Federal Health Policy to Improve Rural Health Care Access

National Institute of Health Care Management Rural Health Webinar

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Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People
The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

- **Cross Agency Collaboration**: Works across HRSA, HHS, and several other federal partners to accomplish its goals.
- **Capacity Building**: Increases access to health care for people in rural communities through grant programs and public partnerships.
- **Voice for Rural**: Advises the HHS Secretary on policy and regulation that affect rural areas.
The Federal Role in Rural Health
Cuts Across a Range of Departments and Mechanisms

Supporting Access via ...
- Enhanced Payments through Medicare and Medicaid
  - Pilots and Demonstrations
- Public Insurance
  - Medicare, Medicaid and CHIP
- Private Insurance Subsidies (Marketplace)
- Workforce
  - Training Grants, Loans and Scholarships
  - Graduate Medical Education
  - Visa Waivers
- Targeting resources by Designating Shortage Areas

Improving Health Status
- Public Health Programs (mostly via block grants)
- Research to identify gaps
- Social/Human Services (Social Determinants of Health)

Improving Health Status
- Infrastructure
  - Access to Capital
- Investments in Technology
  - Telehealth
  - Broadband
Key Elements of the Rural Safety Net
Small Rural and Critical Access Hospitals, Health Centers, Rural Health Clinics
Rural Health Workforce
Primary Care and Oral Health

- **Physicians**
  - MDs/Dos: 53.1/100K non metro vs. 79.4/100K in metro

- **All Primary Care**
  - MD/DO/NP/PA: 132.1/100K in non metro vs. 181.9/100K in metro

- **Dentists**
  - 3.6/10K non metro vs. 5.9/10K in metro

- **Dental Hygienists**
  - 4.5/10K in non metro vs. 5.0/10K in metro

Source: 2016 Area Health Resource File
[https://data.hrsa.gov/topics/health-workforce/ahrf](https://data.hrsa.gov/topics/health-workforce/ahrf)
### U.S. Counties Without Behavioral Health Providers by Urban Influence Category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Counties without Psychiatrists (Percent)</th>
<th>Counties without Psychologists (Percent)</th>
<th>Counties without Social Workers (Percent)</th>
<th>Counties without Psychiatric Nurse Practitioners (Percent)</th>
<th>Counties without Counselors (Percent)</th>
<th>Total Counties without Behavioral Health Providers (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. (3135 counties)</td>
<td>1,505 (51%)</td>
<td>1,153 (37%)</td>
<td>641 (20%)</td>
<td>2,092 (67%)</td>
<td>430 (14%)</td>
<td>284 (9%)</td>
</tr>
<tr>
<td>Metropolitan (1164 counties)</td>
<td>315 (27%)</td>
<td>216 (19%)</td>
<td>102 (9%)</td>
<td>491 (42%)</td>
<td>67 (6%)</td>
<td>32 (3%)</td>
</tr>
<tr>
<td>Non-Metro (1971 counties)</td>
<td>1,291 (65%)</td>
<td>635 (47%)</td>
<td>539 (27%)</td>
<td>1,601 (81%)</td>
<td>363 (18%)</td>
<td>252 (13%)</td>
</tr>
<tr>
<td>Micropolitan (640 counties)</td>
<td>222 (35%)</td>
<td>124 (19%)</td>
<td>68 (11%)</td>
<td>387 (60%)</td>
<td>38 (6%)</td>
<td>31 (5%)</td>
</tr>
<tr>
<td>Non-core (1331 counties)</td>
<td>1,069 (80%)</td>
<td>811 (61%)</td>
<td>471 (35%)</td>
<td>1,214 (91%)</td>
<td>325 (24%)</td>
<td>221 (17%)</td>
</tr>
</tbody>
</table>

Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.

Source: WWAMI Rural Health Resource Center
Rural Health Landscape
The Often Cited Rural Health Concerns ...

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

+ Increasing shortages 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.
In 2019, CDC noted a higher rate of potentially excess deaths occurred among rural Americans than urban Americans from the 5 leading causes of death.

Source: National Center for Health Statistics: [https://www.cdc.gov/mmwr/volumes/68/ss/ss6810a1.htm#F1_down](https://www.cdc.gov/mmwr/volumes/68/ss/ss6810a1.htm#F1_down); Percentage of deaths that were potentially excess* among persons aged <80 years from the five leading causes of death, by urban-rural county classification — National Vital Statistics System, United States, 2017
“... starting in 1990, rural counties have significantly lower predicted mortality than urban counties when given identical county characteristics. We find changes in the effect of characteristics on mortality, not the characteristics themselves, drive the growing mortality divide.”

Source: HSR: Health Services Research 53:6, Part I (December 2018)
Rural Population Diversifying

New Census Data Shows Pattern Mirrors Broader National Trends

- The median rural community saw its population of color increase by 3.5 percentage points between 2010 and 2020
  - Two-thirds of rural counties consisted of at least 10% people of color
  - One-third were more than a quarter people of color
  - 10% of rural counties are majority people of color
  - 40% of AI/AN live in non-metro areas

The Rural Dimensions of the Opioid Epidemic

Recent Data Release from the National Center for Health Statistics

• Rural overdose deaths track the rise in urban deaths
• Pandemic has driven increases
• Rural areas have limited infrastructure to offer treatment
• Rural areas are also dealing with substance use issues beyond opioids
COVID-19 Impact in Rural Communities

Higher case rates and mortality

COVID-19 7-Day Death Rate per 100,000 Population in United States, by Metro vs. Non-Metro

Source: CDC COVID Tracker
Issues in Rural Health Equity

Access to Care

181 Rural Hospital Closures since January 2005

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/
Issues in Rural Health Equity
Access to Hospital-based OB Services in Highly Rural and Racial Diverse States, 2018

• 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 have elevated rates of premature death
Expansion of Telehealth
Expanding HRSA’s Focus

• Pandemic-driven acceleration aided by reduction or regulatory barriers
• New resources on licensure burden
• Elevation of the Office for the Advancement of Telehealth within HRSA
• Challenges and opportunities with Broadband
HRSA Needs Your Help!

Consider Being a HRSA Grant Reviewer

https://www.hrsa.gov/grants/reviewers
Focus on ...

✓ Rural-focused Funding opportunities
✓ Policy and Regulatory Developments Affecting Rural Providers and Communities
✓ Rural Research findings
✓ Policy updates from a Rural Perspective

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