

Connecting Rural and Public Health Across Hawai'i

Health Professionals Education Conference
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Description of Innovation

4 week selective rotation on Kaua'i or O'ahu

Time split between Public Health and Rural Primary Care

First such collaboration in the state among UHFMRP, DOH, and FQHC



Background

Public Health (PH) on Kaua'i vs O'ahu: parallel but unique experiences

- Kaua'i : smaller, less “siloed” PH, greater focus on front line community engagement and health equity
- O'ahu: larger statewide PH; focus on statewide communicable disease control, emergency response

Clinical component at distinct FQHCs

- Kaua'i : Ho'ola Lahui Hawai'i
- O'ahu: Waimanalo Health Center

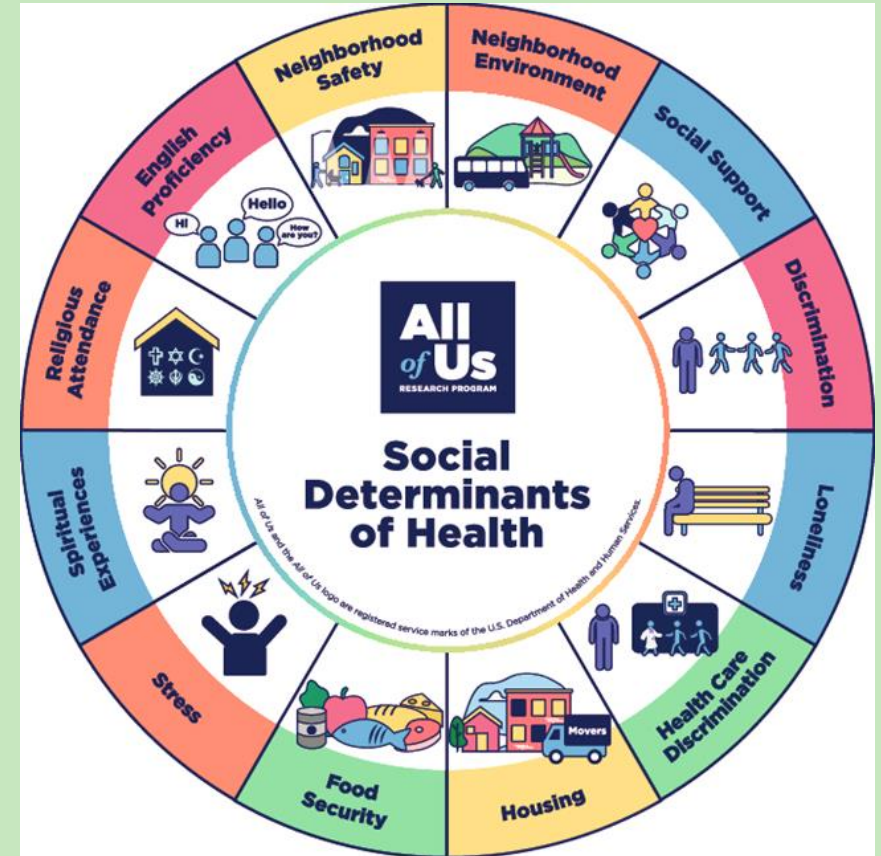


Objectives

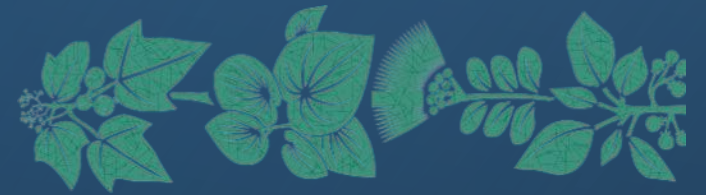
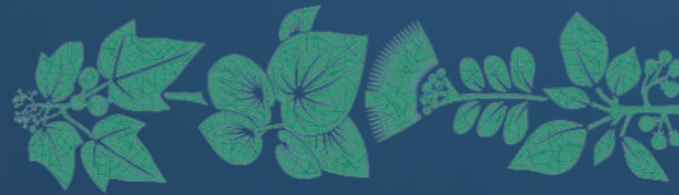
Develop an educational experience that provides learning in rural and public health for resident physicians.

Evaluate the impact of the experience on residents':

- Knowledge of the island's community health landscape
- Understanding of health equity
- Desire to practice in a rural setting

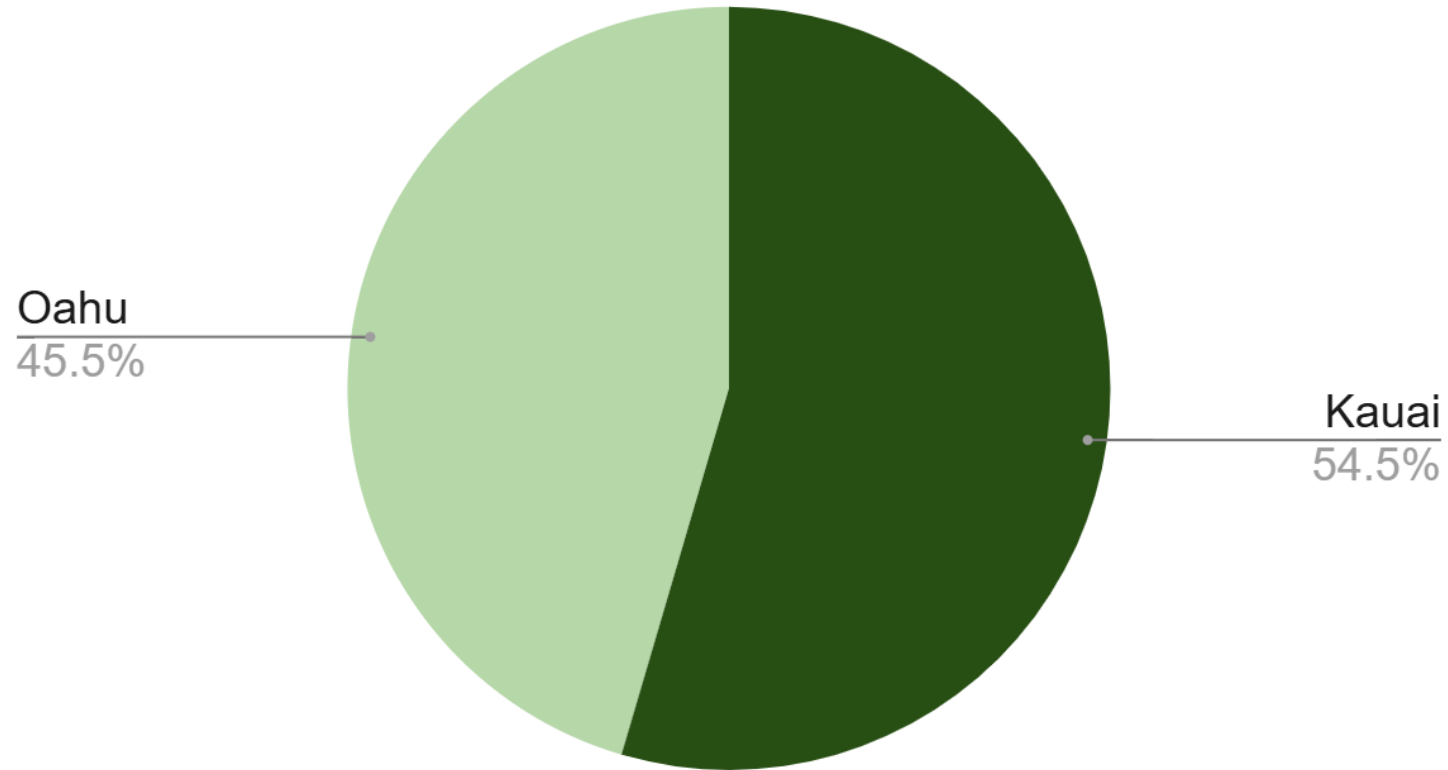


Results



Respondents

Which island?

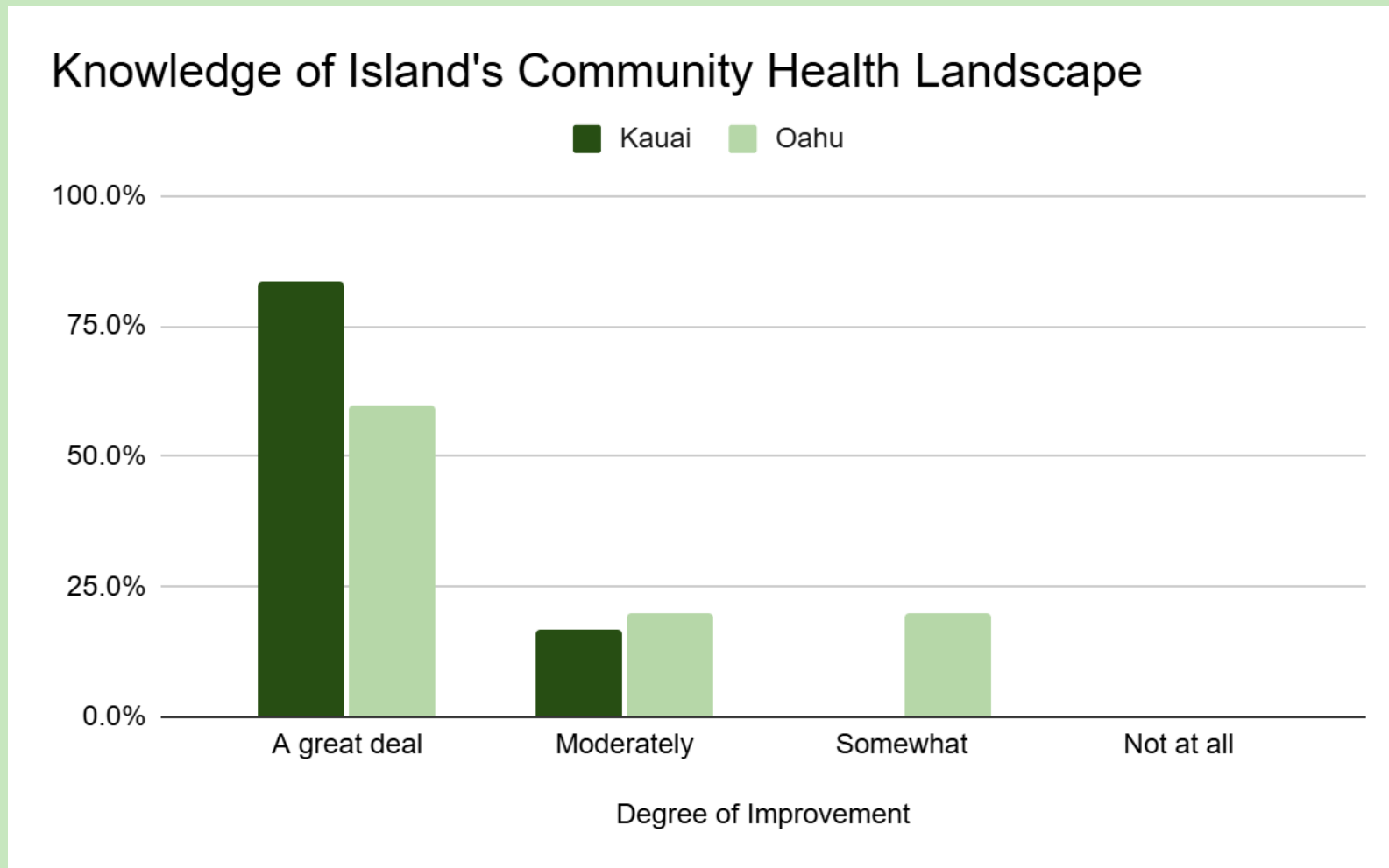


12 residents have completed rotation (6 Kaua'i, 6 O'ahu)

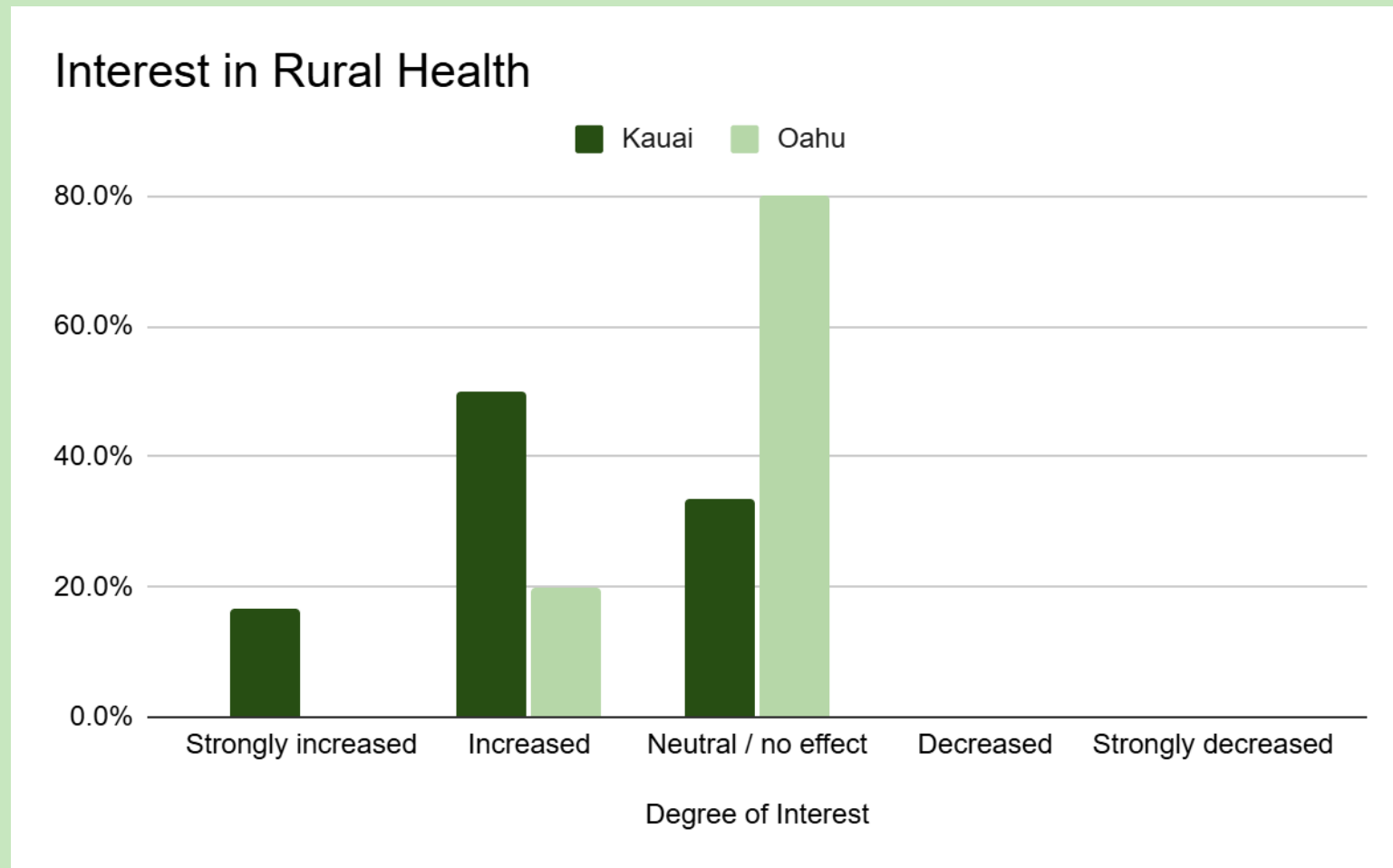
92% response rate



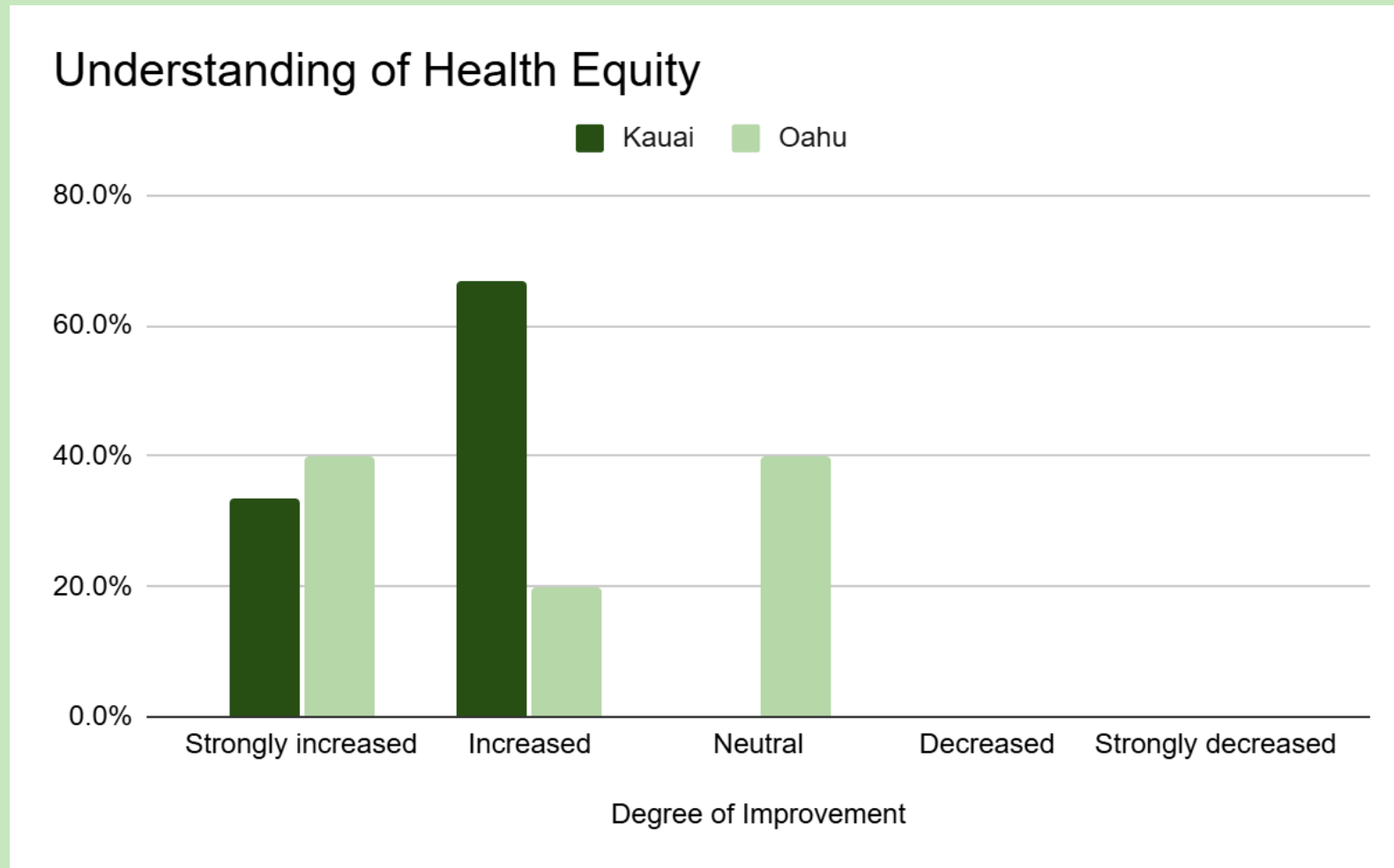
Knowledge of Community Health Landscape



Interest in Rural Health



Health Equity



Discussion

Positive feedback overall: “The best rotation of residency”

Significant increase in interest in future rural practice

Goals and Objectives well met, particularly for Kaua‘i

Strong preference for experiential activities



Limitations

Small sample size

Reliance on self-report

Selection bias

No long-term follow up data: yet



Future Directions

Assess graduates practice locations 3-5 years after graduation

Implement specific learning activities around advocacy

Rural residency programs!

Incorporate feedback for curricular improvement



Mahalo/Questions/Discussion



References

1. Bourdeaux M, Sasdi A, Shefali O, Kerry V. Integrating the US public health and medical care systems to improve health crisis response. *Health Aff.* 2023;42(3):310-317.
<https://doi.org/10.1377/hlthaff.2022.01255>
2. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Family Medicine section IV.C.3.q. Revised July 1, 2023. Accessed March 19, 2024.
https://www.acgme.org/globalassets/pfassets/programrequirements/120_familymedicine_2023.pdf
3. Russell DJ, Wilkinson E, Petterson S, Chen C, Bazemore A. Family Medicine Residencies: How rural training exposure in GME is associated with subsequent rural practice. *J Grad Med Educ.* 2022;14(4):441-450.
<https://doi:10.4300/JGME-D-21-01143.1>

