

The Federal Perspective: Opportunities for Internships at the Federal Office of Rural Health Policy

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Myth Busting/Preaching to the Choir

Rural America is Not ...



**A Smaller Version
of Urban America**



What Are the Differences?

- Significant Regional Variation
- Infrastructure
- Mix of Clinicians, but overall shortages
- Higher Poverty
- Geographic Isolation
- Weather as a Risk Factor
- Higher Percentage of Elderly
- Financial Viability/Payer Mix
- Employment and Economics

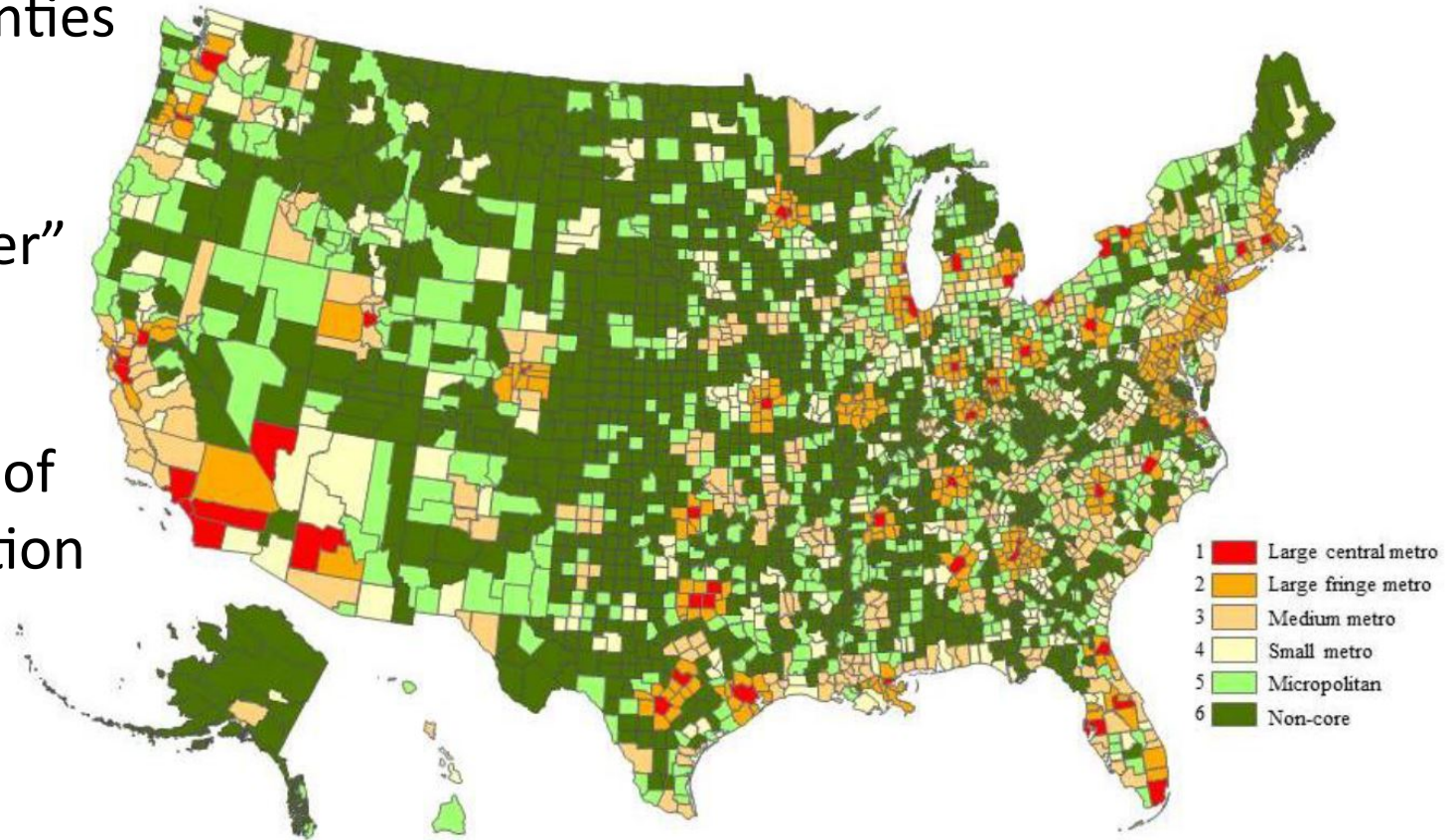


- Patient Volume
- Health Disparities
- Declining Population



Defining “Rural”

- 65% of counties are rural
- 445 “frontier” counties
- About 17% of the population lives in a rural area



Source: 2013 NCHS Urban-Rural Classification Scheme for Counties.



Rural Health Workforce

Physicians

- MDs/Dos 5.5/10K non metro vs. 7.9/10K in metro

All Primary
Care

- MD/DO/NP/PA 11.6/10K in non metro vs. 16.2/10K 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



- http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/09/RHRC_DB160_Larson.pdf



Rural Health Workforce

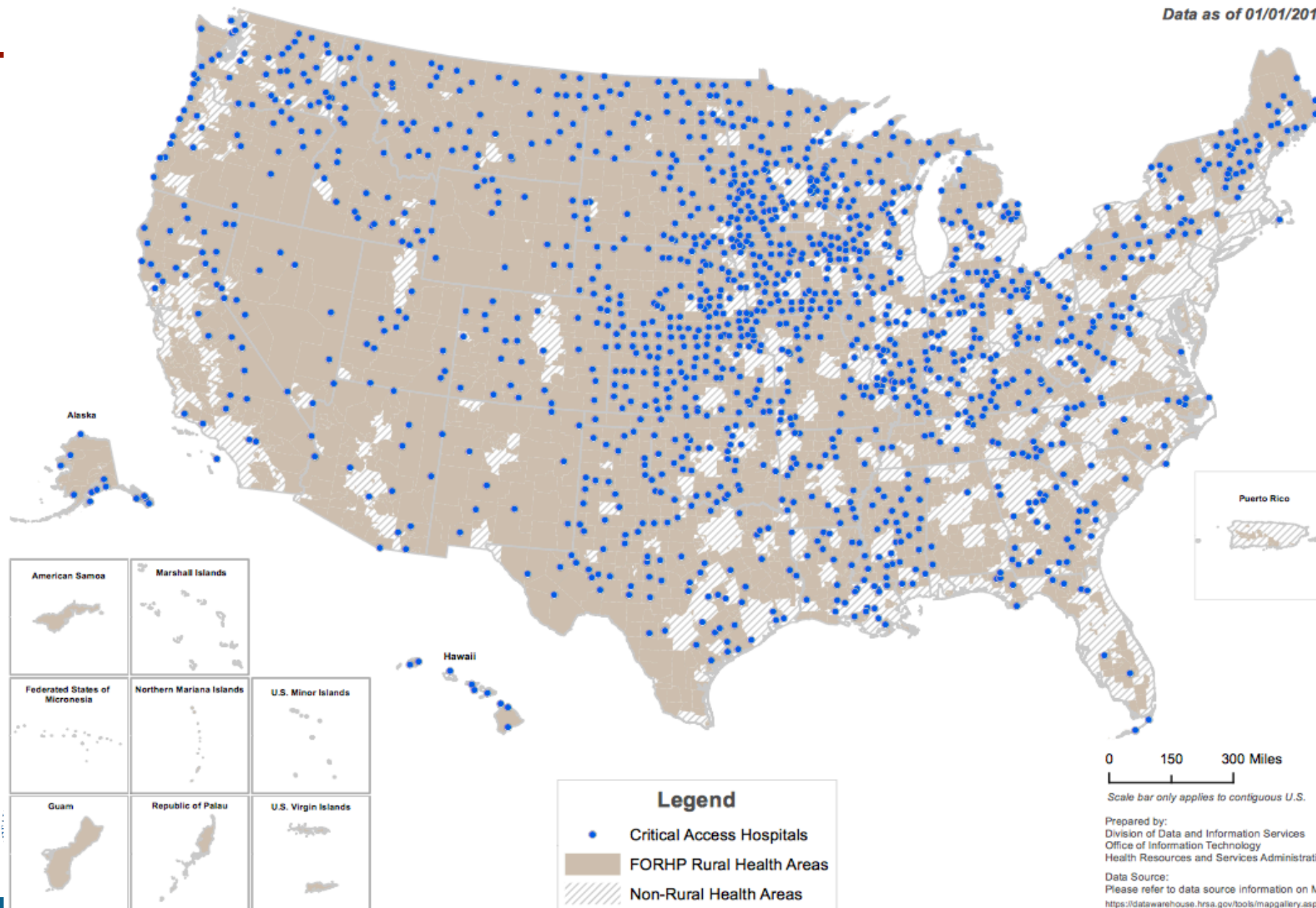
U.S. Counties Without Behavioral Health Providers by Urban Influence Category.

	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.

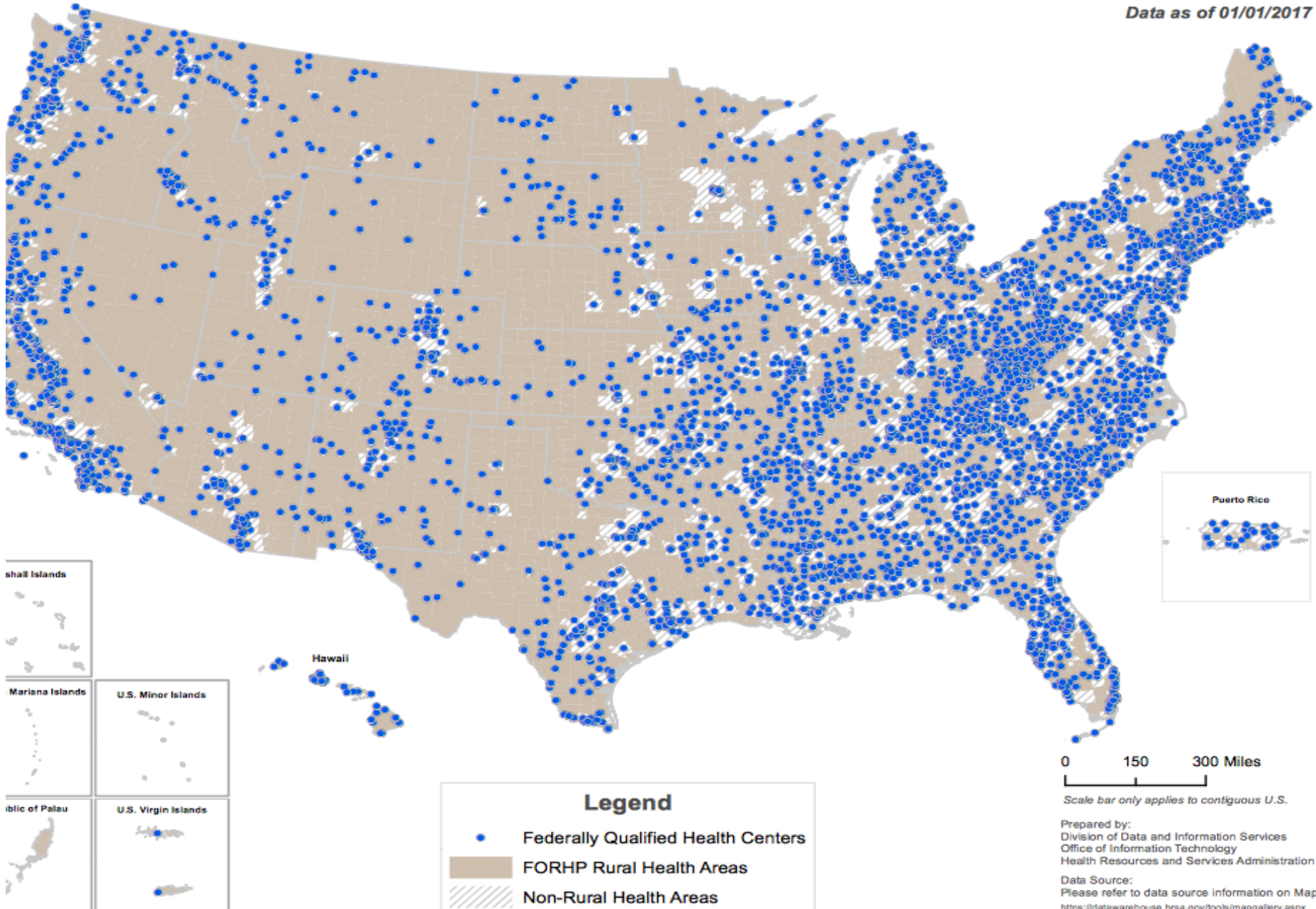


Data as of 01/01/2017



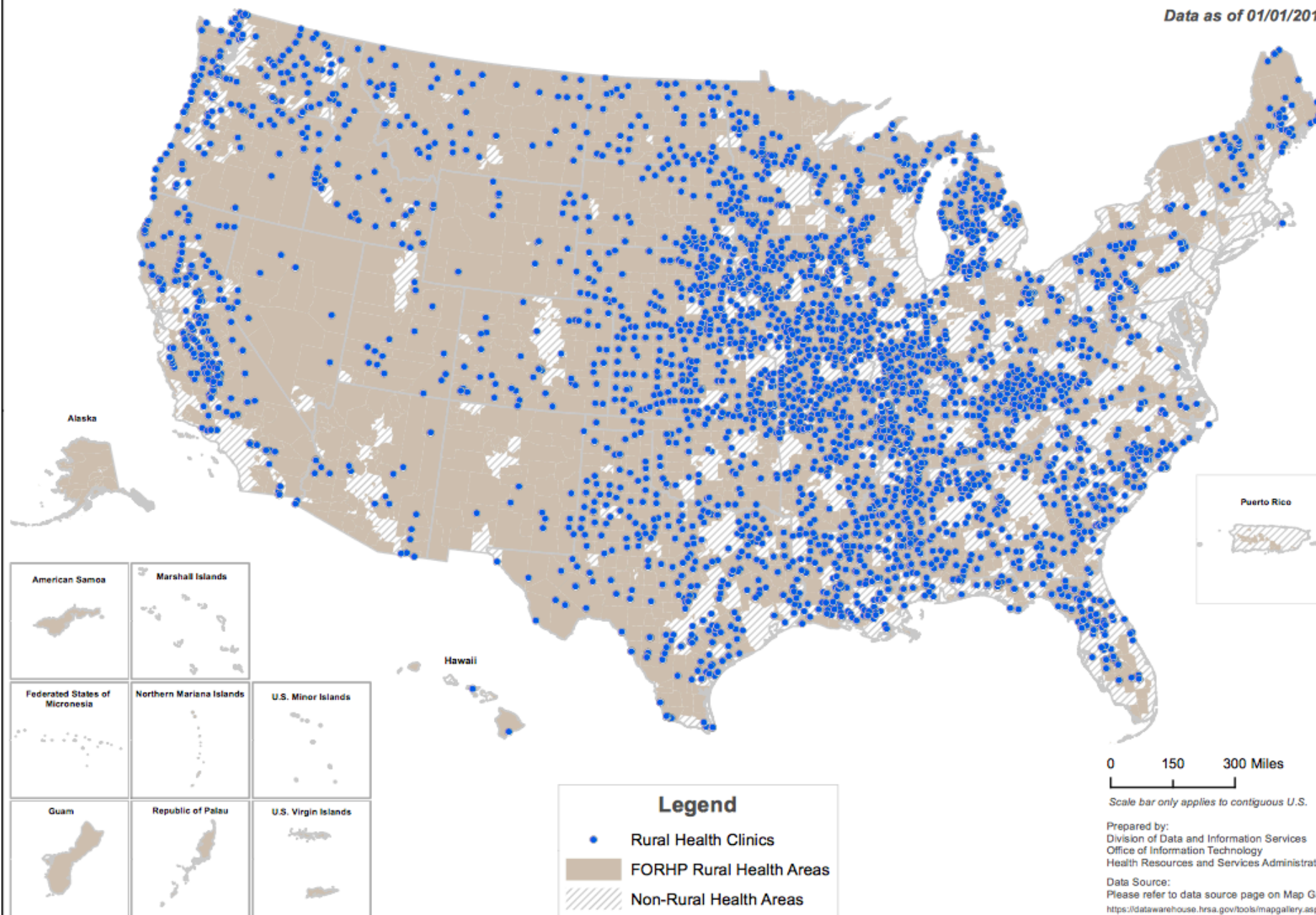
Federally Qualified Health Centers (FQHC) and Federal Office of Rural Health Policy (FORHP) Rural Health Areas

Data as of 01/01/2017



Rural Health Clinics and Federal Office of Rural Health Policy (FORHP) Rural Health Areas

Data as of 01/01/2017



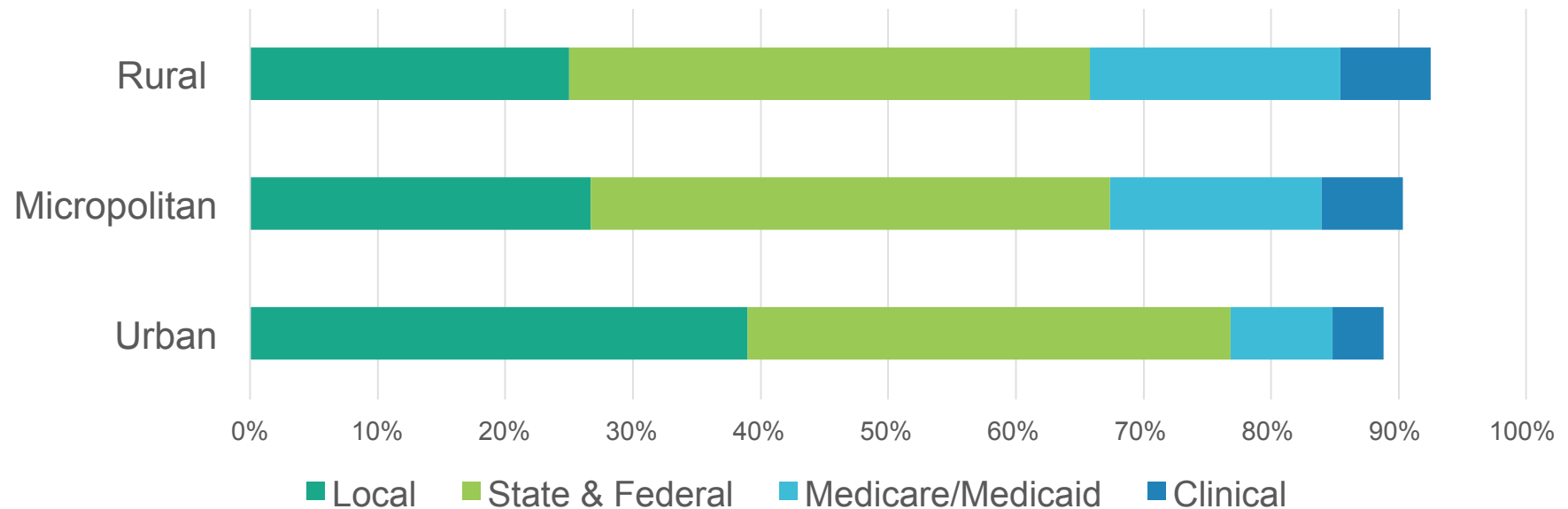
Rural Emergency Medical Services Considerations

- Little Data Available
- 911 Coverage Not Universal
- High Fixed Costs, Low Patient Volume, Long Trips
- Heavily Reliant on Volunteers
- Financially challenged



Key Rural-Urban Public Health Differences

Mean Percentage of LHD Revenues from Selected Sources, by Degree of Rurality



Source: Analysis by Dr. Kate Beatty, ETSU



Rural Realities and Challenges



Higher Rates of Chronic Disease



Higher Rates of Suicide



Higher Rates of Smoking



Higher Rates of Poverty



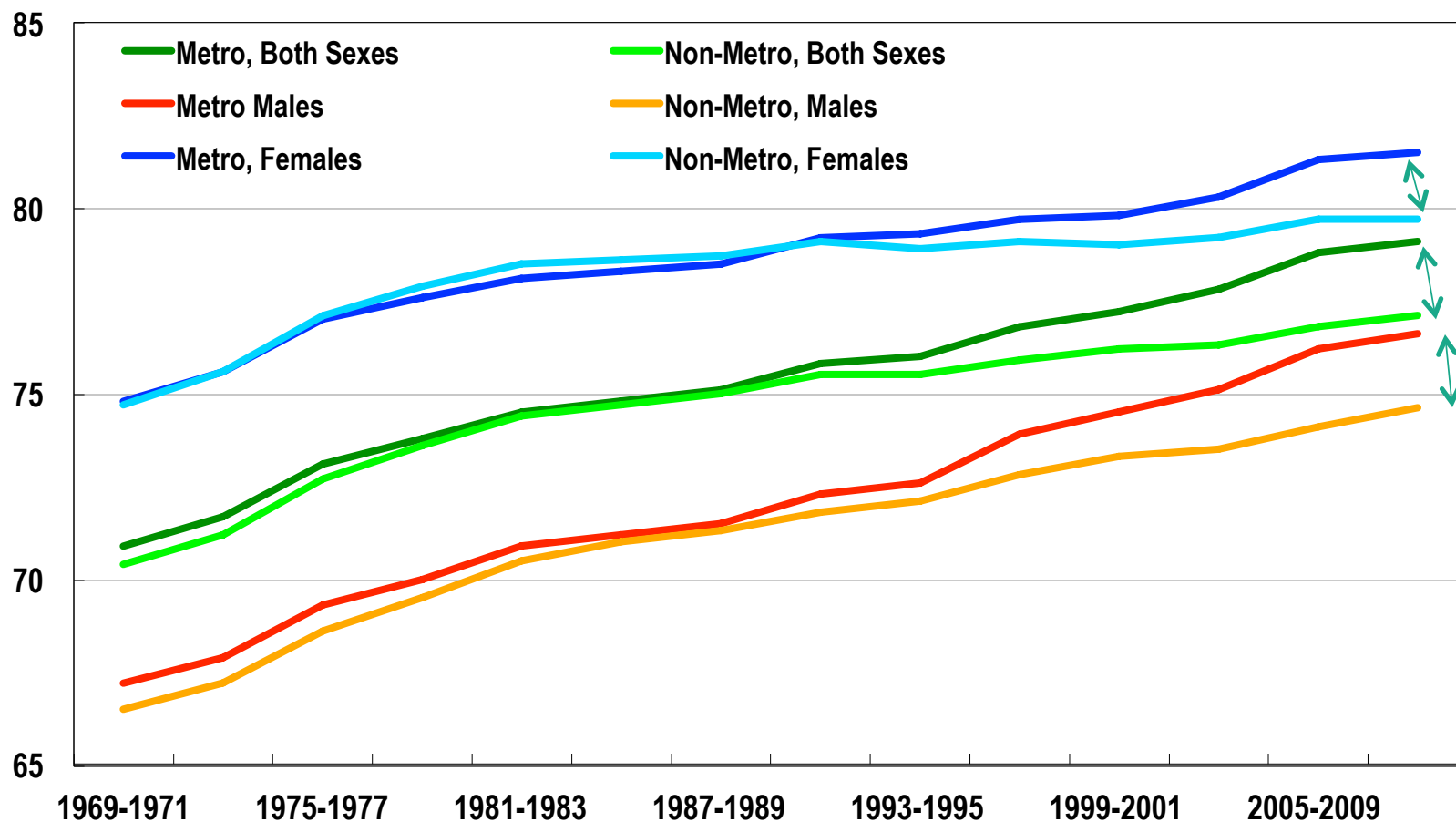
Lower Educational Attainment



Higher Rates of Substance Abuse



Rural-Urban Life Expectancy



Source: Singh GK, Siahpush M. American Journal of Preventive Medicine. 2014;46(2):e19-e29 (updated data)



Avoidable Death Rural Disparities

In 2014, a higher rate of potentially excess deaths occurred among rural Americans than urban Americans from:

- **Heart disease**
 - More than 25,000 excess deaths
 - 42.6% in rural areas; 27.8% in urban areas
 - Approx. **50% higher** in rural areas than urban
- **Cancer**
 - More than 19,000 excess deaths
 - Overall cancer deaths declined 1.5%/year between (2003-2012);
 - declined less in rural vs. urban areas
- **Unintentional injuries**
 - More than 12,000 excess deaths
 - 57.5% in rural areas; 39.2% in urban areas
 - Approx. **50% higher** in rural areas than urban (age-adjusted between 1999-2014)
- **Chronic lower respiratory disease**
 - More than 11,000 excess deaths
 - 54.3% in rural areas; 30.9% in urban areas
 - Approx. **50% higher** in rural areas than urban



The Opioid Crisis

Though opioid abuse and opioid-related death has been on the rise nationally, rural communities are disproportionately affected

Drug-related deaths 45% higher in rural

Rural communities have a history of substance abuse

Rural residents are most likely to be prescribed opioid painkillers

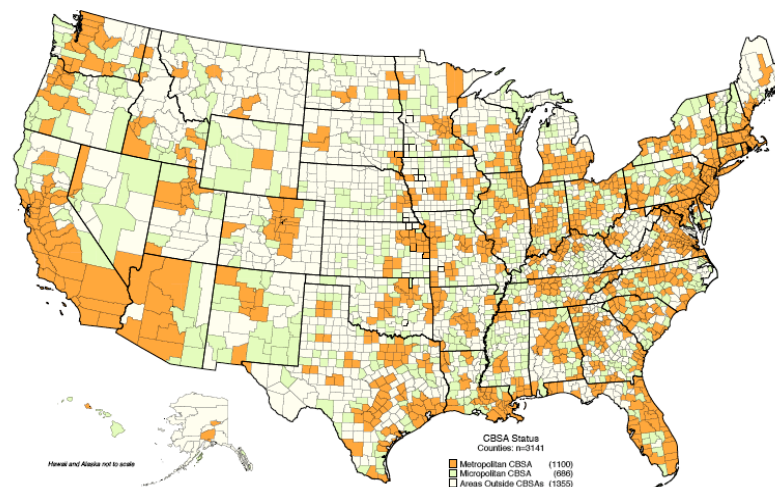
- Rural has greater prevalence of risk factors and fewer options for treatment.



The Federal Investment in Rural Health

- **Supporting Access via ...**

- Workforce Training
- Clinician Placement (National Health Service Corps)
- Infrastructure Support
- Targeting Resources by Designating Shortage Areas
- Enhanced Payments through Medicare and Medicaid
- Pilots and Demonstrations
- Provision of Public Coverage
- Support of Private Coverage
- Investments in Technology
 - Telehealth
 - Broadband
 - Electronic Health Records



The Federal Office of Rural Health Policy

Created

- In 1987 and authorized under Section 711 of the Social Security Act
- To advise the Secretary of Health on rural health issues
- To coordinate activities related to rural health care within the U.S. Department of Health and Human Services.

Purpose

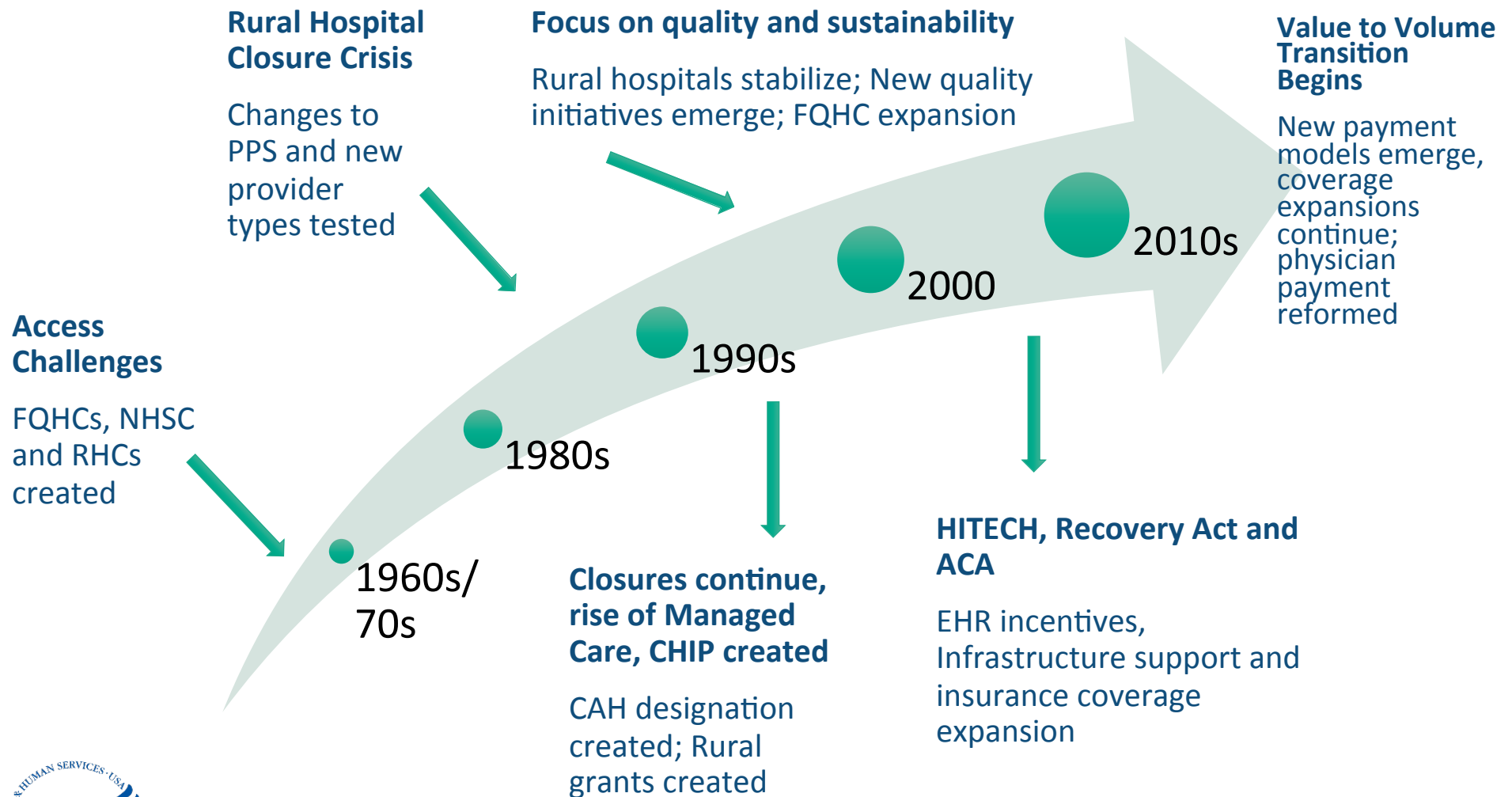
- Part of the Health Resources and Services Administration (HRSA)
- FORHP has department-wide responsibility for analyzing the possible effects of policy on 62 million residents of rural communities.

Mission

- To improve access to quality health care in rural communities



New Issues but Often the Same Challenges



Policy and Research

- Getting the Rural Voice in to the Policy Process
- Putting Research Findings into the Hands of Rural Leaders



<https://www.ruralhealthresearch.org>



Key FORHP Program Areas

Community-Based Division

- **Pilot Programs for Rural Communities**
 - Expanding the Community Health Gateway
- **Public Health Programs**
 - Screening
 - AEDs and Opioid Reversal Programs



Hospital-State Division

- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Office for the Advancement of Telehealth

- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability



Internship Opportunities at FORHP ...

- Policy Analysis
- Regulatory Review
- Grant Program Design and Management
- Context for Rural Health within the Broader Health Care System
- Exposure to National Experts
- Exposure to the Washington DC Policy Process



Contact Information

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