation would like to recognize the dedication of these partner organization representatives in making the HPRSIP a success:

**Heather Cappabianca**

Northwestern Connecticut Community College

**Kevin O’Connell**

Geer Village Senior Community

**Robert Wingate**

Catskill Hudson Area Health Education Center

**Peter Cordeau**

Sharon Hospital

**Gertrude O’Sullivan**

Foundation for Community Health

**Sherry Wyckoff**

HRHCare

**Bruce Gould, M.D.**

UCONN School of Medicine

**Howard Selinger, M.D.**

Quinnipiac University Frank H. Netter M.D. School of Medicine

**David Yens, Ph.D.**

Touro College of Osteopathic Medicine

**Tricia Harrity**

Health 360

## LESSONS LEARNED

Survey results help the planning committee measure changes in rural health care systems knowledge and the probability of practicing in pastoral New York or Connecticut.

Based on information collected between 2016 and 2018, FCH found that 74 percent of HPRSIP participants (20 students) live primarily in a suburban or urban environment while only 5 percent live in a rural area.

In addition, only about 10 percent of students rated their knowledge of rural health care systems as “good” before attending the program. Upon completion, more than 30 percent graded their understanding as “very good” or “outstanding.”

Data also demonstrated a greater likelihood of working in a pastoral town. Before participating in the program, a little over 10 percent of students said they were “very” likely to practice in a local rural area compared to 50 percent after program completion.

Anecdotal evidence supports these findings. For example, one of the 2016 participants returned with his wife to explore the area. A 2017 student is actively pursuing a recently established rural residency program in FCH’s service area, while another from the same

HPRSIP class changed her practice intention and plans on working in her rural hometown community.

Both student input and planning committee observations have lead to changes in program content, structure and administration.

Committee members observed better working relationships and more meaningful bonds among students who participated in organized recreational activities. Those who skipped the group leisure component of the HPRSIP also missed one of its core elements — illustrating the high quality of life in rural areas of Connecticut and New York. To nurture a team atmosphere and guarantee exposure to a pastoral lifestyle, marketing materials were revised to underscore mandatory participation in coordinated social events.

In a post-participation survey, a fourth-year student enjoyed the program but expressed frustration with “observing” rather than direct “hands-on” interaction with patients. Based on this feedback, enrollment efforts shifted to

**I am very likely to return to your rural community and practice while enjoying the beautiful and exciting lifestyle that your area offers.**

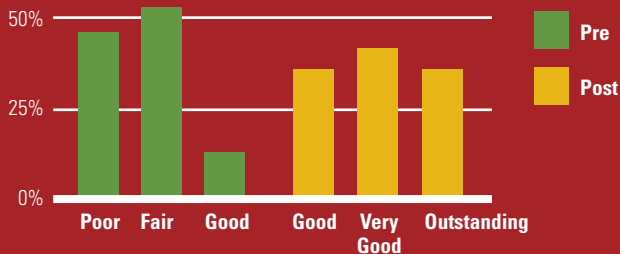
A 2017 HPRSIP participant,  
Touro College of Osteopathic Medicine

recruiting primarily second-year students who are only allowed to shadow health care professionals in a clinical setting.

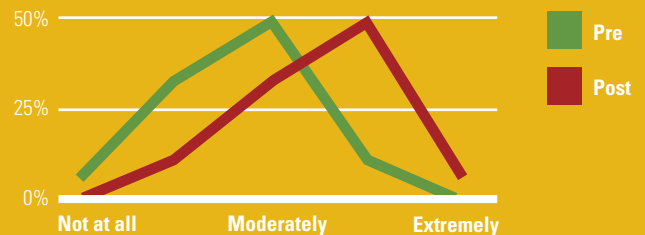
Over the past three years, feedback from both participants and health care provider partners has been positive and preliminary results promising. Therefore, the Foundation will continue the HPRSIP into the future while gathering additional data and encouraging others to replicate this unique immersion pipeline model in their locality.

For more information, please contact FCH’s Gertrude O’Sullivan, Director of Communications and Special Programs, at [gertrude@fchealth.org](mailto:gertrude@fchealth.org).

**Knowledge of Rural Health Care Systems**



**Likelihood HPRSIP Participants Will Practice in a Rural Area of Connecticut or New York**



### ENDNOTES

- 1 The Foundation for Community Health, “Community Health Needs Assessment Executive Summary,” October 2014.
- 2 In Connecticut: Canaan, Cornwall, Warren, Falls Village, Goshen, Kent, Norfolk, Salisbury/Lakeville and Sharon. In New York: Amenia/Wassaic, Ancram, Copake, Dover/Dover Plains/Wingdale, Millbrook/Washington, Millerton/North East, Pine Plains and Stanfordsville.
- 3 The Foundation for Community Health, “Community Stakeholder Survey,” 2014.



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The Foundation for Community Health (FCH) is a private, non-profit philanthropy dedicated to improving the health and well-being of people living in the northern Litchfield Hills of Connecticut and the greater Harlem Valley of New York, through grantmaking, technical assistance, capacity building, advocacy and research. The Foundation is a supporting organization of the following: Berkshire Taconic Community Foundation, Inc.; Community Foundations of the Hudson Valley, Inc.; and the Northwest Connecticut Community Foundation, Inc. FCH strives to improve access to quality rural health care services; build effective and innovative collaborations; and promote the implementation of prevention and early intervention strategies. Initially FCH was funded by assets from the 2003 sale of Sharon Hospital from a non-profit to a for-profit institution.