As shown in the previous chapter, family medicine residency training programs are not distributed across the states and regions of the nation in proportion to the distribution of the population. In this chapter, the regional distribution of programs and rural training is explored in greater detail. In the charts that follow, the four Census Bureau Regions and nine Census Bureau Divisions are used to examine the geographic distribution of rural residency programs and the amount of training they provide (see Map 3). All of the data reported in this chapter were collected from the 435 responses to the survey.

Family medicine and rural residency training vary dramatically across the nation in terms of their relative frequency and type. For example, the highest rate per rural population was in New England, while the lowest rate was in the Mountain Division. Nearly half the nation’s rural training tracks were located in the South. Surprisingly, rural training only represented 4.3 and 5.3 percent of the family medicine training in the Pacific and Mountain Divisions, as compared to 23.2 percent of the family medicine training that takes place in the East South Central Division. In summary, there is substantial variation in the amount of family medicine residency training across region, Census Division and rural type.
The proportion of all rural family medicine residency training FTEs was disproportionately high (compared to the rural population distribution) in the Northeast. Programs in the West provided only 9.7 percent of the total national training FTEs in this region where 15.1 percent of the nation’s rural population resides.

U.S. family medicine residencies provided about 11.8 FTEs of rural training per million U.S. rural residents. In New England, the East South Central Division and the West North Central Divisions, the rate was substantially higher, but it was substantially lower in the Mountain, Pacific and West South Central Divisions.

Nearly half of the nation’s rural training track FTEs were located in the South Census Region.
The proportion of residency training within each region that takes place in rural settings varies significantly, from 4.3 percent in the Pacific Division to 23.2 percent in the East South Central Division.

Overall, the largest proportions of the nation’s rural residency training FTEs were trained in the South Atlantic and East North Central Divisions, while the smallest proportions were in the Pacific and Mountain Divisions.

Programs in the South make the largest regional contribution to rural training (40% of all rural training). However, programs in the West and Midwest make large contributions to the training that occurs in small rural areas (35% and 33%).
Family medicine residencies in the South Atlantic and East North Central Census Divisions generated the largest number of rural training FTEs in small and isolated small rural areas. By comparison, the Mountain and Pacific Divisions produced far fewer rural training FTEs.

Most of the rural residency training that occurs in the United States takes place in large rural settings. The amount of training in small and isolated small places varies from 10.9 out of 80.8 FTEs in West South Central Division to 49.5 out of 127.2 FTEs in the South Atlantic Division. The greatest amount of training in isolated small rural areas takes place in the Mountain Division.