CDC's Growing Interest in Rural Health

Michael Meit

NOSORH Regional Meeting
Pensacola, FL
September 6, 2018

Centers for Disease Control and Prevention

Insights from CDC's MMWR Series on Rural Health

Diane M. Hall, Ph.D., MSEd.

Lead Health Scientist

NRHA 41st Annual Rural Health Conference

5/9/2018

Communications/Guidance

Epidemiology/Surveillance

Global Health

PREVENT

DETECT

RESPOND

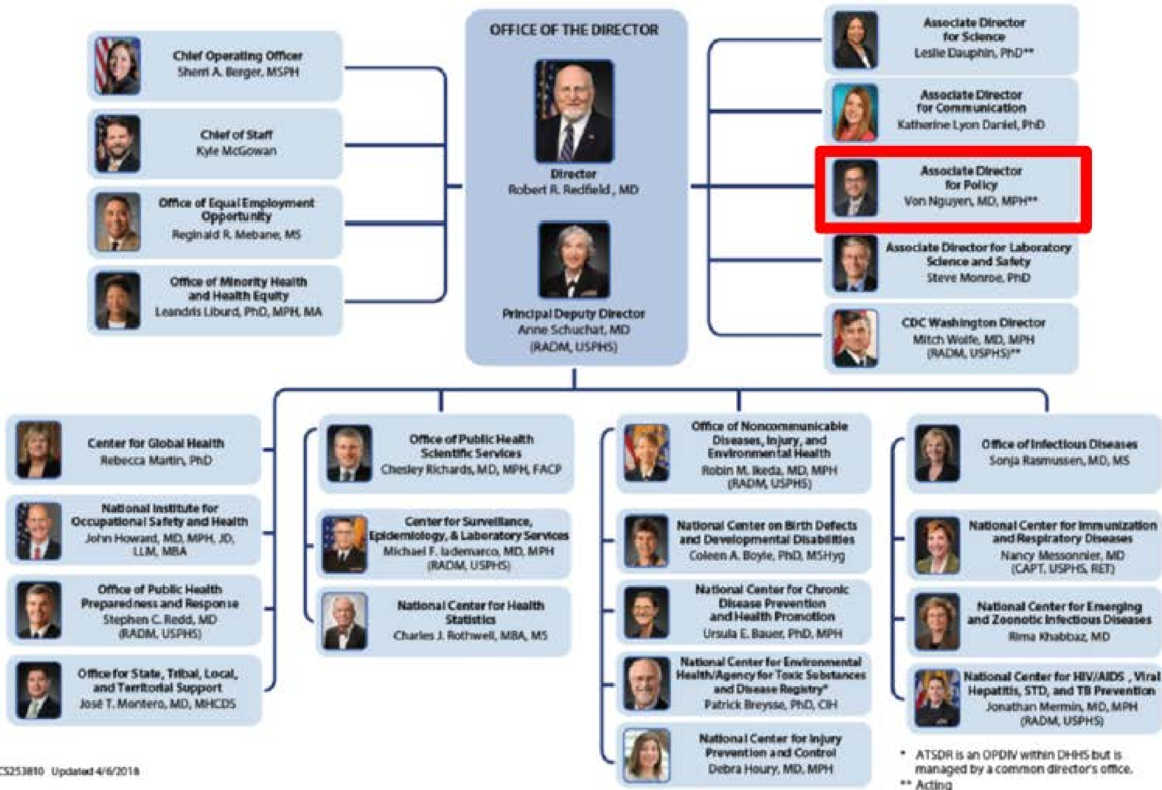
Innovation

Laboratory/Diagnostics

State/Local Health

Centers for Disease Control and Prevention
Office of the Director

ORGANIZATIONAL CHART



Office of the Associate Director for Policy (OADP)

- The Office of Health System Collaboration (OHSC)
  - Enhances relationships and activities with key health care partners
  - CDC's 6|18 initiative
  - Clinical system and community health intervention coordination & collaboration
- Program Performance and Evaluation Office (PPEO)
  - Work across CDC to help programs with strategy, priorities, performance improvement, and program evaluation
  - Drive use of data
  - Build evaluation capacity

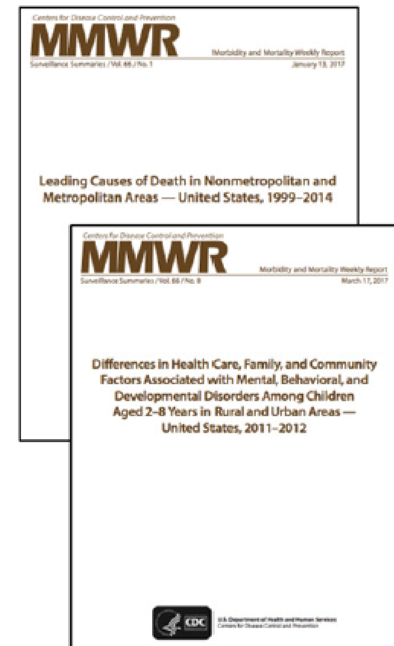
Office of the Associate Director for Policy (OADP) cont.

- Policy, Research, Analysis, and Development Office (PRADO)
  - Economic and budget impact analyses of high priority interventions
  - Capacity building across CDC
  - Synthesize and translate CDC science for a policy audience
  - CDC's Health Impact in 5 Years (HI-5) initiative
  - Coordinate CDC's rural health work

CDC's *MMWR* Rural Health Series (2017)

Morbidity and Mortality Weekly Reports (*MMWR*)

- CDC's primary vehicle for scientific publication of timely, reliable, authoritative, accurate, and objective public health data and recommendations
- Nearly 280K subscribers and was viewed more than 23 million times in 2016.
- Large social media following, with nearly 42,000 followers.
- In 2017, 13 in a year-long Rural Health Series



https://www.cdc.gov/mmwr/index.html
https://www.cdc.gov/mmwr/rural_health_series.html

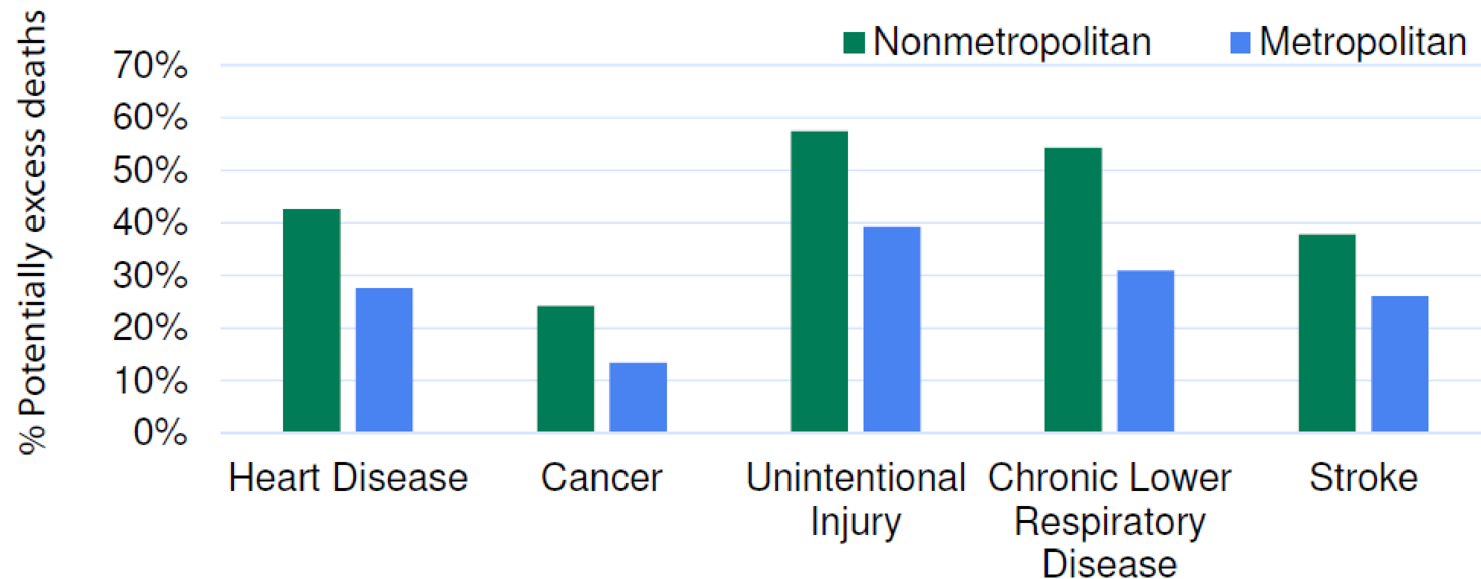
MMWR Rural Health Series

- Leading Causes of Death (1/13/17)
- Reducing Potentially Excess Deaths (1/13/17)
- Health-related Behaviors (2/3/17)
- Children's Mental Health (3/17/17)
- Diabetes Self-Management Education (4/28/17)
- Air and Drinking Water Quality (6/23/17)
- Cancer (7/7/17)
- BRCA Genetic Testing (9/8/17)
- Passenger Vehicle Deaths (9/22/17)
- Suicide (10/6/17)
- Illicit Drug Use (10/20/17)
- Occupational Air Quality (11/3/17)
- Racial/ethnic disparities (11/17/17)

https://www.cdc.gov/mmwr/rural_health_series.html

Rural areas experience higher age-adjusted death rates from the five leading causes of death

Percentage of potentially excess deaths among persons aged <80 years for five leading causes of death — National Vital Statistics System, United States, 2014



Moy E, Garcia MC, Bastian B, et al. Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014. MMWR Surveill Summ 2017;66(No. SS-1):1–8. DOI: http://dx.doi.org/10.15585/mmwr.ss6601a1.

Other Findings

- Disparities between rural and non-rural populations can vary by:
  - Race
  - Region
  - Age

Extending the Reach – Science, Policy, Practice

- **Journal editorials**
  - NEJM
  - Journal of Rural Health
  - Journal of Health Care for the Poor and Underserved
- **CDC policy briefs**
- **Hill outreach, briefing on Injury reports**
- **Webinars with FORHP's RHIhub**

Policy Briefs

- Online:
  - Children's mental health
  - Diabetes
  - Seat belts
  - Opioids
- Coming soon:
  - Suicide
  - Cancer

Other CDC Rural Health Work

Example: Addressing Social Determinants of Health

In fiscal 2017, the High Obesity program supported obesity reduction activities in

- 49 counties across 11 states
- Reaching over 1.9 million residents
- Predominantly rural communities in the South and Midwest
- Awards to land grant institutions and cooperative extension

Auburn University example

- Working in 14 Alabama counties
- Created new walking and biking trails
- Established safe routes to school

Other CDC Activities

- Funding announcements
- Internal work group
- Trainings for CDC staff
- Partnerships

Finding Information on CDC.gov

- CDC Rural Health webpage
  https://www.cdc.gov/ruralhealth/index.html
- POLARIS policy portal
  https://www.cdc.gov/policy/polaris/
- POLARIS rural health page (coming soon!)
  https://www.cdc.gov/policy/polaris/healthtopics/ruralhealth.html

ADPolicy@cdc.gov

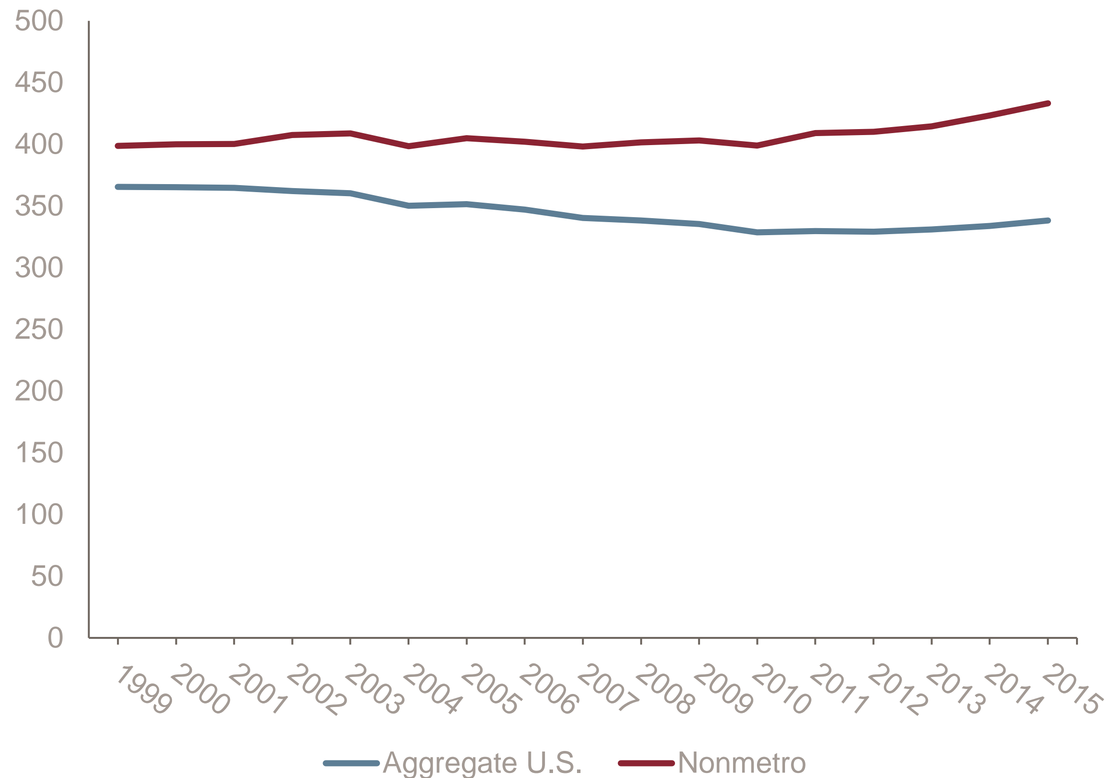
For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

CDC's Growing Interest – A View from the Walsh Center

Rural Health Disparities

Trends in Age-adjusted Mortality Rate by Sex and Rurality, 1999-2015



*Aggregate includes both Metro and Nonmetro. Both rates are inclusive of individuals ages 25-64.

Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Accessed at http://wonder.cdc.gov/mcd-icd10.html

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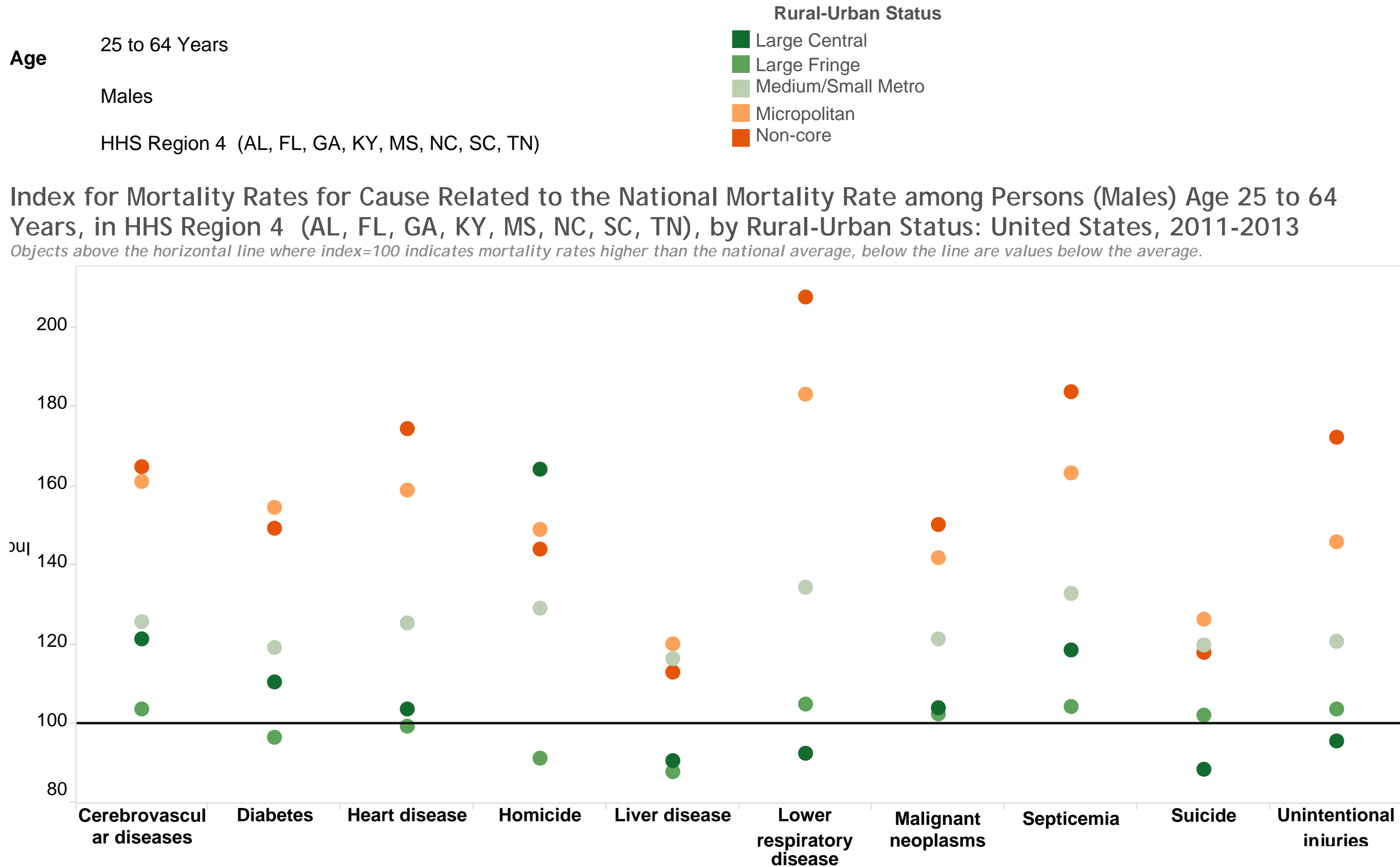
Rural Health Disparities – HHS Region 4, Males 25-64



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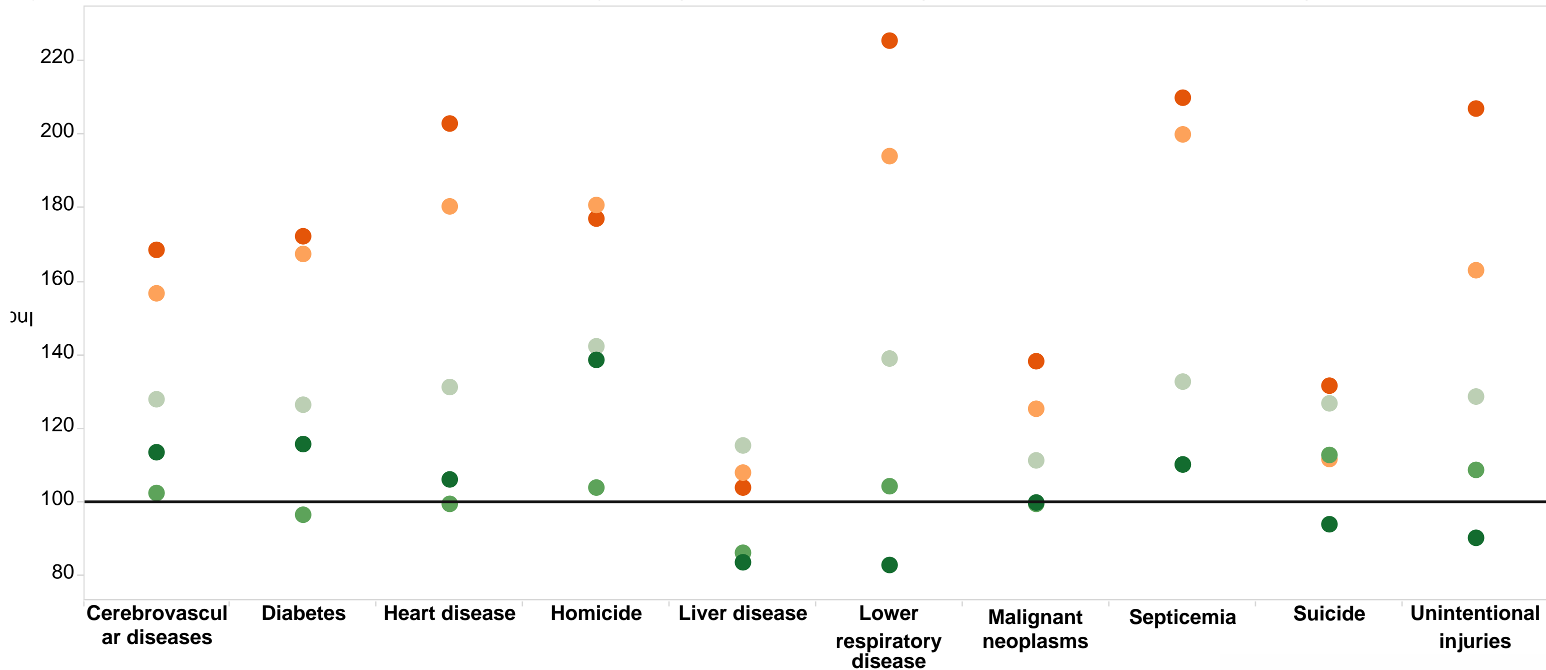
Rural Health Disparities – HHS Region 4, Females 25-64



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Health department cuts would hit state's most vulnerable, could cost more in long run

HOLLY K. MICHELS holly.michels@lee.net Oct 1, 2017 0

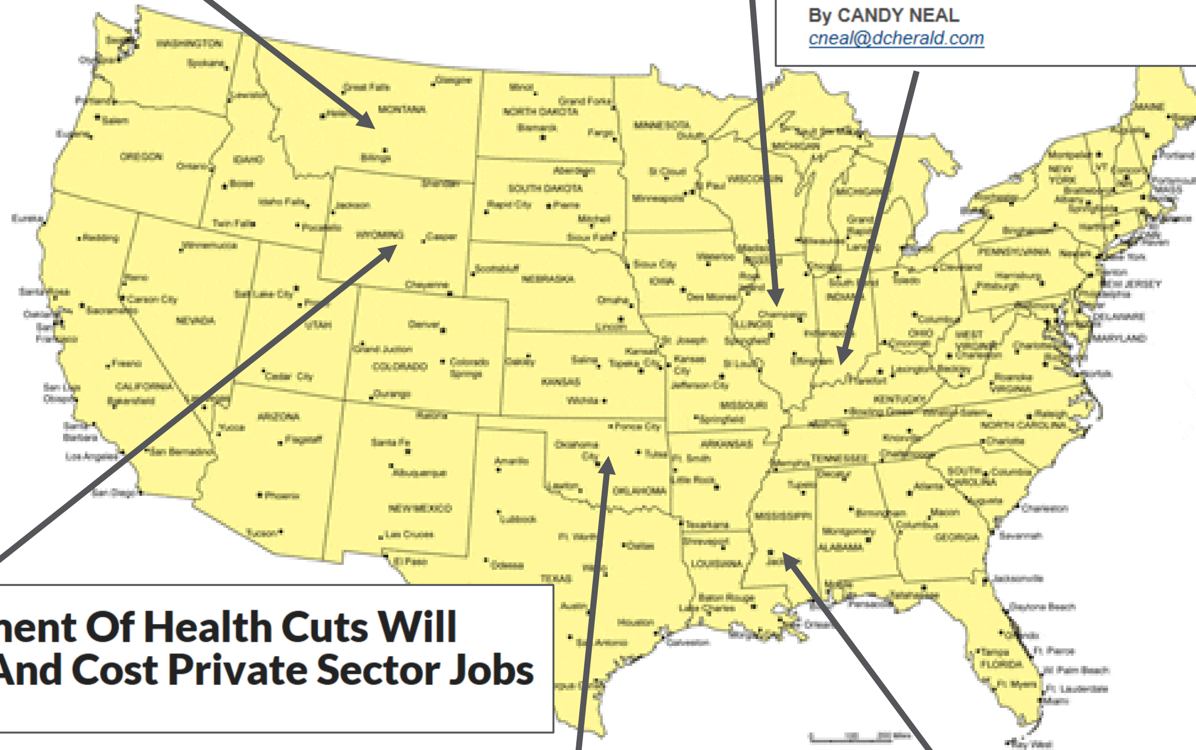
Health departments cutting staff, service hours with unsure future

By Marwa Eltagouri · Contact Reporter
Chicago Tribune

Health department cuts staff, increases fees

September 1, 2017

By CANDY NEAL
cneal@dcherald.com



Wyoming Department Of Health Cuts Will Impact Programs And Cost Private Sector Jobs

By BOB BECK • JUN 21, 2016

Health department cuts will cost millions for clinics helping uninsured patients

BY: Megan Allison
POSTED: 3:26 PM, Nov 16, 2017

Nine health department clinics closing in MS

Published: Thursday, January 21st 2016, 7:14 pm EST
Updated: Friday, January 22nd 2016, 3:52 pm EST

By Quentis Jones, Reporter CONNECT

NACCHO LHD Analysis by Geography

- Investigate differences between urban and rural health agencies in terms of:
  - Funding sources;
  - Clinical and population-based service provision; and
- Identify opportunities and challenges facing rural public health agencies

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NACCHO Profile Analysis – Small versus Rural

	Urban n(%)	Large Rural n(%)	Small Rural n(%)	Total
<50,000	224 (20.2)	205 (18.5)	680 (61.3)	1109
50,000-99,999	126 (40.9	136 (44.2)	46 (14.9)	308
100,000+	438 (85.4)	58 (11.3)	17 (3.3)	513

Data source: Rural-Urban Analysis of 2016 NACCHO Profile Data

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Findings – Revenue Sources

Proportion of revenue by rurality

	Proportion of revenue			
	Urban	Large Rural	Small Rural	Sig.
Local Sources	42.8	25.6	22.2	0.001
State Sources	15.7	21.1	19.3	0.001
Federal Pass Through	16.1	20.1	22.6	0.001
Federal Direct	2.7	1.0	1.0	0.001
Medicare/Medicaid	6.0	13.3	15.2	0.001
Private Insurance	1.1	2.9	3.4	0.001
Patient Personal Fees	1.3	2.7	2.7	0.001
Non-clinical Fees & Fines	8.8	6.0	2.9	0.001
Private Foundations	0.5	0.8	0.8	NS
Other	2.8	2.5	3.7	NS

- Urban HDs rely more heavily on local sources than large rural and small rural LHDs
- Both large rural and small rural LHDs rely more heavily on state and federal pass through revenue than urban LHDs
- The proportion of funds that came from clinical funding sources, including Medicare/Medicaid, private insurance, and personal patient fees were significantly higher for large and small rural HDs compared to urban LHDs.

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Findings – Revenue Sources

Local Health Department Revenues by Degree of Rurality

Small Rural
Large Rural
Urban

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

- Local Sources
- State Sources
- Federal Pass Through
- Federal Direct
- Medicare/Medicaid
- Private Insurance
- Patient Personal Fees
- Non-clinical Fees & Fines
- Private Foundations
- Other

Data source: Rural-Urban Analysis of 2016 NACCHO Profile Data

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Findings – Service Provision

Clinical Services

- In terms of services performed by the LHD directly, rural LHDs were more likely to provide immunizations, screenings, treatment of communicable diseases, and maternal and child health services than urban LHDs.

Population-based services

- In terms of services performed by the LHD directly, rural LHDs (both large and small) were more likely to report conducting communicable disease and infectious disease epidemiology and surveillance.
- Urban LHDs were more likely to provide environmental surveillance.

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Policy Implications

- Urban communities are served by LHDs with more local revenue and more community capacity to provide the clinical services vital to those who need care. They can focus more on population-based services.
- Many rural LHDs must retain direct care services due to community need.
- Large and small rural LHDs are more vulnerable to changes in state and federal funding.
- Organizations that work to support LHDs need to consider how they can support both rural and urban health departments in pursuing their missions to improve health in their jurisdictions.

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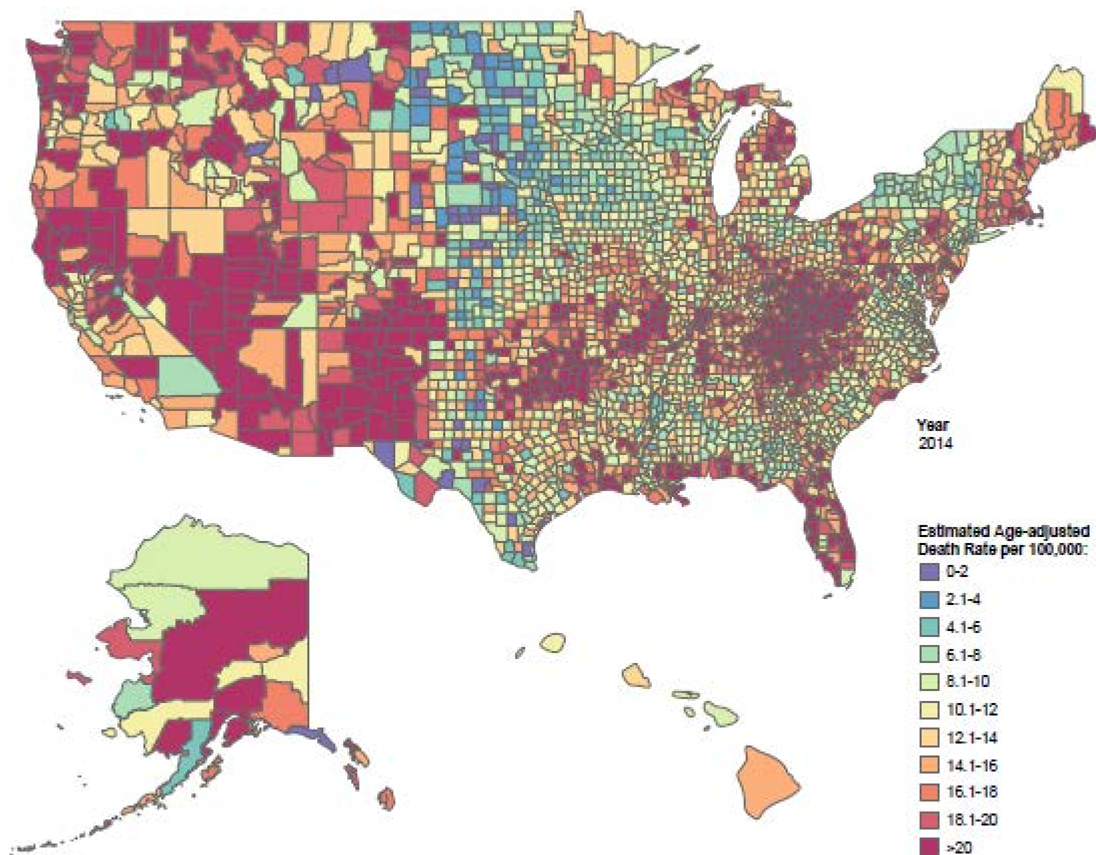
Opioids, Opioids, Opioids

Estimated Death Rates for Drug Poisonings By County: 1999 - 2014



Produced by East Tennessee State University College of Public Health using CDC NCHS Data

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NORC Overdose Mapping Tool

Drug Overdose Deaths in Appalachia

SOCIO DEMOGRAPHIC

- Race / Ethnicity
- Age
- Educational Attainment
- Disability Status

ECONOMIC

- Median Household Income
- Poverty Rate
- Unemployment Rate
- Accident-prone Employment

LIST OF COUNTIES

CLOSE ✕

The Growth of an Epidemic

The Opioid Crisis is Contributing to Lowering U.S. Life Expectancy.

Prescription and illicit opioids killed more than 33,000 Americans in 2015, almost quadruple the number in 2000. The toll of the epidemic is so great that it contributed to the first decline in U.S. life expectancy since 1993.

NEXT

SHARE | INTRODUCTION | HOW TO USE THE TOOL | METHODOLOGY & DATA | MORE INFORMATION

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http://overdosemappingtool.norc.org

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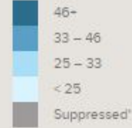
LIST OF COUNTIES

Overdose Rate

Deaths per 100k pop. ages 15-64 by county



Timeframe: 2006 - '10 | 2011 - '15

Urban / Rural: All

Zoom: – +

OH
NY
PA
MD
VA
KY
TN
NC

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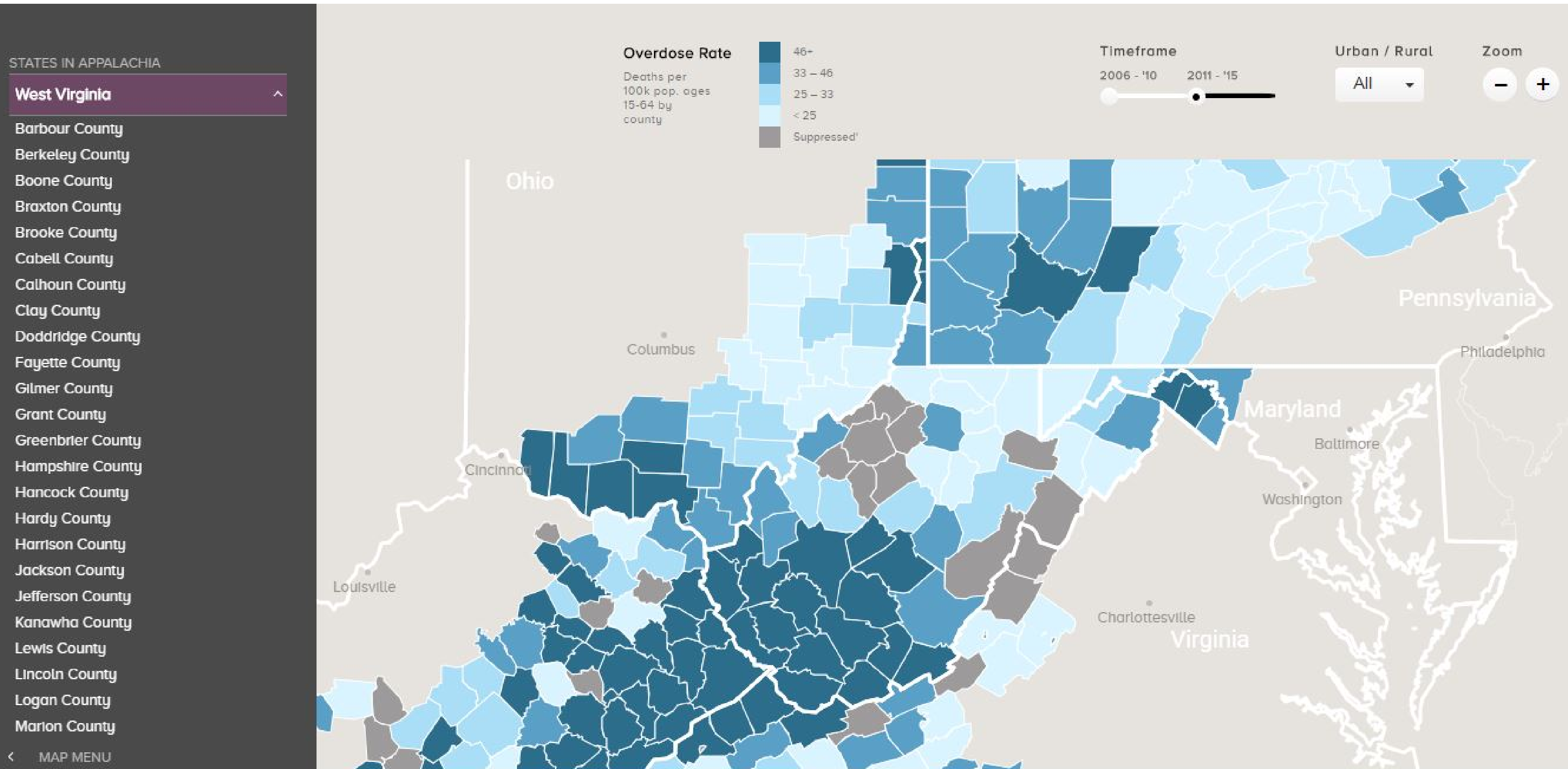

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Drug Overdose Deaths in Appalachia by Poverty

SOCIO DEMOGRAPHIC — CLEAR ×

- Race / Ethnicity
- Age
  - % Under 15
  - % 15 to 64
  - % 65 and above
- Educational Attainment
- Disability Status

ECONOMIC

- Median Household Income
- Poverty Rate
- Unemployment Rate
- Accident-prone Employment

LIST OF COUNTIES

Poverty Rate by county: 25% + · 20 – 25% · 15 – 20% · < 15%

Overdose Rate, Deaths per 100k pop. ages 15-64 by county: 46+ · 33 – 46 · 25 – 33 · < 25 · Suppressed*

Timeframe: 2006 - '10 · 2011 - '15

Urban / Rural: All

Zoom: − +

Columbus · Cincinnati · Pennsylvania · Philadelphia · New York · Maryland · Baltimore · Washington · Charlottesville · Virginia

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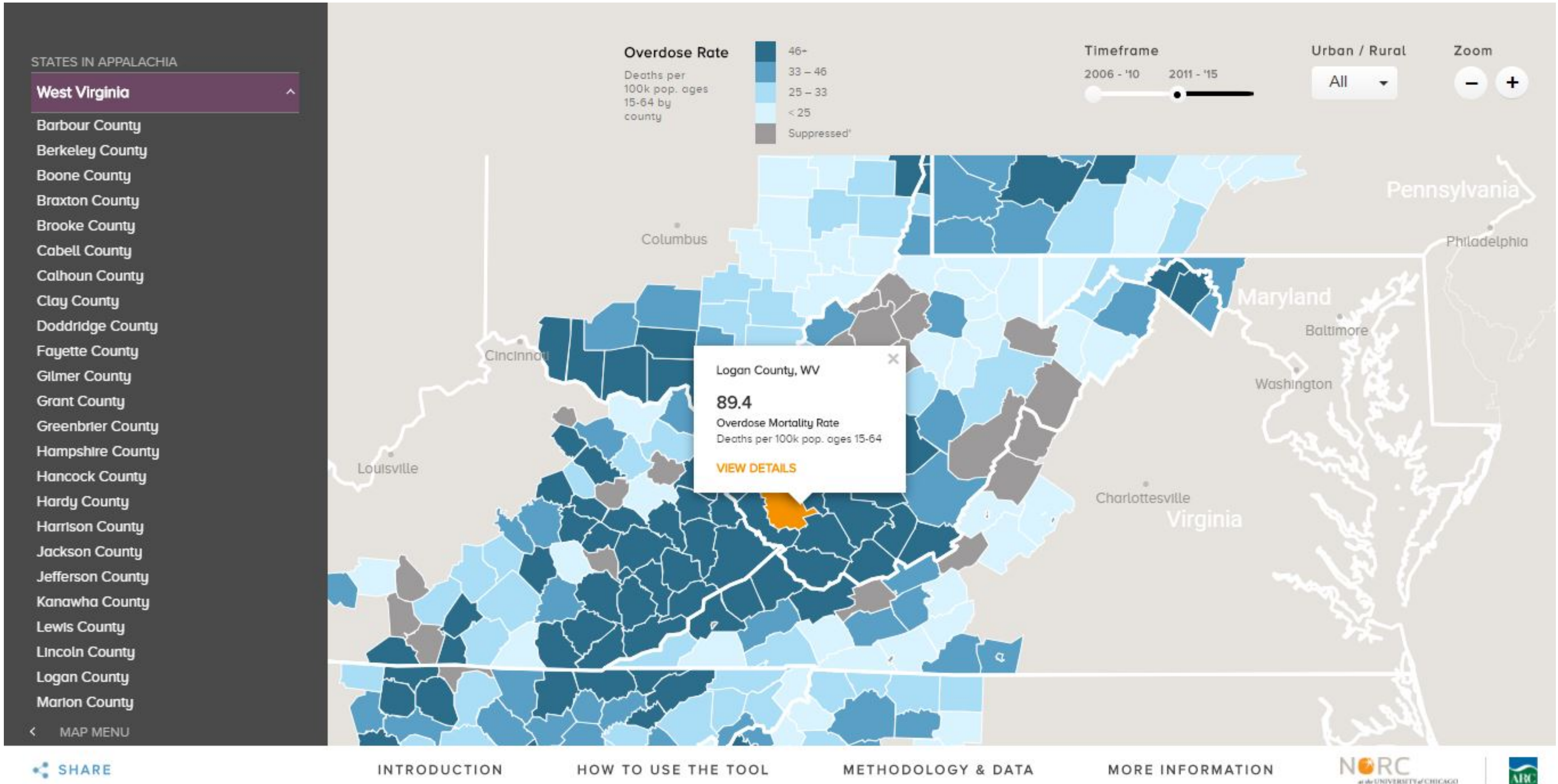
County Information and Fact Sheets



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County Information and Fact Sheets

STATES IN APPALACHIA

West Virginia

Barbour County
Berkeley County
Boone County
Braxton County
Brooke County
Cabell County
Calhoun County
Clay County
Doddridge County
Fayette County
Gilmer County
Grant County
Greenbrier County
Hampshire County
Hancock County
Hardy County
Harrison County
Jackson County
Jefferson County
Kanawha County
Lewis County
Lincoln County
Logan County
Marion County

MAP MENU

County Profile : 2011-2015

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Logan County, WV

Drug Overdose Mortality Rate

89.4 Deaths per 100k population (Ages 15-64)

30.6	Appalachian Region
20.6	U.S.

Total Deaths | Population | Urban / Rural

CLOSE ✕

SOCIO DEMOGRAPHIC	Logan County	Appalachian Region	U.S.
Race /Ethnicity			
White (non-Hispanic)	95.8%	82.5%	62.3%
African American (non-Hispanic)	2.1%	9.4%	12.3%
Hispanic	0.9%	4.6%	17.1%
Other	1.1%	5.1%	10.5%
Age			
Under 15	17.2%	17.9%	19.0%
15-64	66.5%	65.8%	66.2%
65+	16.3%	16.3%	14.9%
Educational Attainment			
At least High School Diploma	76.4%	85.5%	86.7%
Bachelor's Degree or more	8.1%	22.6%	29.8%
Disability Status			
% Residents with a disability	29.1%	13.9%	12.4%
ECONOMIC			
Median Household Income	$36,763	$44,744	$53,889
Poverty Rate	19.7%	17.1%	15.5%
Unemployment Rate	10.9%	8.3%	5.2%
Accident-prone Employment			
Construction	2.0%	4.0%	4.4%
Mining	15.6%	1.3%	1.5%
Manufacturing	4.6%	13.0%	8.9%
Trade, Transportation, & Utilities	21.5%	19.8%	19.1%

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Rural Assets, Strategies, and Opportunities

A Shift of Focus

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Change Agents Across Sectors

Residents	**Schools and Post-Secondary Institutions**	**Faith-Based Organizations**	**Cooperative Extension**
Planning and Development	**Healthcare and Public Health**	**Employers**	**Community-Based Organizations**
Public Libraries	**Transportation**	**Local Government and Public Safety**	**Local Media**

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Sample Project Recommendations

Foster Cross-Sector Collaboration

Cross-sector collaboration is often an existing asset in rural communities, which can be supported and expanded.

Adapt Funding Strategies to Support Rural Communities

Adapt funding strategies and grant structures to address rural barriers to participation in grant programs.

Build Relationships and Trust

Cultural assets highlight the importance of rural residents feeling ownership over solutions to rural challenges, and building long-term, meaningful relationships with communities.

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Sample Project Recommendations

Engage with Regional/Local Intermediaries

Regional and local organizations have a better understanding of local culture, past experience, and assets.

Consider Rural Communities as Program Sites

Rural communities are well suited to pilot efforts to improve health and equity – programs can be tested on a smaller scale with fewer confounding factors.

Develop Rural-Specific Communications and Messaging

It is critical to consider the specific audience, choose an appropriate messenger, and tie messages to important cultural assets.

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Recent CDC Rural Health RFPs

- Exploring the Challenges in Diagnosis and Treatment of Traumatic Brain Injury (TBI) in Rural Areas
- Research Grants for the Primary or Secondary Prevention of Opioid Overdose

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Thank You!

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