Rural Community Health Program- Clare, MI
RURAL COMMUNITY HEALTH PROGRAM

•Michigan State University College of Human Medicine
  –Established 1964
  –1st Community-based medical school in US
  –Years 1 and 2: Grand Rapids and E. Lansing
  –Clinical: Grand Rapids, East Lansing, Flint, Marquette, Traverse City, Midland, Southeast Detroit

  –In 2010, ranked 6th in US for Social Mission: producing doctors who practice primary care, and doctors who work in underserved areas
COMMUNITY CAMPUSSES & CLINICAL SITES
• Rural Physician Program
  – Established 1974
  – All clinical training in Upper Peninsula
  – Additional FM training, 2 months in remote rural site
  – Preferential selection (recent classes 12 students/year)
Rural Physician Program Outcomes (2006)

234 graduates
Rural practice (Across the USA):
88 graduates
UP physicians:
67 graduates
1. Increase admission of medical students from Rural backgrounds

2. Develop more primary care physicians

3. Increase amount of time medical students spend training in rural areas

4. Create more opportunities for students to trade debt for service

Ideal: Selective admissions + Focused Rural Curriculum
• Traverse City or Midland Campuses
• Preferential admissions
• Substantial amount of rural training
  – Clinical training split between main campus
  – (TC or Midland) and a single Rural
  – Educational Community
• Enhanced rural curriculum (leadership, community integration, rural, public health, research, ER)
Rural Educational Communities

Traverse City
Petoskey
Alpena
Charlevoix
Ludington

Midland
Alma
Clare
Pigeon

Additional 4th year career elective sites:
Sandusky, St. Ignace, Houghton Lake
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Admissions Component

– Admit at time of admission to med school
– Rural Health interest and life experience

Goal: Choose students most likely to eventually practice in rural areas
Importance

- 57 of Michigan’s 83 Counties are considered Rural$^2$
- “2013 estimated population of 9,895,622 people 1,803,699 living in rural Michigan”$^3$
- Physicians are needed to live and serve in these areas.

Clinical Component

- Training occurs in clinical campus (Midland) and Rural Educational Community (Clare)

Goal: Provide each student with a significant and longitudinal learning experience within a rural community
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Public Health Component

– Students work with the community’s Public Health Department to better understand the public health needs of their communities
– Students meet with the Medical Director for the PHD in their community to learn about potential career choices and what is like to serve in a rural community.

Goal: Mentorship and Networking to retain interest in rural medicine
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Research Component

– Complete research/scholarly project relevant to Rural Educational Community

Goal: Students will learn about and invest in community and will gain an understanding of population health
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