

STUDENT SUMMIT ON RURAL HEALTH REPORT

August 2023

How to Use THIS REPORT



In this report are the findings from the 2023 Student Summit on Rural Health, a gathering of students from all three Arkansas medical schools who are passionate about practicing medicine in rural areas. Their voices provide essential insight into rural health care’s challenges, needs, and opportunities, paving the way for transformational change.

The information reported in this document represents data collected from 33 medical students in various training phases. Together, they spent a day and a half at the Winthrop Rockefeller Institute (the Institute) on Petit Jean Mountain, engaging with physicians who practice in rural communities and

participating in intensive facilitated exercises and discussions. By synthesizing their feedback, we aim to inform and inspire various stakeholders, including medical schools, rural communities, and health care organizations.

We thank the medical students who generously shared their experiences and insights. Their valuable contributions are essential in guiding our efforts to enhance rural medicine and ensure the provision of high-quality health care to underserved communities.

This report is for you if you are committed to transforming rural health care in Arkansas and have a vested interest in these student doctors. We have broken the sections of this report into the three major themes explored during the Summit: anticipated challenges in rural practice, expectations for engaging with their future rural communities, and recommendations proposed by the students on how stakeholders can actively engage and support them through student-centered activities.

HISTORY

The Student Summit on Rural Health began after it was suggested by student volunteers at the 2018 Rural Health Summit. As leaders of the rural health research club at the Arkansas College of Osteopathic Medicine, they wanted an independent meeting of medical students interested in rural health from all three Arkansas medical schools. Since then, the Rural Health Association of Arkansas and the Institute have partnered to annually host students from the Arkansas College of Osteopathic Medicine, the New York Institute of Technology College of Osteopathic Medicine at Arkansas State University, and the University of Arkansas for Medical Sciences.

This annual convening is designed to let future rural doctors build networks and connections with peers, meet and ask candid questions of practicing rural doctors, and provide feedback on what they need beyond traditional medical training to live and practice successfully in a rural community. Participating students are empowered in their decision-making process, increasing their likelihood of success, thus ultimately improving health care access for all Arkansans.





Current and Future CHALLENGES

To explore students' comfort level around rural practice, we asked them to consider their needs in two specific areas: knowledge and resources.

KNOWLEDGE

The students considered what information they required to fully prepare for practicing medicine in a rural setting. This could include topics such as unique challenges and opportunities of rural practice, cultural competency, building relationships with the community, and managing the logistics of working in a rural area.

RESOURCES

The students focused on the tangible and intangible support systems necessary for successful rural practice. This involved discussions about the availability of health care workforce support systems, access to support staff and referral networks, housing and infrastructure, and mental health support.

Through rounds of brainstorming and discussion, the students created a list of critical items within each category. This process provided insight into the specific knowledge and resource requirements of medical students considering rural practice. The resulting prioritized list can guide the state's educational institutions and rural communities in addressing these needs and providing adequate support to encourage and prepare students for successful rural medical careers.

The data collected from these two areas were combined to provide a comprehensive overview of the needs and priorities expressed by the participants. This allows for a holistic understanding of the various aspects contributing to students' comfort level in rural practice.

We identified the following five common themes or challenge areas from this list.

Access to Community Resources

The area that students identified as the greatest struggle for them in their preparation for rural practice is access to community resources, understanding what is available, and how best to access them. For these students, access to resources refers to the availability and utilization of various resources in the community that can support health care practice and overall well-being. These include:

- ☑ Availability of community resources (ex: health care workforce support system and advocacy opportunities)
- ☑ Clinic/hospital resources and availability
 - ☞ Community support for physicians
- ☑ Housing options
- ☑ How to build a referral network
 - ☞ How to integrate into a community
- ☑ Infrastructure
 - ☞ Internet access/cell service – for telemedicine
- ☑ Job for significant other
- ☑ Mental health support
- ☑ Qualified support staff and equipment availability
- ☑ Social capital as a physician
- ☑ Transportation

Quality of Life for Doctors and Families

The next challenging area highlighted by student responses was maintaining a good quality of life for themselves and their families. The challenges listed below represent different facets of an environment where these future rural physicians can thrive personally and professionally.

- ☑ Access to religious and/or cultural center
- ☑ Access to the parks and trails
- ☑ Availability of good schools and childcare
- ☑ Fitness
- ☑ Healthy groceries
- ☑ Internet



How to Transition from Residency to Practice

One recurring subject that came up many times, formally and informally, was how to transition from residency to rural practice and what that entails.

- ✔ Choosing between private practice vs. hospital setting vs. owned collaboration
- ✔ Do hospitals subsidize private start-ups?
- ✔ How to find senior partners looking for junior partners?
- ✔ How to navigate contracts and/or disputes
 - 🔗 Job security (will they still be available once residency is complete?)
- ✔ Residency programs available/strength/and prep for rural practice
- ✔ The ins and outs of malpractice insurance

Availability of Professional Development

An essential resource for the students in attendance was continued access to professional development, skill development, and career advancement.

- ✔ Business and financial resources courses
- ✔ Business in medical courses/workshops
- ✔ Cultural competencies courses

Community ROLES

After discussing the students' perceived areas of need to be successful in rural practice, we asked them to consider the minimum requirements, nice-to-haves, and icing-on-

- ✔ Medical education experience in rural communities
- ✔ Mentorships for career physicians
 - 🔗 Professional peer support and connections
- ✔ Specialty training
- ✔ Various professional development opportunities

Billing and Reimbursement

The challenge for medical students in billing and reimbursements encompasses several critical aspects of financial processes and funding in the health care industry. These challenges highlight the need for medical students to acquire knowledge and skills in financial management, understanding insurance systems and proper coding practices, and effective billing processes. This knowledge is crucial to maintain a financially sustainable medical practice.

- ✔ Billing challenges and coding
- ✔ How do I get paid?
- ✔ How does reimbursement work?
- ✔ How to gain funding for equipment/grants

Addressing these challenges contributes to rural health care's long-term viability and success. It helps attract and retain health care professionals, improves health care access and quality, and creates a supportive environment for doctors and their families.

the-cake amenities that a community has to offer for them to call that place home. During the discussion, several items recurred across multiple tiers, such as a variety of

restaurants, outdoor recreational activities, and stable internet access, demonstrating that these are various and unique preferences that account for personal and cultural differences.

MINIMUM VIABLE PRODUCT

The minimum viable product focuses on the essential elements that would attract and retain medical students in a rural community. These elements include quality of life, infrastructure, educational and professional opportunities, supportive networks, and community integration.

- ✔ Affordable gym
- ✔ Good schools
- ✔ Groceries
- ✔ Housing options
- ✔ Stable, fast internet
- ✔ Variety of restaurants

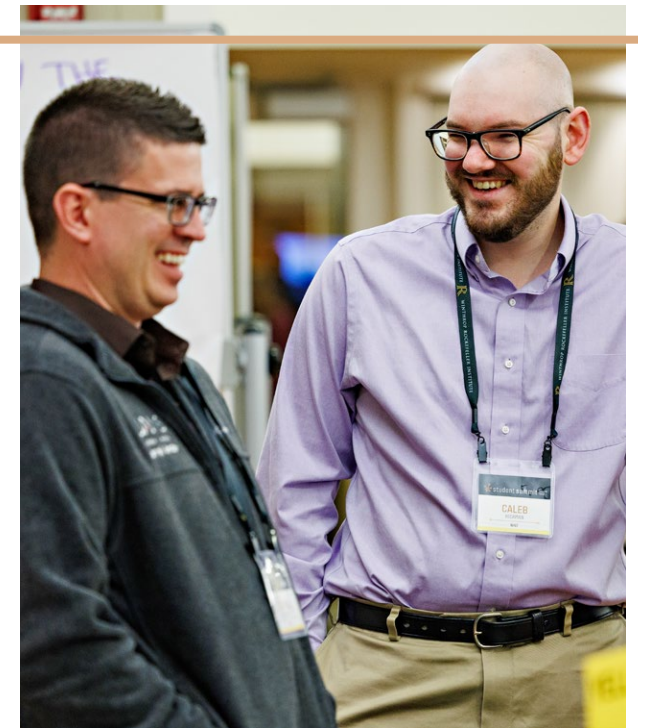
NICE TO HAVE

Moving beyond the minimum requirements, the nice-to-haves represent additional features or qualities students consider desirable in a rural community. These include factors like outdoor recreational activities, existing health care infrastructure, and cultural amenities.

- ✔ Accessible airport (within 3 hours driving time)
- ✔ Cultural food options
- ✔ Established clinic
- ✔ Gym
- ✔ Outdoor recreational activities
- ✔ Social engagement/activities
- ✔ Variety of dining options

ICING ON THE CAKE

Lastly, the icing on the cake amenities captured the more luxurious elements that would exceed expectations. These amenities

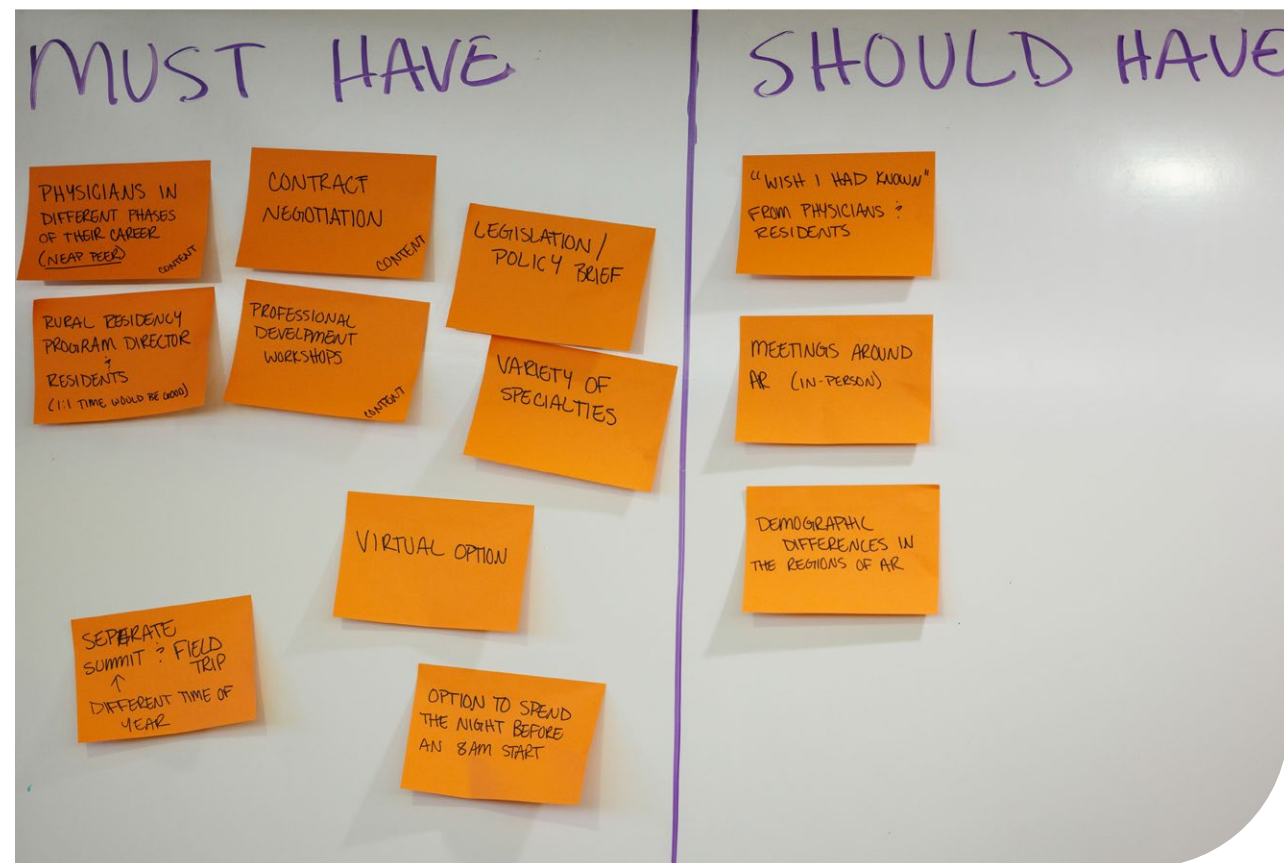


include features such as wellness facilities, dining and entertainment options, and convenient transportation infrastructure.

- ✔ Accessible airport
- ✔ Fitness facilities
- ✔ Real Estate/Land
- ✔ Retail/Entertainment options
- ✔ Variety of cultural dining options

By considering the different categories, medical students could articulate their needs and preferences at various levels, ranging from essential requirements to additional features and luxuries they would appreciate in a rural community. These lists provide insight into the full spectrum of elements students consider when deciding where to settle and establish their careers. This is helpful to rural communities when they consider how they can recruit and retain medical professionals.

How Do We Work TOGETHER?



STUDENT EVENTS

We asked the students to participate in an open discussion regarding student events, including the summit, field trips, and other activities. The purpose of this discussion was to allow the medical students to voice their opinions and concerns and ensure that their perspectives are considered when planning student-centered activities. Taking these preferences into account can help design future events that meet the needs and desires of medical students while fostering their professional development and engagement in rural health care.

MUST-HAVE

Must-haves are defined as critical initiatives and non-negotiable needs for any student-centered activities.

- ☑ Free lodging before and after event
- ☑ Set agenda with clear, defined purpose
- ☑ In-Person and virtual options
- ☑ Variety in agendas
- ☑ Schedule must fit with the timing of school
- ☑ Community service opportunities by individual schools under one name
- ☑ Fun
- ☑ Student recommendation for site visits
- ☑ Have to have passion or desire for this
- ☑ Networking
- ☑ Standardized contract for rural physicians
- ☑ Other specialty docs like ortho docs
- ☑ Diverse physician panel
- ☑ Meetings should be one hour or less
- ☑ Resident panel
- ☑ Resident and student happy hour
- ☑ Free food, free booze, lodging
- ☑ Faculty buy-in, Summit held on school days
- ☑ Prizes and raffles
- ☑ Prefer weekends for in-person
- ☑ Field trip to North East Arkansas and South West Arkansas
- ☑ Transportation provided
- ☑ Physicians in different phases of their career
- ☑ Rural residency program director and residents (1:1 time)
- ☑ Contract negotiation workshop
- ☑ Legislation policy brief
- ☑ Variety of speciality representation
- ☑ Separate summit and field trip different times of the year
- ☑ Larger dinner tables at the Summit
- ☑ Option to spend the night before an 8am start
- ☑ Physician at every table during Summit
- ☑ Informal, unstructured time
- ☑ Mentorship program, shadowing opportunities
- ☑ Topics that are discussed for 60-90 mins
- ☑ Consolidated med student info and events resources info

SHOULD-HAVE

Should-haves are just a step below the must-haves. They are important but not a top priority.

- ✔ Fun activities (bowling, frisbee, golf)
- ✔ Facility-led with student involvement
- ✔ Time the meetings to not be dedicated period
- ✔ Financial panel
- ✔ Community residents and mentors interactions
- ✔ 1 student activity per semester or twice a year
- ✔ Swag or free merch
- ✔ Breakout sessions for repeat attendants at Summit
- ✔ Food
- ✔ Overnight once every three months
- ✔ Schools need to encourage participants / make accommodations
- ✔ Keep family members involved
- ✔ Involve community leaders not directly involved (financially/med field)
- ✔ Involve college students (expose them to rural early on = build passion)
- ✔ When doing community service have a mini-field trip or shadow opportunities
- ✔ "Wish I Had Known" from physicians and residents
- ✔ Meetings held around AR
- ✔ Demographic differences in regions of Arkansas
- ✔ Cultural Aspects of Medicine
- ✔ Finance and banking workshop options
- ✔ Drop in / drop out structure for virtual
- ✔ Speakers in different stages of their careers
- ✔ Outside of state perspective
- ✔ Lawyers with experience working with doctors
- ✔ Single info source (facebook, linked in, website)
- ✔ Osteopathic Manipulative Medicine (OMM) session
- ✔ Discuss repayment programs
- ✔ Interactive deep dive on existing programs (highlight the field trip locations)

COULD-HAVE

Could-haves are the things that are nice to have but can be deprioritized for a "must have" or "should have." This can also include items that can't be accomplished now but hopefully will in the future.

- ✔ State legislature at meetings
- ✔ 2 separate events: 1 semester is summit, 2nd semester is field trip fun activity
- ✔ Business, job, community fairs networking for spouses
- ✔ Med Year focused activities
- ✔ Skills lab
- ✔ Biased training
- ✔ Study time
- ✔ Ideas for time management
- ✔ Summer option or winter break
- ✔ Nutrition as medicine/food deserts
- ✔ Good food options
- ✔ Zoom for meetings
- ✔ Group hike at petit jean, maybe outdoor session during Summit
- ✔ State leadership summit for students to learn about other schools
- ✔ Interprofessional networking
- ✔ Emotional support animals (Cows)
- ✔ Well being mental health support
- ✔ Social Determinants of Health (SDOH) per region/rural communities
- ✔ Voluntary research project doable between meetings (impactful in rural health)

WON'T-HAVE

Won't-haves include anything that dissuades a student from participating.

- ✔ Anything 3 days or more
- ✔ Costs (free is better)
- ✔ Around exams
- ✔ No faculty buy-in (conference on school days)
- ✔ Students only (no spouses)
- ✔ No lodging
- ✔ Not collaborative with all colleges
- ✔ In-person for short meeting (no long drives for 1 hour)
- ✔ Planning activities during busy academic times (exams and boards)
- ✔ More than monthly meetings
- ✔ Mandatory anything
- ✔ No food
- ✔ Activities during summer breaks
- ✔ Any further than 3 hours travel
- ✔ In person except for like once a year
- ✔ Tacos without a beer

Using this feedback, the state's educational institutions, the Rural Health Association of Arkansas, the Institute, and any other organization interested in engaging with medical students interested in rural practice can ensure that their programs, events, and resources align with students' preferences, enabling a more tailored and practical learning experience.

STUDENT PROJECTS

To end the summit, we asked students to discuss how they would like to continue working with the Rural Health Association of Arkansas to better prepare themselves and other students for rural practice.

From this conversation, they identified a range of activities and initiatives to help gain exposure to rural communities, engage with residents, enhance their medical skills, and contribute to the community's health and well-being. These projects and activities can provide valuable hands-on experience, foster an understanding of rural health care challenges, and prepare students for the unique aspects of practicing in rural areas.

Community Involvement

- ✔ Community member Panel /focus group
- ✔ Health Sponsored Activity (Walk/run/tournament)
- ✔ Sponsor softball/baseball tournaments and involve local clinics
- ✔ Student-led tour of their rural hometown
- ✔ Events at local libraries, youth centers, or fitness centers
- ✔ Community Fundraiser (e.g., fish fry)
- ✔ Community Clean-up
- ✔ Food banks
- ✔ Community-suggested ideas
- ✔ Stream Clean-ups
- ✔ Build Hygiene/Personal care kits for homeless shelters
- ✔ Community garden
- ✔ Engage the Chamber of Commerce to assess community needs

Education/Research

- ✔ Health education
- ✔ Food Deserts
- ✔ Misconception vs. Reality of Rural Communities (student surveys after visiting rural communities)
- ✔ Education on drug addiction
- ✔ Build and learn to use Narcan and Naloxone kits

Health Services

- ✔ Sports physicals for youth
- ✔ Vaccine clinics
- ✔ Health screenings
- ✔ Health fairs

Medicine in Practice

- ✔ Shadowing/Volunteer to work with rural doctors (preceptorships)
- ✔ Providing health care early on in medical school (e.g., health screenings, physicals, hands-on experience)
- ✔ Patient Interviews (Patient perspective on health care)
- ✔ Students at each school rotating together

Next STEPS

Through this program's collaborative approach, we aim to empower Arkansas's medical schools, professional societies and organizations, and rural communities to take meaningful action to improve health care access and quality in rural areas, recruit and retain skilled health care professionals,

and create a network of future rural doctors who will make a lasting impact. Copies of this report will be distributed to the identified stakeholders with the hope that it will facilitate informed discussions, inspire initiatives, and drive positive change.



2023 Student Summit

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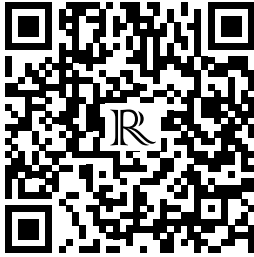
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