Preventive Medicine Residency (PMR) Program

Academic Years 2014-2019

HRSA is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The aim of HRSA’s Preventive Medicine Residency (PMR) Program is to increase the number and quality of preventive medicine physicians who address public health needs and advance preventive medicine practices. The PMR Program provides support for residents in medical training in preventive medicine, including stipends for residents to defray the costs associated with living expenses, tuition, and fees. Below is a cumulative summary of the characteristics and accomplishments of awardees and individual residents of the PMR program during Academic Years (AY) 2014-2019.

Distribution of PMR Awardees and Residents Across Academic Years 2014-2019

- The PMR program funded a maximum of 33 awardees in the United States between 2014 and 2019, located in 19 states across the five years.
- The cumulative total of residents over AY 2014-2019 ranged from 0 in some states to 77 in Tennessee.
The PMR program provided a cumulative total of 557 preventive medicine resident training slots over AY 2014-2019 with 265 residents graduating from a residency program and entering the health workforce.

Distribution of PMR graduates differed by region, with the most number of graduates coming from the Northeast region (104 residents graduated from the Northeast region, or 39 percent of all PMR graduates).

The Midwest had the fewest number of PMR graduates from the PMR residency program (16 residents graduated from the Midwest region, or 6 percent of all PMR graduates).

Select PMR Program Characteristics

- A significant number of PMR residents (35 percent) identified as URMs over the five academic years.
- On average, 24 percent of residents over the five year period reported coming from a financially and/or educationally disadvantaged background.
- The number of graduates increased each year from 22 in AY 2014-2015 to 76 in AY 2018-2019.
Preventive Medicine Residents Trained Nationally and PMR-Sponsored Programs

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<tbody>
<tr>
<td>PMR-Sponsored Program Resident Counts</td>
<td>54</td>
<td>115</td>
<td>130</td>
<td>130</td>
<td>128</td>
<td>74</td>
<td>137.0%</td>
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<tr>
<td>National Preventive Medicine Resident Counts</td>
<td>332</td>
<td>355</td>
<td>353</td>
<td>351</td>
<td>357</td>
<td>25</td>
<td>7.5%</td>
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<td>Percentage of PMR-Sponsored</td>
<td>16.3%</td>
<td>32.4%</td>
<td>36.8%</td>
<td>37.0%</td>
<td>35.9%</td>
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- Over 1 in 3 Preventive Medicine residents nationally were trained in a PMR-sponsored program between AY 2016-2017 and AY 2018-2019.¹
- Over a five year period the PMR program had a 137 percent change in the number of preventive medicine residents trained.

Percent of PMR Graduates Training in a Medically Underserved Community (MUC), Primary Care Setting, and Rural Settings

• Among the 265 preventive medicine resident graduates of the PMR program in AY 2014-2015 to AY 2018-2019, 50 to 70 percent received training in a Medically Underserved Community (MUC), remaining generally stable over the five-year period.
• The percent of PMR graduates who received training in a rural setting increased substantially from 9 percent to 17 percent between 2014 and 2019.
• The percent of graduates who received training in primary care settings increased substantially from 64 percent to 79 percent during this five year period with an average of approximately 77 percent of PMR graduates receiving training in this setting.

Select PMR Programmatic Outcomes

• Graduates of the PMR residency program provided over 155,000 hours of patient care in both medically underserved communities (MUC) and primary care settings.
• PMR residents who received training in a MUC and/or Primary Care setting were much more likely to indicate intention to work in those settings upon program completion than those who did not receive training in those settings.
  o PMR residents who received training in a MUC were twice as likely to indicate intentions to work in a MUC compared to residents who did not receive training in a MUC.
  o PMR residents who received training in a primary care setting were forty times more likely to indicate intentions to work in a primary care setting compared to residents who did not receive training in a primary care setting.
• Among the 136 residents for whom employment data was available, 25 percent were working in academic institutions, 18 percent were working in other clinical training sites and 7 percent were working in Federally Qualified Health Centers or Look-alikes.