

## FINANCES AND INTERNATIONAL HEALTH WORK

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### Introduction

Administrators at medical schools may take note of broad financial or recruiting advantages that can result from establishing vibrant international health programs. Successes of several programs around North America attest to these potential benefits, that may include attracting grant monies, increasing scholarly research and prestige, recruitment of higher quality medical students or more socially aware residents, and “advertising” the value of the medical center to wealthier patients.

Since its inception, two of IHMEC’s goals have been that North American medical students and residents should be provided with both opportunities and funding to participate in international health educational activities. The financial issue, however, remains an obstacle for many who desire such experiences as part of their education. The current status of monetary aspects of international health work by medical students and residents is outlined briefly in this section.

Currently no comprehensive source of information exists to assist students or residents in identifying financial resources for participating in international health work. Although some medical school administrators and faculty members responsible for student programs abroad provide direct financial assistance to their students for such activities, this is unfortunately the minority. Additionally, some student groups raise funding through non-educational activities. It is likely that many students must rely on student loans to pay for the major portion of

international experiences. Residents may fare better. A recent survey of U.S. family practice residency programs showed that many provide their residents with salary support and small stipends for rotations undertaken abroad.<sup>1</sup> The only systematic national study on students to date has examined financing for pre-participation preparation courses. It was found that the majority of organized international health programs receive financial support primarily through internal sources, generally at the level of academic departments within medical schools.<sup>2</sup>

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own institutions, a funding guide now in its third edition has been published jointly by IHMEC and the American Medical Student Association (AMSA)<sup>3</sup> AMSA. Medical Assistance Program (MAP) International, and other national organizations make modest scholarships or travel payment available to students on an intermittent or partial basis for selected types of health related work. One example of a regional funding program is a New York foundation that annually provides 35 travel awards of \$2000 to medical students in the New York City area. Overall support for work abroad, however, pales in comparison to Canada where full or partially funded institutional support is common and relatively easily accessible for students. Now that U.S. medical school tuition averages \$20,000 per year and the median student debt burden upon graduation exceeds \$80,000,<sup>4</sup> it is certain that a daunting financial situation discourages many who might otherwise benefit from such experiences.

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Upon graduation from medical school, either before or after completing residency training, many physicians desire a period of time to work in health related activities abroad. However, with commitments for paying high student loans, financial considerations potentially become a substantial hurdle. Programs for deferment or partial forgiveness of student loans could be expanded to encourage further participation in international health work by young physicians. Examples of organizations that currently provide loan deferments for physician volunteers include the American Refugee Committee, Doctors Without Borders, Catholic Relief Services, and the Med-Send Program of the Christian Medical and Dental Society

Students and residents who desire to spend educational periods overseas are often ingenious in making ends meet with relatively few resources. Nevertheless, funding overall remains insufficient for many potential participants to take advantage of "a profound experience...[that] can dramatically alter...perceptions of health, health care, and societal and personal responsibility".<sup>5</sup> Financial support should be increased to levels adequate to allow all qualified students and residents to take part.

**Box 1: Financing International Health Rotations: Recommendations for consideration by medical schools, residency programs, and other administrative agencies:**

- Funding provided by institutions should be expanded whenever possible in the form of full or partial grants, or greater access to student loans.
- Since most financing for international health programs is derived from institutional resources, efforts could be increased to seek outside funding. As has been noted in one study, "...it is evident that international health education is a potential area for collaboration between government agencies and private organizations to provide direct support and develop international career pathways for physicians in training".<sup>2</sup>
- Is direct fundraising a most effective use of time for busy medical students? Some have observed that extra available hours might more profitably be spent in study of socio-cultural aspects, tropical diseases, or languages of countries to be visited. On the other hand, arguments can be made that working in fundraising efforts in certain group oriented circumstances may help in developing capacity for individuals to work together as a team.
- Expand opportunities for student and resident "domestic international health" programs, such as those in inner city, rural, and Native American/Aboriginal settings.
- Encourage student and resident participation in faculty international programs and research.
- Efforts might be made by residency programs to provide salary support and preferably a small stipend for their residents who may wish to work overseas for brief periods. Several programs around the U.S. have had success in establishing international health "tracks", often integrating principles of primary health care studied and practiced abroad with domestic educational programs.<sup>1</sup>

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Comments provided by Jeff Heck, MD, University of Cincinnati; Albert Kuperman, Ph.D., Albert Einstein College of Medicine; and Kevin Chan, MD, University of British Columbia; Carole Davis, MSW, University of Nebraska.

## **REFERENCES**

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2. Heck J, Wedemeyer D. International Health Education in U.S. Medical Schools: Trends in Curriculum Focus, Student Interest, and Funding Sources. *Family Medicine*. 27(1995):636-40.
3. Pirtle S. *Creative Funding for International Health Electives*. International Health Medical Education Consortium, and American Medical Student Association, 1997, ~~revised~~, [revised](#).
4. *Medical Student Graduate Questionnaire*. Washington, DC: Association of American Medical Colleges, 1999.
5. Northrup R. Commentar ; Preparing Students for Overseas Electives. *Academic Medicine*. 66(1991):92.

**APPENDIX: SAMPLE FOR**

**REQUEST FOR INTERNATIONAL HEALTH ELECTIVE FINANCIAL AID**

**NAME** \_\_\_\_\_ **S.S.N.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

To determine your eligibility for federal financial aid while participating in a recognized University of \_\_\_\_\_ International Health Elective Program, the following items must be completed:

1. Federal need analysis form to determine eligibility for federal financial aid programs.
2. This worksheet, to be submitted to the Student Financial Aid Office.

I will be taking part in the following program: \_\_\_\_\_

\_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_.

**ANTICIPATED PROGRAM COSTS**

<b>TUITION AND FEES</b>	<b>\$</b> _____
<b>ROOM AND BOARD</b>	<b>\$</b> _____
<b>BOOKS AND SUPPLIES</b>	<b>\$</b> _____
<b>TRAVEL AND EXPENSES</b>	<b>\$</b> _____
<b>MISC. EXPENSES</b> (immunizations, visas, etc.)	<b>\$</b> _____
<b>TOTAL COSTS</b>	<b>\$</b> _____

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Coordinator's Signature** \_\_\_\_\_