HRSA
Health Resources & Services Administration

Federal Health Policy to Improve Rural Health Care Access

National Institute of Health Care Management Rural Health Webinar

February 28th, 2022

Tom Morris
Associate Administrator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

The Federal Office of Rural Health Policy

[Authority: Section 711 of the Social Security Act]

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

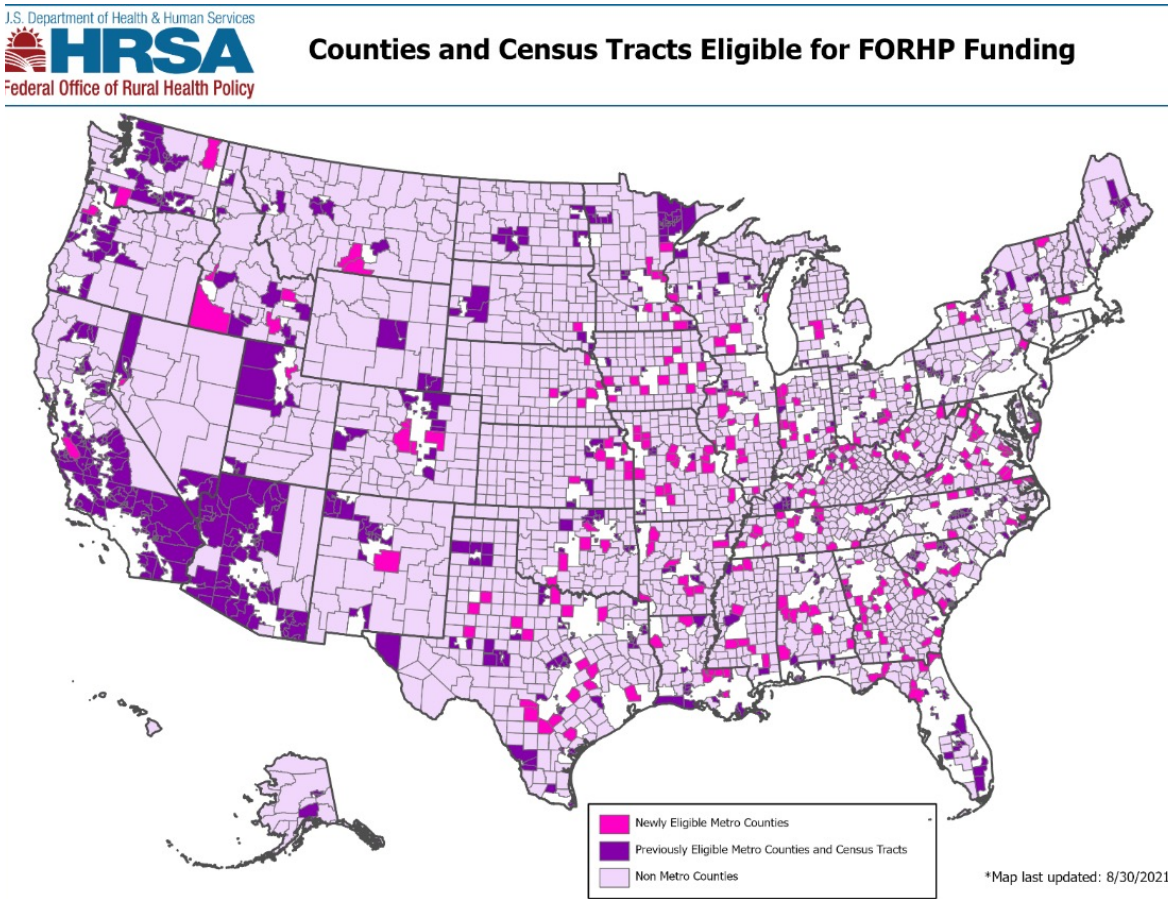
Works across HRSA, HHS, and several other federal partners to accomplish its goals

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

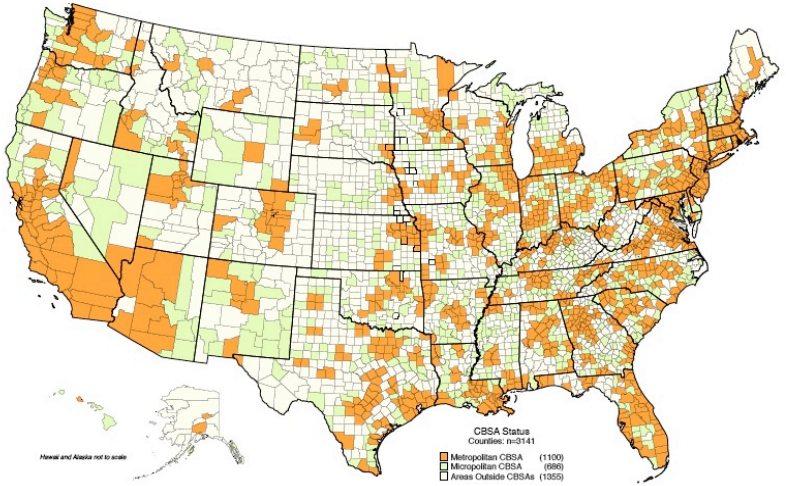
Cuts Across a Range of Departments and Mechanisms

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

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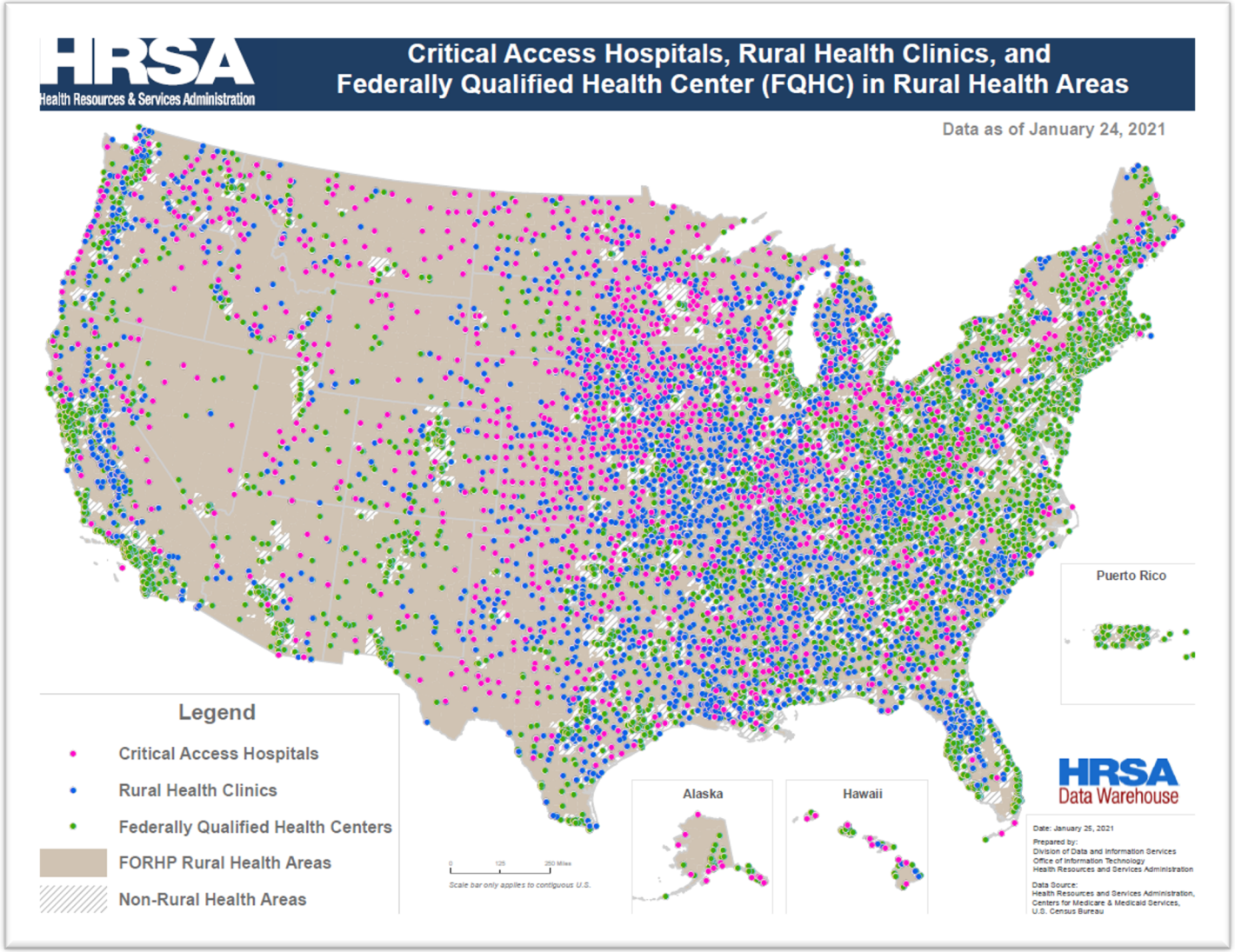
Key Elements of the Rural Safety Net

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

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Rural Health Workforce

Behavioral Health

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

	Counties without Psychiatrists (Percent)	Counties without Psychologists (Percent)	Counties without Social Workers (Percent)	Counties without Psychiatric Nurse Practitioners (Percent)	Counties without Counselors (Percent)	Total Counties without Behavioral Health Providers (Percent)
U.S (3135 counties)	1,606 (51%)	1,153 (37%)	641 (20%)	2,092 (67%)	430 (14%)	284 (9%)
Metropolitan (1164 counties)	315 (27%)	218 (19%)	102 (9%)	491 (42%)	67 (6%)	32 (3%)
Non-Metro (1971 counties)	1,291 (65%)	935 (47%)	539 (27%)	1,601 (81%)	363 (18%)	252 (13%)
Micropolitan (640 counties)	222 (35%)	124 (19%)	68 (11%)	387 (60%)	38 (6%)	31 (5%)
Non-core (1331 counties)	1,069 (80%)	811 (61%)	471 (35%)	1,214 (91%)	325 (24%)	221 (17%)

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.

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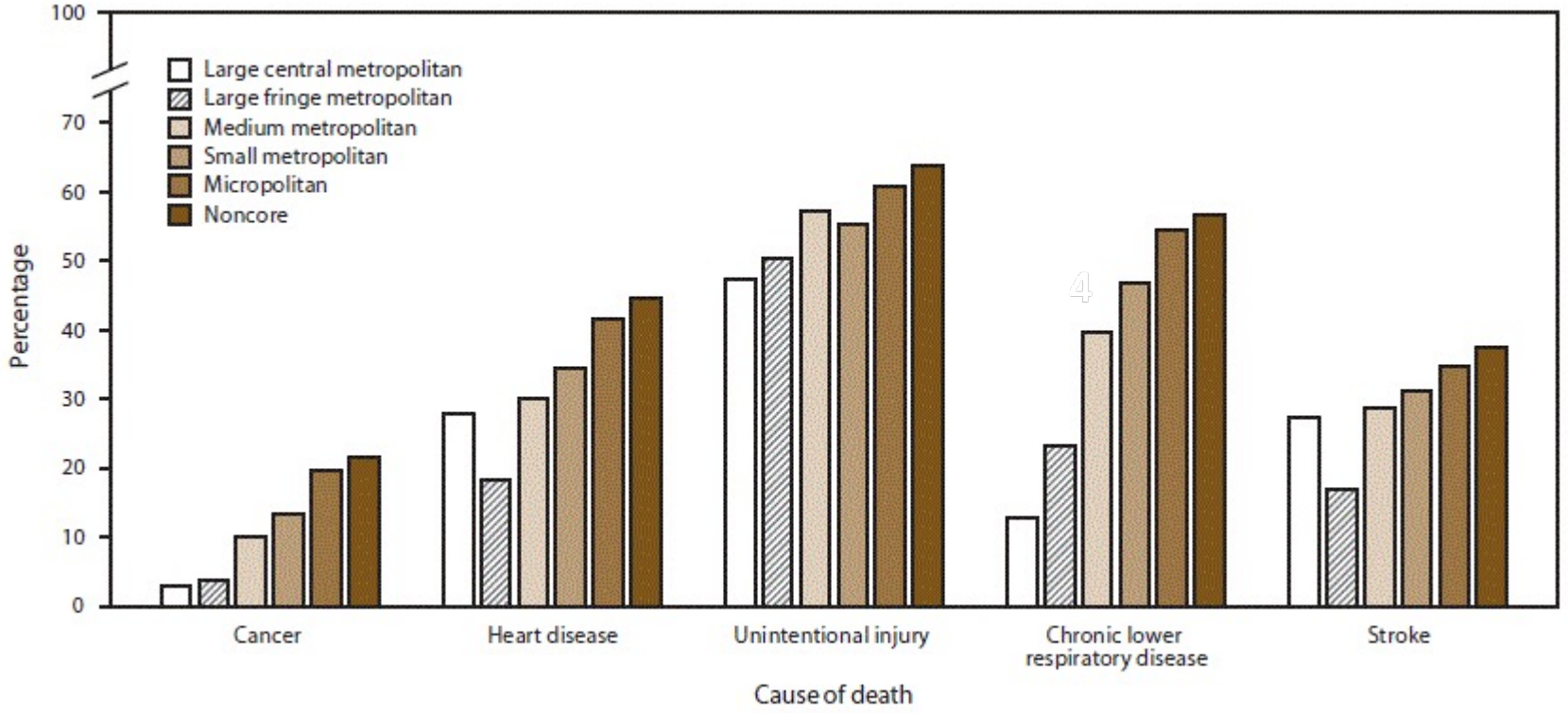
Rural Health Disparities

Avoidable or Excess Death Gaps

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; 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

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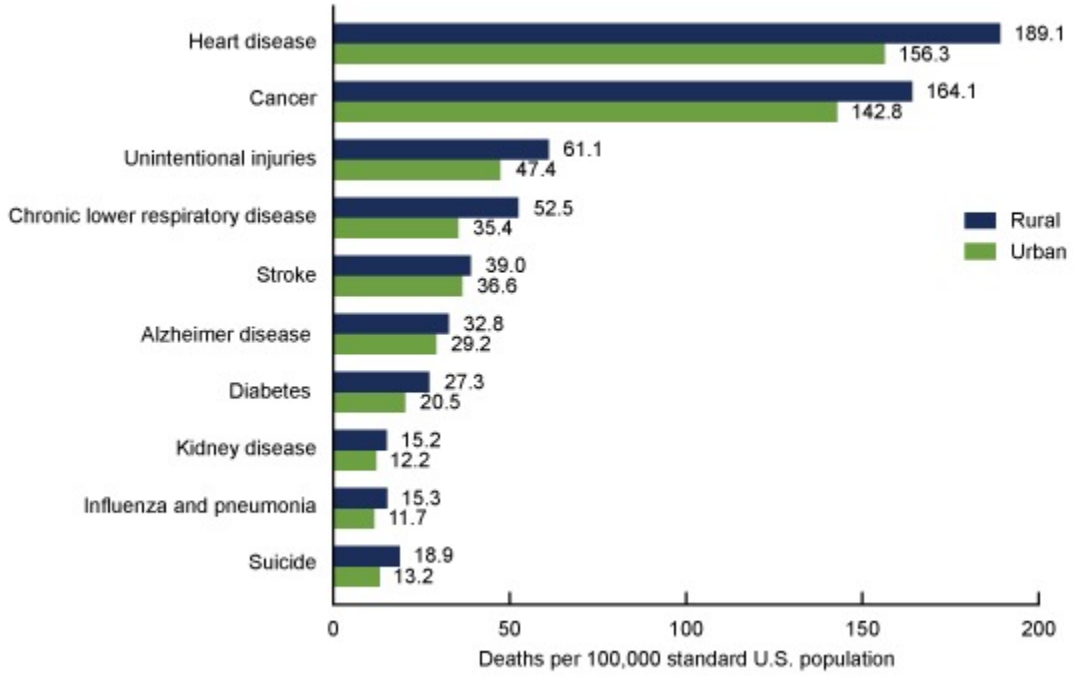
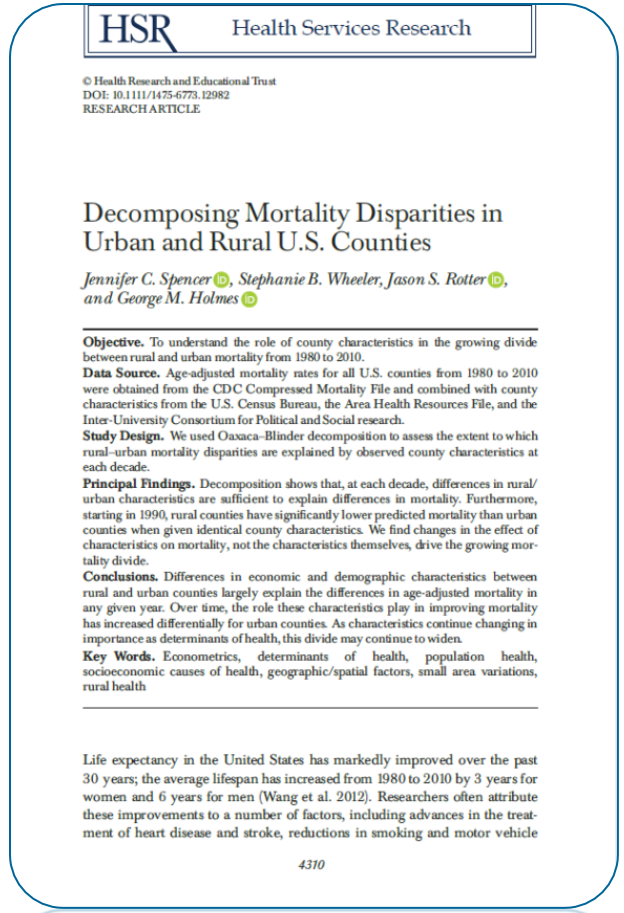
Rural Health Disparities

Continuing Declines in Mortality



Source: National Center for Health Statistics, National Vital Statistics System, Mortality.

" … 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."



HSR Health Services Research

© Health Research and Educational Trust
DOI: 10.1111/1475-6773.12982
RESEARCH ARTICLE

Decomposing Mortality Disparities in Urban and Rural U.S. Counties

Jennifer C. Spencer, Stephanie B. Wheeler, Jason S. Rotter, and George M. Holmes

Objective. To understand the role of county characteristics in the growing divide between rural and urban mortality from 1980 to 2010.
Data Source. Age-adjusted mortality rates for all U.S. counties from 1980 to 2010 were obtained from the CDC Compressed Mortality File and combined with county characteristics from the U.S. Census Bureau, the Area Health Resources File, and the Inter-University Consortium for Political and Social research.
Study Design. We used Oaxaca–Blinder decomposition to assess the extent to which rural–urban mortality disparities are explained by observed county characteristics at each decade.
Principal Findings. Decomposition shows that, at each decade, differences in rural/urban characteristics are sufficient to explain differences in mortality. Furthermore, 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.
Conclusions. Differences in economic and demographic characteristics between rural and urban counties largely explain the differences in age-adjusted mortality in any given year. Over time, the role these characteristics play in improving mortality has increased differentially for urban counties. As characteristics continue changing in importance as determinants of health, this divide may continue to widen.
Key Words. Econometrics, determinants of health, population health, socioeconomic causes of health, geographic/spatial factors, small area variations, rural health

Life expectancy in the United States has markedly improved over the past 30 years; the average lifespan has increased from 1980 to 2010 by 3 years for women and 6 years for men (Wang et al. 2012). Researchers often attribute these improvements to a number of factors, including advances in the treatment of heart disease and stroke, reductions in smoking and motor vehicle

4310

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

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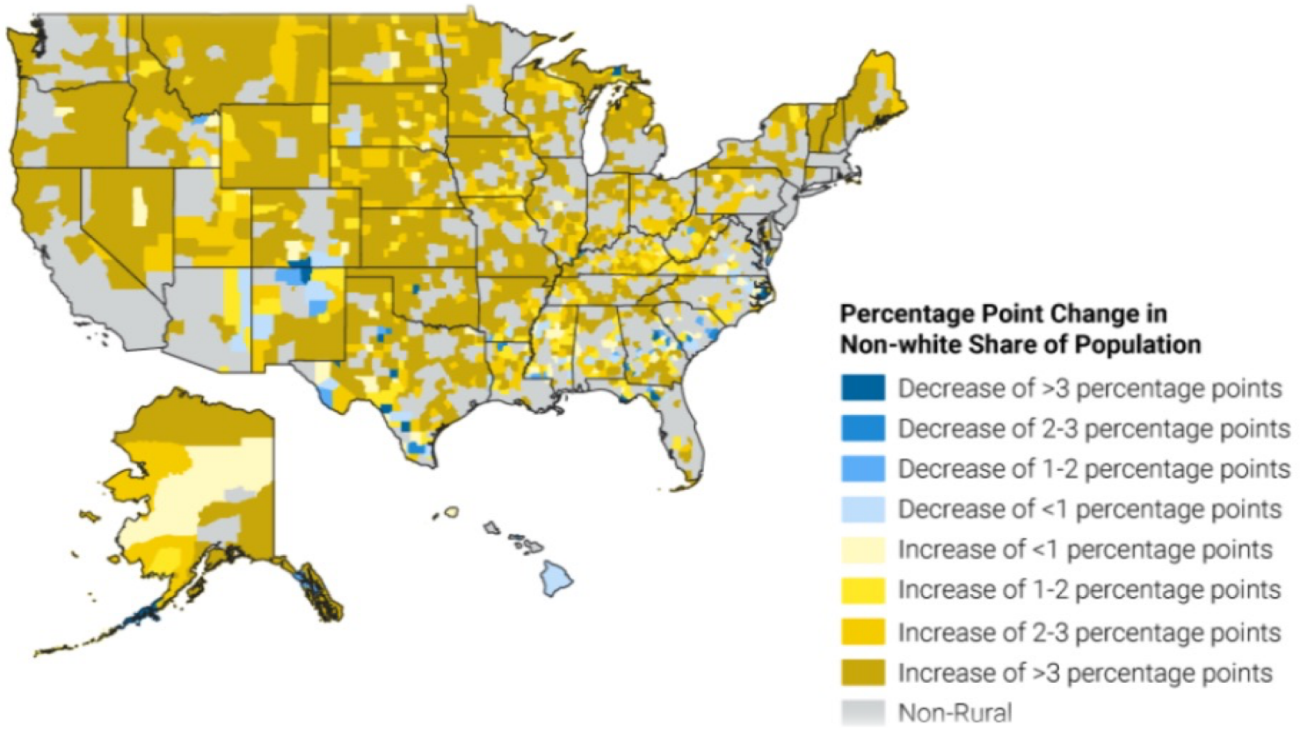
Rural Population Diversifying

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



Source: https://www.brookings.edu/blog/the-avenue/2021/09/28/mapping-rural-americas-diversity-and-demographic-change/

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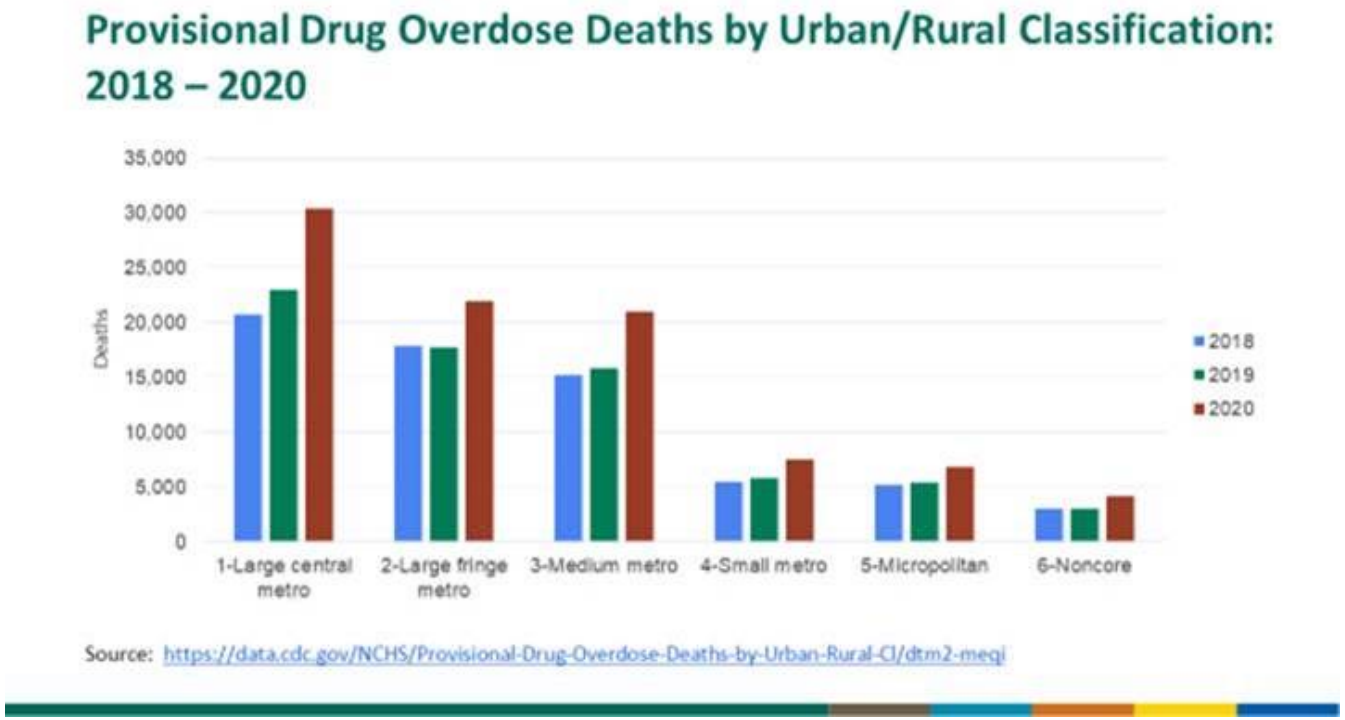
The Rural Dimensions of the Opioid Epidemic

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



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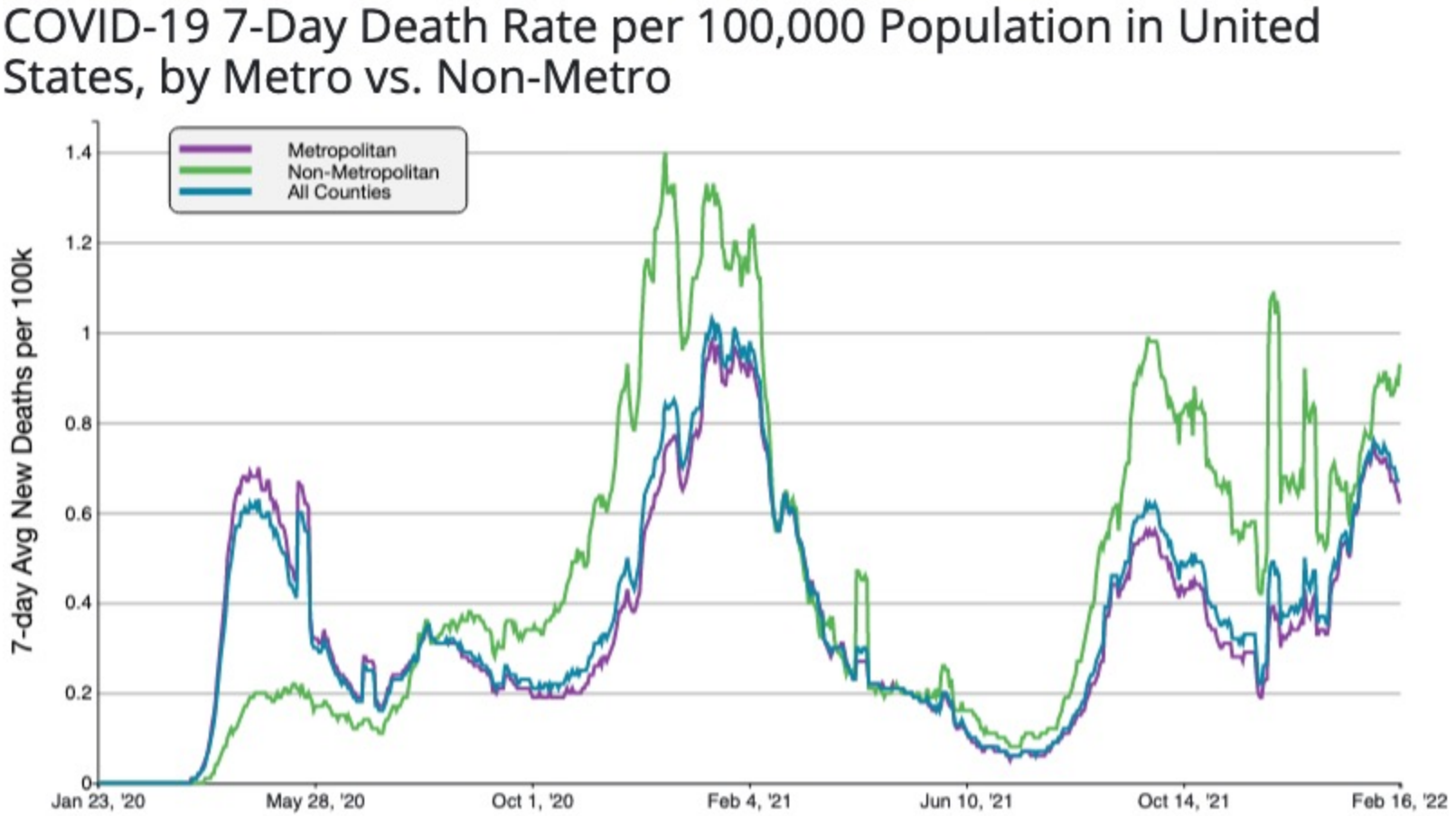
COVID-19 Impact in Rural Communities

Higher case rates and mortality



Source: CDC COVID Tracker

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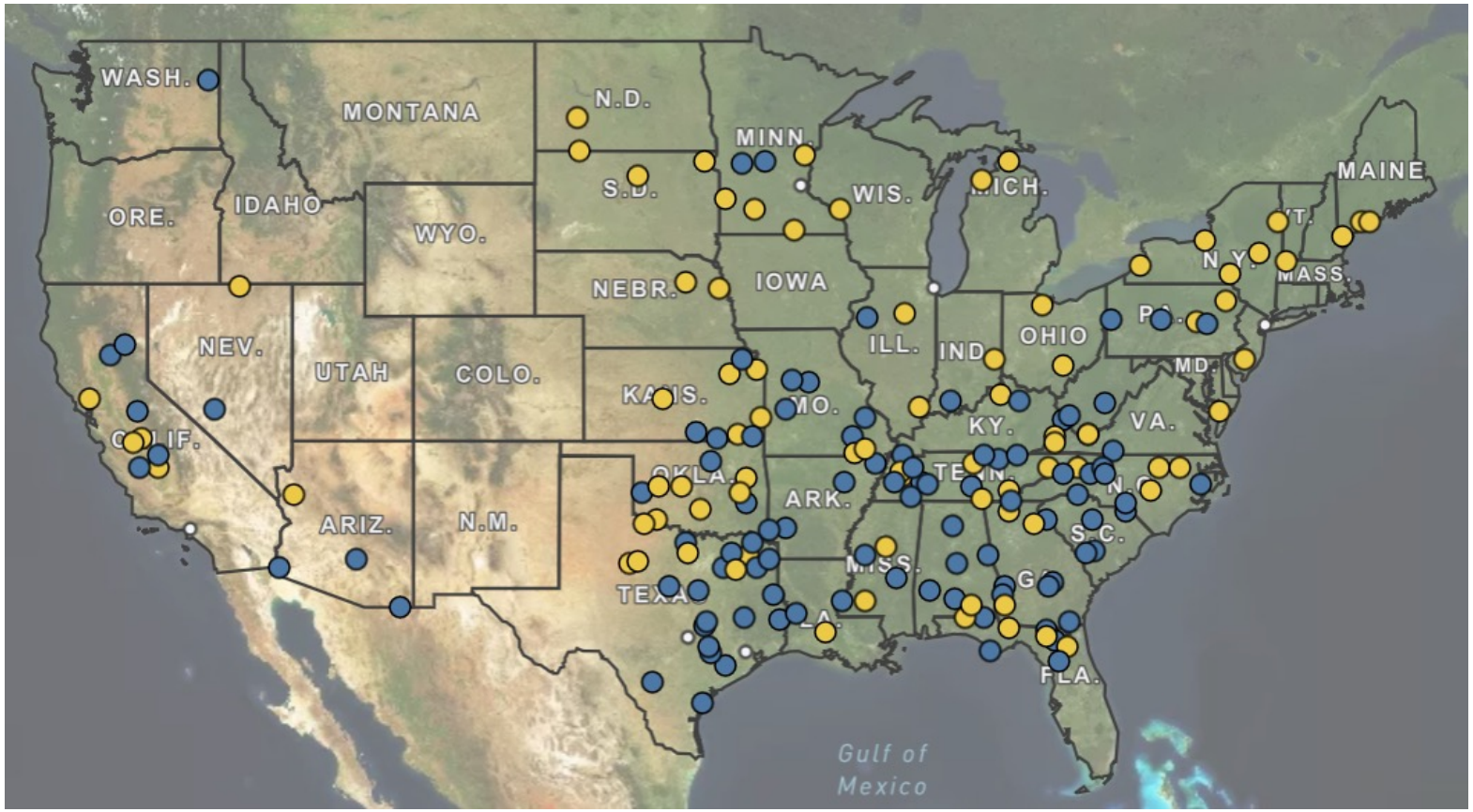
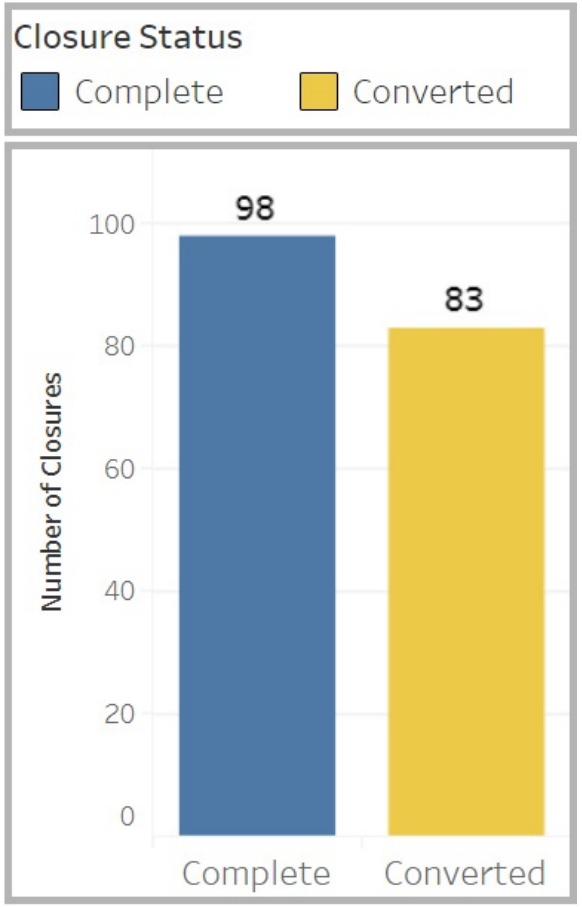
Issues in Rural Health Equity

Access to Care

181 Rural Hospital Closures since January 2005





https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/

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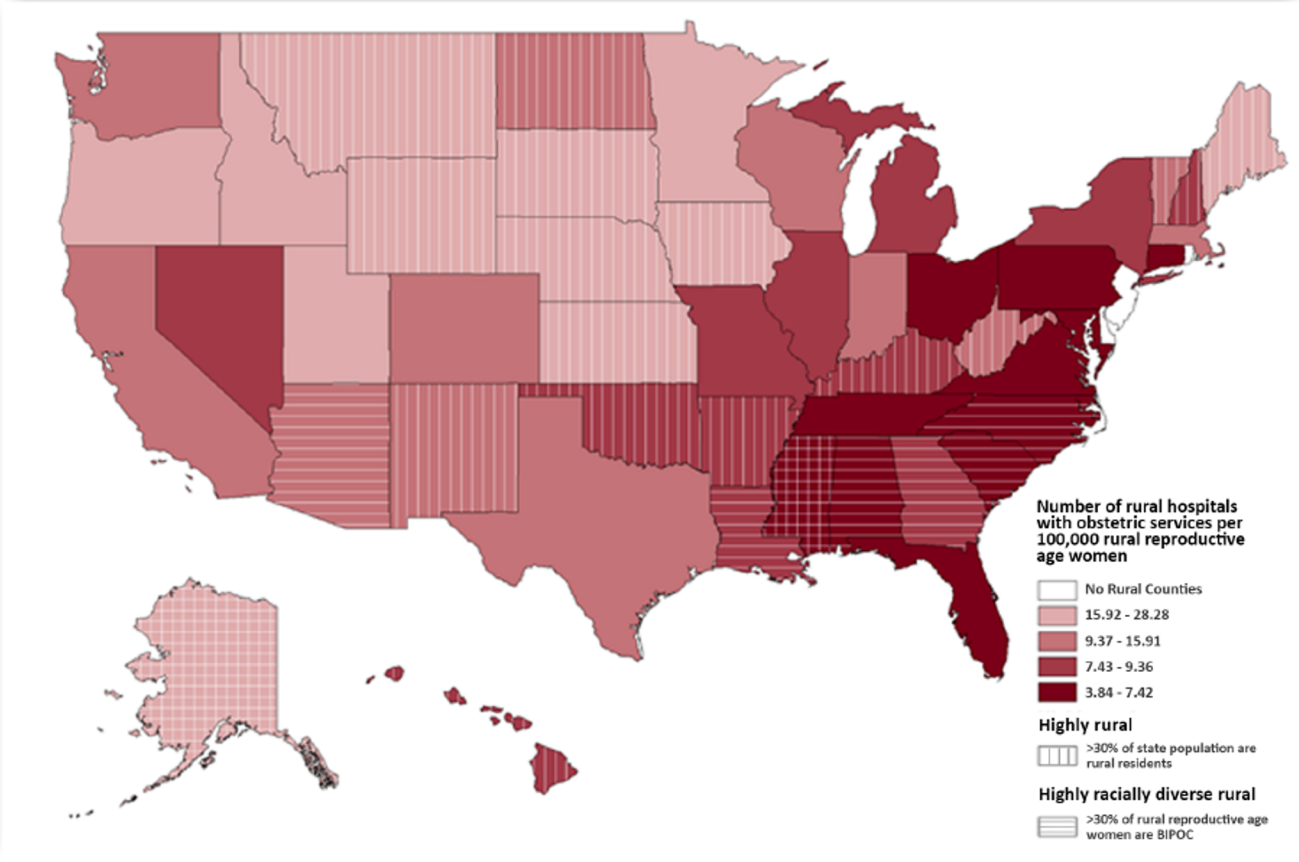
Issues in Rural Health Equity

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



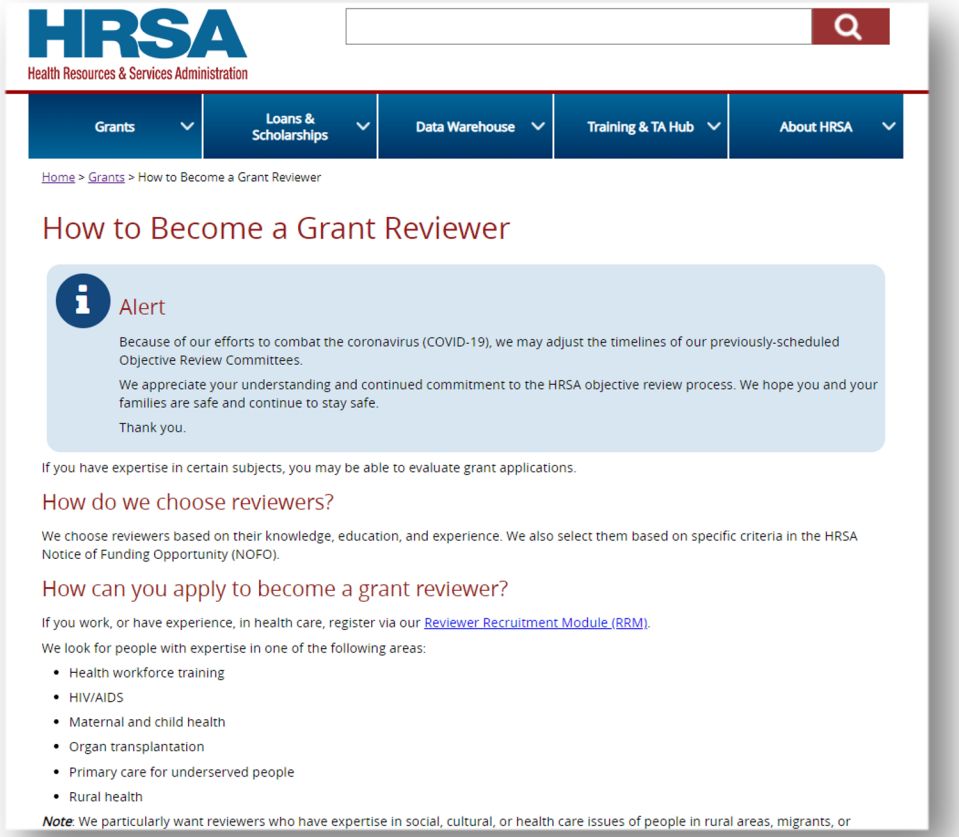
Expansion of Telehealth

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

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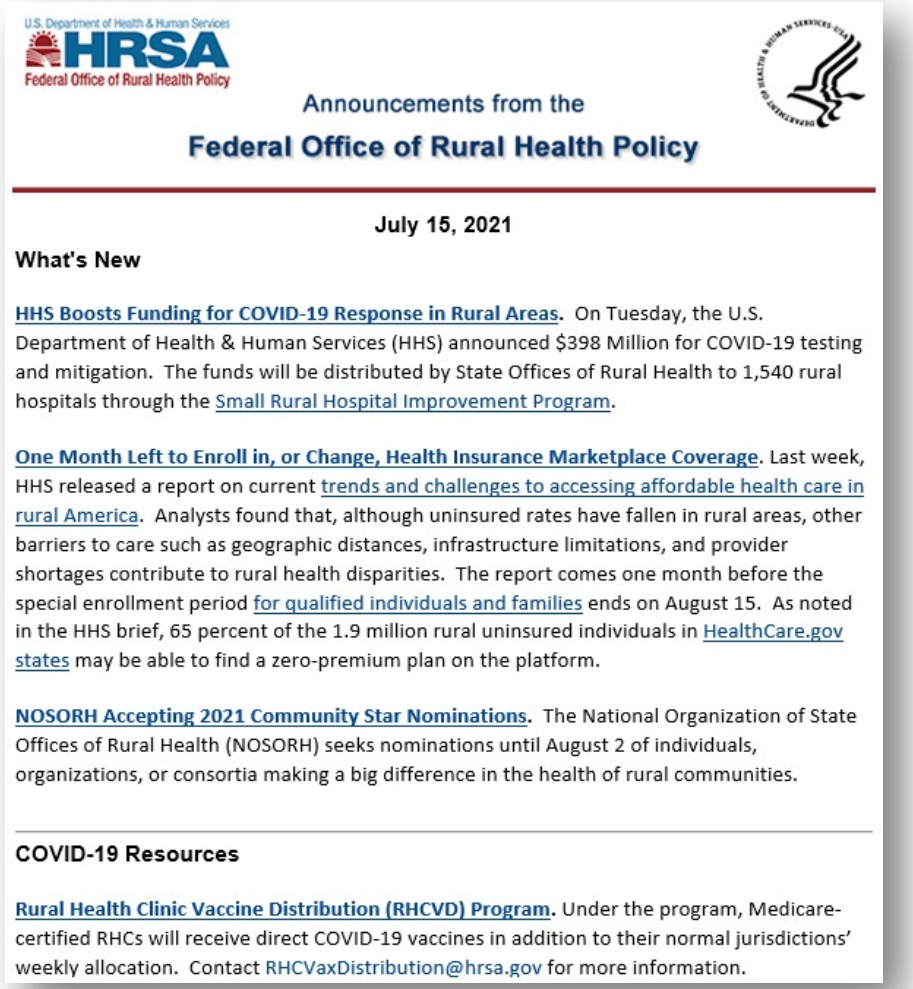
FORHP Weekly Announcements

Focus on …

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

To sign up: Email Michelle Daniels at mdaniels@hrsa.gov



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Announcements from the
Federal Office of Rural Health Policy

July 15, 2021

What's New

HHS Boosts Funding for COVID-19 Response in Rural Areas. On Tuesday, the U.S. Department of Health & Human Services (HHS) announced $398 Million for COVID-19 testing and mitigation. The funds will be distributed by State Offices of Rural Health to 1,540 rural hospitals through the Small Rural Hospital Improvement Program.

One Month Left to Enroll in, or Change, Health Insurance Marketplace Coverage. Last week, HHS released a report on current trends and challenges to accessing affordable health care in rural America. Analysts found that, although uninsured rates have fallen in rural areas, other barriers to care such as geographic distances, infrastructure limitations, and provider shortages contribute to rural health disparities. The report comes one month before the special enrollment period for qualified individuals and families ends on August 15. As noted in the HHS brief, 65 percent of the 1.9 million rural uninsured individuals in HealthCare.gov states may be able to find a zero-premium plan on the platform.

NOSORH Accepting 2021 Community Star Nominations. The National Organization of State Offices of Rural Health (NOSORH) seeks nominations until August 2 of individuals, organizations, or consortia making a big difference in the health of rural communities.

COVID-19 Resources

Rural Health Clinic Vaccine Distribution (RHCVD) Program. Under the program, Medicare-certified RHCs will receive direct COVID-19 vaccines in addition to their normal jurisdictions' weekly allocation. Contact RHCVaxDistribution@hrsa.gov for more information.

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