HRSA
Health Resources & Services Administration

The Rural Recruitment and Retention Network Annual Meeting

August 25th, 2026

Jason Steele
Public Health Analyst
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

An Ongoing Rural Health Issue

Historic and Ongoing Gaps for Rural Primary Care …

	In 2019	Rural Gap	In 2021
MD, DO	• Rural = 55.6/100,000 People • Urban = 93.6/100,000 People	Increased from 35 to 38	• Rural = 60.6/100,000 People • Urban = 95.8/100,000 People
All Primary Care (MD, DO, NP, PA)	• Rural = 156.8/100,000 People • Urban = 227.0/100,000 People	Increased from 45 to 70	• Rural = 95.8/100,000 People • Urban = 141.2/100,000 People

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively
Source:Andrilla CHA, Woolcock SC, Garberson LA, Keppel GA, Graves JM, Patterson DG. *Trends in Health Workforce Supply in the Rural U.S.* Policy Report. WWAMI Rural Health Research Center, University of Washington; October 2024.

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Issue: Rural Health Workforce

Structural Concerns Against a Long-Term and Enduring Shortage

Challenges

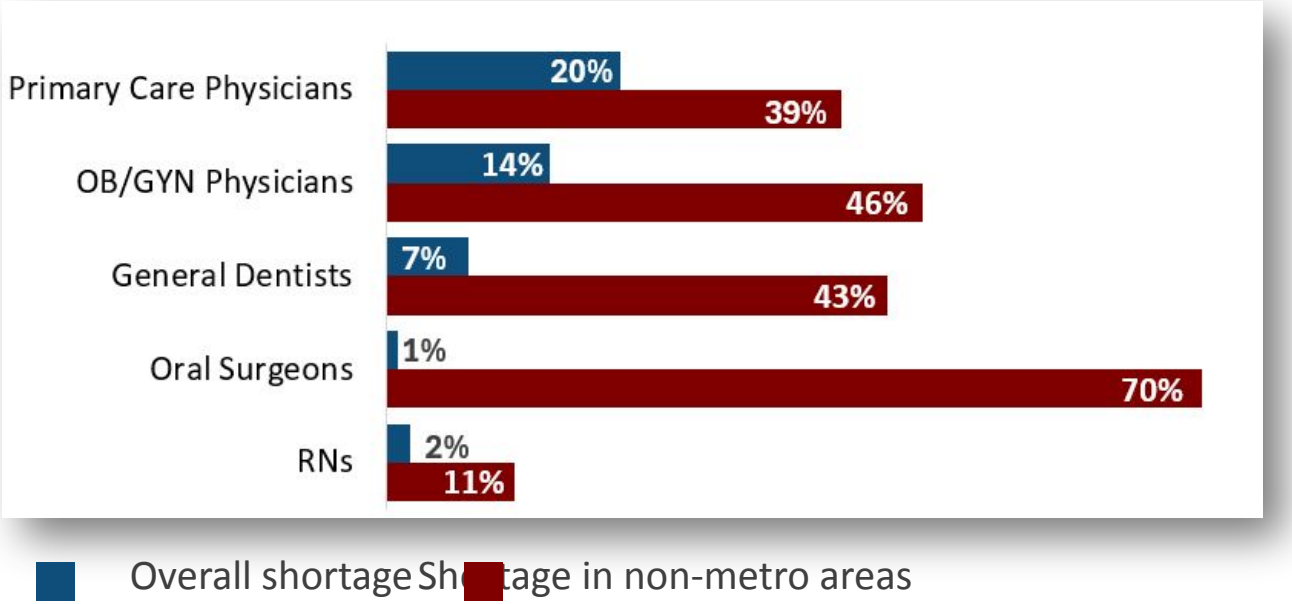
- Current training model
- Debt
- Lifestyle

Current Approaches

- Rural tracks
- Rural exposure
- Rural and community residencies

Opportunities

- Broader scope of practice; Strong community bonds



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Loan Repayment and Scholarship Programs

NATIONAL HEALTH SERVICE CORPS, NURSE CORPS, STAR LRP* *and* PEDIATRIC SPECIALTY LRP support qualified clinicians working in areas of the U.S. with limited access to care.

FY2026 Funding $622.6 M

22,569
participants

FY 2025

Americans served	23.7 M
Behavioral health providers	43%
Clinicians in rural communities	36%
Clinicians in HRSA-funded health centers	51%

STAR LRP = Substance Use Disorder Treatment and Recovery Loan Repayment Program

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Bureau of Health Workforce

Key Programs for Recruitment and Retention

Program	NHSC LRP	NHSC SUD Workforce LRP	NHSC Rural Community LRP	STAR LRP
Service Commitment	2 Years	3 Years	3 Years	6 Years
Award Amount (Up To)	Primary Care $75,000 (FT) $37,500 (HT) Dental & Behavioral Health $50,000 (full-time) $25,000 (half-time)	$75,000 (full-time) $37,500 (half-time)	$100,000 (full-time) $50,000 (half-time)	$250,000 (full-time) There is no half-time option
Disciplines Eligible for All Programs	Physician Assistants Nurse Practitioners Physicians Certified Nurse Midwives Health Services Psychologists Psychiatric Nurse Specialists Licensed Clinical Social Workers Licensed Professional Counselors Marriage & Family Therapists			
	Dentists Dental Hygienists	Substance Use Disorder Counselors Registered Nurses Pharmacists	Substance Use Disorder Counselors Registered Nurses Pharmacists Certified Registered Nurse Anesthetists	Pharmacists Substance Use Disorder Counselors Nursing o Registered Nurses o Clinical Nurse Specialists o Licensed Practical Nurses o Certified Registered Nurse Anesthetists Certified Nursing Assistants Certified Medical Assistants Licensed Occupational Therapists Master's-Level Social Workers Psychologists Psychiatric Mental Health Practitioners Occupational Therapists Psychology Doctoral Interns Behavioral Health Paraprofessionals, including, but not limited to: o Community Health Workers o Peer Recovery Specialists o Case Managers o Health Navigators
Tax Liability for Federal Income Taxes	Exempt	Exempt	Exempt	Not Exempt from Federal Income and Employment taxes
Eligible Sites and Treatment facilities	Any NHSC-approved site	Any NHSC-approved SUD site	Any rural, NHSC-approved SUD-site	Any STAR LRP-approved *SUD treatment facility.*

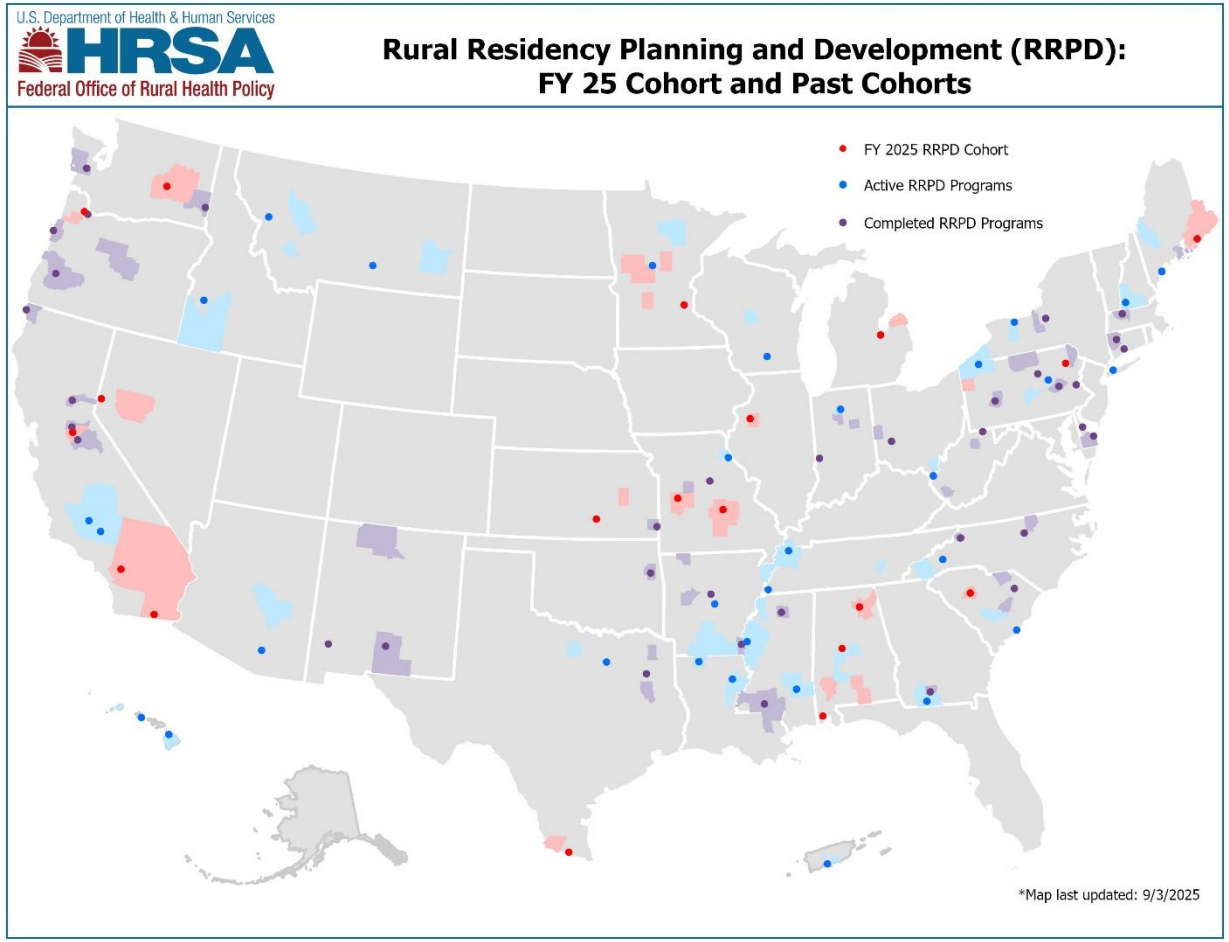
An Ongoing Rural Health Issue: Workforce

The Need for New Community-Based Training Models

Rural Residency Planning and Development Grants

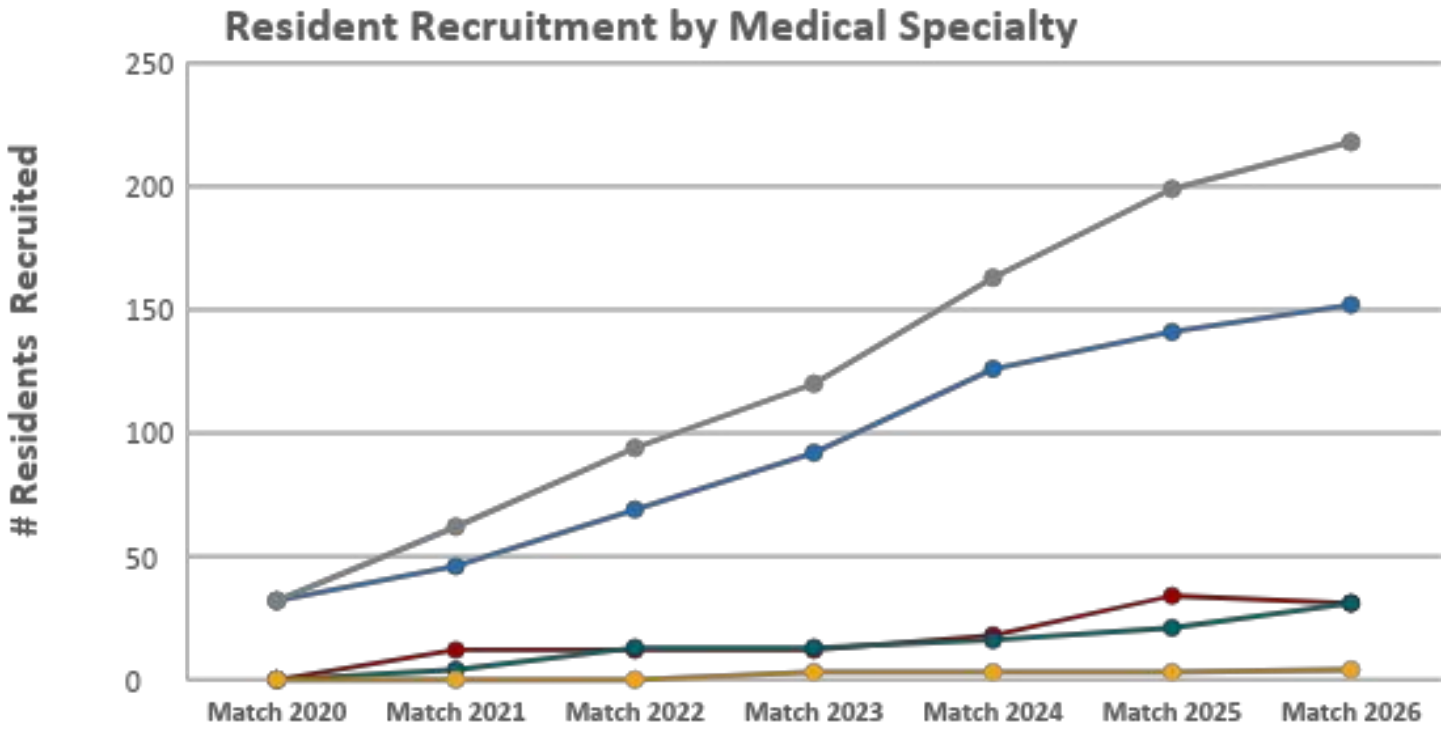
- Evidence-Based Model
- Leverages Existing Policy Levers

A Partnership Between FORHP and BHW



Creating New Rural Residencies

Rural Residency Planning and Development (RRPD)



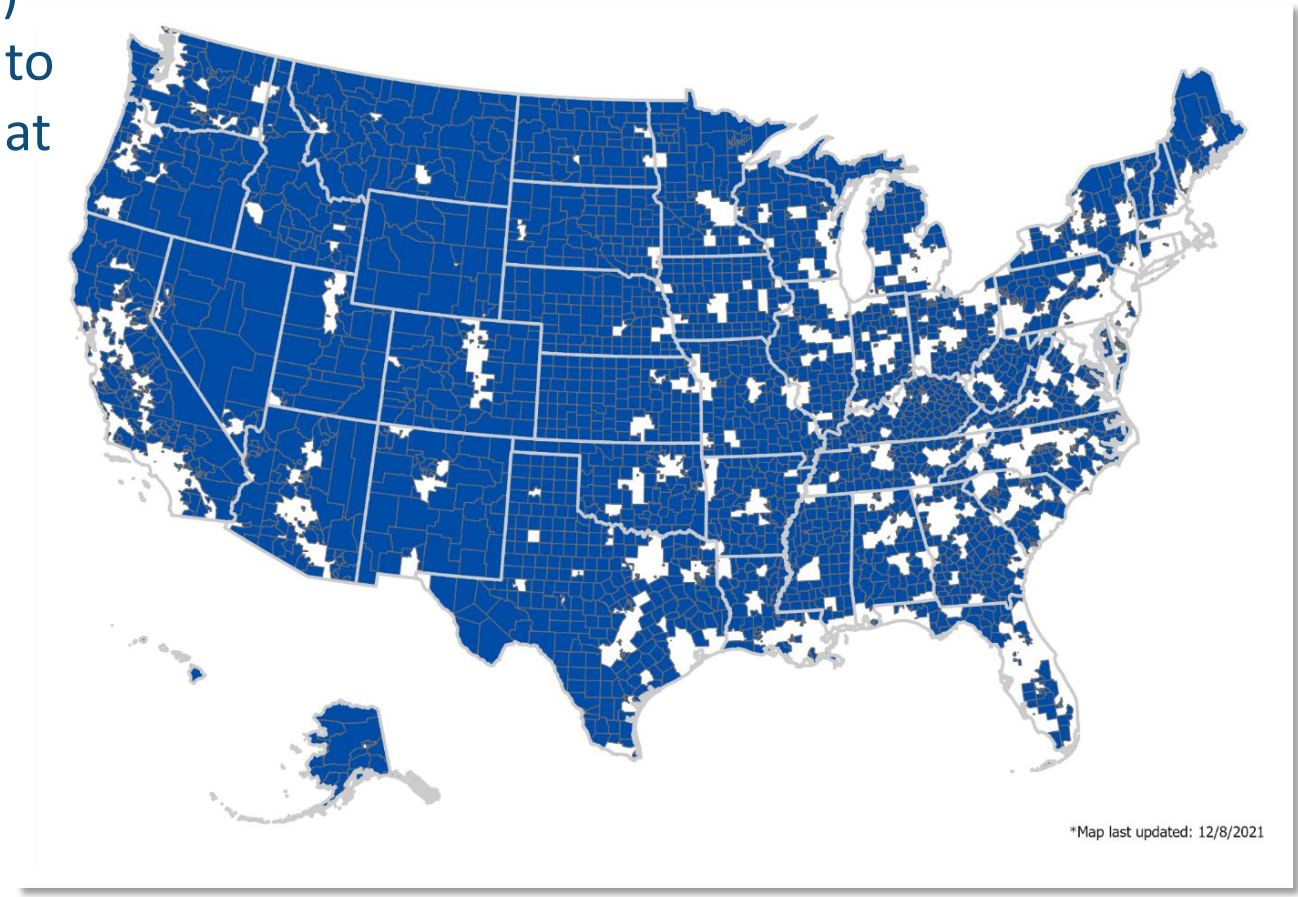
- RRPD Programs have been generally successful in the Match with programs filling their requested number of positions in past years.
- For AY26, over 200 residents began their training resulting in RRPD programs matriculating **more than 850** residents from AY20-2026
- Impact will grow steadily over time

FORHP Overview

Established in Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

Voice for Rural	Capacity Building	Cross Agency Collaboration
Advises the HHS Secretary on policy and regulation that affect rural areas	Increases access to health care for people in rural communities through grant programs and public partnerships	Works across HRSA, HHS, and several other federal partners to accomplish its goals



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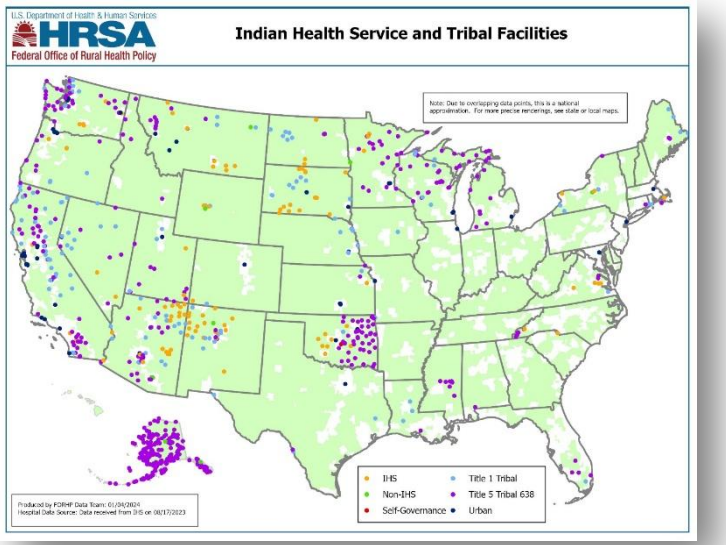
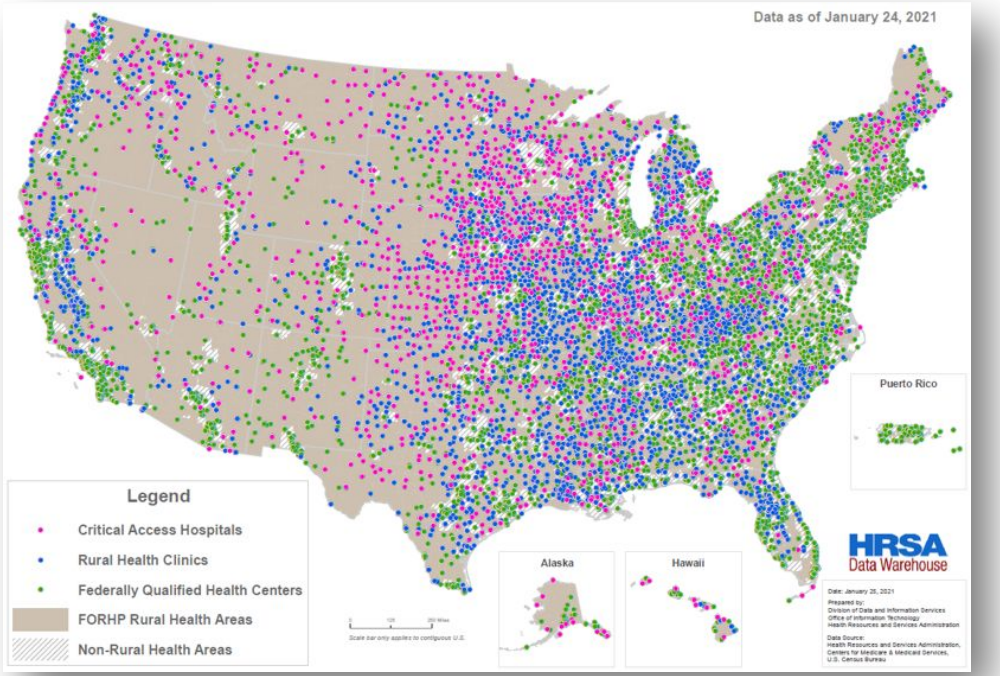
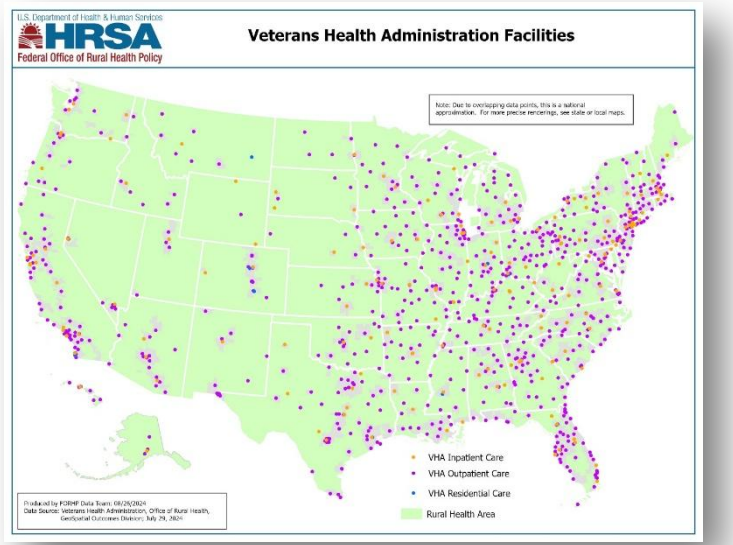
Setting a Context for the Rural Health Landscape

Special Designations Play a Key Role







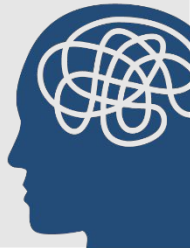
Acknowledging the Challenges …

Often-Cited Rural Health Concerns

People in rural areas **live 3 fewer years** than people in urban areas **due to challenges accessing health services.**

- **Growing loss of hospital obstetric units.**

- **Greater challenges** accessing **behavioral health services.**



- **Higher rates of hospital closure** and **financial distress.**

- **Higher death rates for heart disease and stroke.**

- **Higher rates of maternal mortality.**

- **Rural children are more dependent on Medicaid and CHIP for insurance coverage..**

- **Greater distances to care**, particularly for specialty services.

- **Higher rates of overdose death.**

Data sources:
National Center for Health Statistics, National Vita Statistics System. www.cdc.gov/nchs/nvss/index.htm

Singh GK, Daus GP, Allender M, et al. Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935–2016. *International Journal of Maternal and Child Health and AIDS*. 2017;6(2):139–164. doi:10.21106/ijma.236. https://pubmed.ncbi.nlm.nih.gov/29367890

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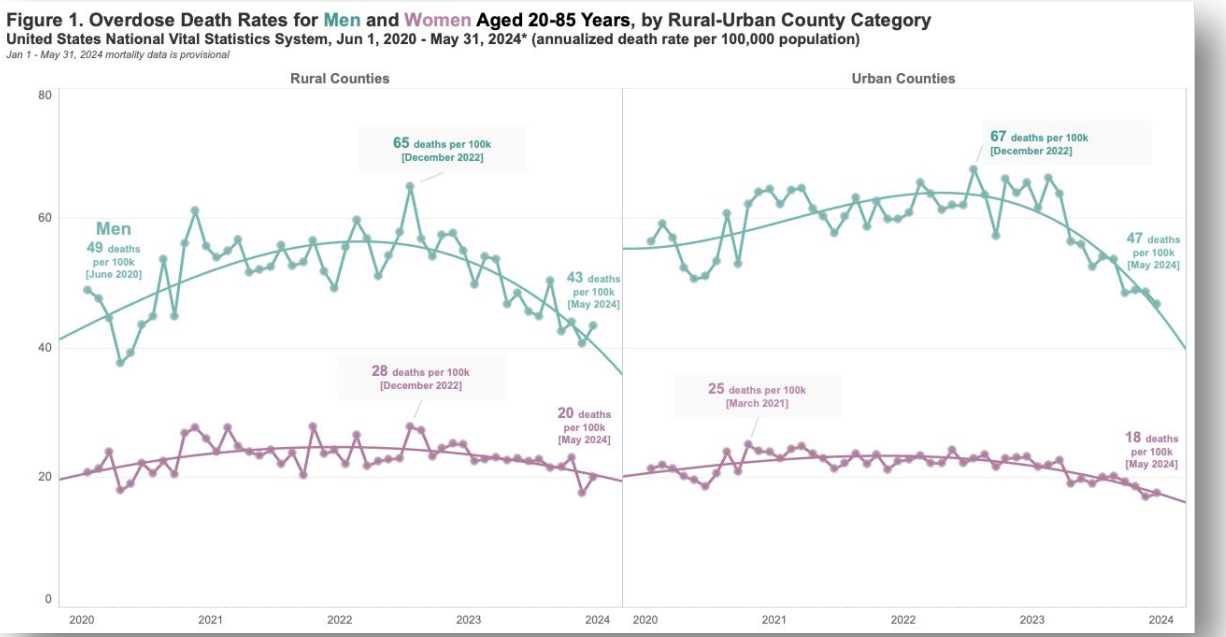
An Ongoing Rural Health Issue: The Opioid Crisis

Rural areas track urban areas closely on mortality trends

"Both metro and nonmetro have seen marked declines in death from opioids since the peak of 2021. But while urban have seen deaths almost return to the 2018 number (only 7.2 percent higher), rural deaths remain 27 percent higher than 2018."

Analysis by Mark Holmes … North Carolina Rural Health Research Center, May 2025



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024 later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on Feb 27, 2025

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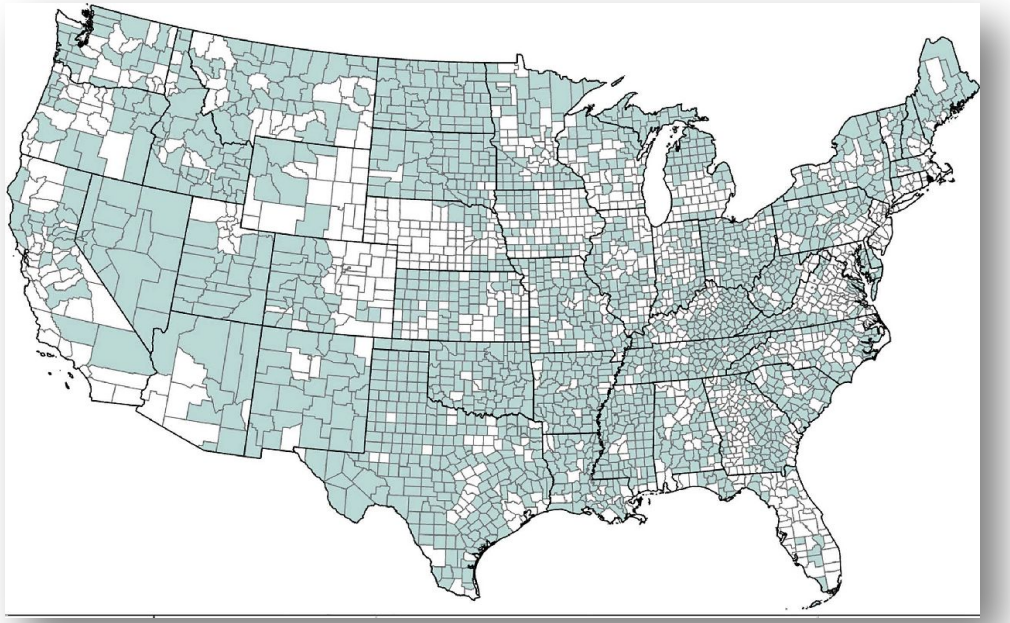
Addressing Rural Substance Use Challenges

The Rural Community Opioids Response Program

- Funding supports the reduction of the risk factors associated with opioid use disorder (OUD) and substance use disorder (SUD) in rural areas.
- Programs span from SUD-related prevention, treatment, and recovery services to topic-specific programs.
  - In 2023, services were provided to nearly 2 million rural residents and over 85,000 rural individuals received medication-assisted treatment for SUD.

FY18-FY24 RCORP Grantees
Service Area Coverage, By County

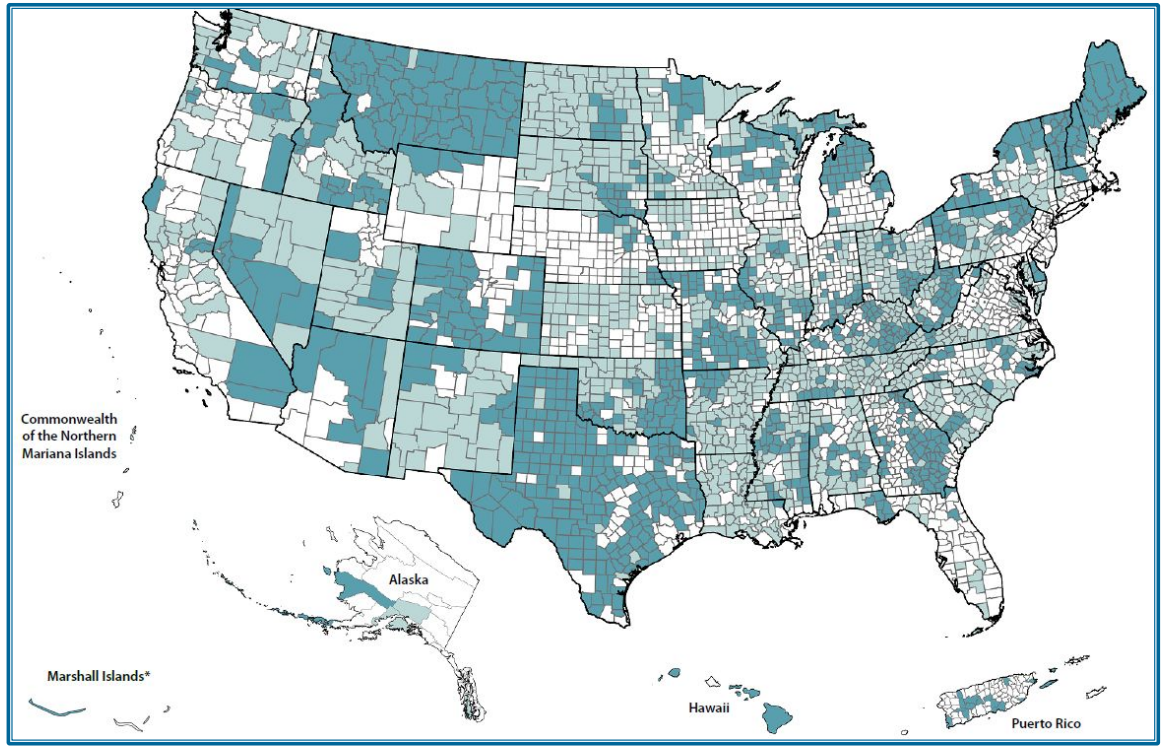


Addressing Rural Substance Use Challenges

The Rural Community Opioids Response Program

- In FY 2024, services were provided to more than 1.3 million rural residents and nearly 57,000 rural individuals received medication-assisted treatment for SUD.
- CHCs Often Lead or Partner Applicant
  - Impact Awards
  - Targeted Needs (Planning, Specific populations or needs)
- Centers for Excellence
  - University of Rochester; University of Vermont, the Fletcher Group
  - (https://www.ruralsudinfo.org/about-us/)

FY18-FY25 RCORP Grantees
Service Area Coverage, By County



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An Ongoing Rural Health Issue: Hospital Obstetrics

Challenges But Also Some Successes

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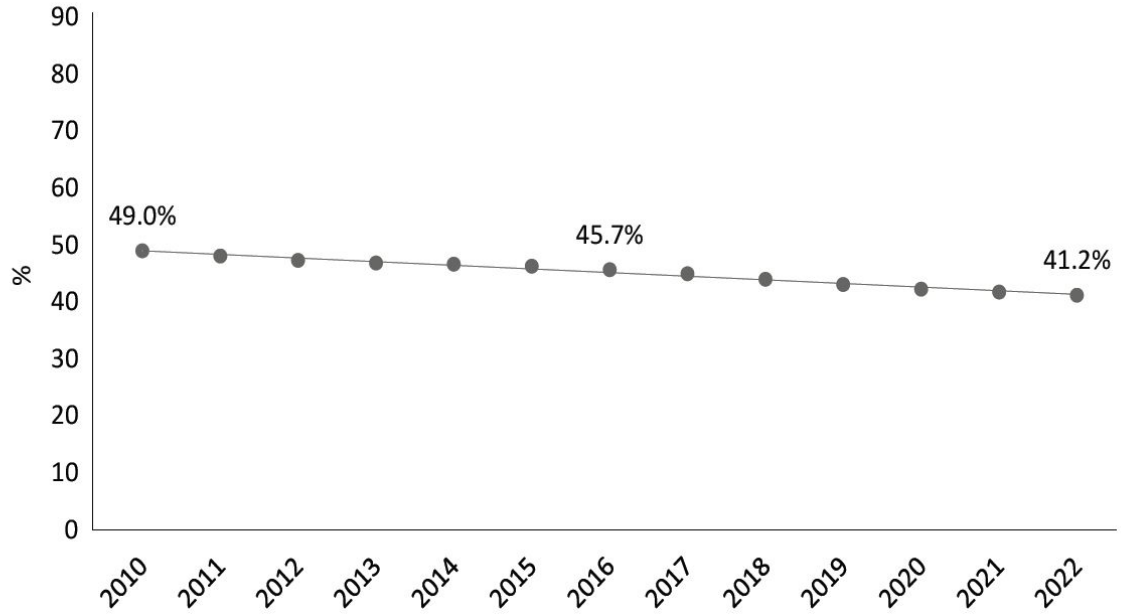
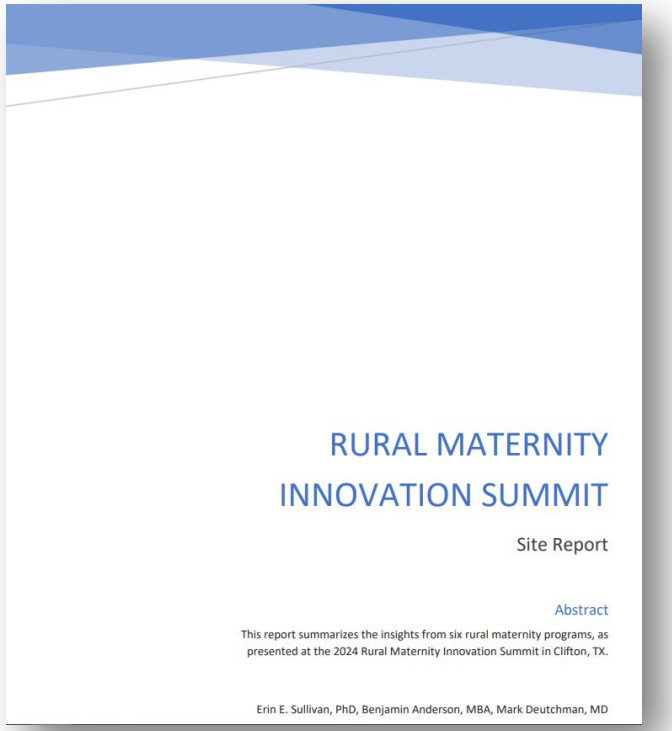
RURAL HEALTH
RESEARCH CENTER

Loss of Hospital-Based Obstetric Services in Rural Counties in the United States, 2010-2022

Figure 1. Percentage of all rural counties with in-county hospital-based obstetric care, 2010-2022 (N=1,976)



https://rhrc.umn.edu/publication/loss-of-hospital-based-obstetric-services-in-rural-counties-in-the-united-states-2010-2022/


RURAL MATERNITY
INNOVATION SUMMIT

Site Report

Abstract

This report summarizes the insights from six rural maternity programs, as presented at the 2024 Rural Maternity Innovation Summit in Clifton, TX.

Erin E. Sullivan, PhD, Benjamin Anderson, MBA, Mark Deutchman, MD

https://www.ruralhealthinfo.org/topics/maternal-health/rural-maternity-summit

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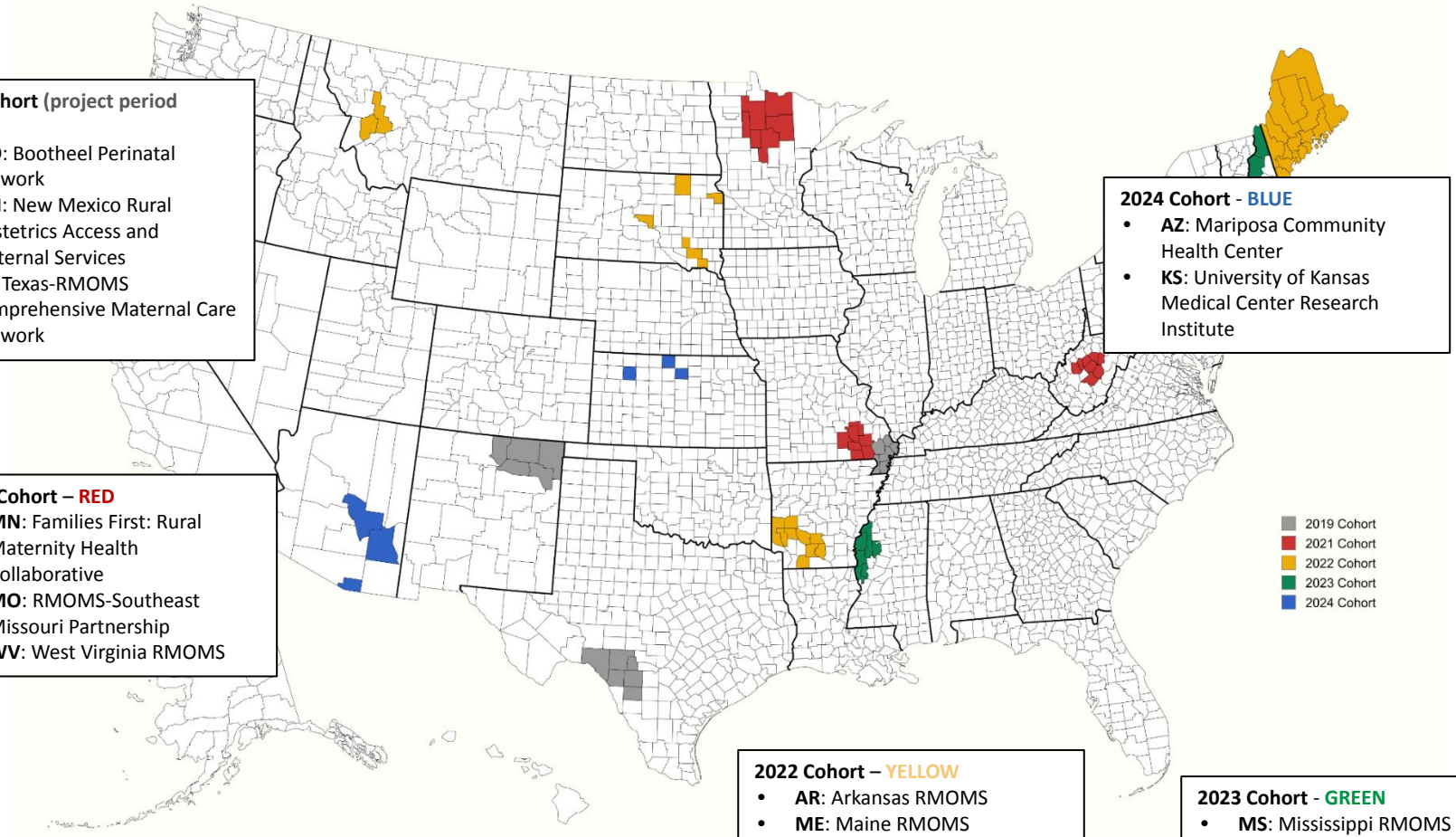
Our Approach

The Rural Maternal Obstetrics Management Strategies Program

2019 Cohort (project period ended)
- **MO**: Bootheel Perinatal Network
- **NM**: New Mexico Rural Obstetrics Access and Maternal Services
- **TX**: Texas-RMOMS Comprehensive Maternal Care Network

2021 Cohort – RED
- **MN**: Families First: Rural Maternity Health Collaborative
- **MO**: RMOMS-Southeast Missouri Partnership
- **WV**: West Virginia RMOMS



2024 Cohort - BLUE
- **AZ**: Mariposa Community Health Center
- **KS**: University of Kansas Medical Center Research Institute

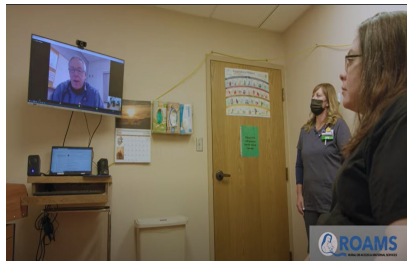
2022 Cohort – YELLOW
- **AR**: Arkansas RMOMS
- **ME**: Maine RMOMS
- **MT**: Maternal Health Connections
- **SD**: RMOMS South Dakota

2023 Cohort - GREEN
- **MS**: Mississippi RMOMS
- **NH**: North Country Maternity Network

Highlights from the 2019 Cohort's First Two Implementation Years

(September 1, 2020 to August 31, 2022)

- Provided prenatal, labor and delivery, or postpartum care to nearly 5,000 rural RMOMS participants, with over 3,600 deliveries
- Implemented telehealth, patient navigation, and direct service expansion initiatives to improve access to maternity care and support services



"The ROAMS program is an incredible grant that allows us to provide both telehealth medicine and rural outreach medicine to the obstetrical patients in our area."
- ROAMS Clinician

https://roamsnm.org/

"ROAMS has also afforded us the ability to do ultrasounds, which can be transmitted not only to the OB in Raton but to the high-risk fetal OB in Albuquerque, Santa Fe, Española, without travel on the patient's part."
- ROAMS Clinician

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Current Rural Issue: Hospital Viability

New model offers another option, but long-term concerns remain

Closure and Financial Risk

- 154 Rural Hospital Closures or Conversions since 2010
- 51 Rural Hospitals Have Converted to a Rural Emergency Hospital (REH)
- 72 Rural Hospitals Are Predicted to be at "High Financial Risk."

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/
https://www.shepscenter.unc.edu/product/using-the-updated-financial-distress-index-to-describe-relative-risk-of-hospital-financial-distress/

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Building On Your Success

New Opportunities for Hospitals and Clinics

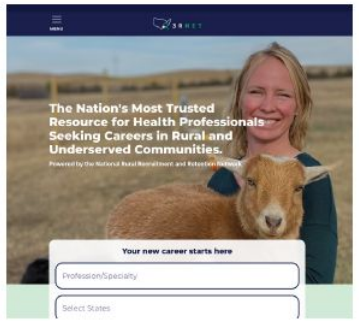
3RNET

Get More From the Non-Profit You Trust With Your Recruitment Needs

Register for Your 3RNET Account, Post Jobs Nationwide

3RNET is *the* job board when it comes to rural and underserved opportunities. Post your jobs today -- it's easier than ever! From there, you'll begin to automatically receive personalized referrals of interested professionals who match the exact professions and specialties for which you're searching.

www.3RNET.org/For-Employers



3RNET + TOOLS

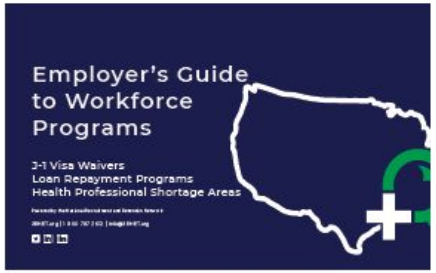
Powerful. Yet Simple.

3RNET Plus Tools

3RNET Plus Tools provides digital tools so you can use technology to implement the best practices of recruiting to rural and underserved areas that 3RNET has been teaching since 1995! Some of the many tools included in 3RNET Plus Tools' suite are: candidate tracking, website connectivity, featured jobs on 3RNET.org, and more. www.3RNET.org/PlusTools

3RNET's Employers Guide to Workforce Programs

This free e-guide provides a general overview of three programs important to the health care workforce in rural & underserved areas: health professional shortage areas (HPSAs), loan repayment programs, and the Conrad 30 J1 Visa Waiver program. www.3RNET.org/Employers-Guide



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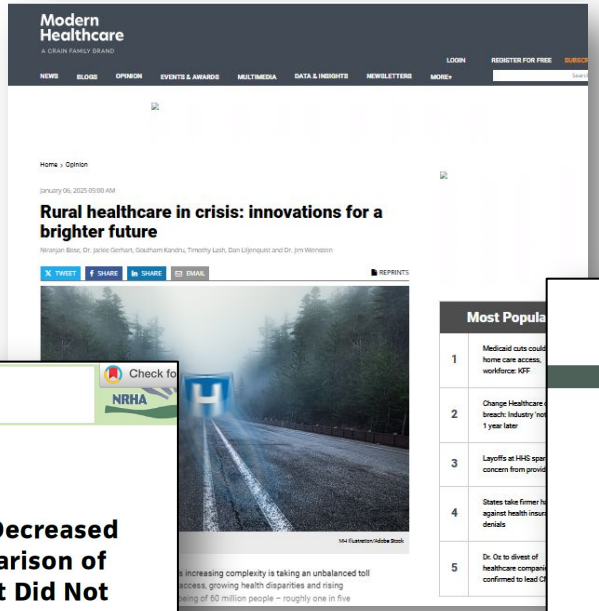
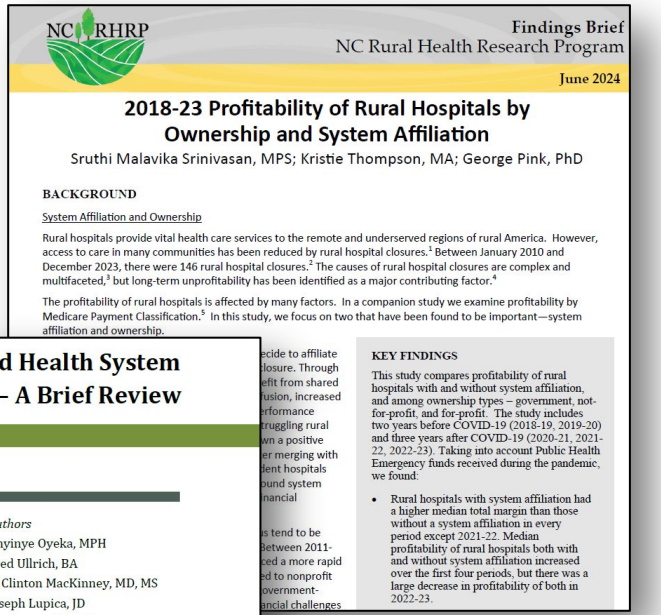
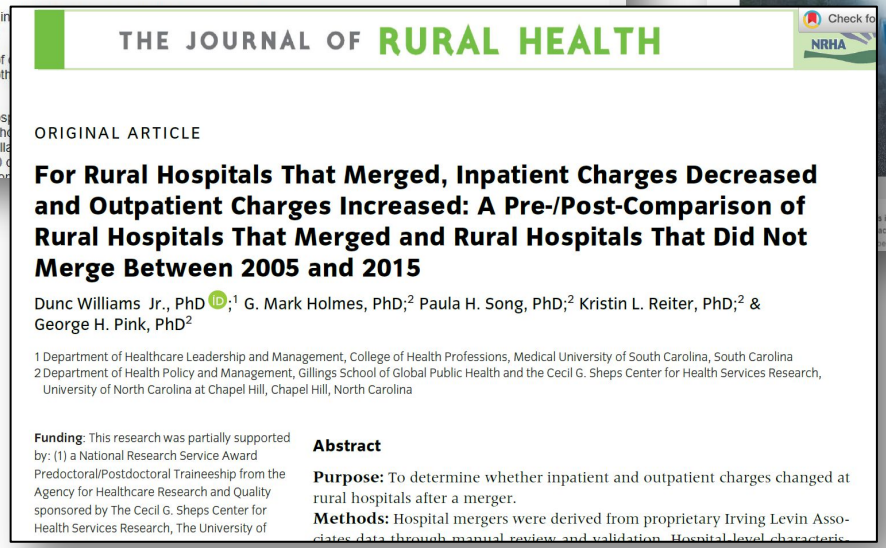
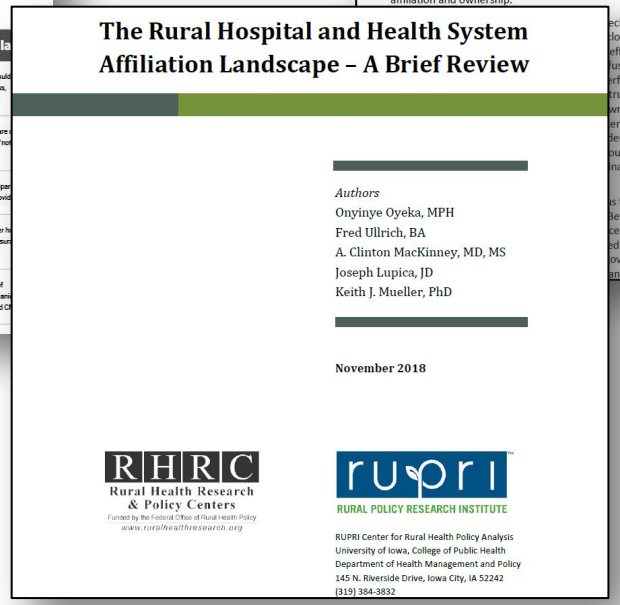
An Emerging Need for Rural Health Networks

Health Care Market Trends Work Against the Structural Realities of Rural Health Care









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CMS' Rural Health Transformation (RHT) Program

Working to Support CMS, States and State Partners

RURAL HEALTH TRANSFORMATION

Internal: HRSA-CMS Memorandum of Understanding

- Provide ongoing to Support to CMS RHT Program Office
  - Regular Calls
  - Sharing of Subject Matter Expertise
  - Project Officer Mentoring Initiative
- Leveraging HRSA's National Organizations of State and Local Officials program (NOSLO) on HRSA-Centric Topics

External

- Partnering with States and State Associations to Leverage Existing Resources

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Contact Information

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