



## **PA Interest in Rural Locations, Medically Underserved Areas, and Health Professional Shortage Areas**

Review & Recommendations

9/15/2022 • November 2021 PA Practice and 2022 AAPA Student Surveys

## Abstract

**Objective:** To identify PAs' perceived barriers to rural practice and their willingness to work in rural locations, medically underserved areas, and health professional shortage areas.

**Methods:** A random sample of PAs (both members and nonmembers of AAPA) and PA students were invited to participate in two separate surveys fielded by AAPA. PA data came from the 2021 AAPA PA Practice Survey fielded between November 1 and November 29, 2021. PA Student data is from the 2022 AAPA Student Survey fielded between January 31 and February 28, 2022.

**Results:** Interest in working within a rural setting varied among PAs based on their specialty and years clinically practicing. Perceiving rural locations, medically underserved areas, or health professional shortage areas as lacking job opportunities for spouses or undesirable were significant barriers to the willingness to practice in these settings.

**Conclusions:** While PAs recognize there are job opportunities in rural areas, the willingness to practice in these locations varied by career experience, specialty, and where they grew up. The most significant barriers are related to opportunities for spouses in the community, desirability of the location, compensation, and not being able to be the sole provider at a location. These barriers are similar to those identified in previous research. More work is needed to evaluate how families and spouses of PAs influence their decision to practice in rural locations. Legislative and regulatory changes may be able to address barriers related to the practice environment.

**Keywords:** Rural practice, Workforce, Access to care, Career experience, Barriers

## About PAs

PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. A PA's specific duties depend on the settings in which they work, their level of experience, and state law. There are approximately 159,000 PAs in the United States, who engage in more than 514 million patient interactions each year. To learn more about PAs, go to [aapa.org](https://www.aapa.org).

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## Methodology

A random sample of PAs (both members and nonmembers of AAPA) were invited to participate in the **2021 AAPA PA Practice Survey**. A total of 1,488 PAs responded to this survey with a margin of error of +/- 2.4% at a 95% confidence interval. This survey was fielded by the AAPA Research Department between November 1 and November 29, 2021. Response rates and margins of error vary by section and breakout. The overall survey response rate was 12.9%.

The **2022 AAPA Student Survey** was fielded between January 31 and February 28, 2022. The survey was sent to all PA Students who had not opted out of communication from AAPA, were based in the United States, and had valid email addresses. The overall survey response rate was 12.6% with 2,462 responses.

## Measures

On the tables that follow:

“N” refers to the number of respondents, generally the first column in the data tables.

“Percent (%)” refers to the proportion of respondents who selected a response option.

Totals do not always add up to 100% due to rounding.

## Limitations

All survey research has the potential for response bias and questions of sample representativeness. However, the demographics of the PAs who completed the 2021 November PA Practice Survey were similar to characteristics reported by the National Commission on Certification of Physician Assistants’ data<sup>1</sup>. Moreover, while the survey did have a response rate of 12.9%, we believe the survey respondents are representative of the broader universe of PAs.

Second, due to the limited nature of cross-sectional survey data we are unable to draw cause-effect relationships between the perceived barriers to rural practice and the impact these barriers have on the decision to practice in rural areas. Future research should include longitudinal data to evaluate if PAs responses to questions on perceived barriers correlate with future decisions to work in rural practice.

## Acknowledgement

This study is exempt from IRB approval in accordance with US Department of Health and Human Service’s Policy for Protection of Human Research Subjects listed at 45 C.F.R. §46.104(d)(2)(ii). The author has no conflicts to report.

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<sup>1</sup> National Commission on Certification of Physician Assistants. 2020 statistical profile of certified PAs: Annual report of the National Commission on Certification of Physician Assistants. <https://www.nccpa.net/wp-content/uploads/2022/04/Statistical-Profile-of-Certified-PAs-2020.pdf>. Accessed July 13, 2022.



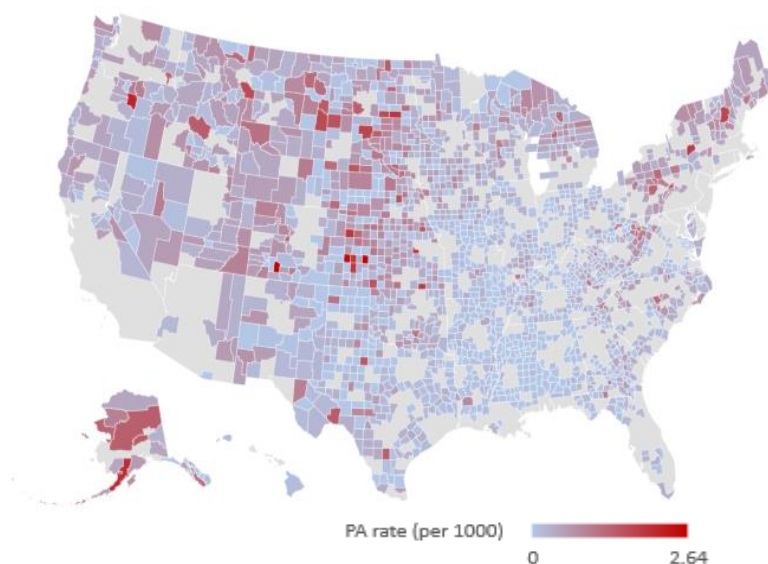
## Executive Summary

### Background

The PA profession was established to work in primary care and improve access to rural and underserved populations<sup>2</sup>. Across the United States (US), there is still a significant shortage of healthcare providers in rural communities. The challenges in alleviating this shortage are twofold: recruiting new providers to these areas and encouraging them to remain. The trajectory of physicians working in rural areas has decreased<sup>3</sup>. In 2021, 95% of physicians in the final year of their residency programs reported they would prefer to practice in communities of 50,000 or more, with less than 1% desiring to work in communities with 10,000 or less<sup>4</sup>. PAs and PA students are more interested in working in rural communities. As of November 2021, we found that 19% of PAs are currently working in rural communities, and 25% of PAs are interested in working in these regions given the right opportunity (Table 1). In February 2022, 54% of PA students indicated that they are interested in working in a rural community (Table 2).

### Current PA Interest in Working in Rural Locations, Medically Underserved Areas, or Health Provider Shortage Areas

Close to half of all PAs expressed interest working in rural locations (44%), MUAs (58%), and/or HPSAs (54%) although this varied by the amount of time the PA has been in their career. Early career PAs, or those with 0 to 5 years of experience, expressed more interest in working in a rural setting if given the right opportunity (31%) than mid-career PAs (22%) or late-career PAs (18%). Illustrated another way, early career PAs make up almost 40% of the PA workforce, and approximately 20,000 of these clinicians are interested in rural settings. More information related to rural, MUA, and HPSA interest among PAs and PA students can be viewed in Tables 1 through 5 and Figure 2 and 3.



**Figure 1. 2020 Distribution of PAs Within USDA Designated Non-Metro Areas**

Source: AHRQ Social Determinants of Health 2020 County level data set – Public use file.

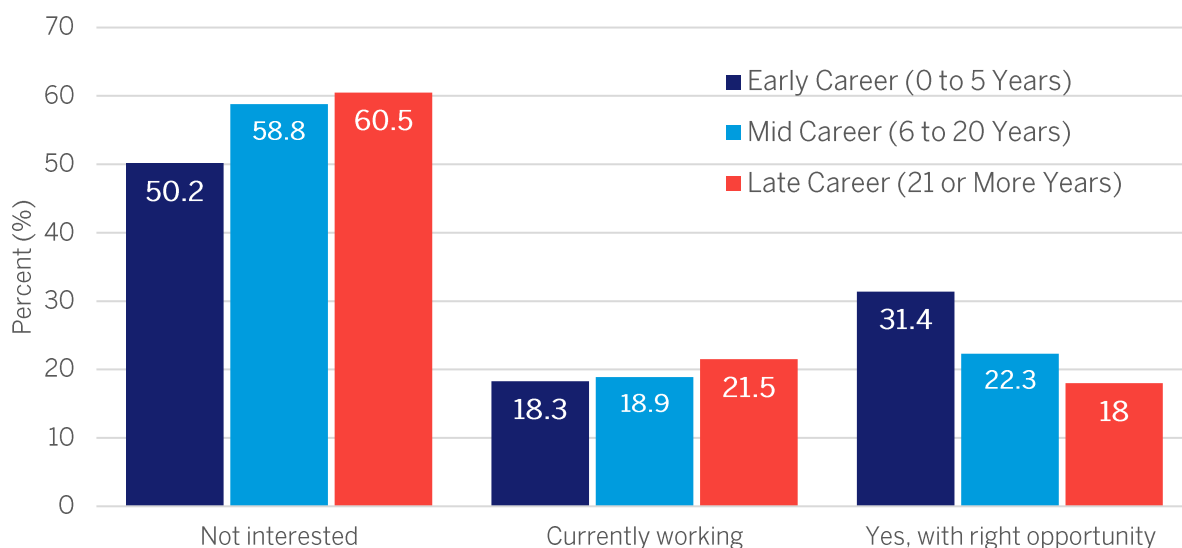
<sup>2</sup> Cawley JF, Cawthon E, Hooker RS. Origins of the physician assistant movement in the United States. *JAAPA*. 2012;25(12):36–40,42.

<sup>3</sup> Merritt Hawkins. 2021 Survey: Final Year Medical Residents. 2022. <https://www.merrithawkins.com/uploadedFiles/merritt-hawkins-2021-resident-survey.pdf>. Retrieved August 14, 2022.

<sup>4</sup> *ibid*

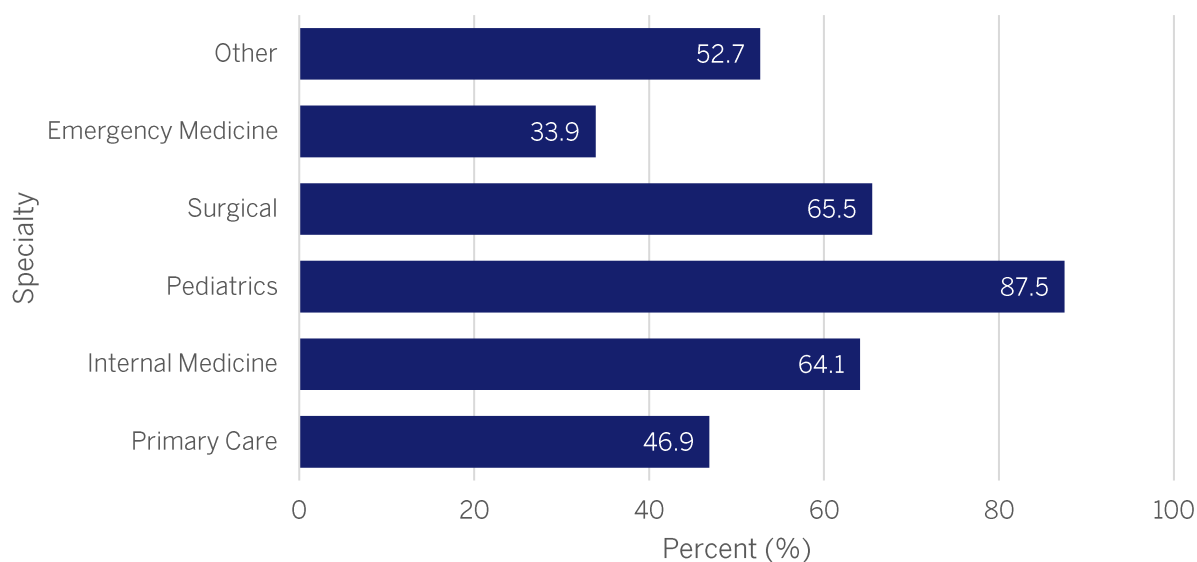
<sup>5</sup> Medicare Payment Advisory Commission (MedPAC). Medicare and the health care delivery system: Report to congress. 2022. [https://www.medpac.gov/wp-content/uploads/2022/06/Jun22\\_MedPAC\\_Report\\_to\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf). Retrieved July 14, 2022.

**Figure 2. Interest in Rural Locations by Career Experience**



Of those who responded to the survey, 28% of the PAs in primary care were currently working in rural areas, and 25% would be willing to work in a rural setting given the right opportunity (Table 5). Conversely, 66% of PAs in surgical subspecialties were not interested in rural practice (Table 5). This aversion to rural locations may vary by specialty because of differences in perceived barriers across PA groups. These differences across specialties are visualized in Figure 3.

**Figure 3. Percent of PAs Not Interested in Rural Locations by Specialty**



Approximately 56% of respondents expressed no interest in working in rural areas (Table 1). For those not interested, they were given an opportunity to tell us a little more about why not. After reviewing the 363 responses, and developing thematic codes, five salient themes were identified (Table 7).

## Reasons PAs Are Not Currently Working in Rural Locations

- Established career
- Enjoy current living situation
- Not interested in commuting
- Specialty support
- Family disruptions

Some PAs were uninterested because they already were established in their careers, as illustrated in the following quotation:

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*"I am 68 years old, I plan on retiring in two years, and do not think changing locations would make sense at this point"*

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Others were happy where they lived and enjoyed the benefits of their non-rural setting. This theme is represented by this quote from a PA working in a surgical subspecialty,

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*"I live in a suburban area, and I like where I live and desire to work near my home"*

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PAs were also not interested in commuting from their homes to rural locations. This is supported by the response of a PA in internal medicine,

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*"[I] Have a child in school who is my current priority. Do not want long commute or to move"*

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Lastly, the two remaining themes were connected to practice demands and family support. PAs worried their specialties could not be supported by the smaller population in a rural area. The response of a PA with over 20 years of experience supports this theme.

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*"My specialty of vascular surgery requires being in an area with a significant population base"*

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Moving to rural practice was also viewed as a significant disruptor of family life, whether that be opportunities for children, spouses, or both. The following quotation from a PA in primary care encapsulates the tensions between working in underserved settings and being close to the support of family.

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*"I've already worked in an underserved area, but we are not moving away from family again"*

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Prior research has indicated PAs are more willing to work in rural areas than physicians<sup>6-7</sup>. However, increasing the number of rural PAs and improving retention within their communities are still significant challenges<sup>8</sup>. One strategy among health professions is to recruit future rural providers from people who have ties to rural areas<sup>9</sup>.

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<sup>6</sup> Larson EH, Hart LG, Hummel J. Rural physician assistants: a survey of graduates of MEDEX Northwest. *Public Health Rep.* 1994;109(2):266–274.

<sup>7</sup> Everett CM, Schumacher JR, Wright A, Smith MA. Physician assistants and nurse practitioners as a usual source of care. *J Rural Health.* 2009;25(4):407–414.

<sup>8</sup> Cawley JF, Lane S, Smith N, Bush E. Physician assistants in rural communities. *JAAPA.* 2016;29(1):42-45.

<sup>9</sup> Redford LJ. (2019). Building the rural healthcare workforce: Challenges – and strategies – in the current economy. *American Society on Aging.* 43(2) 71-74.

This strategy is supported by findings from the 2022 AAPA Student Survey. Overall, 53% of current PA students are interested in working in a rural area. This differs by the type of community the PA student grew up in. About 3 out of 4 (74%) PA students who grew up in small towns or rural areas were interested in career opportunities in rural locations. Comparatively, just over 47% of students from urban settings will consider a rural practice.

**74%**  
of PA students who grew up in small towns or rural areas were interested in rural practice.

### Perceived Practice Barriers

Rural PAs provide cost effective care and often have a larger scope of practice than their urban counterparts<sup>10</sup>. However, PAs have also reported factors deterring them from rural practice. For example, a sense of professional isolation, lower compensation, long hours, perceiving poor professional opportunities for themselves or a partner, and a lack of medical equipment have all been previously cited as factors driving providers away from rural practice<sup>11-12</sup>. When asked in our 2021 survey to what extent these situations may present a barrier to PAs working in rural locations and MUAs/HPSAs, PAs indicated similar opinions.

PAs recognized there were job opportunities for them in rural locations, with 31% of PAs indicating the availability of jobs in rural areas was not at all a perceived barrier to working in these areas (Table 6).

Across the barriers, having a lack of job opportunities for spouses/partners (74%), being in an undesirable location (59%), compensation (57%), and not being able to be the sole provider at a location (51%) were the categories with the highest proportion of PAs expressing the factor was a moderate to severe barrier to their willingness to practice in a rural location (Figure 4, Table 6). Compensation was more often regarded as a moderate (39%) than a severe (18%) barrier to rural practice (Table 6).

**Figure 4. Moderate and Severe Barriers to PA Practice in Rural Locations and MUAs/HPSAs**

Top Barriers to PAs Practice in Rural Locations and MUAs/HPSAs		
Barrier	Rural	MUA/HPSA
There are no opportunities for my spouse/partner	74%	66%
The area is undesirable for me to live in	59%	55%
Compensation	57%	59%
PAs are not able to be the sole provider at a location	51%	52%

Note: Percent represents those indicating this is a moderate to severe barrier.

Overall, the perceived barriers for PA practice in MUAs or HPSAs were ranked similarly to the rural location barriers, but there were slight differences. First, the top three severe barriers to working in an MUA/HPSA were lack of opportunities for spouses/partners (66%),

<sup>10</sup> Henry LR, Hooker RS, Yates KL. The role of physician assistants in rural health care: A systematic review of the literature. *The Journal of Rural Health*. 2011;27: 220-229.

<sup>11</sup> Lindsay S. Gender differences in rural and urban practice location among mid-level health care providers. *J Rural Health*. 2007;23:72-76.

<sup>12</sup> Henry LR, Hooker RS. Retention of physician assistants in rural health clinics. *J Rural Health*. 2007;23:207-214.



undesirable locations (55%), and compensation (59%, Figure 4, Table 6). PAs not being able to be a sole provider at a location was typically reported as a moderate barrier (26%) or severe barrier (26%) to working in an MUA or HPSA (Table 6).

## Final Thoughts

This project was developed to identify PA willingness to work in rural locations, MUAs, and HPSAs and the barriers they perceive to be hindrances for practicing in these areas.

Previous demographic research on providers' willingness to practice in rural areas has indicated that people are more willing to work in areas similar to where they previously lived<sup>13</sup>. As a result, programs have been developed to provide students with prior rural ties incentives and educational programs within their communities to encourage them to move into rural practice after completing their training<sup>14</sup>. Almost three-quarters of PAs who grew up in small towns or rural areas were interested in rural practice. More research is needed to understand if their willingness to work in a rural location leads to their actual work within a rural location.

Once practicing, PAs reported significant barriers to practicing in rural areas. However, unlike prior research detailing professional isolation as the strongest barrier to rural practice<sup>15</sup>, PAs also expressed lack of career opportunities for spouses/partners as well as the area being undesirable as the most significant factors standing in the way of rural practice. Similar findings emerged regarding barriers to working in MUAs and HPSAs. Recruitment strategies that include highlighting the opportunities for the spouses/partners of PAs may help break down this barrier. In addition, highlighting the benefits associated with rural locations may make the community more desirable. Finally, there is opportunity to overcome one of the top perceived barriers – not being able to be the sole provider at a location – through legislative and regulatory changes.

Existing research has shown the benefits to working in rural areas and now research shows the barriers PAs perceive to working in rural areas, MUAs, and HPSAs. More information is needed on how to overcome the perceptual barriers PA have related to the attractiveness and available resources in rural, MUA, and HPSA communities and develop employment strategies. Advocacy is needed to overcome barriers related to legislation and regulations, such as the collaboration requirements preventing PAs from being sole providers in these settings.

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<sup>13</sup> Grumbach K, Hart LG, Mertz E, Coffman J, Palazzo L. Who is caring for the underserved? A comparison of primary care physicians and nonphysician clinicians in California and Washington. *Ann Fam Med*. 2003;1(2):97–104.

<sup>14</sup> Wilson, N., et al. 2009. "A Critical Review of Interventions to Redress the Inequitable Distribution of Healthcare Professionals to Rural and Remote Areas." *Rural and Remote Health*. 9(2): 1060.

<sup>15</sup> Cawley JF, Cawthon E, Hooker RS. Origins of the physician assistant movement in the United States. *JAAPA*. 2012;25(12):36–40,42.

## Data Tables

**Table 1. PA Interest in Working in Rural Locations, Medically Underserved Areas, and Health Provider Shortage Areas in 2021**

Interest in Location	Rural		MUA		HPSA	
	N	Percent (%)	N	Percent (%)	N	Percent (%)
Yes, if the right opportunity arose	253	25.1	326	32.3	347	34.7
Yes, I currently am in this setting	193	19.2	262	26.0	188	18.8
No, not at this time	561	55.7	421	41.7	464	46.4
<b>Total</b>	<b>1,007</b>		<b>1,009</b>		<b>999</b>	

Source: 2021 AAPA PA Practice Survey (November)

Question: Are you interested in any of the following? Working in a rural location; Working in a medically underserved area; Working in a healthcare provider shortage area

**Table 2. PA Student Interest in Working in Rural Locations, Medically Underserved Areas and/or Health Provider Shortage Areas, Working with the National Health Service Corps in 2022**

Location	N	Percent(%)
Rural Location	1,542	53.7
MUA/HPSA	2,015	70.2
National Health Services Corp	796	27.7
None of the Above	393	13.0

Source: 2022 AAPA Student Survey.

Question: Which of the following settings do you have an interest practicing in at some time in your career?

Note: Respondents were allowed to make multiple selections, totals do not add to 100% and instead represent the proportion of respondents who selected the response category.

**Table 3. PA Student Interest in Working in Rural Locations, Medically Underserved Areas and/or Health Provider Shortage Areas, and Working with the National Health Service Corps in 2022 by the Community They Grew Up in**

Location	Urban areas <sup>a</sup>		Small town and rural areas <sup>b</sup>	
	N	Percent (%)	N	Percent (%)
Medically Underserved Area/HPSA	1,476	71.5	505	72.2
Rural Location	1,003	47.2	515	73.7
National Health Service Corps	568	26.8	214	30.6
None of the above	319	15.0	47	6.7

Source: 2022 AAPA Student Survey.

Question: Which of the following settings do you have an interest practicing in at some time in your career?

Question: What is the type of geographic area where you were raised?

If you had multiple childhood homes, please answer in terms of a majority of your childhood. Respondents could answer: Urban (population 1,000,000+), Large city (population 100,000 to 1,000,000), Mid-size city (population 50,000 to 99,999), Large town (population 10,000 to 49,999), Small town (population 2,500 to 9,999), Isolated rural (population <2,500), or Military or government installation.

Notes: a. Urban areas (estimated population of 10,000 or more) is Urban (population 1,000,000+) to Large town (population 10,000 to 49,999)

b. Small town and rural areas (estimated population of less than 10,000) is Small town (population 2,500 to 9,999) and Isolated rural (population <2,500).

c. Military or government installation was excluded from this analysis.

d. Respondents were allowed to make multiple selections, totals do not add to 100% and instead represent the proportion of respondents who selected the response category.

**Table 4. PA Interest in Working in Rural Locations in 2021 by Career Experience**

Career Experience Interest in Location	Rural		MUA		HPSA	
	N	Percent (%)	N	Percent (%)	N	Percent (%)
<b>Early Career (0 to 5 years)</b>						
Yes, if the right opportunity arose	127	31.4	153	37.9	171	42.6
Yes, I currently am in this setting	74	18.3	119	29.5	80	20.0
No, not at this time	203	50.2	132	32.7	150	37.4
<b>Mid-Career (6 year to 20 years)</b>						
Yes, if the right opportunity arose	90	22.3	122	30.2	126	31.7
Yes, I currently am in this setting	76	18.9	94	23.3	70	17.6
No, not at this time	237	58.8	188	46.5	201	50.6
<b>Late Career (More than 20 years)</b>						
Yes, if the right opportunity arose	36	18.0	51	25.4	50	24.9
Yes, I currently am in this setting	43	21.5	49	24.4	38	18.9
No, not at this time	121	60.5	101	50.2	113	56.2
<b>All PAs</b>	<b>1,007</b>		<b>1,009</b>		<b>999</b>	

Source: 2021 AAPA November PAPrS.

Question: Are you interested in any of the following? Working in a rural location; Working in a medically underserved area; Working in a healthcare provider shortage area

Question: How many years of experience do you have working as a PA?

**Table 5. PA Interest in Working in Rural Locations in 2021 by Major Specialty Area**

Interest in Location	Major Specialty Area							
	Total	PC	IM Sub	Ped Sub	Surg Sub	EM	Other	No Spec
	N	Percent (%)						
Yes, if the right opportunity arose	253	24.9	21.4	6.3	23.2	25.8	28.9	37.8
Yes, I currently am in this setting	193	28.2	14.5	6.3	11.2	40.3	18.4	10.8
No, not at this time	561	46.9	64.1	87.5	65.5	33.9	52.7	51.4
All PAs	1,007							

Source: 2021 AAPA PA Practice Survey (November)

Question: Are you interested in any of the following? Working in a rural location; Working in a medically underserved area; Working in a healthcare provider shortage area

Question: Please indicate your primary specialty as a PA. Your primary specialty is the specialty you practice most as a PA. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty. If you were a full-time educator or in a position in which you did not practice clinically practice in any capacity, you may select "no medical specialty."

Note: PC = Primary Care IM Sub = Internal Medicine Subspecialties, Ped Sub = Pediatric subspecialties, Surg Sub = Surgical subspecialties, EM = Emergency medicine, Other = Other subspecialties, No Spec = No specialty.



**Table 6. PA Perceptions of Barriers for PAs to Work in Rural Locations, Medically Underserved Areas, and Health Provider Shortage Areas in 2021**

Location Barrier	N	Not a Barrier	Minor Barrier	Moderate Barrier	Severe Barrier	Not Applicable
		Percent (%)				
<b>Rural Locations</b>						
State supervision/ collaboration requirements	880	23.0	23.6	28.6	11.3	13.5
Competition from APRNs	871	20.1	23.9	27.9	17.9	10.2
Lack of job opportunities in that setting	862	30.5	27.8	22.9	7.1	11.7
Lack of patient insurance coverage or low reimbursement rates for services	861	15.8	28.8	33.4	9.6	12.3
Compensation	863	14.9	21.9	38.9	18.1	6.1
Collaborating physician availability	851	15.5	25.5	30.1	17.4	11.5
PAs are not able to be the sole provider at a location	857	17.4	15.5	25.8	25.3	16.0
The area is undesirable for me to live in	866	13.6	16.5	27.1	31.4	11.3
There are no opportunities for my spouse/partner	673	12.0	14.4	32.5	41.0	*
<b>MUAs/HPSAs</b>						
State supervision/ collaboration requirements	633	22.7	24.2	25.3	13.0	14.8
Competition from APRNs	628	18.6	25.3	26.6	17.8	11.6
Lack of job opportunities in that setting	621	32.0	26.4	23.7	5.0	12.9
Lack of patient insurance coverage or low reimbursement rates for services	622	15.8	25.7	35.4	11.3	11.9
Compensation	624	14.1	18.8	38.3	21.3	7.5
Collaborating physician availability	622	14.8	26.2	29.9	16.4	12.7
PAs are not able to be the sole provider at a location	623	16.5	15.1	25.5	26.2	16.7
The area is undesirable for me to live in	628	15.0	18.8	26.6	28.7	11.0
There are no opportunities for my spouse/partner	484	15.1	18.6	32.4	33.9	*

Source: 2021 AAPA PA Practice Survey (November)

Question: Please rate the extent to which you feel the following situations may present a barrier to PAs working in a rural location and in a medically underserved area (MUA) and/or health provider shortage area (HPSA). There is also space to include barriers that you perceive as important.

\* Not applicable was removed.

**Table 7. Reasons PAs Provided in 2021 Regarding Why More PAs Are Not Working in Rural Locations, Medically Underserved Areas, and Health Provider Shortage Areas, by Theme**

Theme	Support Quotation
Established Career	I am close enough to retirement that I'd like to stay in my current position.
	I am 68 years old, I plan on retiring in two years, and do not think changing locations would make sense at this point
	Happy where I am. Rural patients drive to me for specialized heart failure. Near the end of my career
	I'm ready to retire. I have worked in a medically underserved area years ago as a PA
Enjoy Current Living Situation	Too entrenched in community to want to leave. Volunteer in a medically underserved area one day per month. Currently fits my schedule.
	I live in a suburban area, and I like where I live and desire to work near my home
	I feel valued working in this setting
	I am satisfied with my current job.
Not Interested in Commuting	I like the conveniences of city living.
	I don't plan on moving & don't want to travel far for my job
	[!] Have a child in school who is my current priority. Do not want long commute or to move
	Would require a long commute as where I live does not fill most of these
Specialty Support	I live in an urban setting and do not want to commute long distances for work.
	I don't live in a rural area so would be a long commute.
	Stressed as it is and with pediatrics would think these areas would be even more stressful.
	My specialty of vascular surgery requires being in an area with a significant population base
Family Disruptions	I want to stay in my specialty which doesn't usually exist in these areas
	Risk is too high. Support is not appropriate
	In my specialty there is not a demand for PAs in these areas
	We are settled with our kids in a great situation. We have no plans to move for at least 8 years.
Family Disruptions	I've already worked in an underserved area, but we are not moving away from family again
	Family established in this area in schools and career for my partner, would not want to uproot the entire crew.
	My family does not wish to relocate at this time.
	I have young kids and do not wish to uproot my family.

Source: 2021 AAPA PA Practice Survey (November)

Question: Tell us more about why you are not interested in working in this area?