Place Matters

The National Organization of State Offices of Rural Health Annual Meeting
September 8, 2016

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ASTHO Executive Director
Places Matter

- Places matter because they are valid predictors of health.
- Places matter because context shapes ideas about health.
- Place matters due to **maldistribution** of health resources across the USA.
- Place matters because social determinants of health vary regionally.
- Inner city urban areas and rural areas have more in common than we may think, especially when it comes to healthcare access and income distribution.
- Place matters BUT **payment matters** too.
- Fixing maldistribution of health resources is doable, solving significant socioeconomic disparities will take longer.
Social Determinants of Health

Health & Healthcare
- Access to Healthcare
- Access to Primary Care
- Health Literacy

Economic Stability
- Poverty
- Employment
- Food Security
- Housing Security

Education
- High School Graduation
- Higher Education
- Language/Literacy
- Early Childhood Development

Neighborhood & Built Environment
- Access to Healthy Foods
- Quality of Housing
- Crime & Violence
- Environmental Conditions

Social & Community Context
- Social Cohesion
- Civic Participation
- Discrimination
- Incarceration

Health and Wellbeing

Source: Healthy People 2020 Framework
2015-2016 ASTHO President’s Challenge:
Advance Health Equity and Optimal Health for All

Triple Aim of Health Equity

- Implement Health in All Policies
  - Implement a Health in All Policies Approach With Health Equity as the Goal
  - Expand Our Understanding of What Creates Health
  - Strengthen the Capacity of Communities to Create Their Own Healthy Future
- Strengthen Community Capacity
- Expand Understanding of Health
Social Determinants in Rural Areas

- Individuals in rural communities tend to be poorer than those in urban areas.
  - Average median household income is $42,628 for rural counties ($52,204 for urban counties) (2013)
  - Average percentage of children living in poverty is 26% in rural counties (21% urban) (2013)

- The average unemployment rate in rural counties is lower than urban counties, nationally
  - 6.4% unemployment rate in rural counties, compared to 6.9% in urban counties (2014)

- Rural residents’ educational attainment (2009-2013) averaged across counties:
  - 16.5% of rural residents have not completed a high school education (compared to 14.7% urban)
  - 36.3% have only a high school diploma (compared to 31.9% urban)
  - 17.4% have a Bachelor’s degree or higher (compared to 24% urban)
Disparities in health exist across populations... and across geographies.

Life Expectancy at Birth in Metro and Nonmetro Areas, 1969-2009

Disparities Grow Further Across Ruralities

Cigarette smoking among persons 18 years of age and older by rurality

More rural

Courtesy of Michael Meit, MA, MPH, Senior Public Health Systems Researcher at the Walsh Center for Rural Health Analysis, “Ongoing Disparities in Rural Health Status.”
Disparities Grow Further Across Ruralities

Suicide rates among persons 15 years of age and over by rurality

More rural

Courtesy of Michael Meit, MA, MPH, Senior Public Health Systems Researcher at the Walsh Center for Rural Health Analysis, “Ongoing Disparities in Rural Health Status.”
Disparities Grow Further Across Ruralities

Substance abuse treatment admission rates for opiates by rurality

More rural

Courtesy of Michael Meit, MA, MPH, Senior Public Health Systems Researcher at the Walsh Center for Rural Health Analysis, “Ongoing Disparities in Rural Health Status.”
Disparities Grow Further Across Ruralities

Patient care physicians per 100,000 population by rurality

More rural

Courtesy of Michael Meit, MA, MPH, Senior Public Health Systems Researcher at the Walsh Center for Rural Health Analysis, “Ongoing Disparities in Rural Health Status.”
Implications of the Affordable Care Act

- Rural individuals are more likely to live in states without Medicaid expansion and are less likely to have private coverage through employers.
- Coverage gains have been slightly greater for rural individuals.
- The number of rural individuals unable to afford care declined by 6 percentage points from before the first open enrollment period through early 2015.

Network Adequacy in Rural Areas

In the U.S., 2,157 Health Professional Shortage Areas (HPSAs) are rural, compared to 910 urban (critical shortages)

Challenge: Create standards strong enough to protect consumers, but not so strict that insurers withdraw and HPSAs are shut out

Opportunities for initiatives in telehealth, new partnerships, and health department provision of clinical services.
Local Health Department Clinical Services

Local health departments in micropolitan areas provide higher rates of some clinical services than in urban areas.

The most rural local health departments may still face the challenge of fewer resources and limited capacity.

<table>
<thead>
<tr>
<th>Services directly performed by local health departments</th>
<th>Urban</th>
<th>Micropolitan</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunizations</td>
<td>84.5</td>
<td>96.1</td>
<td>93.0</td>
</tr>
<tr>
<td>Family Planning</td>
<td>38.1</td>
<td>70.5</td>
<td>57.7</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>10.5</td>
<td>13.3</td>
<td>8.5</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>9.2</td>
<td>8.2</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Source: Analysis performed by Dr. Kate Beatty, East Tennessee State University. Courtesy of Michael Meit, MA, MPH, Senior Public Health Systems Researcher at the Walsh Center for Rural Health Analysis
Limitations to How Rural Health Departments Can Respond

- Rural health departments rely more heavily on federal resources and clinical revenues relative to overall funds.

- Fewer local resources, combined with greater reliance on state and federal resources, means less flexibility.

Source: The Walsh Center for Rural Health Analysis at the National Opinion Research Center (NORC) University of Chicago
Place-Based Policies Can Reduce Disparities and Improve Health Equity

“Where you live determines how you live.”

Policy Link, “Why Place Matters: Building a Movement for Healthy Communities”
Effective Place-Based Interventions

- Prioritized community and stakeholder involvement
- Responsive to local needs, practical realities, and culture
- Multi-sector involvement (“Health in all policies”)
Collaboration Between State Public Health and Offices of Rural Health

The majority of state health agencies engage in activities to promote access to healthcare:
- Health disparities and minority health initiatives (94%)
- Rural health initiatives (72%)

Look at policies that assure adequate networks (ACCESS)
- Look at requirements for payers’ networks
- ACA is contributing to NARROW networks
- Update network adequacy standards

Look at policies that assure adequate access (ACCESS)
- Drivers of health care resource distribution
- Look at telehealth and telemedicine

Look at policies that scale services (AFFORDABILITY)
- Regionalization
- What can we learn from micropolitan areas?
The Role and Future Direction of Public Health

Place matters and places matter
- One size fits one approach; scale services in a way that makes sense for your state
- What can places learn from each other that matters most?

Public health can use its role as “convener” to foster nontraditional partnerships that affect local change in:
- Physical Environments
- Social Environments
- Economic Environments
- Using regionally specific, culturally sensitive approaches going beyond clinical services to community/population health

Explore how public health can support rural service delivery and rationalize scale of health resources
State Innovations: Telehealth to Improve Access and Network Adequacy

- There is a patchwork of state parity laws for private insurance coverage of telehealth activities.
- All 50 state Medicaid programs cover imaging. Plus:
  - 49 cover telemental health
  - 36 cover home telehealth
  - 17 cover remote patient monitoring
  - 12 cover store-and-forward
- States can help support federal legislation and take advantage of existing programs.

State Innovations: Global Budgets for Rural Hospitals

- There have been 76 rural hospital closures since January 2010, in part due to low patient volumes.
- Global budgets make it profitable to keep patients out of the hospital altogether.
- **Maryland:** 10 rural hospitals have operated on all-payer global budgets since 2010.
- **Pennsylvania:** A proposal was introduced this year for a multi-payer global budget initiative in rural PA after a pilot period.

Source: [NC Rural Health Research Program](https://www.ruralhealthresearch.org), August 2016
State Innovations: Place Matters

- Virginia Department of Health developed the Health Opportunity Index, an online mapping tool of community health influences.

- Maryland’s Social Services Administration took a Place Matters approach to promote safety, family strengthening, and community-based services for children and families in the child welfare system.

- Place Matters Oregon is an effort of the Oregon Health Authority, Public Health Division, seeking to foster conversations on how place influences individual and collective health.
Thank You!

Find more information on ASTHO’s work at:

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Acknowledgement: Anna Bartels, Megan Miller, and Mary Ann Cooney on ASTHO staff and Michael Meit at the Walsh Center contributed to the creation of this PowerPoint