



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

# Rural Health Workforce Resources: Delta Doctors and AmeriCorps NCCC

February 23, 2021



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

# Today's Speakers



Christina Wade  
Health Program Manager,  
Delta Regional Authority



Tamika Eatmon  
Assistant Program Director,  
AmeriCorps NCCC Southern  
Region



Mackenzie Hunter  
Assistant Program Director,  
AmeriCorps NCCC  
Southwest Region



**CREATING JOBS.  
BUILDING COMMUNITIES.  
IMPROVING LIVES.**



---

Alabama | Arkansas | Illinois | Kentucky | Louisiana | Mississippi | Missouri | Tennessee



# DELTA DOCTORS



## DELTA DOCTORS

---

A Program of the Delta Regional Authority



# About the Delta Regional Authority

---

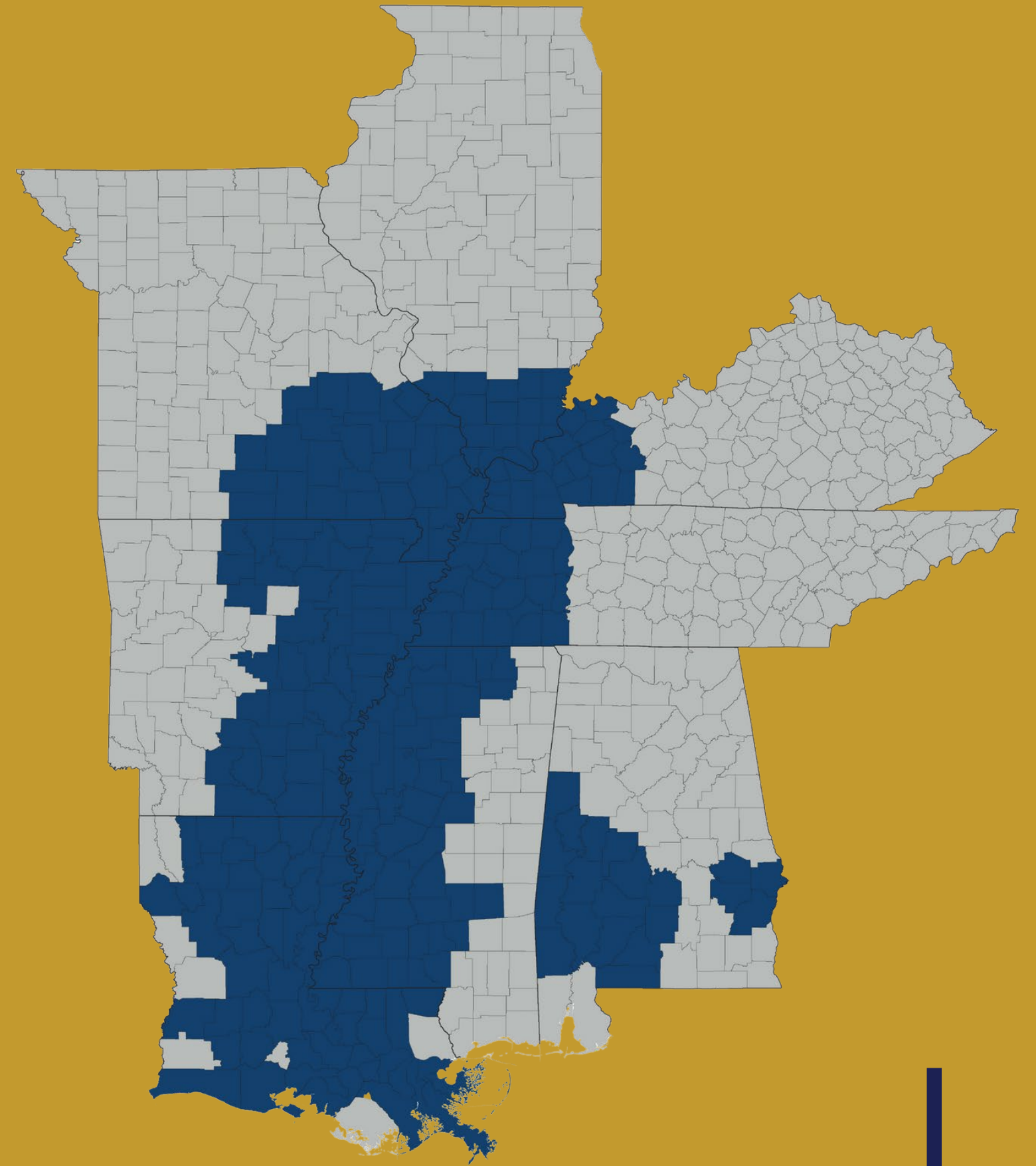
Established in 2000 by Congress, the Delta Regional Authority (DRA) makes strategic investments of federal appropriations into the physical and human infrastructure of DRA communities. These investments strengthen basic public infrastructure, transportation improvements, workforce training, and small business development. DRA supports economic development and job creation through innovative approaches to fostering local and regional leadership, training workers for in-demand careers, diversifying opportunities for small businesses and entrepreneurs seeking affordable capital, and increasing access to quality healthcare.



# THE DRA REGION

---

The 252 counties and parishes served by DRA make up one of the most distressed areas in the country. DRA is poised to work with local, state, and federal leaders to bring investments and opportunities that support job creation, build communities, and improve the lives of those living in the DRA Region.







## Board of Governors

The Delta Regional Authority is led by the Federal Co-Chairperson, Alternate Federal Co-Chairperson, and the governors of the eight states. DRA fosters local and regional partnerships that address economic and social challenges to ultimately strengthen the economy and improve the quality of life for residents in DRA communities. The Federal Co-Chairperson and the Board of Governors collectively select projects for strategic investments under the States' Economic Development Assistance Program that align with DRA's federal funding priorities. Each year, one member of the Board of Governors is elected to serve as the DRA States' Co-Chairperson.

---



# Board of Governors (cont)



**ALABAMA**  
Governor  
Kay Ivey

**ARKANSAS**  
Governor  
Asa Hutchinson

**ILLINOIS**  
Governor  
J. B. Pritzker

**KENTUCKY**  
Governor  
Andy Beshear

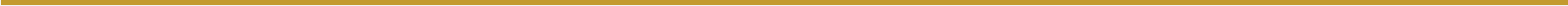
**LOUISIANA**  
Governor  
John Bel  
Edwards

**MISSISSIPPI**  
Governor  
Tate Reeves

**MISSOURI**  
Governor  
Mike Parson

**TENNESSEE**  
Governor  
Bill Lee

*2021 States'  
Co-Chairman*





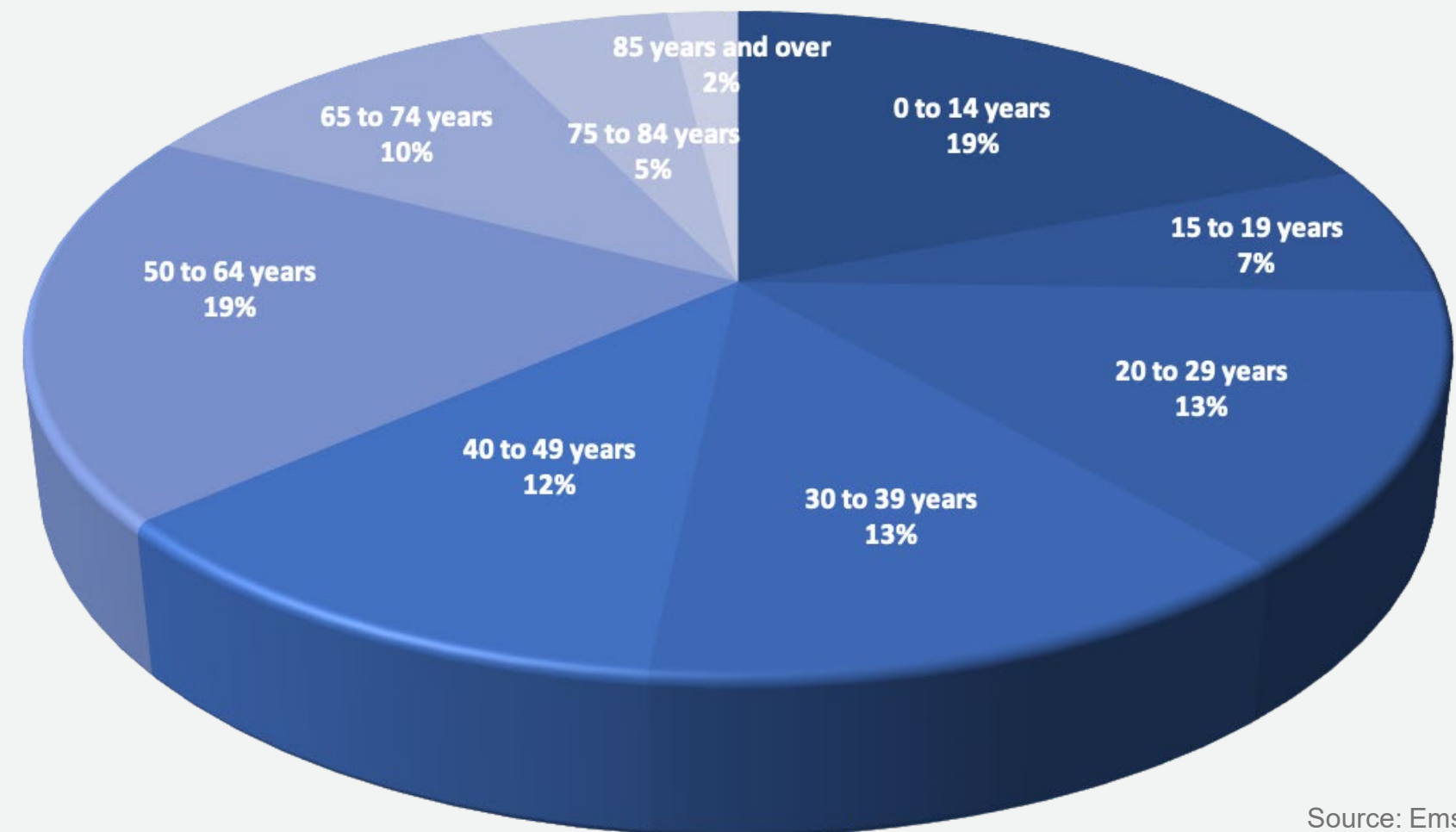
# POPULATION SNAPSHOT



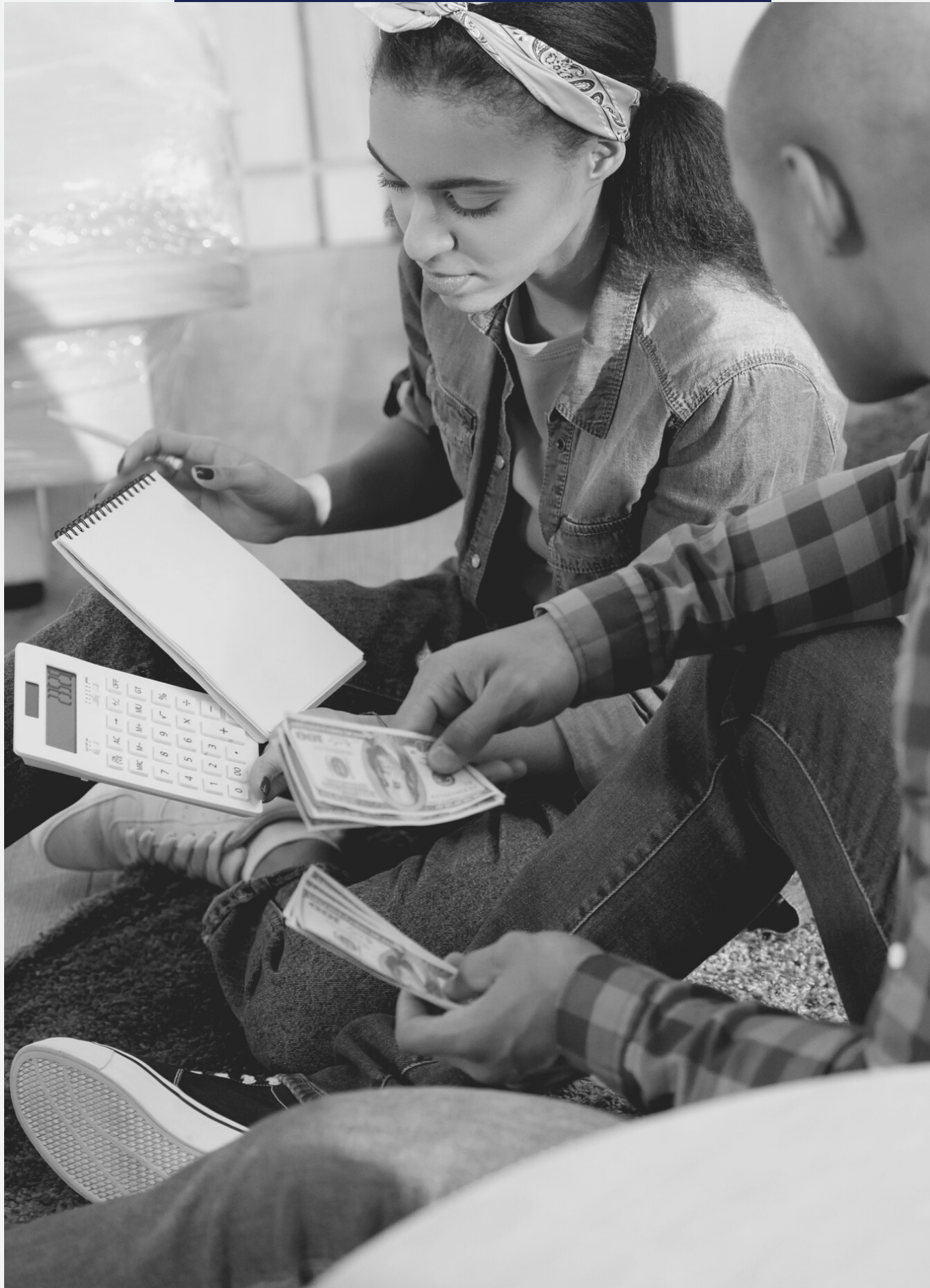
**Total Population (2020): 10,019,628**

**Female: 5,137,509**

**Male: 4,882,119**



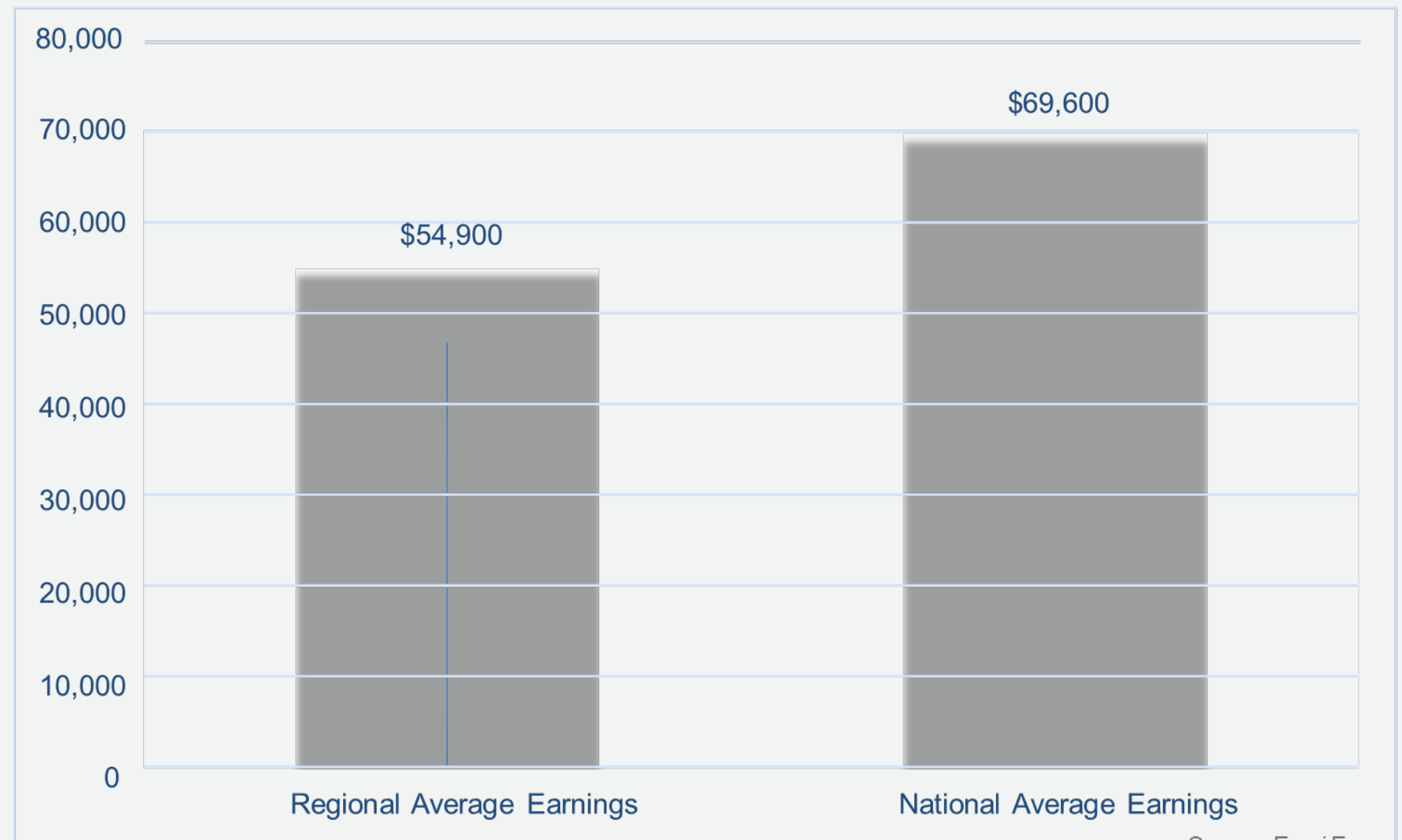




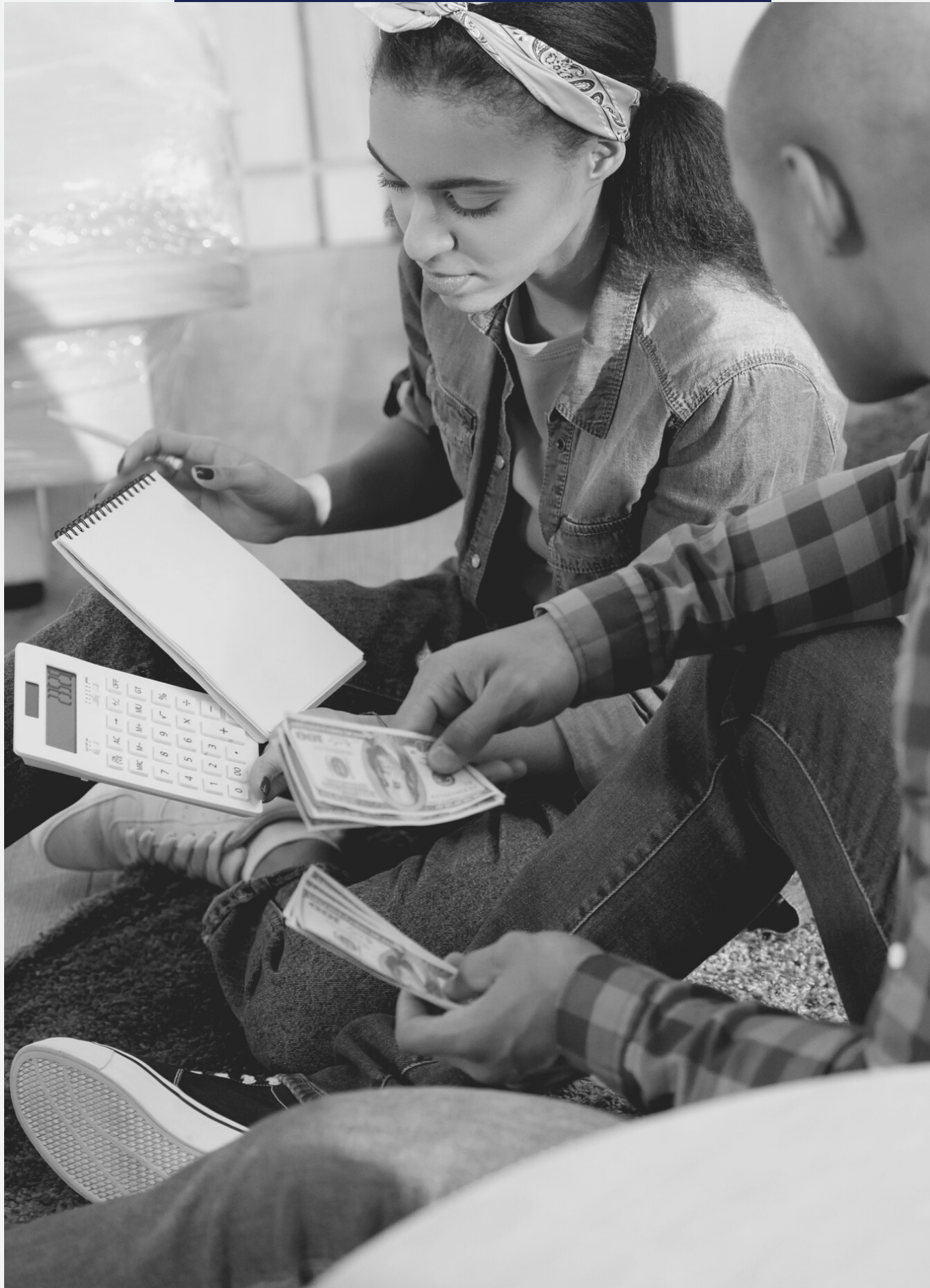
# INCOME IN THE DELTA

## Average Earnings per Job (2020)

Regional average earnings per job are \$14.7K below the national average earnings per job.



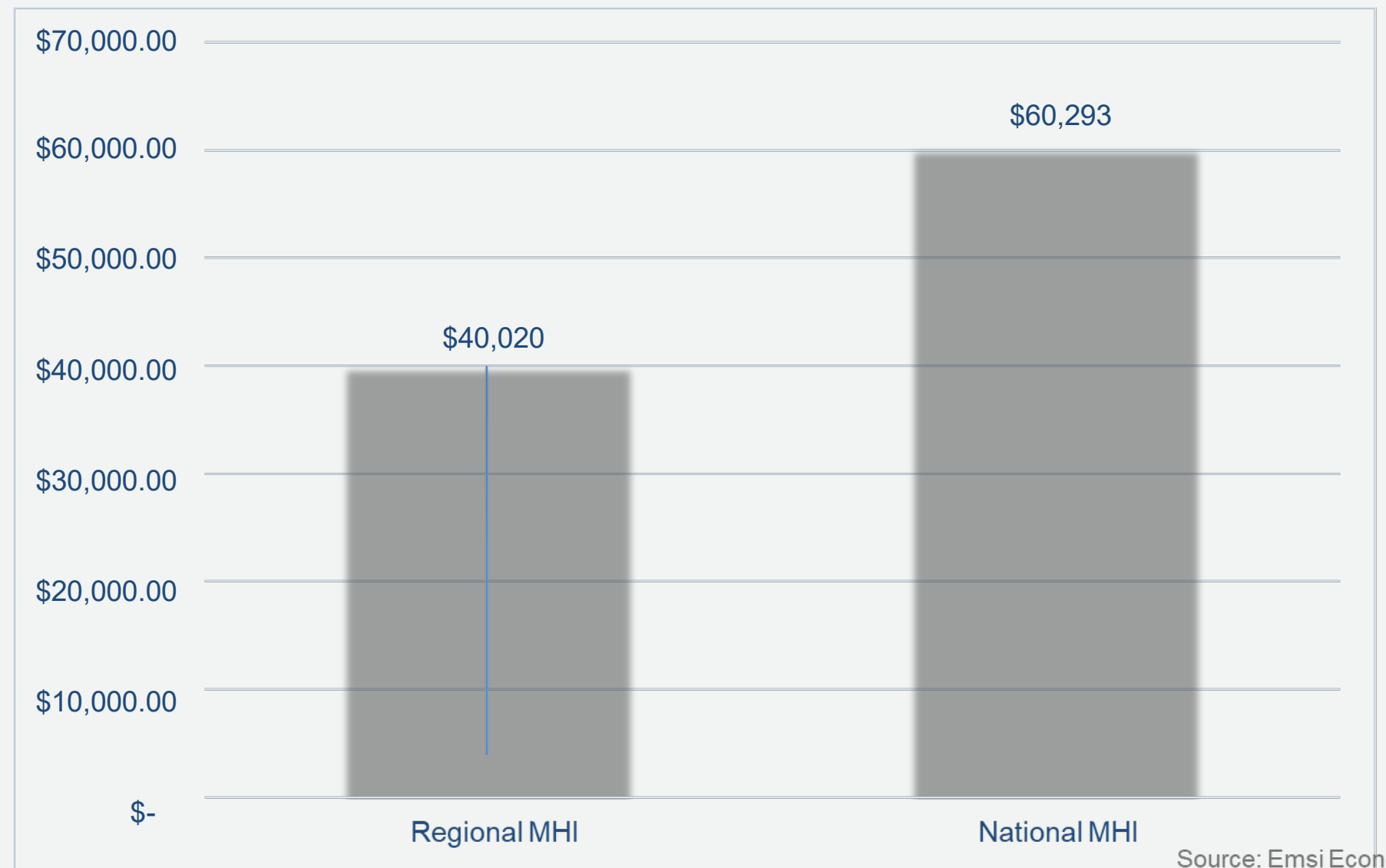




# INCOME IN THE DELTA (cont)

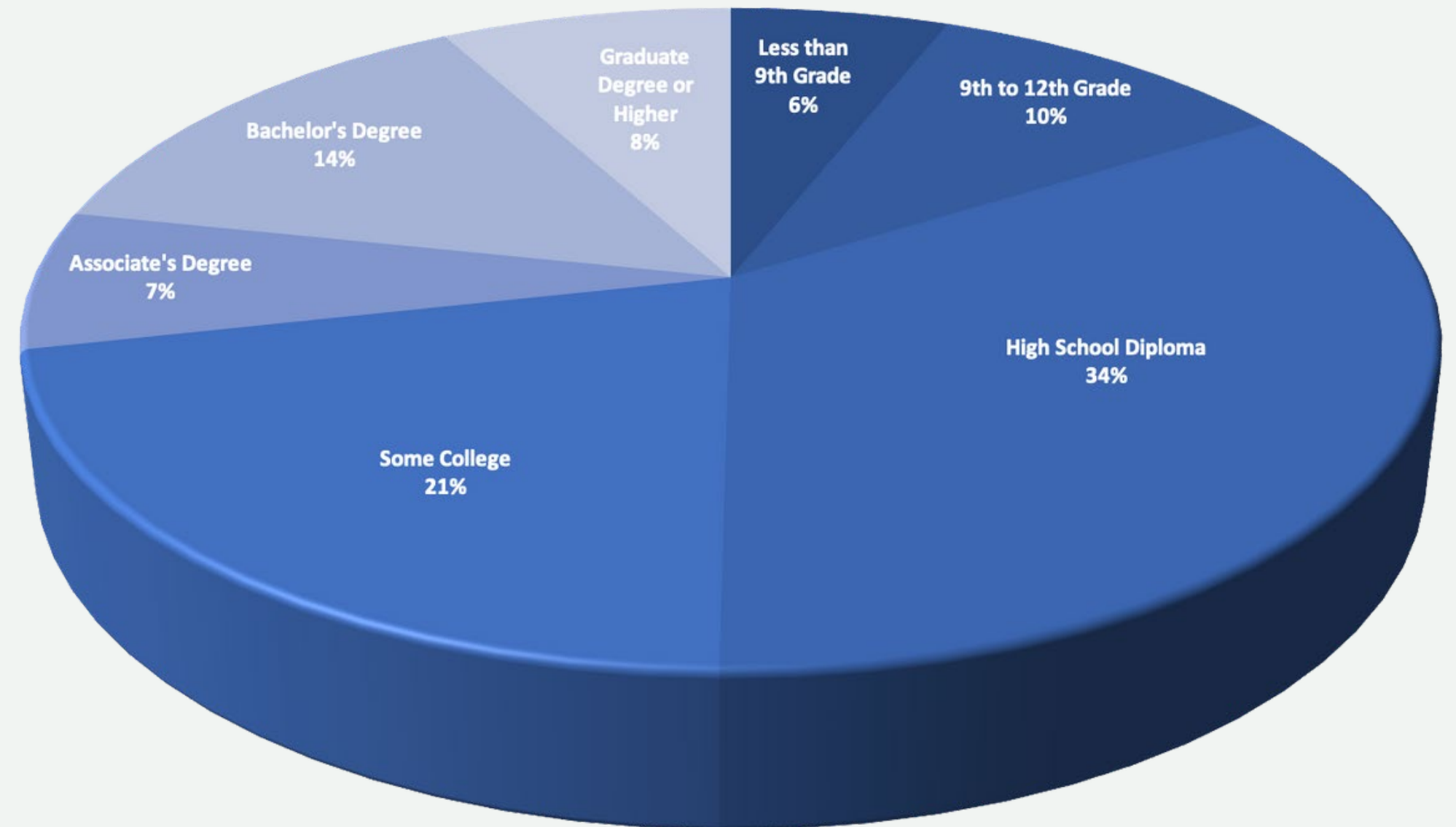
## Median Household Income (2020)

Of the 252 DRA counties and parishes, 245 (97%) have a MHI below the national median. The lowest county-level MHI is Jefferson County, MS (\$20,188). The highest is Ascension Parish, LA (\$76,589).



Source: Emsi Economic Modeling

# EDUCATION IN THE DELTA



Concerning educational attainment, 14% of residents possess a Bachelor's Degree (5% below the national average), and 7% hold an Associate's Degree (1.5% below the national average).





**COMMITTED TO PROMOTING A HEALTHY DELTA**





## HEALTH IN THE DELTA

---

DRA is committed to improving health outcomes throughout the region. Our belief is that health is an economic engine and will drive future economic growth. However, the growing incidence of chronic disease in DRA communities poses a threat to the lives, livelihoods, productivity, and economic vitality of the region. In recent years, commissioned studies have shown a direct correlation between economic vitality and health, measured through changes in life expectancy, emphasizing the link between poor health outcomes and poverty.



# Infants and Children Spotlight



**10.5%**  
of births in the DRA region experience  
low birth weight



**41.1**  
per 1,000 babies born in the DRA region  
are born to women aged 15-19 years



**31%**  
of children in the DRA region are living  
at or below the poverty line



**42.6%**  
of children in the DRA region are living  
in single-parent households





**8.1%**

of those living in the DRA region are experiencing unemployment compared to 6.7% U.S. unemployment rate.





**55%**

of those living in the DRA region are participating in the labor force compared to 61.5% U.S. labor force participation rate.





18.2%

of those living in the  
DRA region face food  
insecurity



# Chronic Disease and Lifestyle Factors

**15.2%**  
Diabetic

**36.6%**  
Obese



**21.4%**  
Smokers

**32.7%**  
Physically  
Inactive

# MENTAL HEALTH SPOTLIGHT

---

4.9

Average number of days per month that residents living in the DRA region experience fair or poor mental health.

Nearly 1 in 5 U.S. adults lives with any mental illness (AMI) - approximately 18% of all U.S. adults.

The prevalence of AMI was higher among women (22.3%) than men (15.1%).

The prevalence of AMI was highest among adults reporting two or more races (28.6%), followed by White adults (20.4%). The prevalence of AMI was lowest among Asian adults (14.5%).

Young adults aged 18-25 years had the highest prevalence of AMI (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%).



# HEALTHCARE ACCESS IN THE DELTA



241

## Health Professional Shortage Area

All or parts of 241 DRA counties and parishes are considered primary care Health Professional Shortage Areas (HPSAs) - defined as having shortages of primary medical care, dental or mental health providers and may be defined as geographic, population or facilities.

244

## Medically Underserved Areas

All or parts of 244 DRA counties and parishes are considered Medically Underserved Areas (MUAs) - defined as having too few primary care providers, high infant mortality, high poverty or a high elderly population.





**1504:1**

**Ratio of Population to Primary Care Physician**

**Access to  
Primary Care  
Providers**

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. The World Health Organization (WHO) has promulgated desirable population-doctor ratio as 1000:1.



# DELTA DOCTORS

To increase access to quality healthcare in DRA communities, DRA established the Delta Doctors program, which allows foreign physicians who are trained in this country to work in medically underserved areas or health professional shortage areas for three years through a J-1 visa waiver. Those in the Delta Doctors program do not take jobs away from U.S.-born physicians. Instead, these physicians provide critical medical services in areas with a physician shortage.



# U.S. Department of State

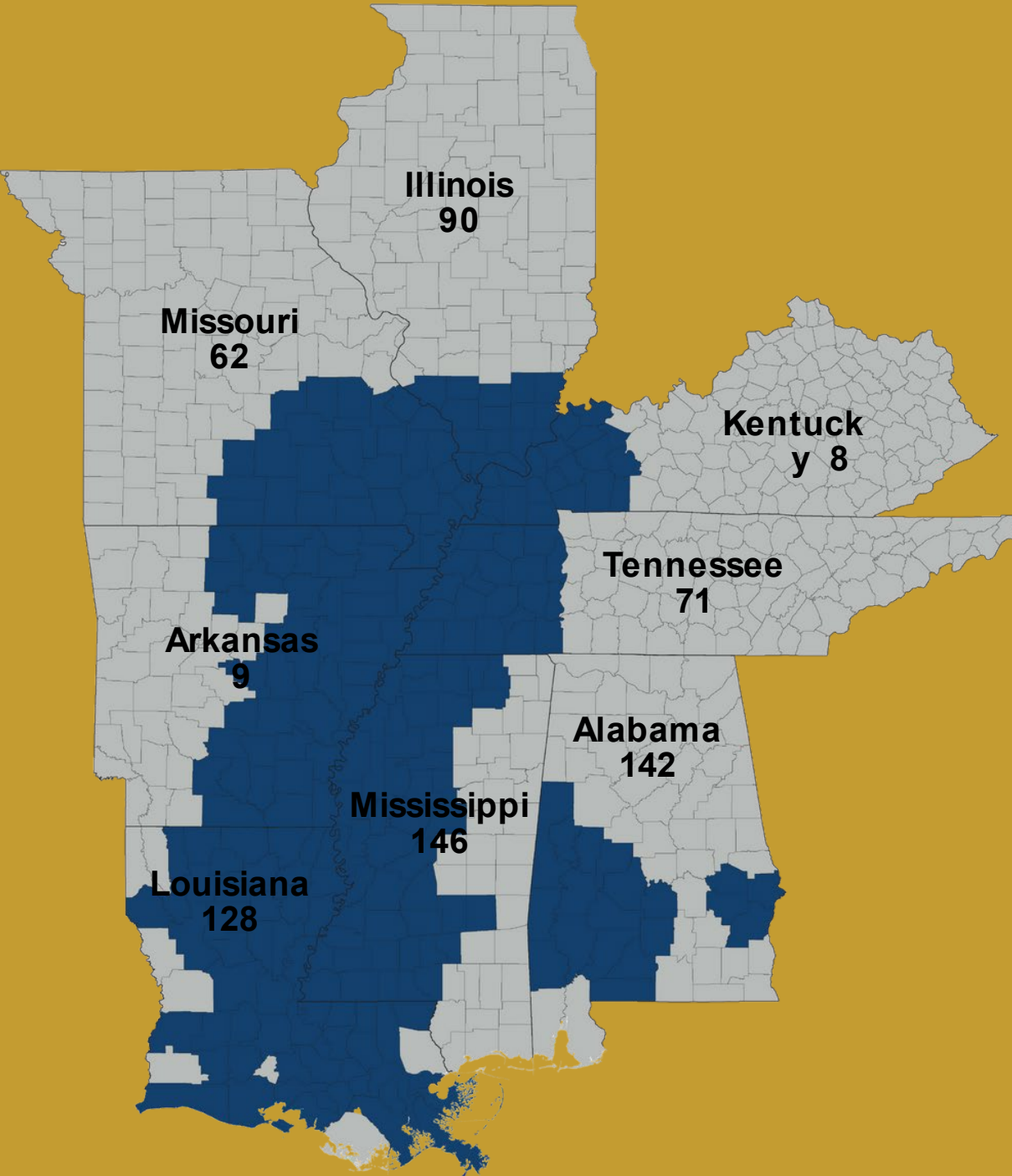
---

DRA is able to recommend J-1 visa waivers to the U.S. Department of State. Medical school graduates from other countries normally are required to return to their home countries for at least two years after they complete their education; however, the J-1 visa waiver obtained under the Delta Doctors program allows graduates to stay in the United States if they spend at least three years in a medically underserved area.



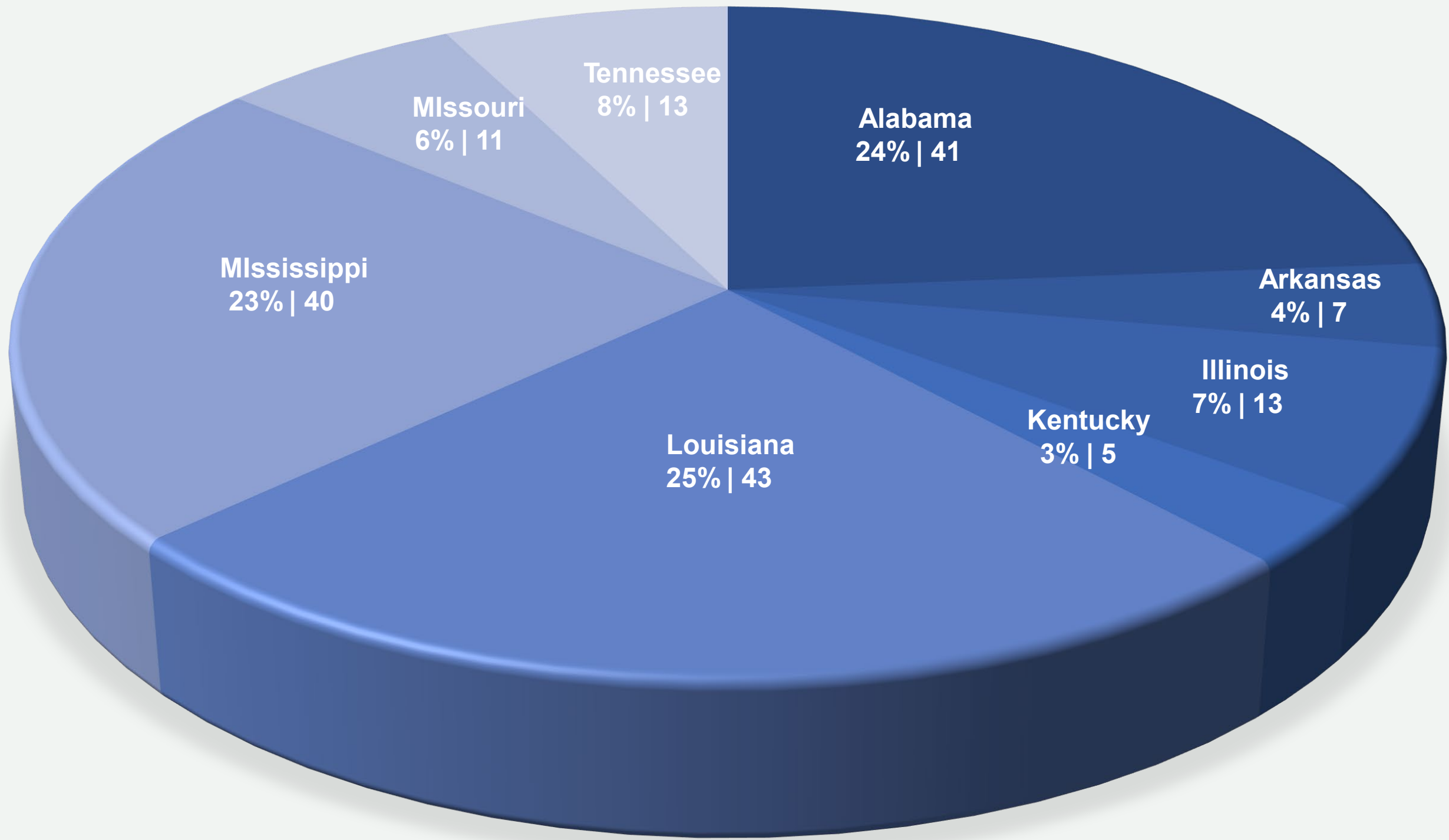


# Delta Doctors Physician Placement | 2016 - 2020



## 2020 Physician Placement

In 2020, DRA processed 173 applications for the Delta Doctors program.



**Foreign physicians, both primary care physicians and specialists, who are trained in the United States. Physicians must agree to the following:**

- Provide direct patient care for a term of 3 years;
- Provide direct patient care for 40 hours per week or 160 hours per month;
- Provide direct patient care to individuals without discriminating against them because (a) they are unable to pay for services or (b) payment for those health services are made under Medicare and Medicaid, or a state equivalent indigent healthcare program; and
- Comply with policies and provisions set forth in the Delta Doctors Program Guidelines

**Who may  
apply for  
this  
program?**

---



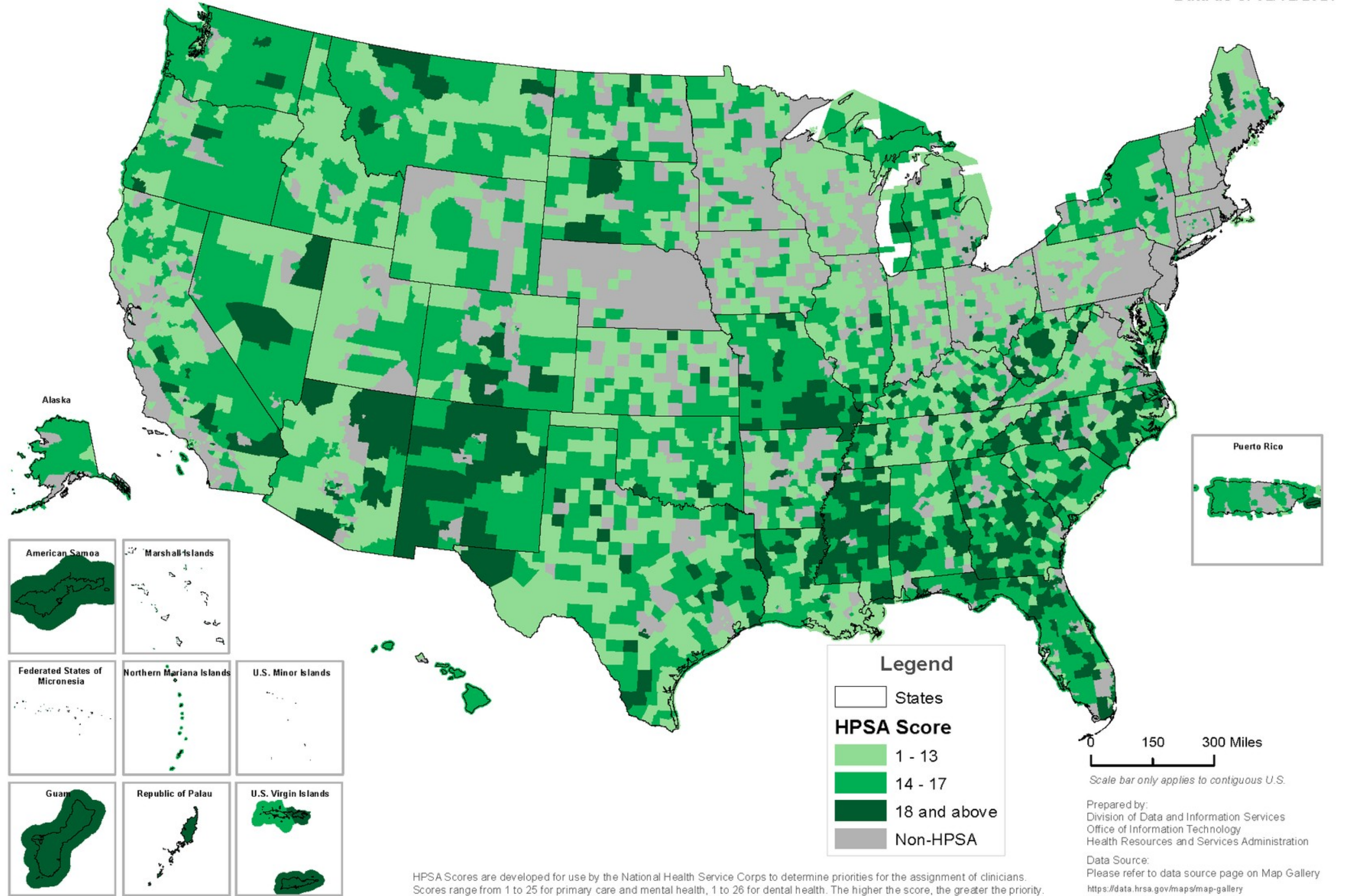


# What is an eligible area?

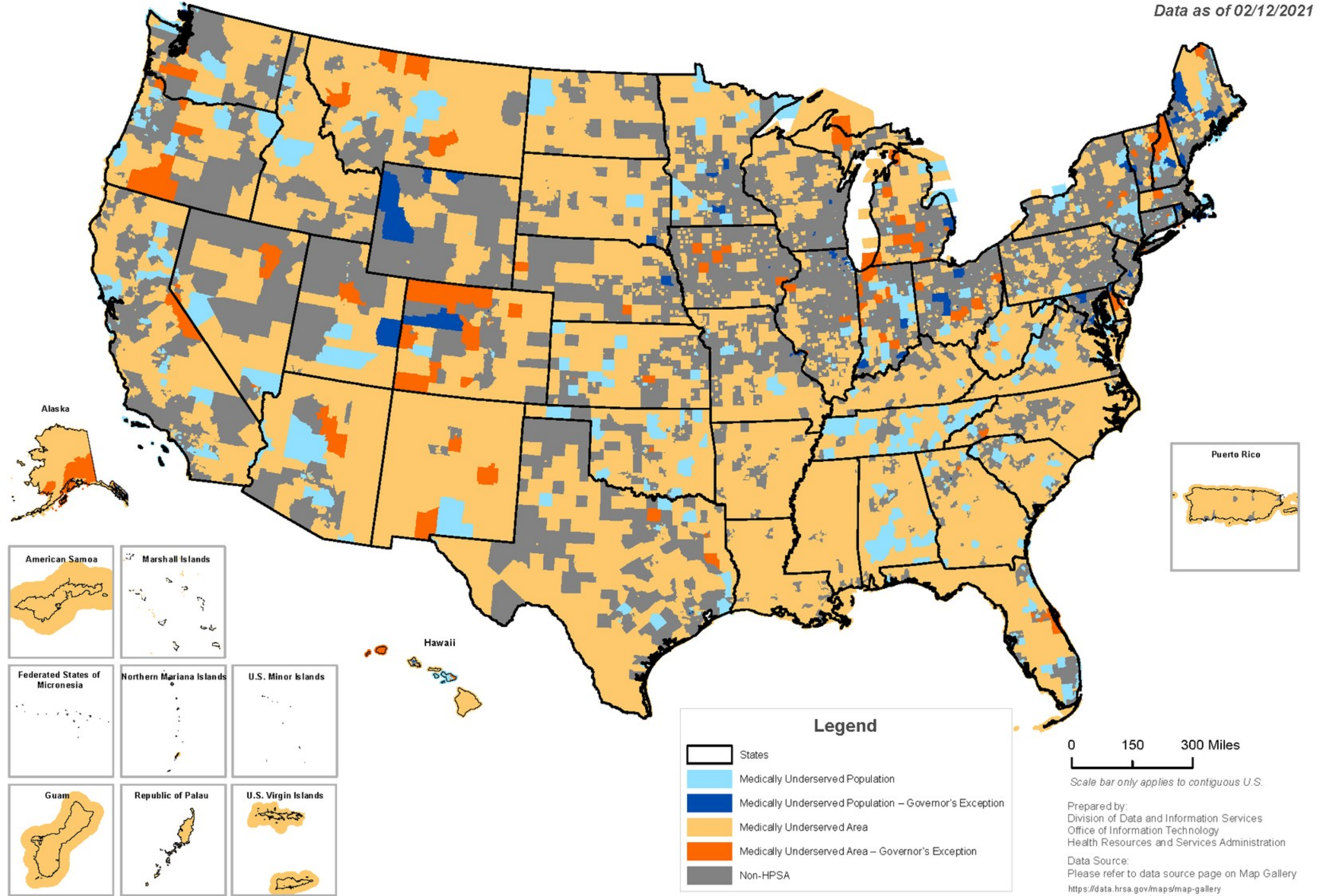
Facilities located in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) within the 252 counties and parishes of DRA's eight state region.



Data as of 02/12/2021









# HOW DO WE GET STARTED?

---

DRA accepts J-1 visa waiver requests on a continuous basis, year-round. Facilities must make a good faith effort to recruit an American physician for the opportunity in the same salary range, without success for at least 45 days. Requests are submitted on behalf of physicians and employers directly to DRA by immigration attorneys.





# Application Process

If you are interested in submitting an application, please review the Program Overview Packet at [www.dra.gov](http://www.dra.gov). For your convenience, the individual program documents are available for download.

This program is not a residency program, nor is DRA able to assist in the placement of non-domestic medical students into residency programs. Physicians must practice at worksites located within DRA's congressionally mandated footprint.



**DELTA DOCTORS**

# Application Checklist

---

**The Delta Regional Authority requires two packets for submission.**

**Packet 1:** Must include Items 1 through 9.

**Packet 2:** Must include Items 1 through 27.

## **1. G-28**

### **2. Cover letter from employer/facility**

- a. NIW support
- b. HPSA number
- c. MUA number
- d. FIPS number
- e. Physician information
- f. Medicare/Medicaid/Indigent population (3-year data)
- g. Patient to Physician ratio





# Application Checklist (cont)

---

## **3. DOS data sheet and case number sheet**

- a. 2 copies
- b. Case number verified

## **4. CV with Social Security number**

## **5. DOS exchange visitor attestation form**

- a. Signed/dated by physician and notarized

## **6. Copy of executed contract**

- a. Signed/dated by physician and employer
- b. 3-year service; 5-year service (NIW)
- c. No non-compete clause
- d. 160 hours/month of primary/specialty medical care
- e. Service to Medicare/Medicaid/Indigenous population
- f. Base salary
- g. Name and address of each facility



# Application Checklist (once more)

---

**7. Verified proof of HPSA/MUA status**

**8. IAP-66/DS-2019**

a. From entry to present

**9. Copy of I-94**

**10. Letter of opinion from legal representation**

a. Requesting NIW

**11. DRA J-1 Program Guidelines**

(signed/ dated by physician & employer)

**12. DRA Affidavit and Agreement**

(signed/ dated by physician; notarized)

**13. Proof of prevailing wage data**

a. Level I

b. Level II





# Application Checklist (further)

---

## **14. Recruiting documentation**

- a. Recruitment overview
- b. National, state, state medical schools, other

## **15. Letters of community support**

- a. Two local, unaffiliated physicians
- b. One local elected official

## **16. Letters of recommendation**

## **17. Copy of diploma(s), board certification(s), USLME scores, etc.**

- a. State medical license or application for license

## **18. Proof of existence for each facility**

## **19. Copy of posted public notice of sliding fee payment for each facility**

## **20. List of primary care or specialty physicians in county/parish**

## **21. Passport(s)**



# Application Checklist (final)

---

## 22. Physician's statement

**If applicable (i.e. specialty physician):**

## 23. Sponsor's letter

## 24. Service area description

## 25. Letter of support

- a. Chief medical officer

## 26. Letters of support

- a. Two local, unaffiliated primary care physicians
- b. One local elected official

## 27. Optional: Additional information to support specialty waiver





# Compliance Guidelines

## The Delta Regional Authority will administer compliance of the J-1 Visa Waiver Program in three steps:

- The Physician Employment Verification Form must be provided to the Delta Regional Authority within the physician's first week of practice.
- Physician and Employer Compliance Surveys are due twice per year on June 30th and December 31st, for the entire duration of the three-year employment period.
- The DRA or an agent representing the DRA may conduct unannounced site visits at random during the three-year employment period.



### J-1 Visa Waiver Program

#### Compliance Guidelines

The Delta Regional Authority will administer compliance of the J-1 Visa Waiver Program in three steps:

1. The administrator of the facility and the physician will sign and return the "Physician Employment Verification Form", within the first week that the physician begins work. Include copies of documentation that physician is in H-1B status including approval notices from USCIS, the physician's I-94 forms and a copy of the H-1B visa stamp from the physician's passport if the physician has already been granted an H-1B visa. If the physician was not licensed in the state of practice at the time the application for the waiver was submitted, a copy of the physician's state medical license must be included with this form.
2. Compliance Surveys are due on June 30<sup>th</sup> and December 31<sup>st</sup> of each year. The surveys will be completed and returned separately to the DRA by both the J-1 physician and the administrator of the facility. The surveys are not identical and will ask confidential questions to both the J-1 physician and the administrator. This survey also requests the number of Medicare, Medicaid, and indigent patients that the facility and the physician has treated in that six-month period, and whether both parties have otherwise complied with the terms of the DRA J-1 Visa Waiver Program.

*The DRA has established formal deadlines for these surveys. Both surveys should be returned to the DRA within 15 business days from the due date. If both surveys are not returned within the initial 15 business days, the DRA will notify the employer that the survey(s) should be returned within an extension period of 15 business days. If the surveys are not returned within the extension period and if the employer has made no effort or attempt to comply with DRA Compliance Guidelines, DRA will notify the appropriate agencies that compliance efforts were unsuccessful and recommend the taking of appropriate enforcement actions.*

3. The DRA or an agent representing the DRA will conduct unannounced site visits at random during the three-year employment period. If the physician or employer is found to be out of compliance, the DRA will immediately notify the appropriate agencies and recommend the taking of appropriate enforcement actions.



## CONRAD 30 WAIVER PROGRAM

---

The Conrad 30 waiver program allows J-1 foreign medical graduates (FMGs) to apply for a waiver of the 2-year foreign residence requirement upon completion of the J-1 exchange visitor program. The Conrad program addresses the shortage of qualified doctors in medically underserved areas by allowing each State's Department of Health to sponsor up to a certain number (initially 20, and now 30) FMGs each year for waiver of the two-year home residency requirement of the physician's J-1 visa. The approved Conrad J-1 waiver applicants are required to serve in federally designated shortage area (either rural or urban).





## CONRAD 30 WAIVER PROGRAM (cont)

---

**NATIONAL** [www.uscis.gov](http://www.uscis.gov)

**ALABAMA** [www.alabamapublichealth.gov](http://www.alabamapublichealth.gov)

**LOUISIANA** [www.ldh.la.gov](http://www.ldh.la.gov)

**ARKANSAS** [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov)

**MISSISSIPPI** [www.msdh.ms.gov](http://www.msdh.ms.gov)

**ILLINOIS** [www.dph.illinois.gov](http://www.dph.illinois.gov)

**MISSOURI** [www.health.mo.gov](http://www.health.mo.gov)

**KENTUCKY** [www.chfs.ky.gov](http://www.chfs.ky.gov)

**TENNESSEE** [www.tn.gov](http://www.tn.gov)

# Book Recommendations

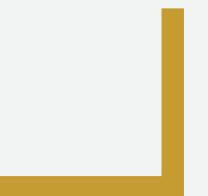
---

## **The Physician Immigration Handbook**

by Gary Siskind & Elissa J. Taub

## **Foreign Physician's Immigration Handbook: A Guide for Administrators and Physician Recruiters**

by Barry Walker







# QUESTIONS AND ANSWERS



## Contact Information

**CHRISTINA WADE**

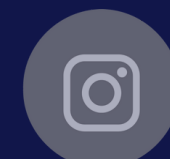
Health Programs Manager

[cwade@dra.gov](mailto:cwade@dra.gov)

236 Sharkey Avenue, Suite 400

Clarksdale, MS 38614

662.624.8600 | [www.dra.gov](http://www.dra.gov)





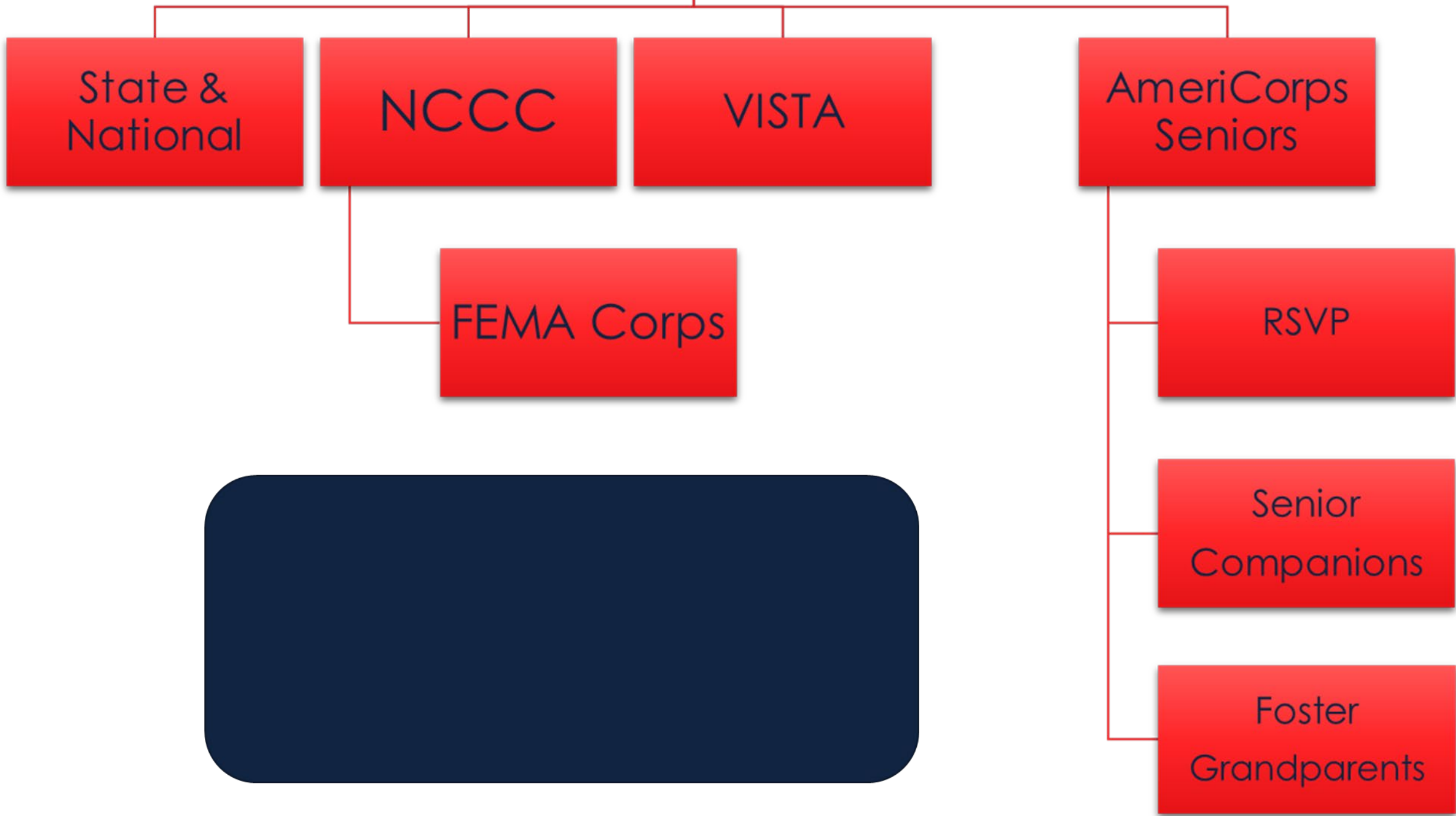
Expand Your Reach Tenfold:

# Partnering with AmeriCorps NCCC to Accomplish Your Organizational Goals

02/26/2021



## AmeriCorps





# AmeriCorps Programs

Diverse Structure for Diverse Needs



## NCCC

- High number of personnel
- Short-term needs
- Residential
- Intense member development
- Team-based
- Relocate swiftly anywhere in the U.S.
- Disasters and more

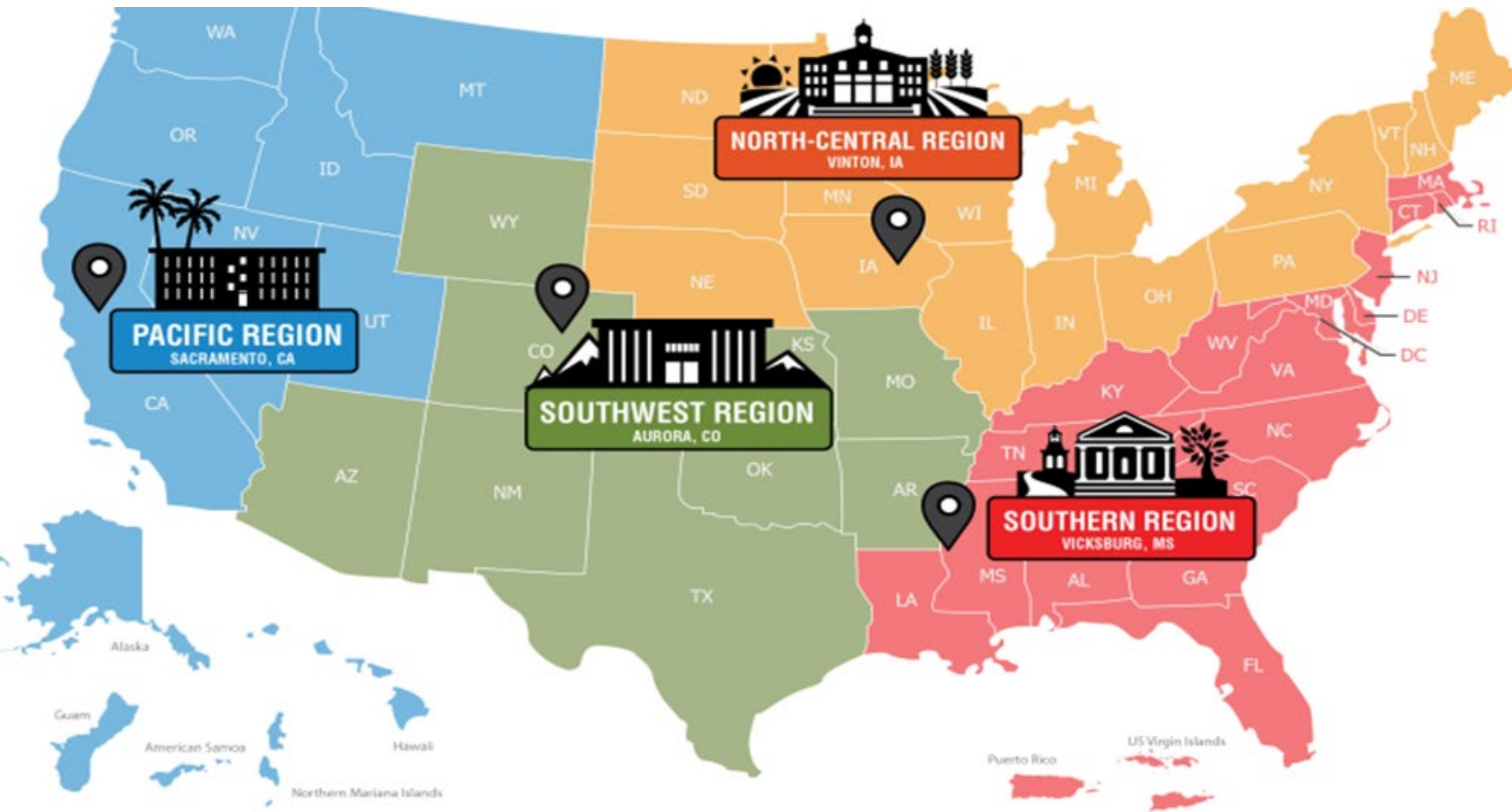
## VISTA

- Poverty focus
- Capacity building
- Year-round support
- Summer Associates

## State & National

- Year-round support
- Largest AmeriCorps branch
- Programs focus on variety of specific needs
- Education and more

# AmeriCorps NCCC Regions



<p><b><u>Pacific Region</u></b></p> <p><b>States Served:</b> AK, CA, HI, ID, MT, NV, OR, UT, WA, Pacific Territories</p> <p><b>Tel:</b> 916-640-0310  <b>Email:</b> <a href="mailto:NCCCPacific@cns.gov">NCCCPacific@cns.gov</a></p>	<p><b><u>Southwest Region</u></b></p> <p><b>States Served:</b> AR, AZ, CO, KS, MO, NM, OK, TX, WY</p> <p><b>Tel:</b> 303-844-7400  <b>Email:</b> <a href="mailto:NCCCSouthwest@cns.gov">NCCCSouthwest@cns.gov</a></p>
<p><b><u>North Central Region</u></b></p> <p><b>States Served:</b> IA, IL, IN, MI, ME, MN, ND, NE, NH, NY, OH, PA, SD, VT, WI</p> <p><b>Tel:</b> 319-472-9664  <b>Email:</b> <a href="mailto:NCCCNorthCentral@cns.gov">NCCCNorthCentral@cns.gov</a></p>	<p><b><u>Southern Region</u></b></p> <p><b>States Served:</b> AL, CT, DC, DE, FL, GA, KY, LA, MA, MD, MS, NC, NJ, RI, SC, TN, VA, WV, USVI, PR</p> <p><b>Tel:</b> 601-630-4040  <b>Email:</b> <a href="mailto:NCCCSouthern@cns.gov">NCCCSouthern@cns.gov</a></p>



# Areas of Service



**Natural & Other Disasters**



**Urban & Rural Development**



**Environmental Stewardship & Conservation**



**Infrastructure Improvement**



**Energy Conservation**



# Examples of Work

- Public Facility Rehabilitation
- Event & Volunteer Coordination
- Neighborhood Beautification
- Donation Center Operations
- Call Center Coordination
- Assessments & Community Outreach
- Park/Playground Improvements
- Disaster Long-Term Recovery
- COVID-19 Contact Tracing
- COVID-19 Logistical Support at Vaccination Sites





# COVID-19 Projects

**If your organization expects any of the following due to COVID-19, please apply:**

- Significant loss of volunteers, funds and other support which interferes with your ability to provide services.
- Increase in deferred maintenance or resource management, especially those impacting safety.
- Increase in clients/visitors that is putting a strain on staff or resources.
- Loss of local jobs or revenue due to decrease in travel and tourism.
- Need for assistance with providing services that directly impact disease mitigation or prevention.
- Other challenges sustaining your day-to-day operations.





# Sponsor Eligibility



The following organizations are eligible to be a project sponsor:

- Nonprofits, secular, and faith-based organizations
- Local municipalities or city government
- State governments
- Federal government
- Native American and Alaskan tribes
- National or state parks, forests, and other public lands
- Schools





# What Do Sponsors Provide?

- On-site technical oversight and direction with the team each day
- At least 40 hours of enriching service per week, per member
- Project supplies, equipment, materials, and any necessary building permits
- Schedule of work & training plan
- Lodging with showers (dorms, churches, community centers, campsites, cabins, etc.)
- Cooking facilities (unless meals are provided)
- Service-learning support and opportunities to understand community impact
- Inclement-weather work plan





## What Does AmeriCorps NCCC Provide



To assist project sponsors, AmeriCorps NCCC provides:

- Background checks, TB tests, and 10-panel drug screen for each member
- Team Leader to handle team concerns and serve as a liaison between sponsor and the rest of the team
- A 15-passenger van as well as gas & insurance
- Worker's Comp, Health Benefits, and Torts Coverage from members while they serve
- Budget for food, laundry, and tolls (if needed)



# How Do I Apply?



## 1. Contact your regional camps

Determine the appropriate AmeriCorps NCCC Regional Campus for your point of contact. Reach out to campus staff to discuss your ideas for a project, clarify questions, and learn more about the NCCC program, as well as other AmeriCorps programs.

## 2. Complete concept form

Complete and submit an AmeriCorps NCCC Project Concept Form\*. This form provides a brief overview of the applying organization and a tentative project plan for the team.

\*Not required for immediate disaster response projects.

## 3. Submit an application

Upon review of the Project Concept Form, AmeriCorps will invite the organization to submit a full application or request additional information.

# Application Deadlines



## Southern Region

States Served: AL, CT, DC, DE, FL, GA, KY, LA, MA, MD, MS, NC, NJ, RI, SC, TN, VA, WV, USVI, PR

## Southwest Region

States Served: AR, AZ, CO, KS, MO, NM, OK, TX, WY

2021-2021 Project Dates	Step 1: Concept Form Due	Step 2: Full Application Due
Aug. 12-Oct. 12, 2021	April 23, 2021	June 4, 2021
Oct. 20-Dec. 14, 2021	July 1, 2021	Aug. 13, 2021

Tel: 601-630-4040  
Email: [NCCCSouthern@cns.gov](mailto:NCCCSouthern@cns.gov)

2021-2021 Project Dates	Step 1: Concept Form Due	Step 2: Full Application Due
July 12-Sept. 13, 2021	Mar. 19, 2021	Apr. 30, 2021
Sept. 18-Dec. 18, 2021	May 28, 2021	July 9, 2021

Tel: 303-844-7400  
Email: [NCCCSouthwest@cns.gov](mailto:NCCCSouthwest@cns.gov)



# Quotes



*“During the time they were here, AmeriCorps NCCC team members became a part of ‘our town’ and part of ‘our organization.’ They brought youth, commitment and hope with them, not just hammers and hardhats. They served as examples to our locals, who responded by becoming more involved in the concerns and problems within our community.”*

-Terry Latham, Executive Director, Hope Haven Children’s Shelter, MS

*“The NCCC team helped us to be more prepared for our annual workday and to provide better quality services for our clients. The team members came to us full of energy and ideas. They brightened our lives and the lives of our clients. Think of all the things you wish you could do but can’t. Then think of how an NCCC team might be able to help you do them.”*

-Bonnie Bessor



# Questions?



Tamika L. Eatmon  
Assistant Program Director  
NCCC - Southern Region  
M: (202) 489-5097  
TEatmon@cns.gov



Mackenzie L. Hunter  
Assistant Program Director  
AmeriCorps NCCC - Southwest  
M: (202) 956-9866  
mhunter@cns.gov



## Contact Information:

Shannon Studden, Workforce &  
Leadership Development Team Lead

(218) 216-7044

[sstudden@ruralcenter.org](mailto:sstudden@ruralcenter.org)



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER