Advancing Rural Health Equity through Partnerships, Data, and Finance

#LiveAtUrban
Promoting Rural Health Equity through Data and Partnerships Convening

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Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People
Rural Basics: Defining It

There are many different standards but common data points
Rural Population Demographics

Increasing Diversity

Rural Racial and Ethnic Diversity by U.S. Region

Racial and ethnic diversity in rural places is regionally concentrated
Share of racial or ethnic group that lives in a region, 2020

<table>
<thead>
<tr>
<th>Race</th>
<th>Midwest</th>
<th>Northeast</th>
<th>South</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>22%</td>
<td>10%</td>
<td>27%</td>
<td>42%</td>
</tr>
<tr>
<td>Black</td>
<td>11%</td>
<td>4%</td>
<td>81%</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>16%</td>
<td>5%</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>Native American and Alaska Native</td>
<td>23%</td>
<td>6%</td>
<td>36%</td>
<td>35%</td>
</tr>
<tr>
<td>Native Hawaiian and Pacific Islander</td>
<td>13%</td>
<td>3%</td>
<td>16%</td>
<td>68%</td>
</tr>
<tr>
<td>White</td>
<td>34%</td>
<td>12%</td>
<td>38%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: 2020 census
Notes: “Rural” refers to the “nonmetro plus” definition, which includes all nonmetro counties and all tracts classified as RUCA 4 or higher. “Native American” refers to those who self-identify as “American Indian” in the census. Racial population counts include those who selected multiple races.

Center on Rural Innovation. “Who Lives in Rural America?”
People in rural areas live 3 fewer years than people in urban areas, with rural areas having higher death rates for heart disease and stroke.

- Rural women face higher maternal mortality rates.
- Rural residents face higher rates of tobacco use, physical inactivity, obesity, diabetes, and high blood pressure.
- Rural populations face greater challenges with mental and behavioral health and have limited access to mental health care.
- Rural hospitals are closing or facing the possibility of closing, and there is an increasing shortage of clinicians.
- Long distances and lack of transportation make it difficult to access emergency, specialty, and preventive care.
- Rural populations are more likely to be uninsured and have fewer affordable health insurance options than in suburban and urban areas.
Rural Health Landscape
A Patchwork of Providers ...

Special Federal Designations
• Volume
• Payer Mix

Dominant Policy Focus
• Reimbursement as a Tool for Access
• Unique Payment Systems
Also a Policy Challenge
Current Rural Issue: Disparities
Life Expectancy, Mortality and Avoidable Death Rates

Source: M. Garcia, CDC Presentation May 2023, National Rural Health Association
Current Rural Issue: The Opioid Crisis

Rural areas track urban areas closely on mortality trends

Source: CDC WONDER File
Current Rural Issues: Workforce

A history of gaps ...

Primary Care

MD, DO
Primary Care
(MD, DO, NP, PA)

- Rural = 52.0/100,000 People
- Urban = 80.5/100,000 People

- Rural = 153.3/100,000 People
- Urban = 213.9/100,000 People

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively

Behavioral Health

U.S. Counties without Behavioral Health Providers by Urban Influence Category

Current Rural Issue: Hospital Viability
Also a Health Equity Concern

156 Rural Hospital Closures since 2010

Additional Policy Options
• Rural Emergency Hospitals
• New Budget Proposals
  • At-Risk Assistance
  • Service Line Expansion/Bypass Reduction

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/
• 56% of rural counties lack hospital-based OB services

• Loss of hospital-based OB services is most prominent in rural communities:
  • With a high proportion of Black residents
  • Where a majority of residents are Black or Indigenous and have elevated rates of premature death

• Opportunities:
  • Rural Maternal Obstetrics Management Strategies Program
  • Expanding Medicaid Post-Partum Coverage
  • Informing Service Viability Options

**Current Rural Health Issue: Hospital Obstetrics**

**Access Gaps Increasing**

**Number of rural hospitals with Obstetric services per 100,000 rural reproductive age women**

- **56%** of rural counties lack hospital-based OB services
- Loss of hospital-based OB services is most prominent in rural communities:
  - With a high proportion of Black residents
  - Where a majority of residents are Black or Indigenous and have elevated rates of premature death
- **Opportunities**:
  - Rural Maternal Obstetrics Management Strategies Program
  - Expanding Medicaid Post-Partum Coverage
  - Informing Service Viability Options
Assessing the Rural Health Patchwork
Understanding Differential Impact of Rural Gaps

INTRODUCTION

Access to and quality of healthcare services are key elements of the social determinants of health that facilitate mental and physical well-being. Studies consistently show that rural residents—accounting for more than 59 million Americans—have less access to healthcare services than their urban counterparts in terms of availability (e.g., provider-population ratios) and accessibility (e.g., distance to care) as described by Penderghast’s and Thomas’s “5 Ms of Access”.

Rural areas have fewer primary care providers and specialists (e.g., obstetric, cancer care) per population compared to their urban counterparts. Further, studies also show that rural populations live further from hospital-based care and specialization than urban areas. Rural-urban disparities in access to care are exacerbated by race/ethnicity or rural-urban populations, such as Black and American Indian/Aleut Natives, often have less access to care than their white rural peers.

A comprehensive understanding of access to care inequities requires the investigation of not only availability and accessibility but also affordability. Affordability is often characterized as having health insurance coverage. Yet, affordability includes other aspects such as cost barriers to seeking care in the short-term and accessing medical debt in the long-term both of which are less studied. Rural populations consistently report having higher rates of insurance. Additionally, studies show that rural populations are more likely to face cost barriers to accessing care compared to their urban counterparts or experience long-term financial impacts (e.g., debt).

Though earlier studies examined racial/ethnic differences in some elements of affordability within rural communities few of these elements of
Promising Rural Practices

The Arkansas Rural Health Partnership

Arkansas Rural Health Partnership
Areas of Focus

Rural Hospital Sustainability
ARHP strengthens and supports the infrastructure and capacity of rural hospitals by leveraging resources, facilitating collaboration, and supporting health care leaders to navigate continuous policy changes at the state, regional, and federal level.

Behavioral Health Initiatives
ARHP supports individuals experiencing mental health and substance use concerns and strengthens the local systems of care that aim to serve them well.

Health Workforce Continuum
ARHP works with diverse education partners across the region and state to recruit, educate, and retain a local health care workforce and then ensures access to current, best practice training and continuing education courses to provide top-notch care.

Health-Social Initiatives
ARHP offers wrap-around services to support the health-social factors that impact health and wellness outcomes (often referred to as social determinants of health). Rural residents benefit from increased access to insurance enrollment, prescription assistance, healthy food, and more.

www.arruralhealth.org

Arkansas Rural Health Partnership
Grants, By Area of Focus

Rural Hospital Sustainability
• Rural Health Network Development Planning (HRSA, 2008)
• Small Health Care Provider Quality Improvement Program (HRSA, 2019-2022)
• Rural Health Care Coordination Program (HRSA, 2020-2023)

Behavioral Health Initiatives
• Rural Health Opioid Program (HRSA, 2017-2019)
• Rural Health Care Services Outreach Program (HRSA, 2018-2021)
• ROOP-R Planning (HRSA, 2019-2020)
• ROOP-R Implementation (HRSA, 2020-2023)
• ROOP-R Rural Response to Opioid Epidemic (HRSA, 2020-2021)

Health Workforce Continuum
• Delta States Rural Network Development Program (HRSA, 2016-2020, 2020-2023, 2023-2026)
• Delta Healthcare Services (USDA, 2017-2021)
• Delta Regional Planning & Development Program (HRSA, 2020-2023)
• States Economic Development Assistance Program (Delta Regional Authority, 2021)
• Workforce Opportunity for Rural Communities (Department of Labor, 2021-2024)
• Delta Worker Program (Delta Regional Authority, 2022-2025)
• Delta Region Rural Health Workforce Training Program (HRSA, 2022-2025)
• Workforce Opportunity for Rural Communities (Department of Labor, 2023-2026)

Health-Social Initiatives
• Charles A. F incons (2008-2011)
• Walmart Foundation (2009)
• Blue and You Foundation for a Healthier Arkansas (2009-2016)
• Forever (2009-2019)
• Delta States Rural Network Development Program (HRSA, 2013-2016, 2016-2019, 2020-2023, 2023-2026)
• USDA (2021-2024)
### Promising Rural Practices

**The Michigan Center for Rural Health**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
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<tbody>
<tr>
<td>Blue Cross Blue Shield (BCBS) Foundation</td>
<td>Private funder to support expansion of NMORC activity: Distribution of Naloxone</td>
</tr>
<tr>
<td>RCORP Psychostimulant &amp; Behavioral Health</td>
<td>Opportunity to impact the broader Substance Use Disorder issues in the NMORC region, including psychostimulant use &amp; behavioral health access to care challenges.</td>
</tr>
<tr>
<td>RCORP – Implementation (I-IV)</td>
<td>NMORC is fully staffed with RCORP I (FY 19) – Project Director, Project Associate (2), Medical Director&lt;br&gt;RCORP II – Expansion to two additional counties, RCORP III – Expansion to three additional counties, RCORP IV – Expansion to four additional counties&lt;br&gt;RCORP – Planning allowed for a comprehensive assessment of needs and opportunities in a 16-county region of Northern MI. 23 Member organizations including all Hospitals, FQHCs, OTPs, LPHs, and CMHs in the region.</td>
</tr>
<tr>
<td>RCORP – Planning</td>
<td>Prevention activities, opioid prescribing education, MAPs education &amp; Academic Detailing</td>
</tr>
<tr>
<td>CDC Overdose to Action (OD2A)</td>
<td>Provided staffing infrastructure to focus on SUD related activities</td>
</tr>
<tr>
<td>State Office of Rural Health (SORH)</td>
<td>SORH staff convened stakeholders, facilitated meetings in which Stakeholders “planned to plan” and wrote the RCORP – Planning NOFO</td>
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</tbody>
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Contact Information

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