Despite the fact that family physicians are the predominant type of physicians serving rural America, very little family medicine residency training actually takes place in rural settings. In this chapter, a series of charts and tables describe the location and distribution of family medicine residencies across the United States and the amount of rural training they provide. All resident training is reported in full-time equivalents (FTEs). For example, a resident who spent 6 months training within a specific ZIP code area is counted as a .5 FTE within that area. The data reveal that very few programs are located in rural areas and that those programs provide the lion’s share of the nation’s rural training. Furthermore, programs based in rural areas are quite different than their urban counterparts.

Of the 453 family medicine residencies open in 2000, 435 responded to the survey. Most of the charts below report data from the 435 respondents. A few charts incorporate data from other sources and/or limited information collected from a telephone and e-mail follow-up about the non-respondents and report data on all 453 residency programs. It should be pointed out that the number of small rural programs is quite miniscule when listing the percent of programs located in, or training performed in, the various areas. For example, 60 percent of 5 small rural programs is very different than 45 percent of 402 urban programs. Nevertheless, the 33 rural parent program responses from rural-based programs are the entire population of such programs.

**Figure 1-1: Number of FM Residency Training Programs by Location**

(2000 FM Residency Director Survey, n= 435)

<table>
<thead>
<tr>
<th>Location of Parent Program</th>
<th>Number of FM Training Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>402</td>
</tr>
<tr>
<td>Large Rural</td>
<td>28</td>
</tr>
<tr>
<td>Small Rural</td>
<td>5</td>
</tr>
<tr>
<td>Isolated Small Rural</td>
<td>0</td>
</tr>
</tbody>
</table>

Urban sites were the parent locations (sponsors) for 402 (92.4%) of the programs; 28 (6.4%) in large rural locations, and only 5 (1.1%) in small rural settings. There were no family medicine parent programs located within the nation’s isolated small rural areas.
Residencies with rural parent locations were more likely to be the only family medicine residencies in a hospital and more likely to have a rural training track than residencies with urban parent locations.

Table 1-2 details much of the data presented in subsequent figures, but in tabular form. While urban parent programs produce 29 percent of rural training, rural programs are only responsible for .006 percent of urban training.

All 18 of the nonresponding parent programs were located in urban locales. These 18 programs produced approximately 404.6 FTEs of urban training and 11.4 FTEs of rural training. Thus, the grand total estimates for all 453 programs are that there were 748.7 FTEs of rural training (7.3%) and 9,460.4 FTEs of rural training (92.7%) during 2000.
Of the 737 FTEs of rural training produced annually by the programs, 525 FTEs were produced by parent programs located within rural settings. Urban residencies produced 213 FTEs of rural training.

During 2000, only 7.5 percent of all family medicine residency training took place in rural settings (737 FTEs).

In the United States, residency training programs are concentrated in urban settings, including family medicine residencies; 92.5 percent of residency training takes place in urban settings where 77.9 percent of the U.S. population resides. Small and isolated rural areas have 12.8 percent of the population but only 2.2 percent of family medicine residency training takes place in these areas.
When compared to the regional population, relatively more rural family medicine residency training takes place in the Midwest than in the other regions.

Seventy-one percent of the family medicine training that takes place in rural settings is provided by the 33 residencies with a rural parent location.

Sixty-six percent of the family medicine training that takes place in small rural areas and 81 percent of training that takes place in isolated small rural areas are under the auspices of urban-based parent programs. Urban-based programs only produce 12 percent of large rural area training FTEs.
Characteristics and Geographic Location of Family Medicine Residency Programs


This cartogram shows the total (rural and urban) number of family medicine residency training FTES by state. The size of the states is proportional to the number of each state’s FTES. There is great variation across states in the number of FTES trained, as shown for example when comparing Pennsylvania (where there is much training) with Wyoming (where there is little training).


This cartogram is similar to the one depicted in Map 1 but looks at rural FTES only. Note the relative differences between the maps; for example, California appears large in Map 1 and small in Map 2.
The amount of rural training, as a proportion of total family medicine residency training, varies widely in individual states and is not strongly associated with the amount of urban training.
Characteristics and Geographic Location of Family Medicine Residency Programs

The states that provide the highest number of FTEs of rural residency training are Pennsylvania, Michigan, Kentucky and West Virginia.

Figure 1-9: FM Residency FTE Rural Training by State
(2000 FM Residency Director Survey & Non Response Data, n=453)

The states that provide the highest number of FTEs of rural residency training are Pennsylvania, Michigan, Kentucky and West Virginia.
The states that provide the most rural residency training per million rural residents are New Hampshire, North Dakota, Maine, Michigan and Nebraska. There is substantial variation between states; for example, North Dakota provides over twelve times as many FTEs of family medicine training as does Wyoming.
There are large differences in the number of medical school graduates per 100,000 population across states; for example, Nebraska graduates over five times as many medical students as does Washington State. In addition, note how osteopathic graduates vary widely from state to state.

*WY, AK, MT, and ID are involved in the WWAMI regional medical school program wherein they fund positions for their students at the University of Washington.

Note: There are some other states that buy medical school seats. This graph limits itself to where the students actually graduate.