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**Do.
Make.
Heal.
Innovate.
Reinvent the Future.**

Objectives

- **Health Profession Shortage Area (HPSA) in Arkansas**
- **Arkansas data on Primary Care Physician's background and shortage**
- **NYITCOM at Arkansas State University: More than a medical school**
- **Advisory Committee on the Training of Primary Care Medicine and Dentistry**

Health Profession Shortage Area

- Arkansas is 13th-highest need for primary care physicians among all states in 2020
 - 83 active primary care physicians per 100,000 people compared to 94.7 per 100,000 people nationwide.
- More than one third of Arkansans resided in primary care HPSAs. (2022)

In March 2023, Monroe, Drew, and Phillips counties joined 11 other entire counties as geographic HPSAs

Profile of Primary Care Physicians in Arkansas

FIGURE 2: NUMBER OF ACTIVE PRIMARY CARE PHYSICIANS BY YEAR

Year	Active PCPs
2019	2732
2020	2778
2021	2795

FIGURE 9: ACTIVITY STATUS OF ACTIVE PCPs IN ARKANSAS

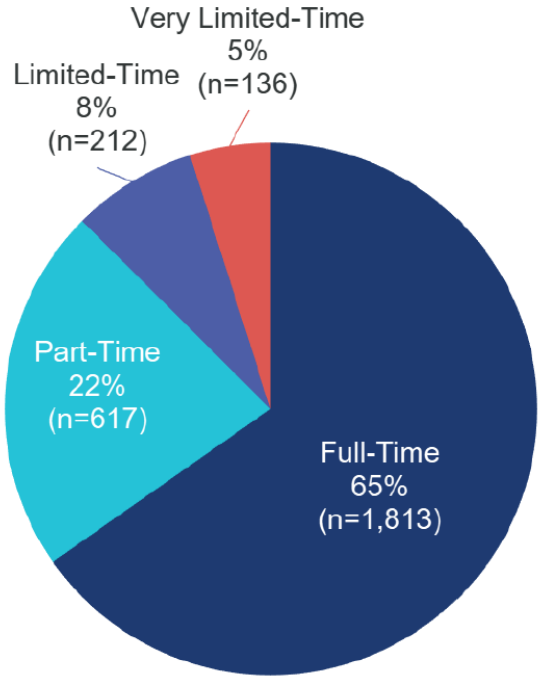


FIGURE 3: PERCENTAGE OF ACTIVE PCPs BY SEX

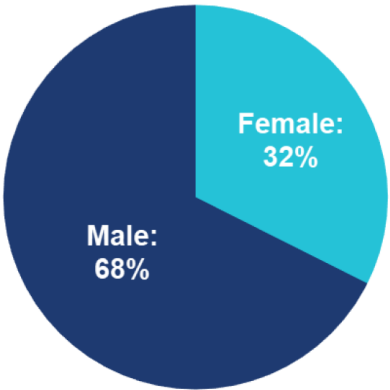
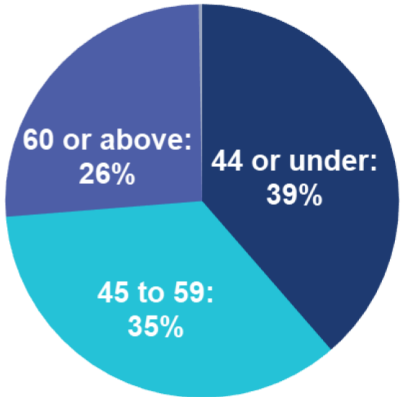


FIGURE 4: PERCENTAGE OF ACTIVE PCPs BY AGE



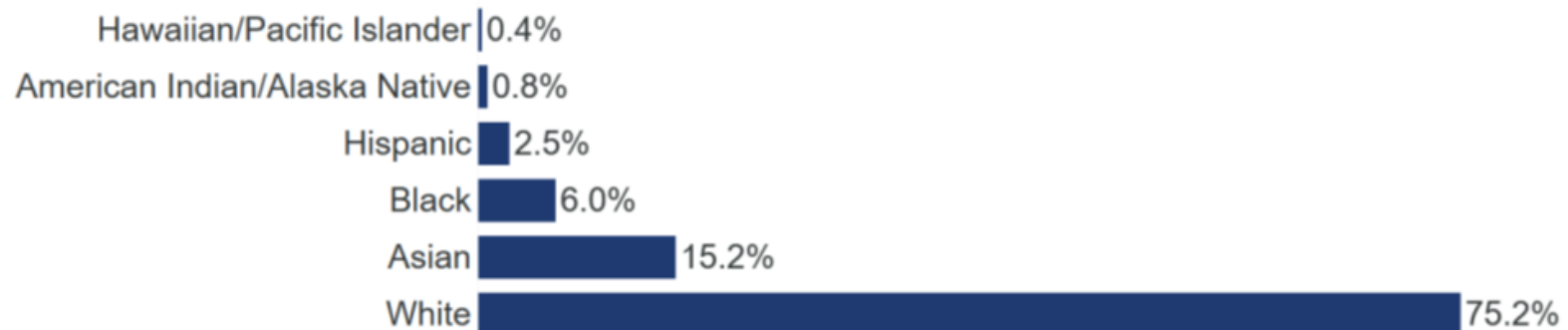
ACHI. (2023). Profile of the Primary Care Physician Workforce in Arkansas. Arkansas Center for Health Improvement. Little Rock, AR.

Profile of Primary Care Physicians in Arkansas

FIGURE 7: POPULATION DISTRIBUTION BY RACE AND ETHNICITY IN ARKANSAS

Race/Ethnicity	Population Distribution in Arkansas
White	68.5%
Black	14.9%
Hispanic	8.5%
Two or More Races	4.9%
Asian	1.7%
American Indian/Alaska Native	0.7%
Native Hawaiian/Pacific Islander	0.5%
Other	0.3%

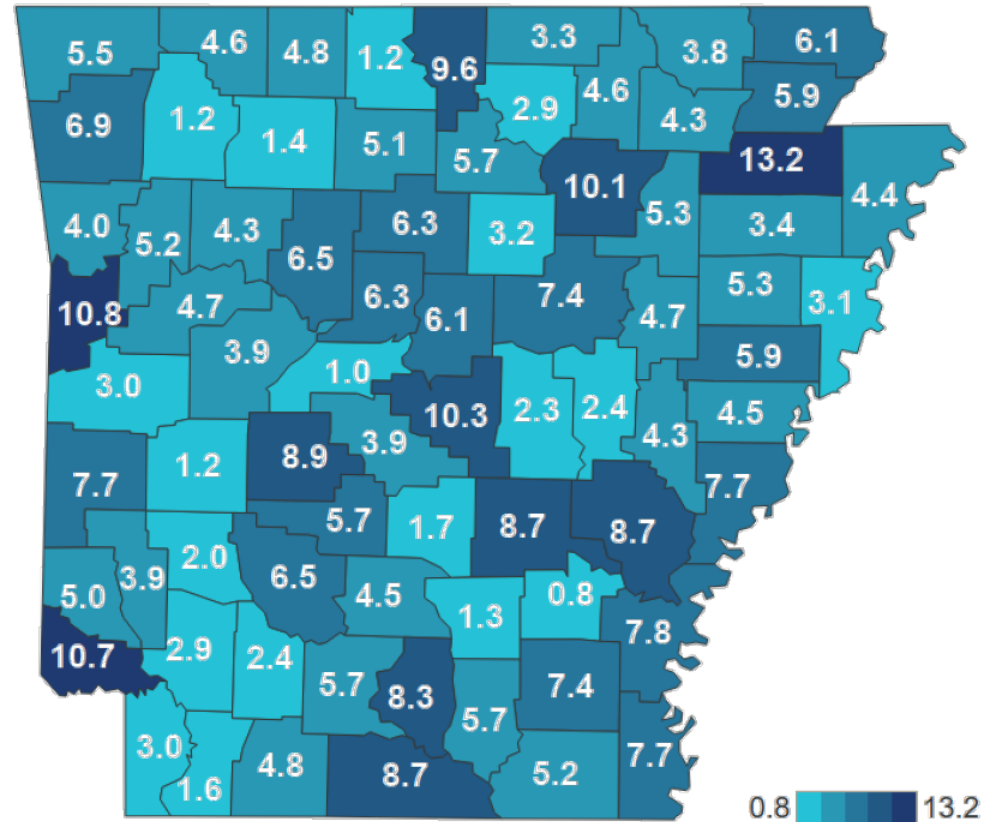
FIGURE 8: PERCENTAGE OF ACTIVE PCPs BY RACE/ETHNICITY



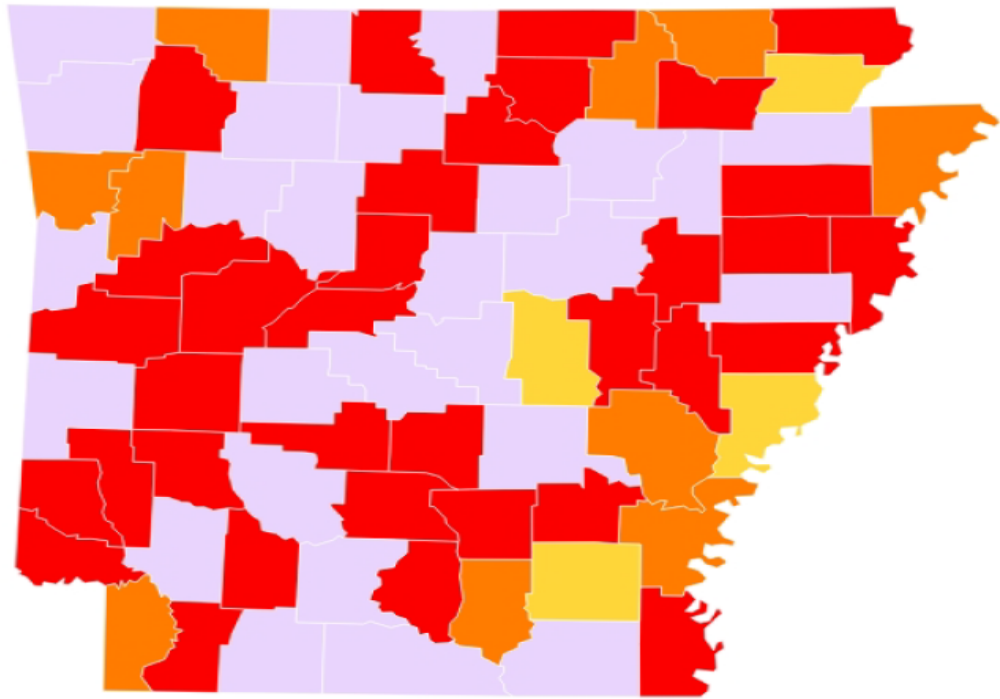
ACHI. (2023). Profile of the Primary Care Physician Workforce in Arkansas. Arkansas Center for Health Improvement. Little Rock, AR.

Primary Care Physicians

FIGURE 12: RATE OF FULL-TIME PCPs PER 10,000 ARKANSANS BY COUNTY



ACHI. (2023). Profile of the Primary Care Physician Workforce in Arkansas. Arkansas Center for Health Improvement. Little Rock, AR.



Maternity care desert



Low access



Moderate access

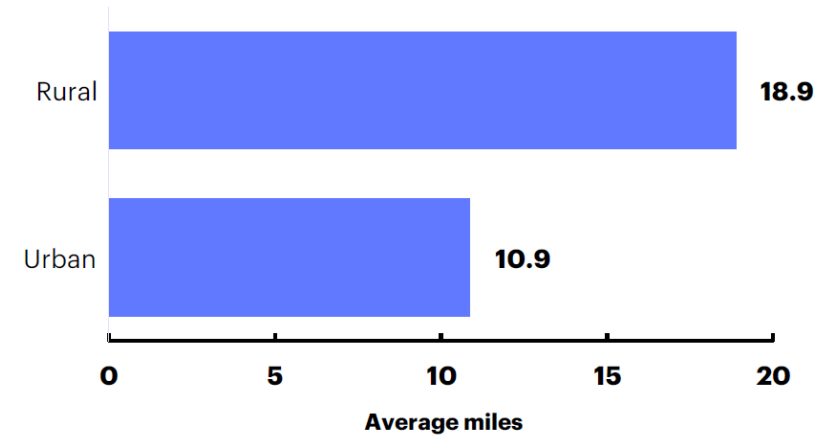


Full access



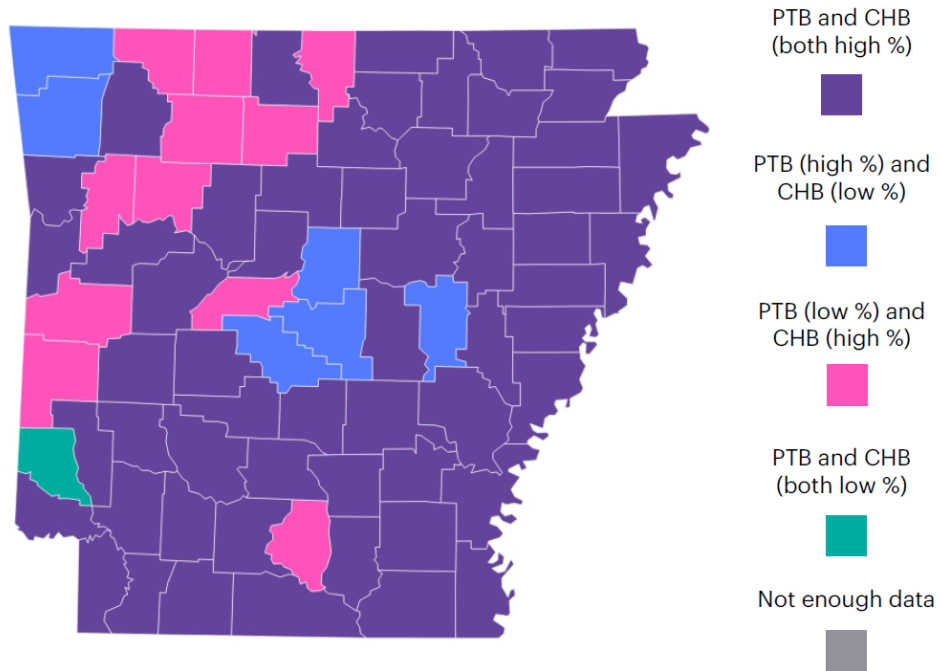
Sources: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022; American Board of Family Medicine, 2017-2020; National Center for Health Statistics, 2021 final natality data.

DISTANCE TO CARE BY RURALITY



Sources: Healthcare Cost and Utilization Project State Inpatient Database. Arizona. Agency for Healthcare Research and Quality, 2021. Web. 1 Nov 2022. American Hospital Association, 2021; American Board of Family Medicine, 2017-2020; U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022.

CHRONIC HEALTH BURDEN (CHB) AND PRETERM BIRTH (PTB) BY COUNTY



Note: The burden of chronic health conditions is the percent of birthing people in each county with one or more chronic conditions. Data for counties with less than 10 preterm births or women with chronic health conditions are excluded from map.

FINDINGS

- In Arkansas, 48.0% of women had one or more chronic health conditions compared to 37.8% in the U.S. overall
- Women with one or more chronic health conditions have a 44% increased likelihood of having a preterm birth compared to those without any chronic health conditions.
- 76.0% of counties in Arkansas have a high burden of chronic health conditions and a high rate of preterm birth.

Source: National Center for Health Statistics, 2017-2021 final natality data.

Factors of Shortage

Aging physician workforce

Burn out /Challenges in the Health Care System

Lack of Residency Slots

Income gap

NYIT-College of Osteopathic Medicine at Arkansas State University

MEETING THE MISSION

Relationship Between Home State & Residency Location

57.1% of students are from a targeted Delta state

57.8% Students go to residency in a Delta state/state contiguous to Arkansas

Class of 2020-21

95% from Arkansas, Residency in Arkansas signed to practice in Arkansas



Alumni Practice Locations

Class of 2020-21

Received responses from 105 finishing residency

29 going into or pursuing fellowship

76 signed contracts

53/76 signed to practice in home state (70%)

21/22 from AR, residency in AR signed to practice in AR

2 from AR, out of state residency signed out of state but have made plans to come home after short contract

15 from AR went out of state for residency, returning to AR to practice

4/4 from MO, residency in MO, signed to practice in MO

3/3 from TX, residency in TX, signed to practice in TX

Cumulative Match by Specialty

Based on Match data from 2020-24 (First five Arkansas classes)

Family Medicine	144 (28%)	Radiology	10
Internal Medicine	138 (27%)	Physical Med./Rehab.	8
Pediatrics	43 (12%)	Neurology	7
Emergency Medicine	55 (11%)	Med/Peds	5
Psychiatry	32 (6%)	Dermatology	5
General Surgery	24	Orthopedic Surgery	4
OB/GYN	13	Pathology	4
Anesthesiology	13	Ophthalmology	1
		Child Neurology	1

GME Growth in Arkansas

The D.O. Difference

NEW YORK INSTITUTE
OF TECHNOLOGY
College of Osteopathic
Medicine
at Arkansas State University

ARCOM
ARKANSAS COLLEGE OF OSTEOPATHIC MEDICINE

GME IN ARKANSAS, PRE-2015



2015 Prior to 2015, only one institution in Arkansas was operating GME programs

26 Number of new GME programs in Arkansas opened since 2015


70% Of the 26 new GME programs opened in Arkansas since 2015, ARCOM or NYITCOM helped create 20 of them

GME IN ARKANSAS, 2024



10 Number of Arkansas cities that have seen new GME programs open in the last decade

221 Number of annual positions created by the 26 new GME programs that have opened in Arkansas since 2015

 New programs opened in Conway, Searcy, Jonesboro, Fort Smith, Fayetteville, North Little Rock, Batesville, Hot Springs, Dardanelle, Berryville & Crossett

NYIT-College of Osteopathic Medicine at Arkansas State University *More than a Medical School*

County Health Rankings Model

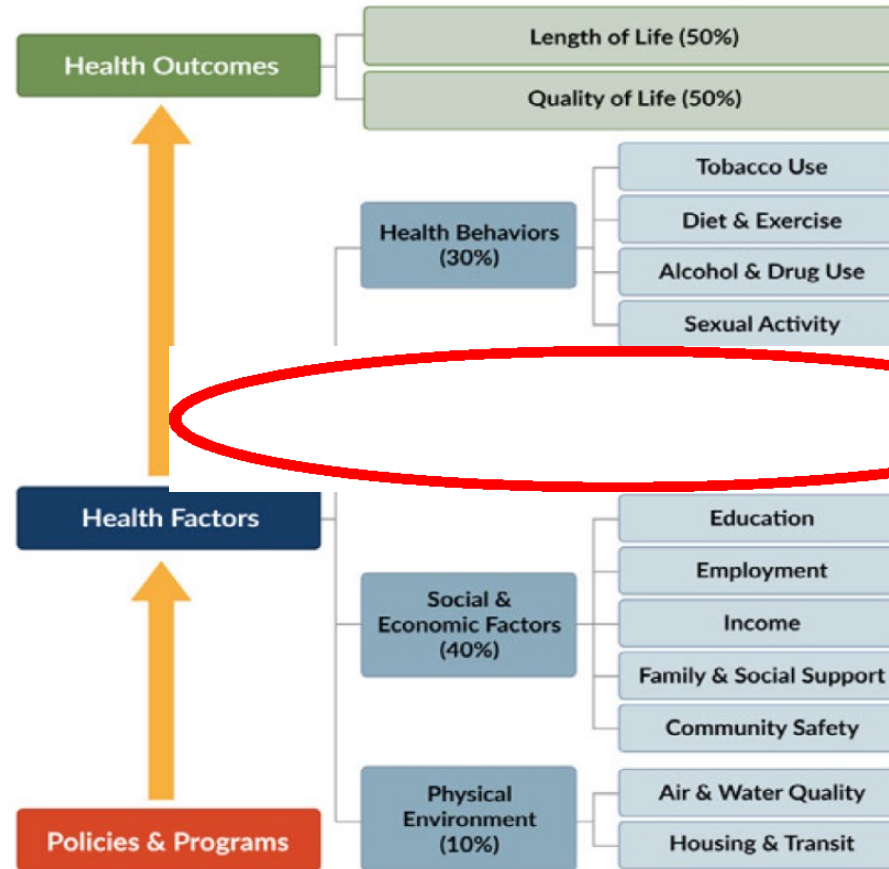
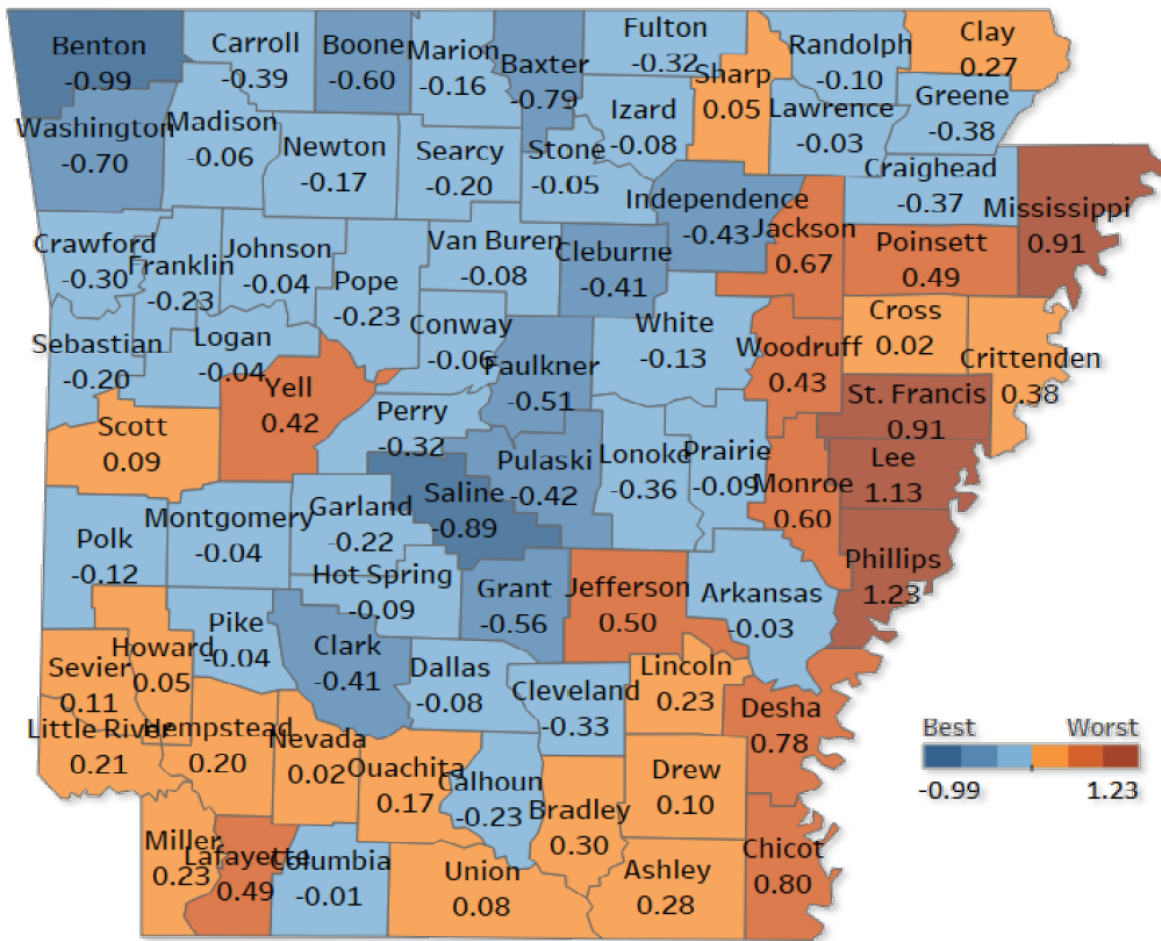


FIGURE H2. HEALTH FACTOR SCORES, 2020



Source: County Health Rankings and Roadmaps, The Robert Wood Johnson Foundation

The Health Factors score measures several underlying contributors to public health.

This index includes data on:

- Health behaviors like smoking, diet and physical activity.
- Clinical care factors which includes access to and quality of health care services and providers.
- Social and economic factors like educational attainment, unemployment, poverty and crime.
- Physical environment factors like air and water quality, housing and transit systems.

**NYIT-College of Osteopathic Medicine at
Arkansas State University**
More than a Medical School

Population Health Certificate Program

Henderson/NYITCOM DO Pathway program

Population Health at Henderson State University

Family Medicine Residency- Blytheville

Delta Population Health Institute

DELTA POPULATION HEALTH INSTITUTE



Address the social factors of health, which are the main drivers of health outcomes, by catalyzing thriving and prosperous rural communities of the Delta, while training health profession leaders for the Mississippi Delta.

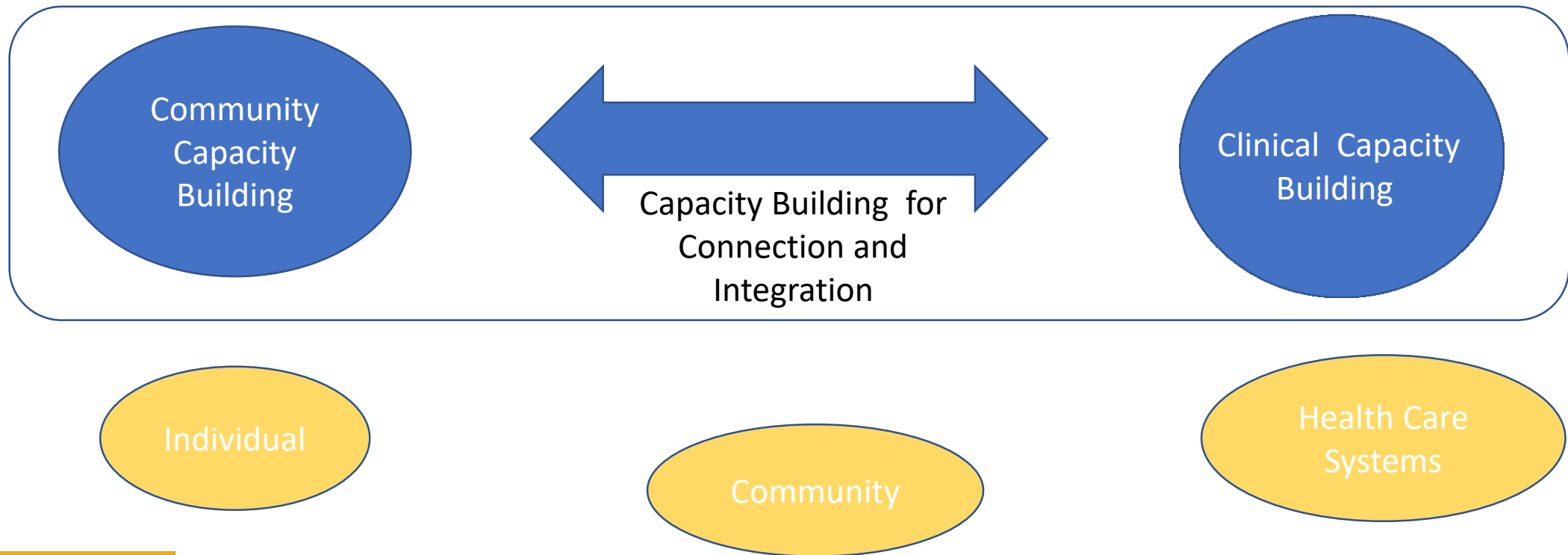
We work collaboratively across sectors to cultivate thriving and resilient communities.

SYSTEM OF HEALTH AND CARE TRIAD

Social Determinants of Health

Quality of Health Care

Prevention



Advisory Committee on Training Primary Care Medicine and Dentistry

The ACTPCMD provides advice and recommendations on policy and program development and other matters of significance to the Secretary of Health and Human Services (Secretary) concerning medicine and dentistry activities under section 747 of the Public Health Service Act.

ACTPCMD

the Advisory Committee

- prepare and submit to the Secretary; the Committee on Health, Education, Labor and Pensions of the Senate; and the Committee on Energy and Commerce of the House of Representatives, an annual report describing the activities of the Advisory Committee, including findings and recommendations concerning medicine and dentistry activities authorized under section 747 of the PHS Act
- develops, publishes, and implements performance measures and guidelines for longitudinal evaluations for programs.
- recommends appropriation levels for programs

ACTPCMD 22nd Annual report

Training a Better Prepared Workforce

ACTPCMD Recommendations

Recommendation 1 The ACTPCMD recommends the creation of new training (e.g., tracks, rotations, fellowships, certificate programs, MPH) in public health/population health and preventive medicine in primary care medicine residencies, physician assistant programs, primary care dental residencies, and dental hygiene programs with an additional \$80 million in funding.

Recommendation 2 The ACTPCMD recommends the continuation of the Primary Care Training and Enhancement Community Prevention and Maternal Health (PCTE-CPMH) program, with additional funding to expand the Community Prevention track to include \$2.4 million (15%) for Physician Assistants and \$16 million for dentists.

Recommendation 3 The ACTPCMD recommends that Congress fund and the Secretary, HHS, create Collaborative Center(s) to develop and disseminate successful models of training in primary care medical residencies, physician assistant programs, primary care dental residencies, and dental hygiene programs in the event of a massive training disruption (e.g., pandemic, natural disaster, power grid failure, war