

Rural Brain Drain:

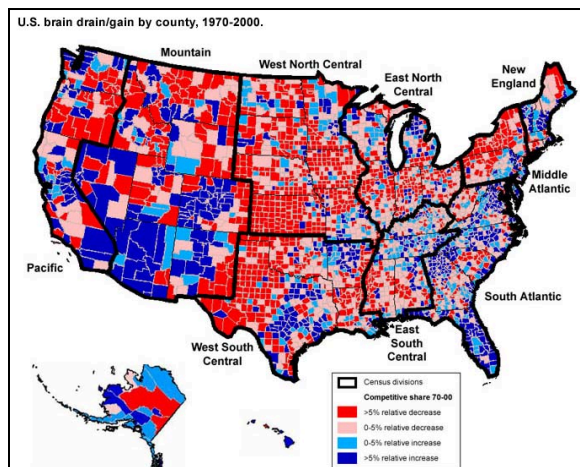
A Health Crisis With Local Consequences

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DayLane Health | A NJ Nonprofit Corporation

A town thrives when talent can build a life close to home—not only chase opportunity far away.

Background Info

Across the U.S., rural regions are losing the very people they most need—physicians, nurses, behavioral-health specialists, and college-educated young adults. The shortage is stark: more than 15% of Americans—about 46 million—live in rural areas, but only about 10% of doctors practice there. In 2023, 65% of rural counties were designated as having primary-care shortages, according to federal data highlighted by STAT’s “Treating Rural America” series (STAT, Sept. 25, 2023). The pipeline is also leaking. COVID-era burnout and the financial fragility of small hospitals have accelerated turnover and closures, leaving fewer training opportunities and heavier workloads for those who remain (TIME, July 25, 2022). [OBJ]



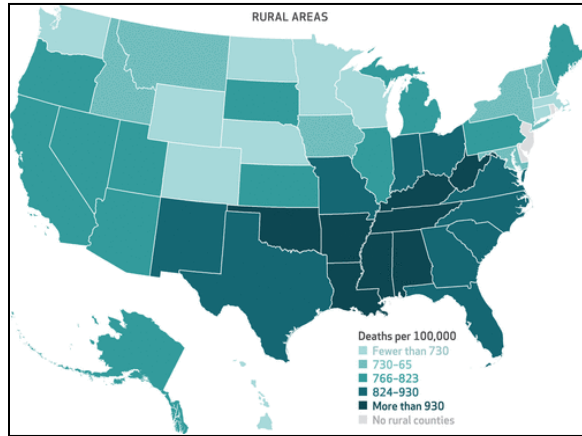
U.S. Brain Drain/Gain by County, 1970-2000
(Choices Magazine)

The severity varies by field. Specialists in neurology, psychiatry, and pulmonary/critical care are headed for larger shortfalls than some other areas, while primary care remains the biggest concern. As of 2021, 83.7 million U.S. residents lived in federally designated primary-care Health Professional Shortage Areas (HPSAs), and more than 14,800 additional clinicians would be needed to lift those designations—pressures expected to hit the West, the South, and rural regions hardest (TIME, July 25, 2022). [OBJ]



These access gaps feed a cycle: thinner care networks lead to worse outcomes, which make communities less attractive to new graduates and early-career clinicians. Health Affairs reports that higher rural mortality rates are largely explained by socioeconomic deprivation, physician shortages, and lack of

insurance—factors that state and federal policies can move through coverage expansion and infrastructure investments (Health Affairs, Dec. 2019). ^[OBJ]



SOURCE Authors' analysis of county-level data from the Compressed Mortality File from the Wide-ranging Online Data for Epidemiologic Research (WONDER) database of the Centers for Disease Control and Prevention.

NOTE "Rural areas" refers to the aggregate of all rural counties in the state. That is, data are pooled values. (HealthAffairs)

Economics intensify the problem. Student debt nudges young professionals toward large metros with higher pay and denser job markets. A Federal Reserve-linked analysis summarized by CBS News found that rural residents with student loans were significantly more likely to leave, widening the education gap: by 2016, about 19% of rural residents held college degrees compared with 33% in urban areas. Big-city wages add gravitational pull—around \$71,000 annually for degreed workers in major metros versus roughly \$50,000 in rural areas—helping migrants pay down debt faster and default less (CBS News, Jan. 21, 2019). ^[OBJ]

So What?

Bernards Township sits inside a regional health ecosystem. When rural clinics in northwest New Jersey or neighboring Pennsylvania can't recruit, emergency departments and specialty practices here see the spillover. Volunteer EMS and mutual-aid networks cross municipal lines; so do teachers, tradespeople, and clinicians who commute from adjacent rural counties. Brain drain anywhere in our catchment weakens resilience here: longer wait times for primary care, tougher referrals to behavioral health, and rising uncompensated-care pressures that reverberate into our schools, workplaces, and hospitals. In short: the stability of rural neighbors is part of our own public-health preparedness and local prosperity.

What We're Doing to Help

DayLane Health—a New Jersey nonprofit—was created to close the twin gaps of cost and access. We bring preventive care to the doorstep—free screening days, check-ups, cholesterol tests, and counseling—and we raise targeted funds for procedures insurance leaves behind. Our month-long Healing Horizons clinic mobilizes physicians, EMTs, student volunteers, and small businesses so families can catch problems early and afford life-changing care. That model helps counter brain drain in three practical ways:

1. Reducing avoidable demand. Free, local prevention and early detection keep chronic conditions from snowballing—making community practice more sustainable and less overwhelming for new clinicians.
2. Making service viable. By underwriting essential procedures and equipment, we help small practices and mobile clinics stay

open—key signals to trainees that rural and small-town medicine is doable.

3. Building pipelines. Through volunteerism and mentorship, we give local students and pre-health volunteers meaningful clinical exposure in community settings—seeding future returners and retainers.



WVU Hospitals Volunteer Services to host Junior Volunteer Academy (West Virginia University, School of Medicine).

We believe access should be proactive, dignified, and local. Every dollar raised flows straight back into the community—equipping a mobile unit, underwriting an uninsured child’s surgery, or stabilizing a clinic’s operating gap. That’s how you turn barriers into bridges—and keep talent rooted where it’s needed most.

What YOU Can Do

Champion loan-relief pathways. Support state, county, and employer programs that forgive student debt for graduates who live and work in rural and underserved communities; evidence suggests debt relief can flip the calculus for young professionals (CBS News, Jan. 21, 2019). Back the training pipeline. Advocate for additional residency (GME) slots and rural rotations. Residency positions are limited by federal funding caps, which have barely moved since 1997; modest expansions to

slots have not kept pace with need (TIME, July 25, 2022). [OBJ]

Recruit across regions. Local employers can partner with rural colleges and workforce boards; sponsor housing, relocation, or telework hubs that allow professionals to stay rooted while serving broader markets.

Strengthen primary care and behavioral health. Support policies and payer reforms that stabilize family medicine, psychiatry, and geriatrics—especially in communities flagged as HPSAs (TIME, July 25, 2022). [OBJ]

Power local access. Host screening days at libraries, farm markets, and faith centers; donate to equip mobile clinics; volunteer with DayLane Health to extend preventive services that keep ERs clear for true emergencies.

Tell a wider story. Highlight success: remote work options, new rural innovation hubs, and scholarship-for-service models. Narrative matters to where graduates choose to plant roots (CBS News, Jan. 21, 2019). [OBJ]

Brain drain isn’t destiny—it’s the sum of choices about who we train, how we finance care, and where we make it possible to live, learn, and practice. When rural clinics can’t recruit, outcomes slip and the cycle tightens; when we rebalance incentives, expand primary care, and stand up local support, talent flows back. For Bernards Township, being a good neighbor is also pragmatic: healthier rural partners mean less spillover pressure, steadier emergency response, and stronger regional prosperity.

DayLane Health is ready to do our part—pairing free preventive care with targeted fundraising so families can protect their health today and their horizons tomorrow. Join us to turn the tide on brain drain: together, we can keep expertise—and hope—close to home.

Sources

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