



## ROUTE-HWF Workshop Programme

<b>Title</b>	A Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies		
<b>Conference venue</b>	Hotel Dubrovnik Address: Ljudevita Gaja 1, 10000, Zagreb, Croatia Phone: + 385 01 4863 555		
<b>Online link</b>	<a href="https://us02web.zoom.us/j/81295599467?pwd=bU1iVEdVQS9xMnptdFdKOUZwUWd6Zz09">https://us02web.zoom.us/j/81295599467?pwd=bU1iVEdVQS9xMnptdFdKOUZwUWd6Zz09</a>		
<b>Day 1</b>	Thursday, 30 November 2:00 PM – 5:30 PM	<b>Day 2</b>	Friday, 1 December 09:00 AM – 12:00 AM



Co-funded by the 3<sup>rd</sup> Health Programme of the European Union

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## Day 1: November 30, 2023

*For participants at the Zagreb venue:*

- ▶ 1:00 PM - 2:00 PM: Registration and Welcome Coffee

*For all:*

- ▶ 2:00 PM - 2:15 PM: Welcome Address
- ▶ 2:15 PM - 3:00 PM: Croatia: its medical deserts and the new generation of health workers
- ▶ 3:00 PM - 3:45 PM: Three deliverables of the ROUTE project
- ▶ 3:45 PM - 4:15 PM: Coffee Break and Networking
- ▶ 4:15 PM – 5:00 PM: Reaction on the 3 deliverable presentations, in 5 interactive parallel sub-sessions
- ▶ 5:00 PM - 5:15 PM: Short wrap-up, closing of the first day

*For participants at the Zagreb venue:*

- ▶ 6:00 PM - 7:00 PM: Guided sightseeing tour of Zagreb (optional participation)
- ▶ 7:00 PM - 10:00 PM: Joint dinner (optional participation)

## Day 2: December 1, 2023

*For participants at the Zagreb venue:*

- ▶ 8:00 AM - 9:00 AM: Breakfast and Networking

*For all:*

- ▶ 9:00 AM - 9:15 AM: Introduction and explanation of the World Café/Workshop
- ▶ 9:15 AM - 10:00 AM: First round of the World Café/Workshop
- ▶ 10:00 AM – 10:30 AM: Second round of the World Café/Workshop
- ▶ 10:30 AM - 11:00 AM: Coffee Break and Networking
- ▶ 11:00 AM - 11:45 PM: Presentation of the World Café tables, by the sub-group moderators
- ▶ 11:45 PM - 12:00 PM: Closing Ceremony

*For participants at the Zagreb venue:*

- ▶ 12:00 PM: Lunch and Farewell

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## Medical Deserts: A Growing Global Concern

Given the many existing definitions, we consider "Medical deserts" basically as any area that is characterized by limited access to healthcare services. These regions not only face a significant shortage of healthcare professionals, but are also facing reduced health outcomes, poor healthcare access, and pronounced health inequalities. This multi-facet perspective on medical deserts is an important starting point of the ROUTE-HWF project. As the population in many countries continues to grow, diversify and urbanize, the issue of medical deserts is becoming increasingly pressing, demanding explicit attention and action.

### Historical Context

The concept of "medical deserts" is not new. Historically, remote and rural areas have always faced challenges in accessing healthcare. With the rapid urbanization of the 20th and 21st centuries, many healthcare professionals and facilities have concentrated in urban areas, leaving rural regions underserved. But apart from the growing urban-rural divide in healthcare access, we also see 'desertification' in larger cities – i.e. in districts where disparities in healthcare access, quality and costs accumulate.

### Factors Influencing Medical Deserts

In the ROUTE-HWF project the diversity in types of medical deserts is related to the diversity in drivers for medical desertification. These are, among others:

**Population Density:** Most medical deserts are determined by the lower density of the population in an area *as such*. These areas often have fewer healthcare facilities and professionals per capita, leading to reduced access to essential services. The sparse population makes it economically challenging to maintain healthcare facilities, further exacerbating the problem.

**Regional Disparities:** In countries like Croatia and many others in the European Union, medical deserts have emerged due to disparities in age structures, economic resources, travel time to healthcare facilities, and healthcare provider ratios. These disparities are often more pronounced between urban and rural areas. Urban areas, with their better infrastructure and amenities, tend to attract more healthcare professionals, leaving rural areas underserved.

**Socioeconomic and Demographic Factors:** Studies have shown that the attitudes of medical and health care students towards working in medical deserts are influenced by various factors, including personal characteristics, socioeconomic status, education, and training. The allure of urban living, better educational opportunities for children, and a more vibrant social life often deter young professionals from considering rural postings.

### Addressing the Challenge

In the ROUTE-HWF project we believe that after relating the different types of medical deserts with the different types of drivers for desertification, the next step should be tailor policy solution to this diversity. This, obviously, also requires classifying what policy options exists and might fit the particular context, foy instance by:

- **Understanding Attitudes:** A study conducted at the Zagreb Medical School aimed to understand medical students' attitudes towards working in medical deserts in Croatia. The research revealed that while a majority were willing to work in such areas for a limited

period, a significant percentage preferred to avoid these regions altogether. Factors such as gender, parental occupation, and upbringing influenced these attitudes.

- **Evaluating interventions:** Despite various interventions in many countries, there is a high need to identify which measures are most effective in motivating, recruiting, and retaining healthcare workers in medical desert areas. Governments can provide incentives, both financial and non-financial, but much more evidence is needed to secure these actually attract healthcare professionals to these areas – and understand their intended and unintended consequences on a regional and national scale.
- **Tailoring interventions:** Insights from several studies suggest that a *combination* of incentives, improved working conditions, and good career prospects could potentially improve the recruitment and retention of physicians in medical deserts. For instance, offering student loan forgiveness, housing allowances, or tax breaks can be effective incentives. This makes the tailoring question even harder and pressing: what combination of policy options work for what type of medical desert and factors for desertification?
- **Collaborative Efforts:** Collaboration between governments, academic institutions, and healthcare organizations is crucial – in particular for implementing multi-facet strategies to address medical deserts. This requires a new vision on public-private partnerships in health care: do these partnerships work to set up healthcare facilities in underserved areas, and are they sustainable and responsible?
- **Education:** Education is the engine of the health workforce and plays an important role in innovation by training new generations new skills, competences and roles. Incorporating rural health exposure and training into medical education can help students understand both the challenges and rewards of practicing in underserved areas. Some medical schools introduce rural postings as a mandatory part of the curriculum, ensuring that every student gets firsthand experience of the challenges in these areas. But is this a policy solution that fits every context?

## Conclusion

Addressing the challenges of medical deserts requires a multifaceted approach. As the world continues to change, ensuring equitable access to healthcare for all, regardless of geographical location or socioeconomic background, is paramount. By understanding the different factors influencing desertification, we aim to bridge the gap in healthcare access and improve health outcomes for vulnerable populations in all medical deserts. The time to act is now, and with concerted efforts from all stakeholders, we can ensure that no one is left behind in accessing quality healthcare.

For further reading, please consult the Results & Publications section of the ROUTE-HWF [website](#).

## References

1. Flinterman, L. E., González-González, A. I., Bes, J., Seils, L., Ballester, M., Bañeres, J., Dan, S., Domagała, A., Dubas-Jakóbczyk, K., Likic, R., Kroezen, M., Batenburg, R. (2023) 'Characteristics of medical deserts and approaches to mitigate their health workforce issues: A scoping review of

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2. Marcec, R., Seils, L., González-González, A. I., Dubas-Jakóbczyk, K., Domagała, A., Dan, S., Flinterman, L., Likic, R., Batenburg, R. (2023) 'Tackling Medical Deserts: Un-earthing Factors that Influence Medical Students' Attitudes and the Path Forward', *Postgraduate Medical Journal*, qgad042, [Link](#).

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5. Myhre DL, Bajaj S, Jackson W. (2015). Determinants of an urban origin student choosing rural practice: a scoping review. *Rural and Remote Health*, 15:3483. [Link](#).

6. Mohammadiaghdam N, Doshmangir L, Babaie J, et al. (2020). Determining factors in the retention of physicians in rural and underdeveloped areas: a systematic review. *BMC Family Practice*, 21:216. [Link](#).

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