

# Recruitment or retention: J-1 Visa lessons

*Dennis Berens*

**T**he Wisconsin J-1 visa research is a wake-up call for communities that want to retain rural professionals. It's also a message for medically underserved communities nationwide.

Byron Crouse and Randy Munson's paper on "The Effect of the Physician J-1 Visa Waiver on Rural Wisconsin" is a good start toward other research that rural America needs to do concerning both international health professionals and our own homegrown professionals.

One major issue is retention. The paper discusses one of the huge problems with recruiting out-of-nation health care professionals for our rural communities: integration into a community. Rural communities are often tightknit and, for decades, didn't use—or lacked—the skills needed to welcome outsiders.

In addition to professionals from other nations, many professionals from this country also often don't understand rural places and cultures. And communities often don't think about how to share their culture and welcome both types of professionals into their community. It becomes difficult for communities to retain many types

of professionals both in health care and other fields.

Furthermore, should we be taking the long- or short-term perspective? The quick fix for the dearth of health care workers in rural—or underserved urban—areas is to look around the world for a larder of human resources and bring people from other nations to fill the gap. But that means fewer professionals in the nations those people leave. And, often, the out-of-nation professionals don't stay long in America's shortage areas, either.

The long-term perspective should consider the very opposite. We should help other nations meet their health care professional needs and help everyone—American or international—who serves in a US shortage area to feel accepted and needed and to find the quality of life they would like for themselves and their families.

In addition, the long-term view means we need to invest money in the front end, focusing on retention of all health professionals in rural and urban shortage areas. If we do it right, we won't need to be out recruiting over and over again.

We also must identify the type of professionals needed in rural America. American medicine has become very specialized. Now we need to create other provider models to deliver essential primary care.

Technology plays a growing role in training and in day-to-day work

that allows professionals to connect with other professionals from any location. In addition, the advent of midlevel professionals in many health care sectors is having an impact. "Minute clinics," physicians' specialty hospitals, and midlevel dentists are also changing the health care landscape.

The family physician or the general practitioner is in a vital position in our communities today. Those physicians can serve as a key link in the communities' creation of a health care plan that includes many other professionals and the citizens themselves.

What educational model, what health training model, and what cultural training model should we use to help all professionals feel more a part of shortage area communities? Once we've answered those questions, we can then focus on providing the best care in the best place by the best professional at the best time.

The messages in the Crouse and Munson research are that we must spend more time helping communities connect with their professionals, must work with training centers to help solve problems of colliding cultures, and must consider whether the J-1 model is still appropriate as it is presently crafted.

With community input, buy-in, and nurturing, we should be able to find and keep the health care professionals we need to care for each other—wherever we live.

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