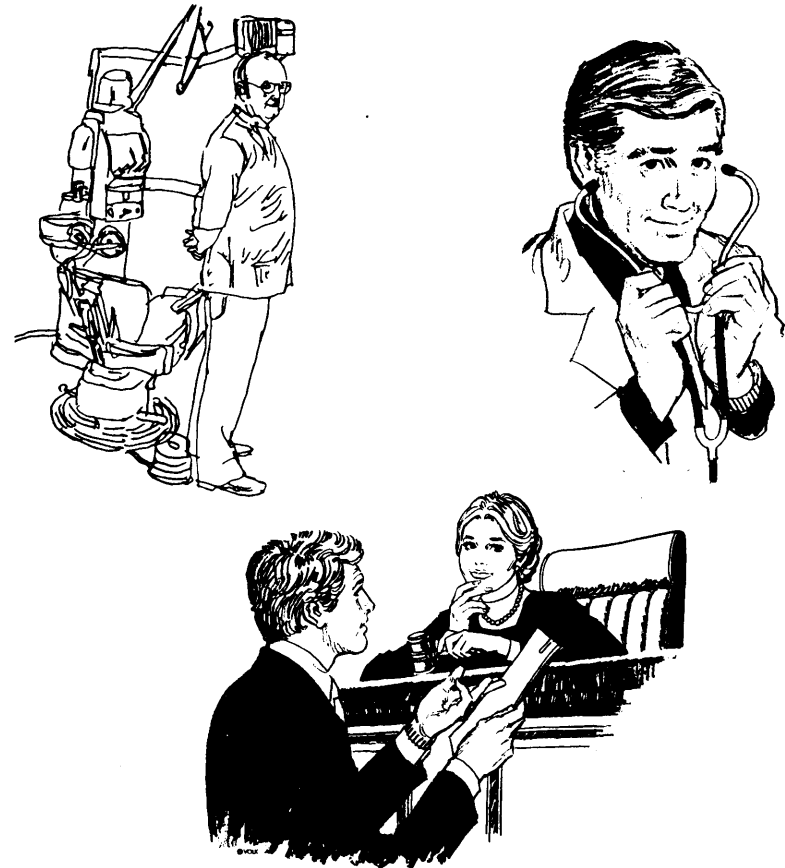


A Plan to Provide Professional Education And Services to Underserved Areas of the State



Research Report No. 161
Legislative Research Commission
Frankfort, Kentucky

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first-year medical school curriculum and an anatomy class conducted in the medical school anatomy lab.

*University of North Carolina Chapel Hill Medical
Education Development (MED) Program*

The MED Program is sponsored jointly by the UNC Schools of Dentistry and Medicine. It is a comprehensive eight-week summer program for 50 to 55 students from under-represented or disadvantaged groups who have been admitted to either school for the coming fall, or who are seniors in undergraduate colleges, or postgraduates preparing to submit applications for the following year. The curriculum includes review of basic science material, enhancement of communication skills, and a specialized introduction to particular fields in dentistry and medicine.

A Plan to Provide Professional Education And Services to Underserved Areas of the State

PROFESSIONAL SCHOOLS ADMISSIONS COMMITTEE REPORT

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Research Report No. 161

*Legislative Research Commission
Frankfort, Kentucky
October, 1979*

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approximately one-fourth to one-third are blacks, Chicanos, native Americans, and/or women.

*Southern Illinois University—Medical Education
Preparatory Program (MEDPREP)*

The SIU School of Medicine started the Medical Education Preparatory Program (MEDPREP) at Carbondale in 1972. MEDPREP is designed to assist minority students and students with educationally disadvantaged backgrounds to prepare for success in medical and dental school. In 1974, MEDPREP began receiving federal grant funds to expand the programs. The awarding of a Special Health Careers Opportunities grant made it possible to develop and implement the Outreach Tutorial Project for college freshmen and sophomores pursuing a career in any health field. Outreach currently has 60 minority and disadvantaged students participating in the tutorial project. In 1975, MEDPREP received a Special Project Grant to expand the MEDPREP pre-medical program and to develop a pre-dental program. In two years, more than 250 students had enrolled in the MEDPREP programs, with about 110 students in residence. Each applicant is tested, interviewed, and carefully evaluated on an individual basis. Acceptances are restricted to residents of Illinois and preference is given to residents of central and southern Illinois and to students who have a serious interest in attending the SIU School of Medicine or the SIU School of Dental Medicine and remaining in central or southern Illinois to practice. There is no guarantee of eventual admission to the SIU Schools of Medicine or Dentistry. To date, forty-five MEDPREP students have enrolled in medical and dental schools, a majority of these at the SIU School of Medicine.

MEDPREP is a regular educational program within the School of Medicine. The program has its own teaching faculty, offering over thirty special tutorials, seminars, and classes to enrolled students. MEDPREP students also enroll in regular preprofessional courses offered on campus.

MEDPREP courses vary from remedial tutorials correcting longstanding deficiencies in science, mathematics, communication skills, testmanship, and study skills, to developmental preprofessional science courses in biology, chemistry, and physics. With its close association with the medical school, MEDPREP is able to provide enrolled students with unique experiences and courses not available to typical preprofessional students. Examples include seminars conducted by medical school faculty, detailed information on the admissions process, contact with medical students, early exposure to the

GPA	
Overall	10
Science	20
Last 2 years	20
Course load	5
GRE	10
Application Form	5
Veterinary Medical Exposure & Animal Experience	30
Personal Development	15
Recommendations	15
Interview	20
TOTAL	<u>150</u>

The second significant aspect of the program is the "Externship Program." During the final year of training, each student is required to spend two one-month periods off-campus working with practicing veterinarians, in another university, in a research laboratory, or other approved situations. The student has the responsibility of arranging the externship.

University of California—Dental

Since 1970 the Dental School has had a program with the stated purpose of "identifying, recruiting, admitting, and graduating potential dentists from minority and disadvantaged groups." In 1975 the program was funded by the U.S. Office of Health, Education and Welfare, with funding recently extended to 1981. The program is concentrated in Southern California, where there is a large Chicano population.

The program is staffed by a full-time project director and three half-time dentists. While an on-site annual recruitment visit is made to local high schools and junior colleges to make them aware of the program, the greatest emphasis is on undergraduate academic support for pre-dental students. Support activities include tutoring, sponsoring a dental admissions test review, and a pre-dental manipulative skills course.

The project places a great deal of emphasis on retention. Clinical and academic tutoring is continued after the student is enrolled in dental school. This is supplemented by summer programs and year round counseling.

The program is considered to be very successful. Previously all of the 106 new students enrolled each year were white males. Currently

FOREWORD

The inadequacy of available professional services in many areas of Kentucky is well known. Approximately one-third of the state's counties are considered critical shortage areas in terms of medical services; estimates of the number of counties in critical need of dental services range from twenty to forty percent; and close to a third of the counties need additional legal professionals.

While incentives to locate a practice in an underserved area have increased in recent years, severe shortages still exist. With the passage of House Joint Resolution 61, the General Assembly required an investigation of the problems with emphasis on ways to increase the number of students from underserved areas who are admitted to professional schools.

This report contains recommendations on necessary legislative and administrative actions and proposed legislation for implementing a student-oriented approach to the problem. The study was conducted by the Professional Schools Admissions Committee, assisted by Janie L. Jones. The manuscript was edited by Charles Bush and typed by Susan Harding.

VIC HELLARD, JR.
Director

The Capitol
Frankfort, Kentucky
October, 1979

nishes added weight for students with rural, small town and inner-city background and with other biographical and personal attributes which are correlated with such practice.

The PIMS appears to offer several advantages over more traditional programs:

1. The possibility of early assurance of admittance to medical school.
2. A self-paced curriculum which can be completed in a minimum of six or maximum of nine years.
3. A self-instruction and self-testing center which provides the opportunity for students to move through materials more quickly or to use materials for remediation.
4. An opportunity to utilize the time in undergraduate school to more advantage in moving toward a health-related career.

University of Washington—Science Supportive Services

The Science Supportive Services provide a special tutorial program for undergraduate students from various ethnic and economic backgrounds who are interested in pursuing careers in health-related disciplines. Students are recruited from high school and are assigned a tutor, an upperclassman or graduate student selected on the basis of interest and demonstrated ability to assist students in selected courses. The tutor-student ratio is 1:1, thus insuring effectiveness in review of lecture and laboratory assignments. Associated services such as pre-testing, lecture notes, test files and special seminars are available to program students.

A significant aspect of the program is assistance to students in securing summer employment. Students are placed with agencies (corporations, clinics, hospitals, etc.) that reflect their indicated career choice. Funds for summer employment of health science students are a composite from program and agency sources, which can significantly reduce the amount of money students will have to pay back upon graduation.

This program has proven to be successful in preparing students to become competitive for entry into professional schools.

In addition to the health field support services, two aspects of the veterinary medicine program at the University need mentioning. The College of Veterinary Medicine has a published scoring system for ranking applicants. Each applicant is scored by four committee members on a 150 point scale. Scoring criteria with possible points are as follows:

1. Meeting with high school counselors to explain the program.
2. Participating in high school career days.
3. Establishing summer fellowships. This consists of a small stipend for six-to-eight weeks of work in the clinic, assisting advanced students.
4. Requesting local business and industry to sponsor such things as essay contests with dental themes.

At the college level, the committee carries out such activities as:

1. Maintaining contacts with academic advisors, minority program offices, and the science faculty in Wisconsin colleges.
2. Promoting visits to Marquette University by interested students. During these visits students are pretested with the PMAT (Perceptual Motor Ability Tests).

The committee has also developed a community program to promote the dental program. Activities include:

1. Enlisting dentists with practices in minority areas to promote dentistry among their patients.
2. Promoting participation in local free clinics.
3. Developing press releases of activities.
4. Supporting enactment of state scholarships for inner-city and rural practice.

This program has a full-time director who serves as chairman of the recruitment committee. Five faculty members serve on the committee.

Florida Program in Medical Sciences (PIMS)

The Florida Program in Medical Science (PIMS) is an inter-institutional program involving Florida State University, Florida A & M University and the University of Florida College of Medicine. Students in the program can complete the first year of medical school (the basic medical sciences) while completing their baccalaureate degree. Up to thirty-five students participating in the program each year are selected for assured positions as second-year students at the University of Florida College of Medicine, assuming satisfactory completion of the baccalaureate degree and the program requirements.

The PIMS is significantly different from a premedical program in that it furnishes the course work and experience equivalent to the first year of medical school while participants complete the undergraduate degree, and involves a dual counseling-selection system in which secured status for the University of Florida College of Medicine is normally awarded prior to the end of the undergraduate junior year.

The philosophy of the program includes the selection of a significant number of students with a high propensity for primary medical practice in medically underserved areas. Thus the selection process fur-

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Programs in Other States

All fifty states were contacted by mail in order to obtain information on program models in other states. Information was received from forty-three programs, most of which had no formal recruitment activities.

Following are summaries of seven programs which have had varying degrees of success.

University of Arizona—Medical

The University of Arizona has a federally-funded project called "Med-Start" which places emphasis on students at the high school level. The program was originally started by minority students in the medical school.

An average of ten medical students work with the high school students as counselors. The counselors organize high school clubs with a local teacher as sponsor, provide speakers, and arrange tours to medical facilities.

The project also provides a summer program through which the high school student is brought to the campus to work in a health-related job while taking one or two basic courses. This not only provides the student with a knowledge of what is involved in the medical field, but also provides academic support and familiarization with campus life.

The third factor in the program is the publication of a campus newspaper. This paper contains articles about the different programs and how to apply. It is distributed to all high schools.

The project director stated that the major concern has been lack of follow-through when the student enters undergraduate school. They are presently attempting to establish some procedure whereby contact can be maintained with the student during his undergraduate years.

The school has a medical loan program patterned after Kentucky's Rural Medical Scholarship Program. Since it was funded for the first time during the current year, no information is available on the results.

Marquette University—Dental

The dental school has a minority recruitment committee which carries out a number of activities at the high school level.

1 year and the sum of \$400,000 for the 1981-82 fiscal year,
 2 to be divided equally between the University of Kentucky
 3 and the University of Louisville.

SUMMARY AND RECOMMENDATIONS

A 1977 Legislative Research Commission study reported that 45 counties and portions of seven others were designated as critical health manpower shortage areas by the U. S. Department of Health, Education and Welfare (HEW). In 1978, HEW designated 59 counties and portions of eight others as critical shortage areas, resulting in a net increase of 15 areas where the lack of primary health care is considered critical by a federal agency. Of the 59 counties classified as critical shortage areas, 16 did not have even one student enrolled in medical school during the 1977-78 school year.

There is much evidence to indicate that the two most influential factors in a physician's decision of where to locate his medical practice are home county and location of residency practice. Although the number of medical resident training positions has increased in recent years, the number of graduates still exceeds the available positions. An increase in the number of resident positions in underserved areas would result in more graduates completing residency requirements in rural areas of the state.

According to the Kentucky Department for Human Resources, 71 of the 120 counties had a critical need for dental services in 1978. However, the same year HEW classified only 36 counties as having a critical need. Of that 36 counties, 21 had no students enrolled in the state's schools.

Although population per lawyer provides information on the geographical distribution of attorneys, it does not indicate the extent to which legal services are available. While there is no established "ideal" population/attorney ratio, Kentucky's statewide ratio for 1977 was 713:1, compared to the national ratio of 497:1. For purposes of this report, a population/attorney ratio greater than 1,500:1 is considered a shortage area. Based on that ratio, there are 58 Kentucky counties classified as shortage areas. Of the 58 shortage counties, 13 did not have a student enrolled in a Kentucky law school in the 1977-78 school year.

Recognizing that a serious lack of professional services still exists in some areas, and that many of these same areas are also underrepresented in terms of professional school enrollments, the 1978 General Assembly approved House Joint Resolution 61 (Appendix I).

This resolution calls for the establishment of an eleven-member committee of legislators and higher education representatives, whose purpose is to determine the "causes of the relatively low incidence of professional school applicants and admissions from rural areas in the state and seek feasible means of insuring that more rural Kentuckians apply and are admitted to professional programs in the state."

The number of applications from rural areas for admission to professional schools is probably affected by several existing circumstances:

- (1) Past recruitment efforts have been directed toward college students. Preparation must begin long before the student is a junior or senior in college.
- (2) Many potential applicants do not go to college.
- (3) High school curricula may not academically prepare a student for college.
- (4) Potential applicants from underserved areas may not be motivated to prepare for admittance to professional schools, due to the lack of a role model. They may feel that professional education is not within their reach.

The Committee identified five major components of a comprehensive professional education preparation program, which incorporates early identification with recruitment, admission, and follow-through, in order to increase the number of potential applicants from underserved and/or under-represented areas who are qualified for admission to professional schools.

Because the Council on Higher Education has been established as the coordinating agency for higher education, including the Area Health Education System, the program should be coordinated by the Council, in cooperation with the professional schools, the undergraduate schools, and other systems that currently exist for the delivery of services. As the coordinating agency, the Council shall have overall responsibility for the program and shall assign a staff person as a full-time coordinator.

Following are recommendations and suggested legislative and administrative actions to implement the plan. Proposed legislation is included in Appendix II.

Recommendation

It is recommended that a statewide professional education preparation program be established. The focus of the program should be the development of an affirmative action program which will assist students from underserved and/or under-represented areas of the state

1 which meet the accreditation requirements of the American
2 board of family practice and are approved by the council
3 on higher education.

4 (6) The first year shall be a planning and develop-
5 ment year and funds appropriated under this section shall
6 be used to cover the cost of a director, executive secre-
7 tary, consultants, travel, supplies, expenses, and fringe
8 benefits. Increased funding for the second year shall
9 include the cost of one (1) additional physician faculty
10 position, one (1) secretary, and the development of a
11 model practice office. Resident stipends and teaching
12 faculty salaries shall be provided from funds allocated
13 to implement the provisions of KRS 164.927.

14 (7) Priority for funds appropriated to implement
15 the provisions of KRS 164.925 to 164.933 shall be given
16 to resident stipends and faculty support as follows:

17 (a) The University of Louisville sponsored program
18 in Madisonville and the University of Kentucky sponsored
19 program in Covington.

20 (b) The residency programs authorized by this
21 section.

22 (c) Other residency programs established pursuant
23 to KRS 164.925 to 164.933.

24 Section 2. To carry out the purposes of this Act,
25 there is appropriated out of the General Fund in the
26 State Treasury the sum of \$200,000 for the 1980-81 fiscal

1 a university hospital and having such facilities, ser-
 2 vices and other resources to offer the complete three (3)
 3 year graduate medical education program in accord with
 4 the essentials for accredited residency training in
 5 family practice established by the liaison committee on
 6 graduate medical education and the American board of
 7 family practice and approved by the council on higher
 8 education.

9 (3) Each and every medical school established and
 10 assisted financially by the State of Kentucky shall be
 11 provided state funds to establish and operate a
 12 free-standing, hospital-based residency program in family
 13 medicine. The programs thus established shall be in
 14 addition to the University of Louisville sponsored pro-
 15 gram in Madisonville and the University of Kentucky spon-
 16 sored program in Covington.

17 (4) Each program established pursuant to this
 18 section shall be designed to accommodate four (4) family
 19 practice residents in first year positions, four (4)
 20 family practice residents in second year positions and
 21 four (4) family practice residents in third year posi-
 22 tions. The positions thus created shall be phased in on
 23 an annual incremental basis beginning in July of the
 24 second year of program operation.

25 (5) The programs shall be established in sites
 26 which are outside Fayette County and Jefferson County and

-2-

to become eligible for admission and to successfully complete graduate programs in medicine, dentistry, other health professions and law. The program should be coordinated by the Council on Higher Education, in cooperation with the state's professional schools, using the existing Area Health Education System (AHES) structure.

Legislative Action: (See Appendix II—BR 196)

1. Provide statutory authority for establishing the professional education preparation program with a full-time director and essential staff.

2. Designate the Council on Higher Education as the coordinating agency for the program and specify its relationship with other agencies, institutions, and organizations, including any advisory groups.

3. Establish legislative oversight authority.

4. Authorize necessary appropriation for initiating and operating the total program.

Administrative Action:

The total plan should be developed by the Council on Higher Education and approved by representatives of the institutions, agencies, and organizations which will be involved in administering the program. (Specific administrative actions for each component are included with the relevant recommendation.)

Recommendation

It is recommended that a comprehensive program for student recruitment be initiated at both the high school and undergraduate level as a component of the professional education preparation program. Recruitment efforts should be program-oriented rather than be identified with a specific professional school. In addition to the identification of potential applicants, the student recruitment program should provide such necessary support services as counseling, academic preparation and basic financial assistance.

Legislative Action: (Appendix II—BR 196)

1. Amend KRS Chapter 164 to establish liaison between the Council on Higher Education and the State Board for Elementary and Secondary Education and the State Board for Occupational Education, as related to high school recruitment activities.

2. Identify target groups of recruitment program.

3. Specify areas of support services to be provided.

Administrative Action:

Develop recruitment plans which identify areas of responsibility, specific recruitment activities, and categories of students.

Recommendation

It is recommended that a weighted selection process for admissions to the state schools of medicine, dentistry and law be established. The rating scale would establish the criteria by which the applicant is evaluated and the approximate weight of each. The scale should provide additional points for applicants from underserved and/or underrepresented areas of the state.

Legislative Action: (Appendix II—BR 196)

Amend KRS Chapter 164 to require a weighted selection process be established for each professional program and be utilized by every institution offering that program, with additional consideration for applicants from underserved and/or underrepresented areas.

Administrative Action:

1. Institutions offering professional programs establish weighted rating scale for approval by each institution's governing board.

2. Nothing in this section is intended to infringe on the traditional academic autonomy of each institution in the admissions process of any program.

Recommendation

It is recommended that a procedure for allocating approved primary care resident training positions between urban and underserved rural areas of the state be developed. The procedures should specify the criteria by which small communities can combine facilities for primary care resident training purposes.

Legislative Action: (Appendix II—BR 213 and BR 218)

1. Amend KRS 164.929 to require the allocation of primary care resident positions between rural and urban areas of the state.

2. Provide legislative authority for two additional "free-standing" medical residency training programs (defined in Chapter IV), one to be located in eastern Kentucky and one to

AN ACT relating to higher education and making an appropriation therefor.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

1 Section 1. KRS 164.910 is amended to read as follows:
2

3 (1) Each and every medical school established and
4 assisted financially by the state of Kentucky shall
5 include in the curriculum a department of family [general
6 practice of] medicine under the direction and supervision
7 of a qualified family [general] practitioner. The minimum
8 requirements for the department shall include courses of
9 study in family care including clinical experience, a
10 program of preceptorships, a program of internships or
11 family [general] practice residencies in a hospital and
12 such other teaching techniques as in the judgment of the
13 management of the school shall be best suited to encourage
14 and implement the preparation of students for the
15 [general] practice of family medicine.

16 (2) As used in this section, a "free-standing
17 family practice residency program" means a graduate medi-
18 cal education program sponsored by one (1) or both state
19 medical schools but located in and conducted through a
20 hospital organizationally and functionally separated from

KENTUCKY LEGISLATIVE RESEARCH COMMISSION

1978-79 Interim

LRC Bill No. 101

September 12, 1979

The following bill was prefiled for the Interim Joint Committee on Education with a recommendation for passage by Representatives William R. Weinberg, Jimmy White, N. Clayton Little, Jody Richards and Pete Worthington.

Paid for from state funds

be located in western Kentucky. The two additional programs are to be located in areas not already served by a residency program.

3. Develop recommendations to provide appropriations to support the residencies as authorized by SB 28.

Administrative Action:

1. Identify minimum requirements for resident training in family practice.
2. Establish rotation procedures for a minimum of three months' service in underserved areas.
3. Select sites for two free-standing family practice resident training programs.
4. Organize free-standing sites and initiate resident program.

Recommendation

It is recommended that the Council on Higher Education, working with the Kentucky Association of Counties and the Municipal League, develop and initiate a plan for community involvement. The plan should identify possible community activities related to early identification and preparation of potential applicants to professional schools.

The plan should also identify community strategies for attracting and retaining practicing professionals, including procedures for evaluating the availability of specific community facilities, such as the local education system, recreation and shopping facilities, and necessary space for an established practice. The plan should also include specific actions which could be undertaken by the community to make the area more attractive in terms of establishing a practice.

Community cooperation with the universities in establishing primary care resident training positions in rural areas should be addressed in the plan.

Legislative Action: (Appendix II—BR 196)

Require development of total plan for community involvement with:

- a. students
- b. practicing professionals
- c. resident training.

Administrative Action

1. The Council on Higher Education should develop details of each component of the plan for community involvement, in-

cluding an inventory of specific community facilities lacking in shortage areas and thus constituting obstacles to obtaining and retaining professionals.

2. Local community organizations should be involved in the development of the plan.

3. The plan should include a coordinated effort by the Council on Higher Education, the Kentucky Medical Association, the Municipal League, the Kentucky Association of Counties, and the universities to encourage communities to participate in the recruitment plan.

4. A clearinghouse, as recommended by the University of Louisville/University of Kentucky Coordinating Committee, should be established to assist city officials in the recruitment of professionals.

Recommendation

It is recommended that continued support be provided for the state's scholarship programs and for the loans to establish practice. Both programs should be given more publicity so that counselors will be aware of the assistance available to potential graduate students and communities may take advantage of the loan program to attract practitioners.

Legislative Action:

None.

Administrative Action:

Integrate information about scholarship programs in all phases of the previous recommendations.

1 undertake a minimum of three (3) months education in a
2 community facility in Kentucky outside the counties of
3 Fayette and Jefferson, subject to the approval of the
4 certifying board in each specialty.

5 (4) The University of Kentucky and the University
6 of Louisville shall recommend policies and procedures for
7 determining the allocation of new residency positions for
8 approval by the council on higher education using the
9 following criteria:

10 (a) The available or expected number and types of
11 qualified faculty necessary for the proper degree of
12 supervision and teaching;

13 (b) The scope and volume of patient care;

14 (c) The amount of available physical facilities;

15 (d) The current number and types of residency posi-
16 tions offered at each university;

17 (e) Regional needs for the manpower trained under
18 the provisions of KRS 164.927 [164.925] to 164.933;

19 (f) The extent of involvement in education in pri-
20 mary care in ambulatory care settings; and

21 (g) Any other criteria which may be developed by
22 the University of Kentucky and the University of
23 Louisville and accepted by the council on higher edu-
24 cation.

CHAPTER I

INTRODUCTION

AN ACT relating to residency positions for medical school graduates in primary care disciplines.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

1 Section 1. KRS 164.929 is amended to read as follows:
2

3 (1) All new residency positions shall be sponsored
4 by [located at] the University of Kentucky or [and] the
5 University of Louisville[, but not less than one-third of
6 the total man months per year, for the residency positions
7 created in KRS 164.925 to 164.933, shall be spent
8 practicing in a community facility which has been recommended
9 by the University of Kentucky or the University of
10 Louisville and approved by the council on higher
11 education]. The residency positions created by KRS
12 164.927 shall be served in sites approved by the appropriate
13 specialty board for certification and by the council
14 on higher education.

15 (2) Funding priority shall be given to programs in
16 which all or a portion of the residency occurs in sites
17 away from both the University of Kentucky and the University
18 of Louisville.

19 (3) Each individual serving a residency under KRS
20 164.927 shall, within the total period of residency,

-1-

The problem of maldistribution of doctors, dentists, and lawyers is not unique to Kentucky. While the question of dental and legal services has received some attention, the critical nature of medical care has required that major emphasis at both the state and national level be focused on methods of improving the delivery of medical services. For a number of years, the availability of services in Kentucky has been studied and attempts made to influence the distribution of practitioners. Approaches to solving the problem have concentrated primarily on the student who has already been admitted to professional school or on getting practicing professionals to move to a shortage area. Such incentives as student loans and loans to establish practice, which can in both cases be repaid through service in underserved areas, and increasing the number of resident training positions have all been initiated in response to the question of maldistribution.

In addition, the institutions of higher education offering professional programs have made a concentrated effort to coordinate the separate institutional systems for recruitment and admissions and to implement activities which can ultimately have a significant impact on the delivery of services.

In a joint statement to the Legislative Committee on Professional Schools Admissions, representatives of the state's professional schools reported that each year the medical, dental and law schools in Kentucky receive far more applicants for admission than can be accommodated. However, in the areas of medicine and dentistry, inflation and decreasing government interest in subsidizing medical and dental education seem to be causing a decrease in the applicant pools. The loss has been substantial and the trend continues. In addition, it is felt that the well-publicized limitations on enrollments, plus the demanding science curriculum required, have discouraged applications from students who are not extremely high performers in science.

In order to promote interest by better informing advisors, the University of Kentucky and the University of Louisville have jointly sponsored one-day programs for college level pre-medical and pre-dental advisors. These programs have been considered most helpful by the advisors, but not all advisors have attended, and information exchange on a one-day program has been limited. Further, this activity

has not focused on recruiting more students from under-represented areas into the health-related professions.

The University of Kentucky/University of Louisville statement indicates that the number of applicants for law school has remained steady or has increased in the last few years. However, some qualified candidates may be discouraged from applying because they do not have adequate factual information concerning the admission process and the factors considered by the admissions committees in assessing the credentials of individual applicants. Although there has been no joint effort by the law schools to address the problem, some tentative discussion has taken place.

A statement on activities at the University of Louisville, presented by a Committee member, pointed out that the University has been successful in implementing the resident training program authorized by Senate Bill 28 (1976). The Area Health Education System (AHES) has been successful in terms of student participation and in terms of providing an excellent learning experience. Other related activities reported by the University include the full implementation of the associate degree and the baccalaureate degree in nursing programs, with a master's degree program in nursing recently being approved, well-selected programs in allied health being developed, and the Health Sciences Center working to coordinate the development of a new tertiary care base in Louisville, with a corresponding development of a primary care network in the University's health service area.

The University of Louisville and the University of Kentucky have submitted a joint application for federal support to better coordinate the efforts of the two universities in implementing a rural health manpower thrust. While these approaches have had some effect on the delivery of services by increasing the number of professionals, the problem of maldistribution has not been eliminated. A 1977 Legislative Research Commission study reports that 45 counties and portions of seven others were designated as critical health manpower shortage areas by the U. S. Department of Health, Education and Welfare (HEW). In 1978, HEW designated 59 counties and portions of eight others as critical shortage areas, resulting in a net increase in one year of 15 areas where the lack of primary health care is considered critical by a federal agency. Of the 59 counties classified as critical shortage areas, 16 did not have even one student enrolled in medical school during the 1977-78 school year.

According to the Kentucky Department for Human Resources, 71 of the 120 counties had a critical need for dental services in 1978. However, the same year HEW classified only 36 counties as having a

KENTUCKY LEGISLATIVE RESEARCH COMMISSION

1978-79 Interim

LRC Bill No. 37

June 20, 1979

The following bill was prefiled for the Interim Joint Committee on Education with a recommendation for passage by Representatives William R. Weinberg, N. Clayton Little and Jody Richards.

Paid for from state funds

AN ACT relating to higher education.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

1 Section 1. KRS 164.475, Allocation of enrollment
2 positions by state schools of medicine and dentistry --
3 Competitive selection of entering class medical, dental
4 or law students, is repealed.

critical need. Of that 36 counties, 21 had no students enrolled in the state's dental school.

Although population per lawyer ratios provide information on the geographical distribution of attorneys, they do not indicate the extent to which legal services are available. While there is no established "ideal" population/attorney ratio, Kentucky's statewide ratio for 1977 was 713:1, compared to the national ratio of 497:1. For purposes of this report, a population/attorney ratio greater than 1,500:1 is considered to constitute a shortage. Based on that ratio, 58 Kentucky counties are classified as shortage areas. Of the 58 shortage counties, 13 did not have a student enrolled in a Kentucky school of law in the 1977-78 school year.

Recognizing that a serious lack of professional services still exists in some areas, and that many of these same areas are also under-represented in terms of professional school enrollments, the 1978 General Assembly approved House Joint Resolution 61 (Appendix I). This resolution calls for the establishment of an eleven-member committee, composed of legislators and higher education representatives, to determine the "causes of the relatively low incidence of professional school applicants and admissions from rural areas in the state and seek feasible means of insuring that more rural Kentuckians apply and are admitted to professional programs in the state."

The committee identified five major components of a comprehensive professional education preparation program, which incorporates early identification with recruitment, admission, and follow-through, in order to increase the number of potential applicants from underserved and/or under-represented areas who are qualified for admission to professional schools. Each of the five components is described in subsequent chapters of this report. The discussion of each component is followed by recommendations, suggested legislative action, and administrative action needed to implement the program.

Because the Council on Higher Education is already established as the coordinating agency for higher education, including the Area Health Education System, the program should be coordinated by the Council in cooperation with the professional schools, the undergraduate schools, and other systems that already exist for the delivery of services. As the coordinating agency, the Council would have overall responsibility for the program and should assign a staff person as a full-time coordinator.

Recommendation

It is recommended that a statewide professional education preparation program be established. The focus of the program should be the development of an affirmative action program which will assist students from underserved and/or under-represented areas of the state to become eligible for admission and to successfully complete graduate programs in medicine, dentistry, other health professions and law. The program should be coordinated by the Council on Higher Education, in cooperation with the state's professional schools, using the existing Area Health Education System (AHES) structure.

Legislative Action: (Appendix II—BR 196)

1. Provide statutory authority for establishing the professional education preparation program with a full-time director and essential staff.
2. Designate the Council on Higher Education as the coordinating agency for the program and specify its relationship with other agencies, institutions, and organizations, including any advisory groups.
3. Establish legislative oversight authority.
4. Authorize necessary appropriation for initiating and operating the total program.

Administrative Action:

The total plan should be developed by the Council on Higher Education and approved by representatives of the institutions, agencies, and organizations which will be involved in administering the program. (Specific administrative actions for each component are included with the relevant recommendation.)

APPENDIX II-b

80 BR 197

KENTUCKY LEGISLATIVE RESEARCH COMMISSION

1978-79 Interim

LRC Bill No. 35

June 20, 1979

The following bill was prefiled for the Interim Joint Committee on Education with a recommendation for passage by Representatives William R. Weinberg and Jody Richards.

Paid for from state funds.

1 programs in the areas of medicine, dentistry, and law
 2 shall establish and publish the criteria by which appli-
 3 cants for admission are evaluated and the approximate
 4 weight of each criteria including a criterion based upon
 5 permanent residence in underserved or underrepresented
 6 areas of the Commonwealth.

7 SECTION 5. A NEW SECTION OF KRS CHAPTER 164 IS
 8 CREATED TO READ AS FOLLOWS:

9 The area health education system in the council on
 10 higher education is hereby recognized.

11 Section 6. To carry out the purposes of this Act,
 12 there is appropriated to the council on higher education
 13 out of the general fund in the state treasury the sum of
 14 \$404,000 for the 1980-81 fiscal year and the sum of
 15 \$745,000 for the 1981-82 fiscal year.

-5-

CHAPTER II

STUDENT RECRUITMENT

In the past student recruitment has not been a major concern of the nation's professional schools. The number of applicants has traditionally exceeded the number who could be accepted into a program. In recent years, some schools have initiated recruitment programs which are primarily designed to reach the "disadvantaged" undergraduate student, in response to federal anti-discrimination laws.

Information gathered from 43 states shows that only nine of the 43 had any type of special recruitment program for medical school applicants, six conducted some type of recruitment for dental school applicants, and five actively recruited applicants to law school.

Student recruitment by the Kentucky schools of medicine, dentistry, and law appears to have had a history similar to that of other states. Active recruitment has not been considered necessary, since existing professional programs could not accommodate all applicants.

For those programs where recruitment does exist, efforts have not been significant and have concentrated on the minority student at the undergraduate level. No effort has been made to recruit students from underserved or under-represented areas of the state, although there is general agreement that eventual location of practice is related to location of previous residence. Following is a summary of current recruitment practices at the professional schools in Kentucky.

Medical School Recruitment

University of Kentucky

The Committee on Admissions for the College of Medicine at the University of Kentucky has been given the charge by the dean of the medical school to "engage in recruitment activities and such other appropriate steps as may be useful in obtaining highly qualified medical students who also may be representative of diverse social and cultural backgrounds."

In 1969, the College of Medicine received its first federal grant to identify, select, and retain "disadvantaged" students. This federally-funded special projects grant was used to establish the Office for

Special Student Programs. That office was responsible for the identification, selection, and retention of "disadvantaged" students who had been accepted by the College of Medicine. With an extension of the grant, the Office of Special Student Programs became the current Office of Student Development, and a counseling component was added.

The federal grant also supports two summer programs. One is for high school and college students, with an emphasis on rural and black students who indicate an interest in the health professions. The selected students spend eight weeks in intensive academic preparation during the summer.

The second program is a summer supplemental program designed to minimize attrition in the College of Medicine. A simulated first semester of medical school is provided for minority, rural female, and Appalachian students.

Grant funds were also used to establish an educational resources division, which provides supplemental educational resources for student use.

The Office of Student Development Programs, in cooperation with the College of Medicine Admissions Office, has established contact with approximately fifty potential applicants for the 1979-80 entering class. These contacts were made through other medical students, former faculty members, and the American Association of Medical Colleges.

The University of Kentucky College of Medicine has developed the following recruitment plan, including strategies to:

- (1) Develop a regional effort throughout the area represented by the American Association of Medical Colleges, Southern Region.
- (2) Provide regional interviewing sites or host Saturday on-campus visits by minority students.
- (3) Provide in-depth personal counseling for potential applicants.
- (4) Develop a minority "fact sheet" concerning former and currently enrolled minority students.
- (5) Develop a peer recruiting system through the student organization.
- (6) Develop a regional liaison system with other minority health educators who will provide the College of Medicine with names of potential applicants.

1 the impact of the program activities on admissions to,
2 and graduation from, professional schools, and on profes-
3 sional manpower distribution;

4 (7) Conduct specific program activities which are
5 beyond the capability of a single institution, agency, or
6 organization, or when it is determined that it would be
7 inappropriate for such institutions, agencies, or orga-
8 nizations to conduct the activity;

9 (8) Establish liaison with and provide assistance
10 to the state board for elementary and secondary education
11 and the state board for occupational education in devel-
12 oping counseling and other related programs to encourage
13 students from shortage areas to prepare for professional
14 careers;

15 (9) Coordinate the development of a financial sup-
16 port system to enable potential professional students in
17 underserved areas which will enhance their ability to
18 apply for, be admitted to, and graduate from professional
19 education programs;

20 (10) Report at least annually to the appropriate
21 committees and interim committees of the general assembly
22 on the operation of the program.

23 SECTION 4. A NEW SECTION OF KRS CHAPTER 164 IS
24 CREATED TO READ AS FOLLOWS:

25 Every public institution of higher education in the
26 Commonwealth of Kentucky offering professional education

1 practice in underserved areas of the Commonwealth;

2 (5) Provide for the intensive recruitment of such
3 students and postgraduate trainees for practice in
4 underserved areas;

5 (6) Provide technical assistance to communities in
6 their professional manpower recruitment efforts.

7 SECTION 3. A NEW SECTION OF KRS CHAPTER 164 IS
8 CREATED TO READ AS FOLLOWS:

9 The council on higher education shall:

10 (1) Employ a director and sufficient staff to
11 administer the professional education preparation pro-
12 grams;

13 (2) Formulate guidelines and policies governing
14 program activities and fund expenditures;

15 (3) Allocate funds to appropriate agencies, orga-
16 nizations, and institutions for the purpose of conducting
17 activities approved in accordance with guidelines and
18 policies;

19 (4) Recognize regional groups made up of profes-
20 sionals, educators, and consumers, which shall serve in
21 an advisory capacity to the council in accordance with
22 guidelines and policies;

23 (5) Recognize a group made up of professionals,
24 educators and consumers which shall serve in an advisory
25 capacity to the council on all program matters;

26 (6) Develop and maintain a mechanism for evaluating

University of Louisville

The School of Medicine at the University of Louisville has no active recruitment program at the current time. Information provided by the school states that admission to the program is extremely competitive, and emphasis is placed on admitting those students who present the strongest credentials.

The Office of the Vice President for Health Affairs has been working with the Office of Minority Affairs at the University to develop a federal grant proposal relating to the recruitment and retention of disadvantaged students in the area of health. If funded, this program would provide remedial and academic support services to meet the special needs of students with minority and rural backgrounds. The intent of the program is to better prepare the student to meet the academic demands associated with careers in the health field.

Dental School Recruitment

University of Kentucky

A policy of the Committee on Admissions of the College of Dentistry states that the Committee is to select individuals "with the greatest probability of establishing practices within underserved areas or population groups of the Commonwealth . . ." The interest is centered primarily in attracting more rural and black applicants.

For the past seven years, the College has conducted a summer program which provides intensive experiences in a wide variety of areas, including dental disciplines, site visits to established practices, reading and study skills development assistance, and seminars on a broad range of related topics. Ten to fifteen female, minority, rural, and/or disadvantaged (educationally or financially) students are enrolled in the program for eight weeks each summer. The direction of the minority/disadvantaged/rural program has always been to increase the number of applicants from such groups to provide a greater representation, not to separate them into pools for consideration.

University of Louisville

The number of applicants for the beginning class in the School of Dentistry at the University of Louisville, like that for the School of Medicine, is much greater than the number of positions available. For this reason, no active recruitment program has been necessary. The federal grant proposal discussed in relation to recruitment to the medical program includes recruitment of dental students.

Law School Recruitment

80 BR 196

University of Kentucky

The College of Law in the University of Kentucky has no "minority" admissions program as such. The faculty has a strong commitment to educate qualified students from minority groups and others who come from educationally disadvantaged backgrounds. This commitment results in a careful review of each resident applicant to meet the goal of providing a supply of well-trained lawyers to serve the people of Kentucky. The University's philosophy is that this goal can best be accomplished by enrolling students who come from diverse backgrounds.

Although they acknowledge that efforts have not been greatly successful, the Recruitment Committee strives to visit each Kentucky college and university during the fall of each year to talk with pre-law students. The emphasis of these visits is on recruiting qualified black students and to inform freshmen, sophomore and junior students of opportunities available to them in the legal profession.

University of Louisville

As with the other universities, recruitment at the School of Law has not been significant in the past and has consisted primarily of visits to the major campuses in the state. An overabundance of unsolicited applicants and a lack of funds for recruitment purposes have tended to keep activities at a minimum.

Early in the 1978-79 school year, the School of Law invited pre-law advisors throughout the state to attend an on-campus luncheon to receive first-hand information about the program and the school.

Northern Kentucky University

In the past, sporadic efforts were made by the Associate Dean to make recruiting visits to Kentucky colleges. During the 1978-79 school year, an active program of visits to all undergraduate colleges was initiated for the purpose of increasing the number and the geographic diversity of Kentucky applicants and to recruit qualified minority students.

Because of its proximity to Cincinnati, Northern Kentucky's Chase School of Law receives numerous application from Ohio residents without any recruiting effort. However, efforts to reach the more distant Kentucky schools have been increased. Letters were sent to all undergraduate schools in the state, both public and private, volunteering to have law professors and law students visit their campuses.

1 education an office of professional education preparation
2 programs. The office shall have as its principal respon-
3 sibility the coordination, development, and implementa-
4 tion, through appropriate means, of educational activi-
5 ties directed toward solving the problem of professional
6 manpower distribution in the Commonwealth. For the pur-
7 poses of this Act, the words "profession" and "profes-
8 sional" mean medicine, dentistry and law.

9 SECTION 2. A NEW SECTION OF KRS CHAPTER 164 IS
10 CREATED TO READ AS FOLLOWS:

11 The office of professional education preparation
12 programs shall coordinate, promote and support activities
13 designed to:

14 (1) Identify high school students and other indi-
15 viduals from designated underserved areas of the Common-
16 wealth who have indicated an interest in, and demon-
17 strated potential for pursuing professional careers;

18 (2) Provide special educational opportunities for
19 such students to prepare themselves for admission to, and
20 graduation from, professional schools;

21 (3) Provide extramural (off-campus) educational
22 opportunities for professional students in rural and
23 other designated underserved areas of the Commonwealth;

24 (4) Identify currently enrolled professional stu-
25 dents, post-graduate trainees and residents who are
26 deemed to have realistic potential for recruitment to

AN ACT relating to education and making an appropriation therefor.

WHEREAS, large segments of the population of the Commonwealth of Kentucky are without adequate access to medical, dental and legal services; and

WHEREAS, many areas of the Commonwealth have been designated as physician-shortage areas, and many of these areas also have shortages of other trained medical and professional personnel; and

WHEREAS, information indicates that students from shortage areas are more likely to return to those areas to practice; and

WHEREAS, there is a need to increase the number of students from shortage areas who apply for, are admitted to, and graduate from professional programs; and

WHEREAS, special efforts must be exerted to interest and prepare students from shortage areas for admission to, and success in, professional schools;

NOW, THEREFORE,

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

1 SECTION 1. A NEW SECTION OF KRS CHAPTER 164 IS
2 CREATED TO READ AS FOLLOWS:
3 There shall be established in the council on higher

Recruitment efforts have been intensified at colleges which have a high enrollment of minorities. Presently enrolled minority students are participating in the recruiting effort.

Recommendation

It is recommended that a comprehensive program for student recruitment be initiated at both the high school and undergraduate level as a component of the professional education preparation program. Recruitment efforts should be program-oriented rather than be identified with a specific professional school. In addition to the identification of potential applicants, the student recruitment program should provide such necessary support services as counseling, academic preparation, and basic financial assistance.

Legislative Action: (Appendix II—BR 196)

1. Amend KRS Chapter 164 to establish liaison between the Council on Higher Education and the State Board for Elementary and Secondary Education and the State Board for Occupational Education, as related to high school recruitment activities.
2. Identify target groups of recruitment program.
3. Specify areas of support services to be provided.

Administrative Action

Develop recruitment plans which identify areas of responsibility, specific recruitment activities, and categories of students.

CHAPTER III
ADMISSIONS

As indicated earlier, the number of applicants far exceeds the number than can be accepted by the professional schools of the state. This situation results in a pool of applicants from which the most qualified are selected for admission.

While there is general agreement that many of the counties classified as critical shortage areas by the U.S. Department of Health, Education and Welfare (HEW) are also under-represented in terms of enrollments in professional programs, no previous attempts have been made to increase the number of students admitted from critical shortage areas. These are often rural areas with small public school systems which may not be able to provide the academic background necessary for eventual acceptance to professional programs. Moreover, the fact that these are underserved areas means that many students living there have had no contact with practicing professionals, and therefore may have little concept of what is required for success in the profession. The initiation of the career education concept into the public school systems should eventually have some impact on student awareness.

Members of the Committee on Professional Schools Admissions are in agreement with the universities that the present shortage does not justify reducing admissions or performance standards. An alternative to reducing standards is early identification of potential applicants, with provisions for any academic and psychological support necessary to meet the established qualifications for admission.

In early 1979, the University of Louisville/University of Kentucky Coordinating Committee developed joint policies for the selection of students entering the state's two medical schools and the two dental schools. These selection criteria provide some consideration for geographical location of the applicant.

All four schools seek to identify the best qualified and most responsible applicants. As state-supported institutions, they give preference to citizens of Kentucky and a distinct effort is made to attract students of high accomplishment in the humanities as well as in science, and from various parts of the state. A full four-year college program is encouraged.

Although it is not the practice to interview all applicants, whether from Kentucky or other states, a policy of preferential interviewing

KENTUCKY LEGISLATIVE RESEARCH COMMISSION

1978-79 Interim

LRC Bill No. 102

September 12, 1979

The following bill was prefiled for the Interim Joint Committee on Education with a recommendation for passage by Representatives William R. Weinberg, Jimmy White, Carl R. Hines, Sr., Jody Richards, N. Clayton Little and Pete Worthington.

Paid for from state funds.

1 rural areas entering the professional schools of medi-
2 cine, dentistry and law.

3 Section 2. The special subcommittee shall be com-
4 posed of eleven members as follows: seven members of the
5 General Assembly, four of whom shall be from
6 predominately rural constituencies, to be appointed by
7 the Legislative Research Commission; a total of three
8 deans from Kentucky professional schools, one each from
9 medicine, dentistry and law, to be selected by the chair-
10 man of the Council on Higher Education; and the Executive
11 Director of the Council on Higher Education.

12 Section 3. The study shall focus on determination
13 of the causes of the relatively low incidence of profes-
14 sional school applications and admissions from rural
15 areas in the state and seek feasible means of insuring
16 that more rural Kentuckians apply and are admitted to
17 professional programs in the state.

18 Section 4. The study shall be completed and
19 reported to the Legislative Research Commission and the
20 Interim Joint Committee on Education not later than June
21 1, 1979.

22 Section 5. Staff services to be utilized in
23 completing this study are estimated to cost \$12,000.
24 These staff services shall be provided from the regular
25 Commission budget and are subject to the limitations and
26 other research responsibilities of the Commission.

specifically for Kentucky applicants has been established. The medical schools conduct preferential interviews with Kentuckians who have been National Merit Scholars or National Merit semi-finalist scholars and/or have permanent residence in an HEW-designated physician-shortage area.

Interview schedules are to be established as early in the senior year in college as is practical and upon completion of the usual application materials. On interview day, applicants are encouraged to visit classes in session, meet with other enrolled students, and familiarize themselves with the facilities and surroundings of the school. The interview itself seeks to establish the alertness and logic of the applicant's responses. At the same time, efforts are made by the interviewing staff to identify sources of strength, commitment, and personal responsibility which may not be apparent in the biographical and statistical details of the written application. Although letters providing evidence of reliability and self-discipline are helpful in the selection process, greater weight is placed on extracurricular accomplishments, service, and summer work that is indicative of these traits. Thus, such activities as advanced scouting, camp counseling for a full summer or two, athletic team participation, and work in a shop, laboratory, or hospital for one or two summers may be significant.

The selection committee members seek to establish an objective evaluation of the applicant by an "overall rating" procedure based on a maximum 100-point scale. In this process, the scholastic or academic accomplishments of the applicant may receive as much as 60 points. The important non-academic characteristics of the applicants are evaluated in four categories for the remaining 40 of the total 100 points. These may include but are not limited to: (1) humanitarian, cultural, service, or religious activities; (2) recommendations from the college advisor or committee and from other individuals with intimate and personal knowledge of the applicant; (3) interpersonal, group, club, or social accomplishments; and (4) special characteristics, with major emphasis on under-represented minority membership, and residence in underserved areas, with some consideration given to activities, vocational pursuits, and artistic or professional achievements.

The total selection process is designed to find individuals who are (1) of unquestionable responsibility, high motivation, and moral character; (2) capable of mastering the knowledge and completing the curriculum of professional school; and (3) likely to make enduring contributions to the health of the citizens of the Commonwealth and the nation.

Recommendation

It is recommended that a weighted selection process for admissions to the state schools of medicine, dentistry, and law be established. The rating scale should establish the criteria by which the applicant is evaluated and the approximate weight of each. The scale should provide additional points for applicants from underserved and/or under-represented areas of the state.

Legislative Action: (Appendix II—BR 196)

Amend KRS Chapter 164 to require that a weighted selection process be established for each professional program and utilized by every institution offering that program, with additional consideration given to applicants from underserved and/or under-represented areas.

Administrative Action:

1. Institutions offering professional programs should establish a weighted rating scale for approval by each institution's governing board.

2. Nothing in this section is intended to infringe on the traditional academic autonomy of each institution in the admissions process to any program.

A JOINT RESOLUTION directing the Legislative Research Commission to establish a special subcommittee to study the low incidence of admission of rural Kentuckians to professional schools.

WHEREAS, there exists a shortage of doctors, dentists and lawyers in rural areas of the Commonwealth of Kentucky; and

WHEREAS, the area in which a professional chooses to practice is influenced by the area in which he has grown up and has his roots; and

WHEREAS, a disproportionately small percentage of Kentuckians from rural areas are admitted to the professional schools of medicine, dentistry and law in the Commonwealth of Kentucky; and

WHEREAS, the causes of the low incidence of admission of rural Kentuckians has not been determined and procedures have not been implemented to correct this inequity.

NOW, THEREFORE,

Be it resolved by the General Assembly of the Commonwealth of Kentucky:

1 Section 1. The Legislative Research Commission
2 shall establish a special subcommittee to study the prob-
3 lem of the relatively low percentage of Kentuckians from

APPENDIX I



78 BR 1455/GA

**GENERAL ASSEMBLY
COMMONWEALTH OF KENTUCKY**

REGULAR SESSION 1978

HOUSE RESOLUTION NO. 61

FRIDAY, MARCH 3, 1978

The following bill was reported to the Senate from the House and ordered to be printed.

CHAPTER IV

RESIDENT TRAINING PROGRAMS

There is a great deal of evidence that the geographical location of residency training is a major influence on the decision of where to establish a practice. A 1975 report issued by the Council on Public Higher Education refers to a number of studies which indicate that location of residency training is the single most important factor influencing location of practice.¹

In a discussion of the role of area health education centers, the Carnegie Council reported that although the primary purpose of the centers is to improve the quality of health care in their areas, they can also play a significant role in the effort to overcome geographic maldistribution of health manpower. "The majority of medical residents remain to practice in the states in which they served their residencies."²

In 1974, the two Kentucky medical schools graduated 208 physicians, while there were only 169 first-year resident positions available for postdoctoral training.³ All positions were filled except 31, which were in disciplines other than primary care. Of the 138 filled positions, eight were held by foreign graduates. Therefore, 78 of the 208 graduates, or 37.5%, had to leave the state for resident training. Under the assumption that the services of the 78 graduates are lost to the state, and estimating a cost of \$50,000 for four years of medical education per graduate, the students leaving the state represent an investment of approximately \$4,000,000.

A 1977 Legislative Research Commission study reports that although the number of first-year post-graduate positions had increased to 183, the potential loss is still close to \$4,000,000 annually, partially due to a \$15,000 increase in the educational cost of medical training.⁴ Perhaps more significant than the one-time financial loss when a qualified medical school graduate leaves the state is the loss of future medical services to the citizens of the Commonwealth.

In an effort to meet the need for additional resident positions in the state and to acquaint the resident physician with the requirements of a rural practice, the Committee on Professional Schools Admissions proposed legislation (Appendix II—BR 218) and approved a recommendation concerning Senate Bill 28. That bill, passed by the 1976 General Assembly, authorized the establishment of twenty-eight new

family practice resident positions in fiscal year 1977 and forty-eight additional positions in fiscal year 1978, a total of seventy-six new positions.

The legislation proposed by the Committee and approved by the Interim Joint Committee on Education (BR 218) requires the establishment of two additional "free-standing" family practice residency training programs in areas of the state not served by such a program. A "free-standing" residency program is defined as "a graduate medical education program sponsored by one or both state medical schools but located in and conducted through a hospital organizationally and functionally separated from a university hospital and having such facilities, services and other resources to offer the complete three-year graduate medical education program in accord with the essentials for accredited residency training in family practice established by the liaison committee on graduate medical education and the American Board of Family Practice and approved by the Council on Higher Education."

For the 1979-80 school year, each university has fourteen first-year positions and fourteen second-year positions. In addition the University of Kentucky has eight third-year positions and the University of Louisville has twenty-four. In order to accommodate the residencies required by the proposed BR 218, the Committee recommended that a total of twenty new positions be established during the 1980-81 biennium. Sixteen of the positions would be sponsored by the University of Kentucky, with the remaining four established at the University of Louisville in the second year of the biennium.

The Committee also recommended that a phase-in process be initiated to ultimately achieve full funding of the positions authorized in 1976. This could be accomplished by funding four new positions at each school each year. By 1984, this would provide sixty first-year positions at the University of Kentucky and sixty-four positions at the University of Louisville.

While some improvement has occurred in the retention of dental graduates, a report by the Department of Community Dentistry at the University of Kentucky states that the increase is such that only small improvements in the overall supply of dentists are expected.⁵ Of the nine counties without a practicing dentist in 1970, all except one had at least a part-time dentist in 1977. In addition, a decrease from 44 to 35 counties with two or fewer dentists indicates some improvement in rural areas.⁶

The two dental schools currently have a total of 40 resident training positions, with all 40 positions being in specialty areas. Each school

FOOTNOTES

1. *Kentucky and Health Sciences Education, Part Four: Medicine, Comprehensive Planning for Higher Education: Phase I Report* (Council on Higher Education, Frankfort, Kentucky, 1975), p. 23.

2. *Progress and Problems in Medical and Dental Education* (Carnegie Council on Policy Studies in Higher Education, Berkeley, California, 1976), p. 97.

3. *Kentucky and Health Sciences Education*, p. 24.

4. *Physician Manpower in Kentucky: Supply and Distribution*, Legislative Research Commission Research Report No. 133 (Frankfort, Kentucky, 1977), p. 7.

5. James D. Bader, "Supply and Distribution of Dentists in Kentucky" (University of Kentucky, Lexington, 1978), p. 27.

6. *Ibid.*, p. 8.

7. "The National Health Service Corps and How It Works," *Medical World News*, November, 1978, p. 101.

8. *Ibid.*

9. T. M. Robertson and R. P. White, Jr., "A State Supported Incentive Program and Distribution of Dental Manpower," *Journal of the American Dental Association*, V. 97 (October, 1978), p. 635.

10. *Physician Manpower in Kentucky*, p. 7.

11. Information on medical and dental scholarships was provided by the Kentucky Medical Association, the Kentucky Board of Dentistry, and the Kentucky Department for Human Resources.

loan, a student must be enrolled or accepted for enrollment on at least a half-time basis at an eligible postsecondary educational institution. Level of income does not effect participation in this program. The maximum amount an undergraduate may borrow is \$2,500 per year, while graduate students may borrow up to \$5,000 annually. Undergraduates may borrow a total of \$7,500, graduate students a total of \$15,000, including money borrowed while an undergraduate. Interest is charged at the rate of seven percent simple interest per year, with the federal government paying the interest charges while the borrower is in school and for nine months after he or she leaves school. Repayment begins nine months after the borrower terminates his or her education.

Recommendation

It is recommended that continued support be provided for the state's scholarship programs and for the loans to establish practice. Both programs should be given more publicity so that counselors will be aware of the assistance available to potential graduate students and communities may take advantage of the loan program to attract practitioners.

Legislative Action:

None.

Administrative Action:

Integrate information about scholarship programs in all phases of the previous recommendations.

established two resident positions in general practice for the 1979-80 year.

The Committee on Professional Schools Admissions considered a bill draft to establish twelve additional one-year dental residencies. Upon completion of a year in residence, the dentist would be required to practice one year in an underserved area. However, while the Committee endorsed the concept of a program to encourage dentists to practice in an underserved area, they felt that the legislation should be referred to the Interim Joint Committee on Health and Welfare.

Recommendation

It is recommended that two additional free-standing medical residency programs be established, and that the state move toward full funding of the resident positions authorized by Senate Bill 28.

It is also recommended that a procedure for allocating approved primary care resident training positions between urban and underserved rural areas of the state be developed. The procedures should specify the criteria by which small communities can combine facilities for primary care resident training purposes.

Legislative Action: (Appendix II—BR 213 and BR 218)

1. Amend KRS 164.929 to require the allocation of primary care resident positions between rural and urban areas of the state.
2. Provide legislative authority for two additional free-standing medical residency training programs, one to be located in eastern Kentucky and one to be located in western Kentucky, in areas not already served by a residency program.
3. Provide funding in the 1980-81 biennial budget to support sixteen new primary care resident positions at the University of Kentucky and four new positions at the University of Louisville.

Administrative Action:

1. Identify minimum requirements for resident training in family practice, in order to establish criteria by which small communities may combine facilities for primary care resident training purposes.
2. Establish rotation procedures for a minimum of three months' service in an underserved area.
3. Select sites for two free-standing family practice resident training programs.
4. Organize free-standing sites and initiate resident program.

CHAPTER V

COMMUNITY ACTIVITIES

Activities which help make professional services more readily obtainable should be supported by the entire community, since the degree to which medical, dental, and legal services are available has an impact on the total community. Those communities which have initiated well-planned recruitment programs are much more likely to attract and retain practicing professionals.

At both the federal and state level, the greatest emphasis is placed on medical services for the underserved areas. While legal and dental services are vital, lack of these services does not affect the health and welfare of an entire area to the same extent as does a lack of medical care.

Those areas which meet the shortage criteria established by the U.S. Department of Health, Education and Welfare may be able to obtain the services of a primary care physician through the National Health Services Corps (NHSC). For this purpose, a shortage area is defined as having a population/primary care physician ratio greater than 3,500:1, having an unusually high need for medical services as well as a population/physician ratio of at least 3,000:1, or having medical manpower that is inaccessible or excessively distant. For rural areas, that means no care within 20 miles; for metropolitan areas, none within 30 minutes' commuting time. A large number of indigents, migrants, or people over 65; a high infant mortality rate; and a significant number of aging physicians are also considered in the designation.⁷

In addition to qualifying as a shortage area, a community has to meet certain other obligations in order to obtain the services of a NHSC physician. A nonprofit corporation to provide facilities, equipment, and staff must be established. NHSC will pay for initial expendable supplies but must be reimbursed within six months. The doctor's salary, support costs, benefits, and scholarships are paid to NHSC by the corporation through fees. According to a *Medical World News* report, only about 20% of the clinics actually pay their own way. The Secretary of Health, Education and Welfare may waive the part not earned, and NHSC will make up the difference.⁸

The Kentucky Municipal League, the Kentucky Medical Association, the two medical schools, and various other health service agencies

cluding an honest description of the demands of rural practice, school systems in Kentucky, and cultural opportunities in comparison to those of metropolitan areas. The Board of Trustees believes that applicants should be under no illusions about the commitment they are making. Students are required to sign a form indicating that the stipulations of the loan program have been clearly defined. Third, Kentucky has a full-time administrator for the program; most other states' programs do not.

In 1974, the Fund adopted a new loan agreement that included the provision for liquidated damages, should the borrower fail to fulfill the medical practice provision of the agreement. The amount of damage was set at \$5,000 for each year of such failure, in addition to repayment of all outstanding loans. The \$5,000 was an arbitrary figure selected to represent the inconvenience to patients in a rural area deprived of the services of a physician who failed to fulfill his obligation to the Fund.

The same type of fund exists for dental students; the Kentucky Rural Dental Scholarship Fund operates in much the same manner as the medical fund. Each biennium an amount for the scholarship fund is included in the budget of the Department for Human Resources. The Kentucky Board of Dentistry receives applications, awards scholarships, and conducts follow-up activities.

Legislation relating to the fund (KRS 211.420) requires that not less than ten scholarships of \$1,500 each be awarded. Currently 20 scholarships of \$4,500 are awarded each year. As with the medical scholarship, recipients must practice in a critical shortage area for one year for each year a scholarship is received. The Kentucky Department for Human Resources identifies the critical shortage areas, based on a dentist/population ratio of 1:4,000 or greater.

For the 1977-78 school year, there were 52 applicants; in 1978-79 there were 43; and for the 1979-80 school year, 45 students have applied for the scholarship. Since currently appropriated funds can support only 20 scholarships per year, less than half those applying will receive funds.

Other state and federal loans and grants are available to assist graduate students. Established by an act of the 1978 Kentucky General Assembly, the Kentucky Higher Education Assistance Authority (KHEAA) Guaranteed Student Loan Program (GSLP) replaces the Federal Insured Student Loan Program and the KHEAA Direct Student Loan Program. Under this program, students borrow directly from a participating commercial lending institution, such as a bank, credit union or savings and loan association. To be eligible for a

of Parents and Teachers, the Kentucky Farm Bureau, the Kentucky Press Association, the Kentucky State Bar Association, the Kentucky Medical Association, Kentucky businessmen, and other interested citizens.

Thirty of Kentucky's counties were designated critical shortage counties for 1978-79, based on a physician/population ratio of 1:3000 or greater. Counties are reviewed at least annually and the designation changes as needs change.

The fund is currently lending \$4,000 per year to residents of Kentucky who have been admitted to one of the two accredited medical schools in Kentucky, and who will agree to practice in rural Kentucky one year for each loan received. The amount of these loans is reconsidered each year and is raised as necessary to cover increased costs of medical education.

In addition to loans to students, the Fund has loans of up to \$5,000 available to physicians entering practice for the first time in designated critical counties or in the Kentucky Public Health Service. All loans bear an interest rate of two percent, with forgiveness features to recipients who establish such practice. The Fund now has 210 physicians in practice in 85 counties, including 35 practicing in critical areas. Approximately 100 additional recipients are now in medical school or primary care residencies.

During 1978, the Board of Trustees approved a total of 25 new and 30 renewal loans, for a total loan amount of \$220,000. Also ten loans to physicians, totaling \$20,500, were forgiven for practice in critical areas in Kentucky.

Eight scholarship recipients located in rural Kentucky during 1978, one of which was in a critical county. The other seven recipients located in the counties of Marshall, Grayson, Graves, Perry, Madison, and Calloway.

Three factors appear to contribute to the success of the program. First, the Scholarship Fund appeals to medical students who are Kentucky residents; most have been born, raised and educated in the Bluegrass State and intend to stay here for practice. In an environment where many students have a built-in interest and are given a wide variety of shortage areas from which to choose (113 counties), the chances of a high success rate are greatly enhanced. Second, extensive interviewing takes place before a student is accepted into the program—one interview with the Fund's administrator and another with a member of the Board of Trustees. If a student is married, the spouse is also encouraged to appear for the interview. Advantages and disadvantages of practicing in rural Kentucky are openly discussed, in-

have established a committee for assisting and advising underserved communities in recruiting health care professionals. This committee resulted from a meeting called for the purpose of reviewing existing regional and statewide programs that place health care professionals in medically underserved areas of Kentucky. In addition to agreeing that a greater degree of coordination and cooperation would do much to increase the effectiveness of existing programs, the group recently recommended that the Kentucky Medical Association, the Municipal League and the universities establish periodic contacts with cities interested in recruiting practicing professionals and that a clearinghouse be established to assist city officials in the recruitment of health care professionals.

Recommendation

It is recommended that the Council on Higher Education, working with the Kentucky Association of Counties and the Municipal League, develop and initiate a plan for community involvement. The plan should identify possible community activities related to early identification and preparation of potential applicants to professional schools.

The plan should also identify community strategies for attracting and retaining practicing professionals. The plan should include procedures for evaluating the availability of specific community facilities, such as the local education system, recreation and shopping facilities, and necessary space for an established practice. The plan should include specific actions which could be undertaken by the community to make the area more attractive in terms of establishing a practice.

Community cooperation with the universities in establishing primary care resident training positions in rural areas should be addressed in the plan.

Legislative Action: (Appendix II—BR 196)

Require development of total plan for community involvement in three areas:

1. students
2. practicing professionals
3. resident training

Administrative Action:

1. The Council on Higher Education should develop details of each component of the plan for community involvement, including an inventory of specific community facilities lacking in

shortage areas and thus constituting obstacles to obtaining and retaining professionals.

2. Local community organizations should be involved in the development of the plan.

3. The plan should include a coordinated effort by the Council on Higher Education, the Kentucky Medical Association, the Municipal League, the Kentucky Association of Counties, and the universities to encourage communities to participate in the recruitment plan.

4. A clearinghouse, as recommended by the University of Louisville/University of Kentucky Coordinating Committee should be established to assist city officials in the recruitment of professionals.

CHAPTER VI

FINANCIAL SUPPORT

The cost of obtaining a professional degree is a major consideration in the decision to undertake a graduate program. Four years of dental school has been estimated to cost a student \$24,000 in North Carolina.⁹ In 1977, the total cost of educating a medical student in Kentucky was estimated at \$65,000.¹⁰ Most students require some type of financial assistance in order to remain in the program.

Many states, including Kentucky, have used loans and grants as an incentive for practicing in underserved areas. The Kentucky Rural Medical Scholarship Fund¹¹ was established in 1946 for the purpose of providing a means for a better distribution of physicians in the rural areas of Kentucky. It is a revolving fund and loans are repayable at two percent interest one year after entering practice. The original funds, \$167,000, came from monies contributed by interested physicians, leaders in agriculture, business, industry, and civic-minded individuals. Recognizing the Fund's value to rural Kentuckians, the Kentucky General Assembly enacted legislation in 1954 to "aid and assist" the program. At that time, the Fund began receiving \$10,000 per year in state appropriations through the budget of the Department for Human Resources. Subsequent appropriations increased the amount to \$50,000, where it remained until 1979. The current state contribution is \$100,000 per year. Although, since its beginning in 1946, the Fund has had sufficient resources to provide assistance to every applicant who has wished to participate in the program, the current level of appropriation will not meet the projected demands on the program, and further additions will be required.

At the beginning of fiscal year 1978, the Rural Medical Scholarship Fund had assets of about \$971,000; however, approximately \$892,000 of that amount was in outstanding loans. The remainder was invested in income-producing securities. In order to continue awarding scholarships at the current level and expanding the number awarded, the Fund must maintain an investment balance which will finance the Fund's activities.

The Rural Kentucky Medical Scholarship Fund is administered by a Board of Trustees composed of the deans of the two accredited medical schools chartered in the state of Kentucky, the deans of student affairs of each school, representatives of the Kentucky Congress