

Abstract

Persistent disparities in the rural health workforce continue to deepen inequities across the United States, especially in Native American, Black, and Latino/a or LatinX communities. This literature review examines the impact of rural pipeline programs on healthcare access, workforce diversity, and community health outcomes. Drawing on twenty studies of rural healthcare access, educational pipeline development, and culturally grounded engagement, several themes emerge consistently. Strong programs typically begin early, often in K-12 settings, rely on culturally relevant and community-informed curricula, and work closely with local organizations.

Even so, these programs operate within stubborn structural barriers. Geographic isolation, limited resources, and inequities in medical school admissions continue to hinder progress. The Colorado Area Health Education Center's HOPE Program and HOPE Institute show what early pipeline programs can look like in practice. Connecting rural high school students with mentors and hands-on learning provides one model for how early exposure can shift students toward health careers. Overall, this review underscores the need for community investment, long-term community relationships, and pre-health pipeline programming to diversify the healthcare workforce and strengthen rural health systems.
