



AMERICAN COLLEGE OF PREVENTIVE MEDICINE | *PHYSICIANS DEDICATED TO PREVENTION*

Congress should support the professional health workforce and reduce the physician shortage by increasing funding for programs that train preventive medicine physicians.

Increasing the population of physicians with expertise in population health and clinical care will enable the United States to address the chronic disease epidemic.

ISSUE

The United States faces a crisis in healthcare delivery. Government agencies and physician associations estimate there will be a substantial physician shortage by 2030. The current health professional workforce is insufficient to care for an aging and increasingly sick population, respond to natural disasters and disease outbreaks, and promote health and well-being.

70%

of the United States' \$4.5 trillion healthcare expenditure is spent on chronic disease treatment and management.

**100
MILLION**

Americans currently live in a designated Health Professional Shortage Area (HPSA).

**6 IN
10**

Americans suffer from at least one chronic condition.

PREVENTIVE MEDICINE REDUCES CHRONIC DISEASE

SOLUTION

Investing in Preventive Medicine Residency Programs would increase the number of qualified physicians to serve in crucial leadership positions in local, state and federal health agencies, private industry, military health and more.

Preventive Medicine physicians use science-based insights and analytical decision-making grounded in epidemiology to improve the health of individuals, families and communities, yet, the specialty receives little federal support. Preventive medicine physicians are at the forefront of the effort to integrate clinical care with public health, shifting our health system to prioritize wellness care and minimize chronic disease.



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PREVENTIVE MEDICINE WORKFORCE

Preventive medicine certification has continuously declined, and the preventive medicine workforce will deteriorate without intervention. Stable funding plays a large role in why training programs struggle.

Programs routinely turn away excellent and interested applications because there is no guarantee that funding will be available from year to year. Losing resident physicians diminishes the care and services these programs provide to unique populations within their local communities - including but not limited to - veterans, rural and underserved populations.

APPROXIMATELY
3,000

Board-certified public health and general preventive medicine physicians practice nationwide.

0.3%

of physicians in the United States are board-certified in general preventive medicine.

60
YRS

is the average age of preventive medicine physicians. More than 70% are over the age of 55, the highest relative percentage of all medical specialties.

PREVENTIVE MEDICINE TRAINING



One-year minimum of clinical medicine, typically in primary care.



Completion of a Master of Public Health (MPH) or equivalent degree.



Public health field training conducted primarily in health departments or Federally Qualified Health Centers (FQHCs).

The primary funding source for graduate medical education (GME) for preventive medicine is allocated through discretionary funding within the Health Resources and Services Administration (HRSA) Bureau of Health Workforce.

Preventive medicine is one of the only specialties whose GME costs are not fully supported by Medicare GME.

Preventive Medicine Residency Programs receive reduced reimbursement due to the percentage of time spent not directly caring for Medicare patients. However, preventive medicine training conducted in critical settings such as health departments and Federally Qualified Health Centers (FQHCs) still indirectly impacts the Medicare and Medicaid population.

CAREERS IN PREVENTIVE MEDICINE

Preventive Medicine Residency Programs educate physicians qualified to serve as medical leaders in fields like:

EPIDEMIOLOGY



INFECTIOUS DISEASE



ENVIRONMENTAL HEALTH



BEHAVIORAL AND MENTAL HEALTH



BIOSTATISTICS



CLINICAL AND LIFESTYLE MEDICINE



HEALTH SYSTEMS MANAGEMENT

