



The Rural Recruitment and Retention Network Annual Meeting

August 25th, 2026

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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

MD, DO

- Rural = 55.6/100,000 People
- Urban = 93.6/100,000 People

Rural Gap

Increased
from
35 to 38

In 2021

- 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.



Issue: Rural Health Workforce

Structural Concerns Against a Long-Term and Enduring Shortage

Challenges

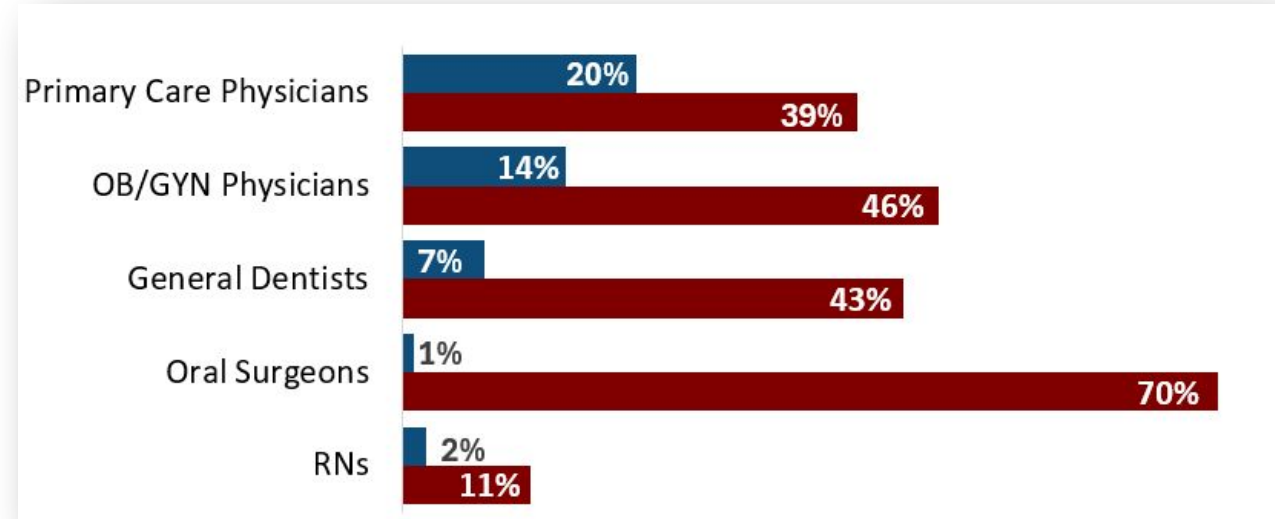
- Current training model
- Debt
- Lifestyle

Current Approaches

- Rural tracks
- Rural exposure
- Rural and community residencies

Opportunities

- Broader scope of practice; Strong community bonds



■ Overall shortage ■ Shortage in non-metro areas



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**



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



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 - Registered Nurses - Clinical Nurse Specialists - Licensed Practical Nurses - 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: - Community Health Workers - Peer Recovery Specialists - Case Managers - 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.*				



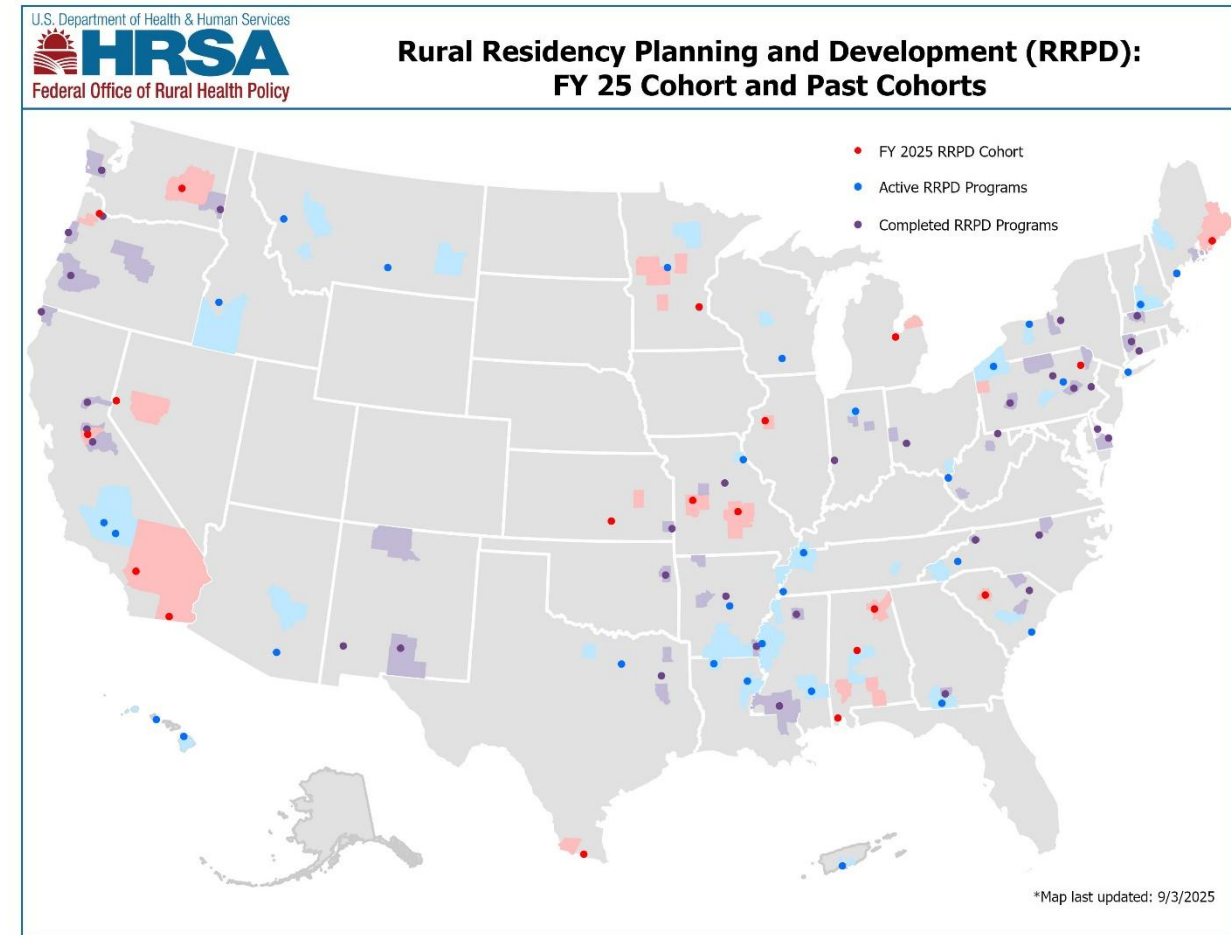
An Ongoing Rural Health Issue: Workforce

The Need for New Community-Based Training Models

Rural Residency Planning and Development Grants

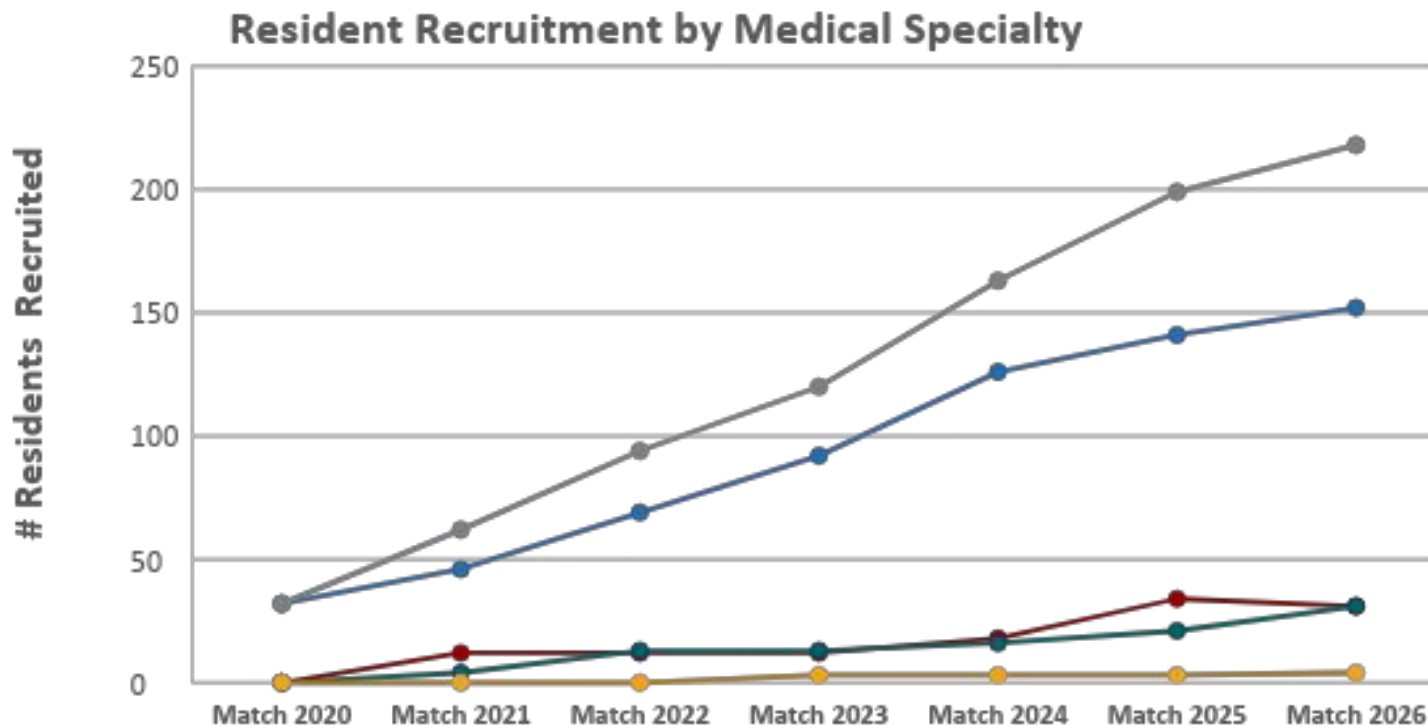
- Evidence-Based Model
- Leverages Existing Policy Levers

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

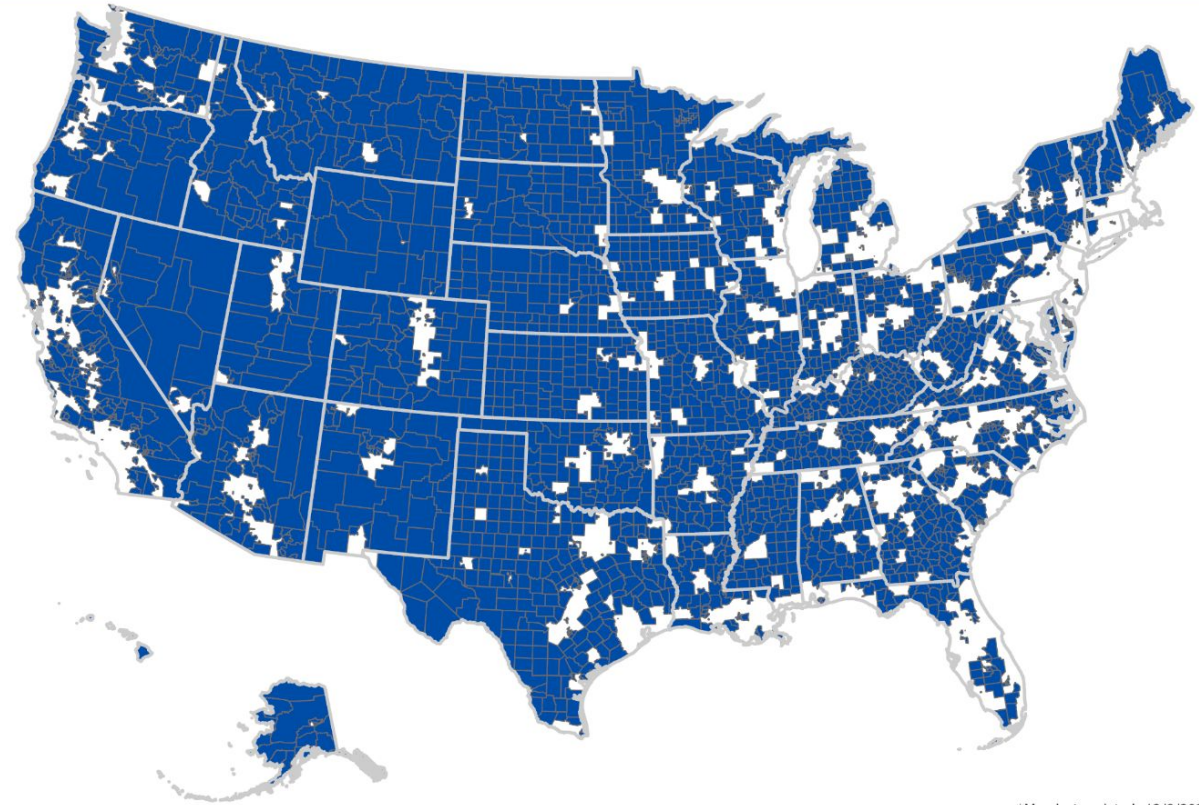
Advises the HHS Secretary on policy and regulation that affect rural areas

Capacity Building

Increases access to health care for people in rural communities through grant programs and public partnerships

Cross Agency Collaboration

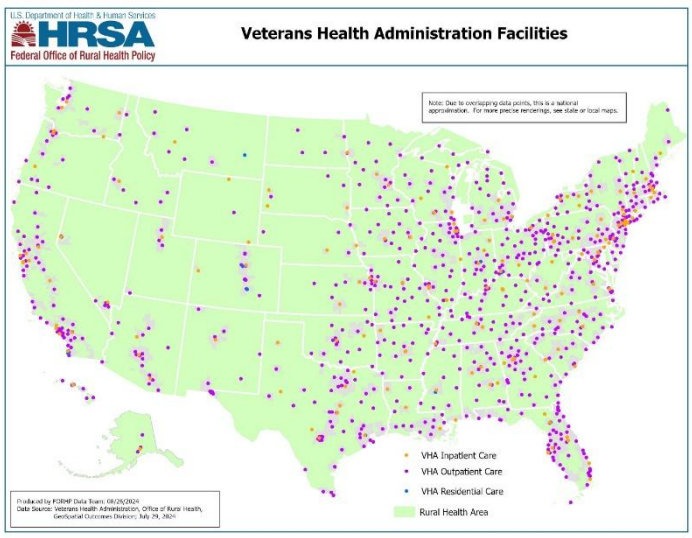
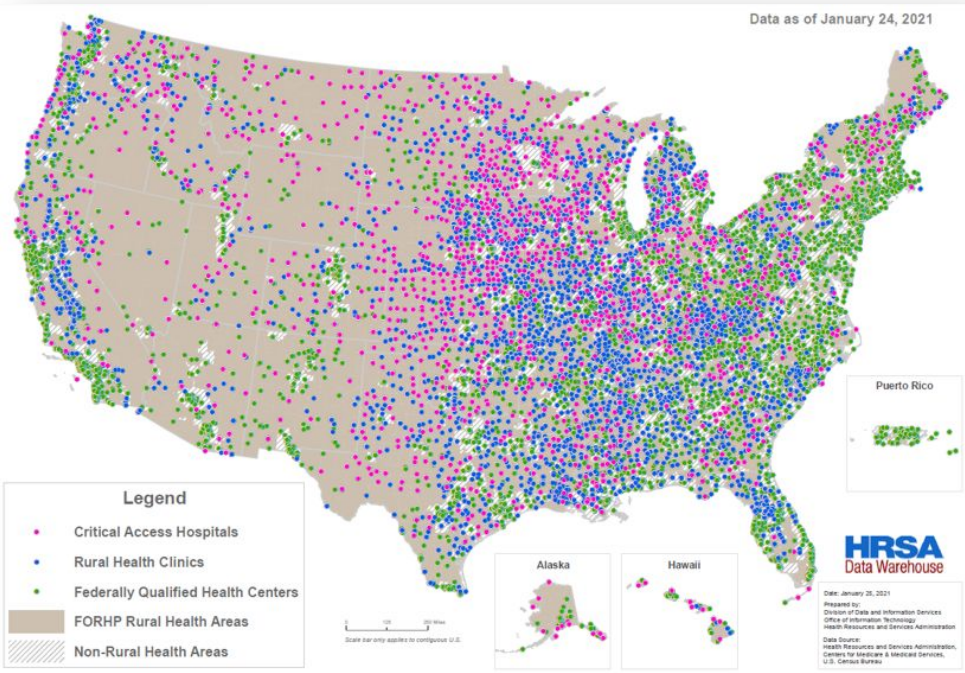
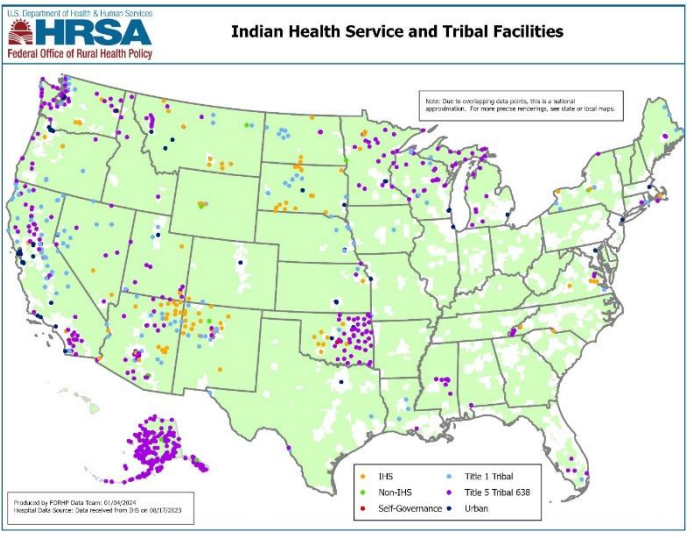
Works across HRSA, HHS, and several other federal partners to accomplish its goals



*Map last updated: 12/8/2021

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 Vital 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>

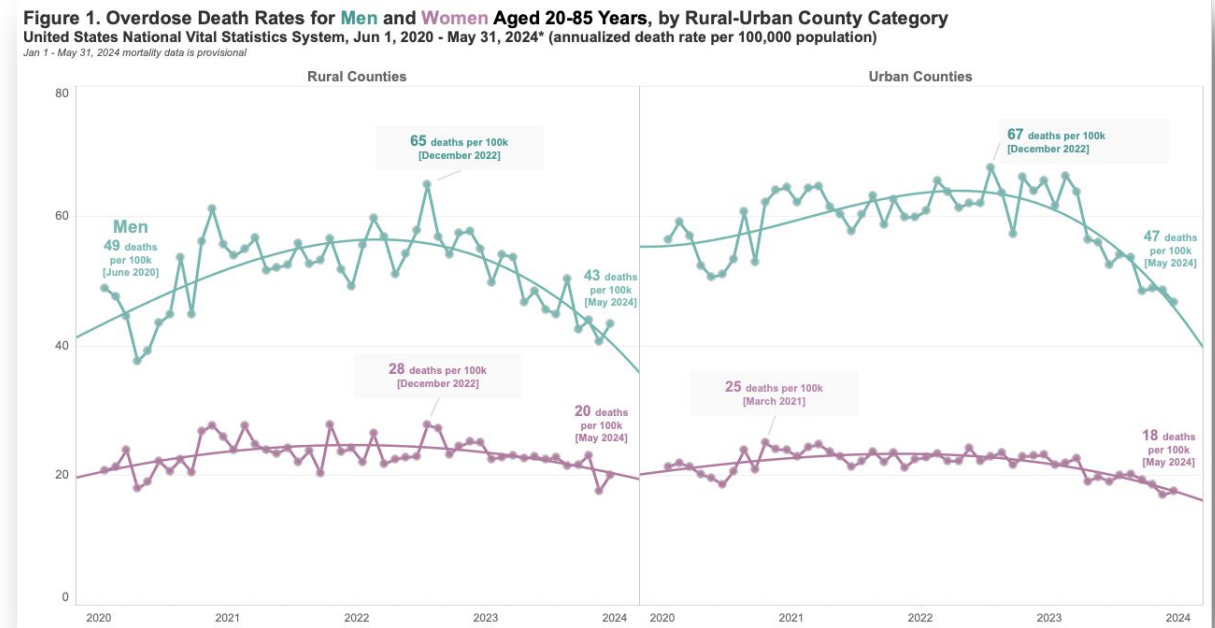


An Ongoing Rural Health Issue: The Opioid Crisis

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

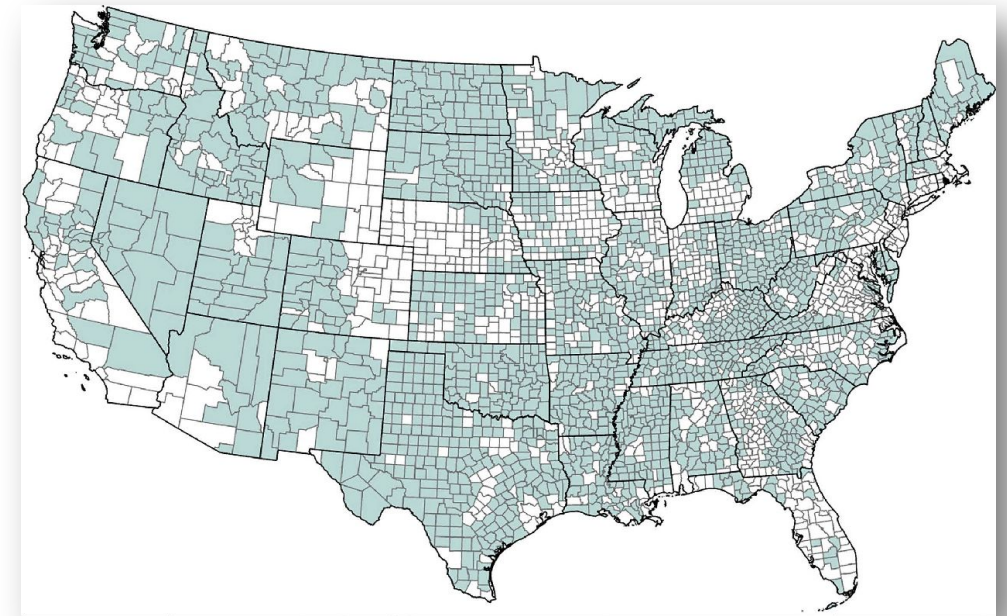


Addressing Rural Substance Use Challenges

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**

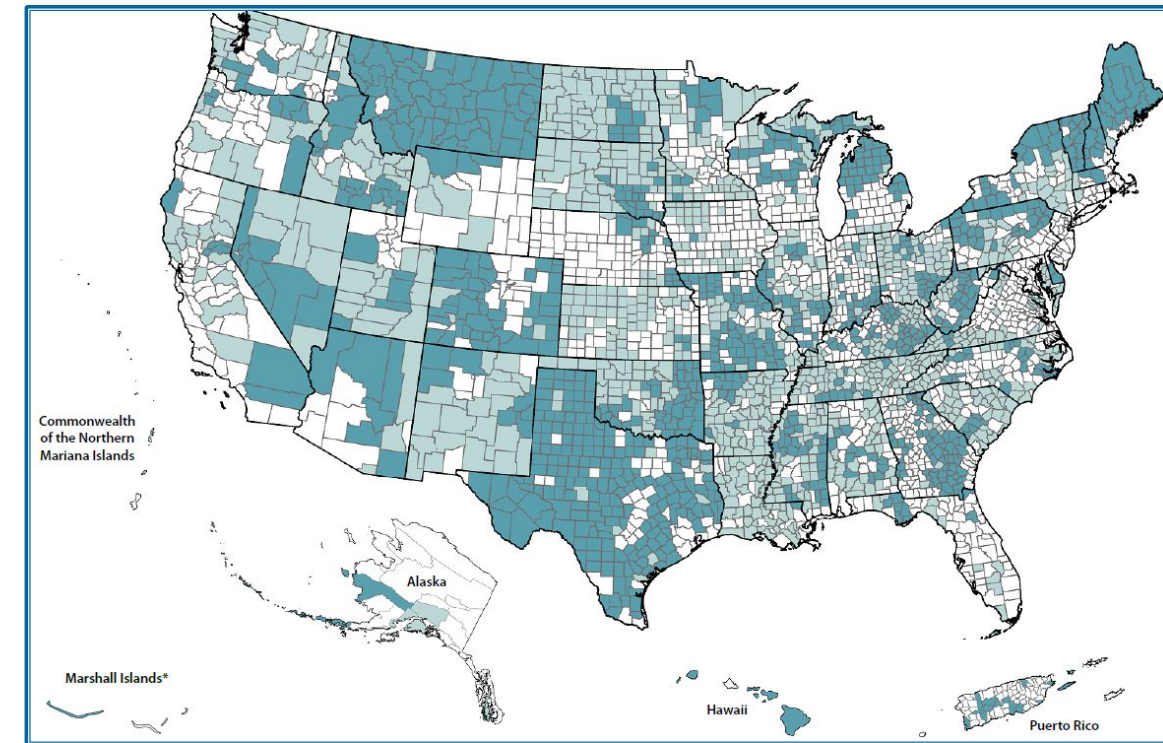


Addressing Rural Substance Use Challenges

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



- County currently served by active RCORP Grantee
- County previously served by an inactive RCORP Grantee
- County never served by an RCORP grantee

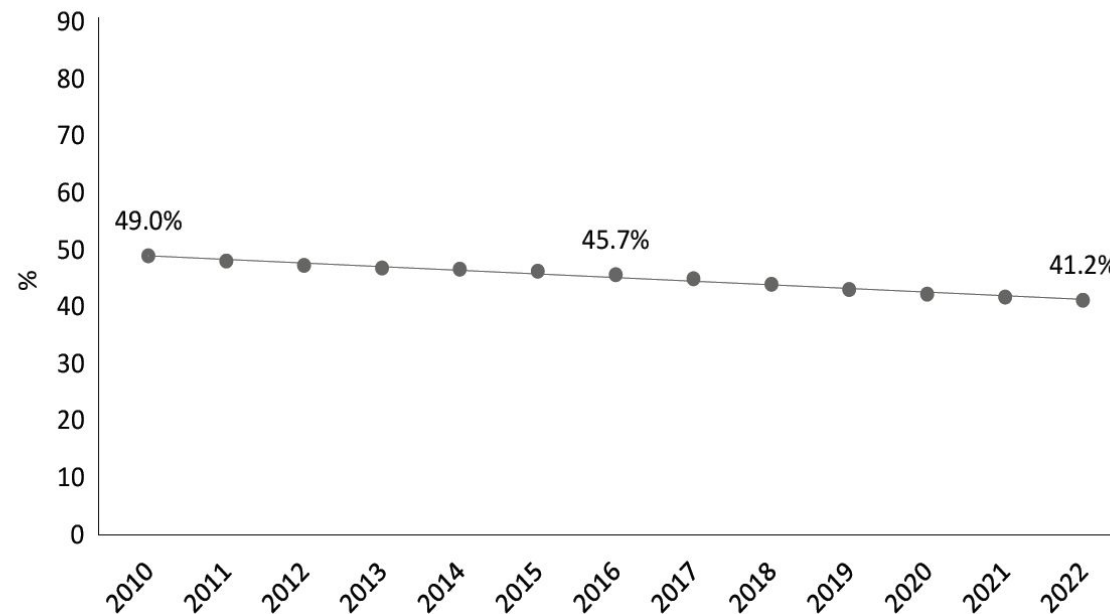
An Ongoing Rural Health Issue: Hospital Obstetrics

Challenges But Also Some Successes

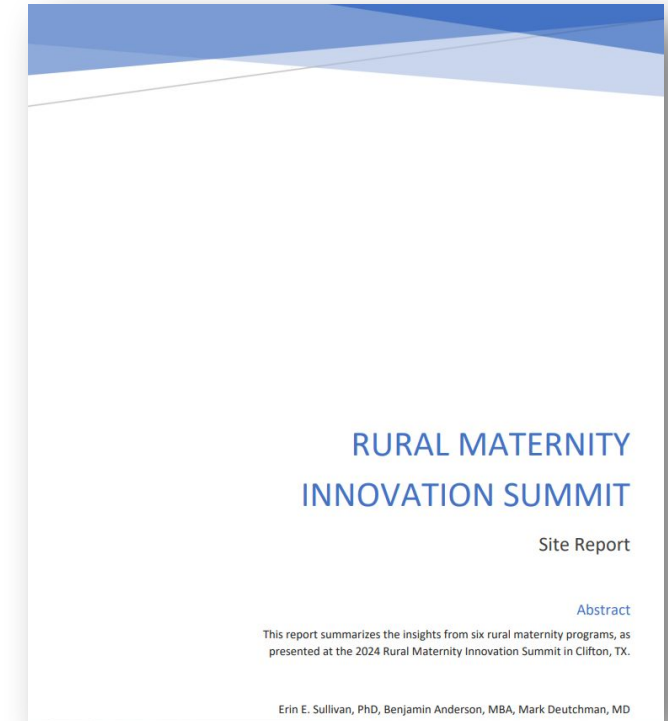


Loss of Hospital-Based Obstetric Services in Rural Counties in the United States, 2010-2022

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/>

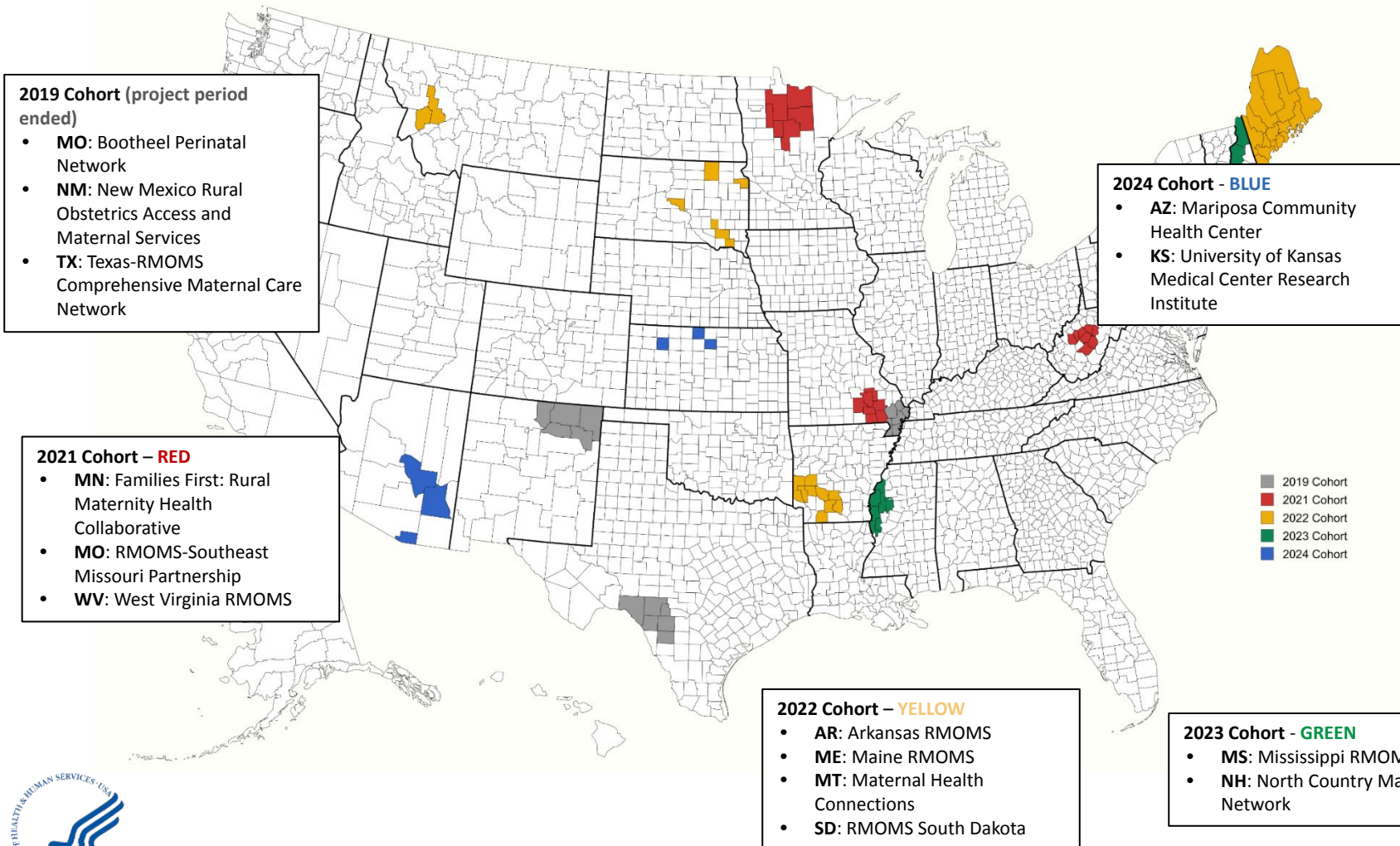


<https://www.ruralhealthinfo.org/topics/maternal-health/rural-maternity-summit>



Our Approach

The Rural Maternal Obstetrics Management Strategies Program



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://roomsnm.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

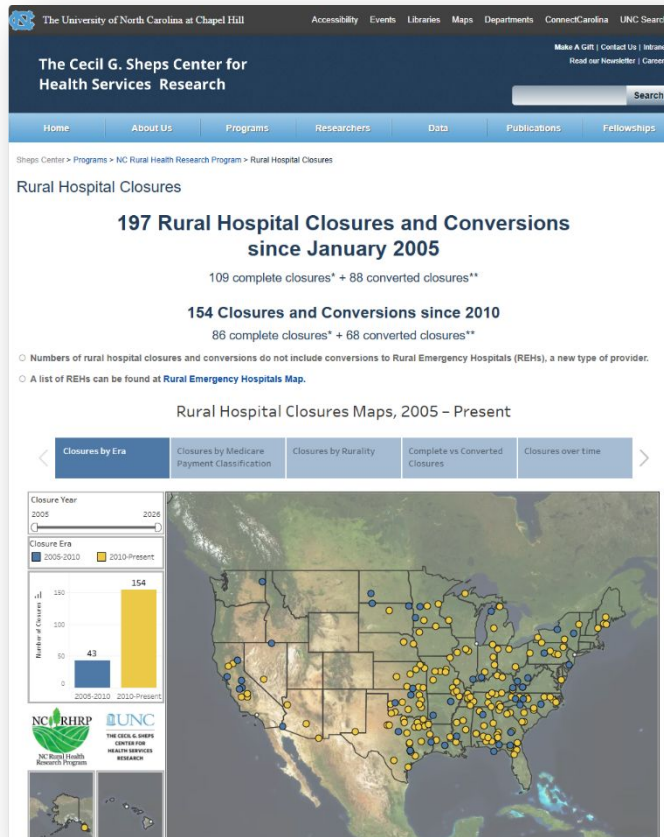


Current Rural Issue: Hospital Viability

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/>

Building On Your Success

New Opportunities for Hospitals and Clinics

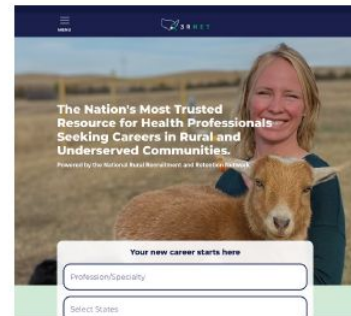


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3RNET is *the* job board when it comes to rural and underserved opportunities. Post your jobs today -- it's easier than ever! From there, you'll begin to automatically receive personalized referrals of interested professionals who match the exact professions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

www.3RNET.org/For-Employers



3 R N E T
+ T O O L S

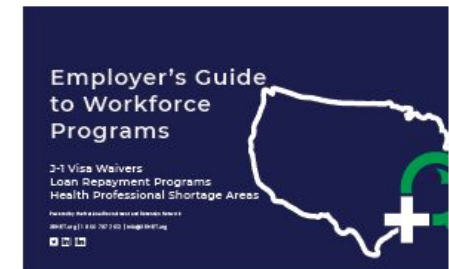
Powerful. Yet Simple.

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



An Emerging Need for Rural Health Networks

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

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Financial Management

Why 19 rural hospitals see value in interdependence

Andrew Cass - Monday, July 22nd, 2024

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It's not about independence for the sake of it. Minn.-based Riverwood Healthcare Center.

"We really feel that we can best take care of staying independent without having some other communities, we know our patients."

Riverwood and 18 other rural Minnesota hospitals through interdependence. On June 27, the High-Value Network. At the center of the collaboration featuring the 19 hospitals and more than 500,000 residents. The network will set up...

THE JOURNAL OF RURAL HEALTH

ORIGINAL ARTICLE

For Rural Hospitals That Merged, Inpatient Charges Decreased and Outpatient Charges Increased: A Pre-/Post-Comparison of Rural Hospitals That Merged and Rural Hospitals That Did Not Merge Between 2005 and 2015

Dunc Williams Jr., PhD¹; G. Mark Holmes, PhD²; Paula H. Song, PhD²; Kristin L. Reiter, PhD²; & George H. Pink, PhD²

1 Department of Healthcare Leadership and Management, College of Health Professions, Medical University of South Carolina, South Carolina
2 Department of Health Policy and Management, Gillings School of Global Public Health and the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Funding: This research was partially supported by: (1) a National Research Service Award Predoctoral/Postdoctoral Traineeship from the Agency for Healthcare Research and Quality sponsored by The Cecil G. Sheps Center for Health Services Research, The University of

Abstract

Purpose: To determine whether inpatient and outpatient charges changed at rural hospitals after a merger.

Methods: Hospital mergers were derived from proprietary Irving Levin Associates data through manual review and validation. Hospital level characteristics

Modern Healthcare

A CRAIN FAMILY BRAND

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Home Opinion

January 06, 2023 05:00 AM

Rural healthcare in crisis: innovations for a brighter future

Naveen Bhat, Dr. Jackie Gertler, Gautham Kanthi, Timothy Lash, Dan Lofquist and Dr. Jim Weinstock

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NC RHRP

Findings Brief NC Rural Health Research Program June 2024

2018-23 Profitability of Rural Hospitals by Ownership and System Affiliation

Sruthi Malavika Srinivasan, MPS; Kristie Thompson, MA; George Pink, PhD

BACKGROUND

System Affiliation and Ownership

Rural hospitals provide vital health care services to the remote and underserved regions of rural America. However, access to care in many communities has been reduced by rural hospital closures.¹ Between January 2010 and December 2023, there were 146 rural hospital closures.² The causes of rural hospital closures are complex and multifaceted,³ but long-term unprofitability has been identified as a major contributing factor.⁴

The profitability of rural hospitals is affected by many factors. In a companion study we examine profitability by Medicare Payment Classification.⁵ In this study, we focus on two that have been found to be important—system affiliation and ownership.

KEY FINDINGS

This study compares profitability of rural hospitals with and without system affiliation, and among ownership types—government, not-for-profit, and for-profit. The study includes two years before COVID-19 (2018-19, 2019-20) and three years after COVID-19 (2020-21, 2021-22, 2022-23). Taking into account Public Health Emergency funds received during the pandemic, we found:

- Rural hospitals with system affiliation had a higher median total margin than those without a system affiliation in every period except 2021-22. Median profitability of rural hospitals both with and without system affiliation increased over the first four periods, but there was a large decrease in profitability of both in 2022-23.

The Rural Hospital and Health System Affiliation Landscape – A Brief Review

Authors

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November 2018

RHRC
Rural Health Research & Policy Centers
Funding by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

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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



Contact Information



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