Maryland Rural Health Plan

Maryland Rural Summit
October 19, 2007

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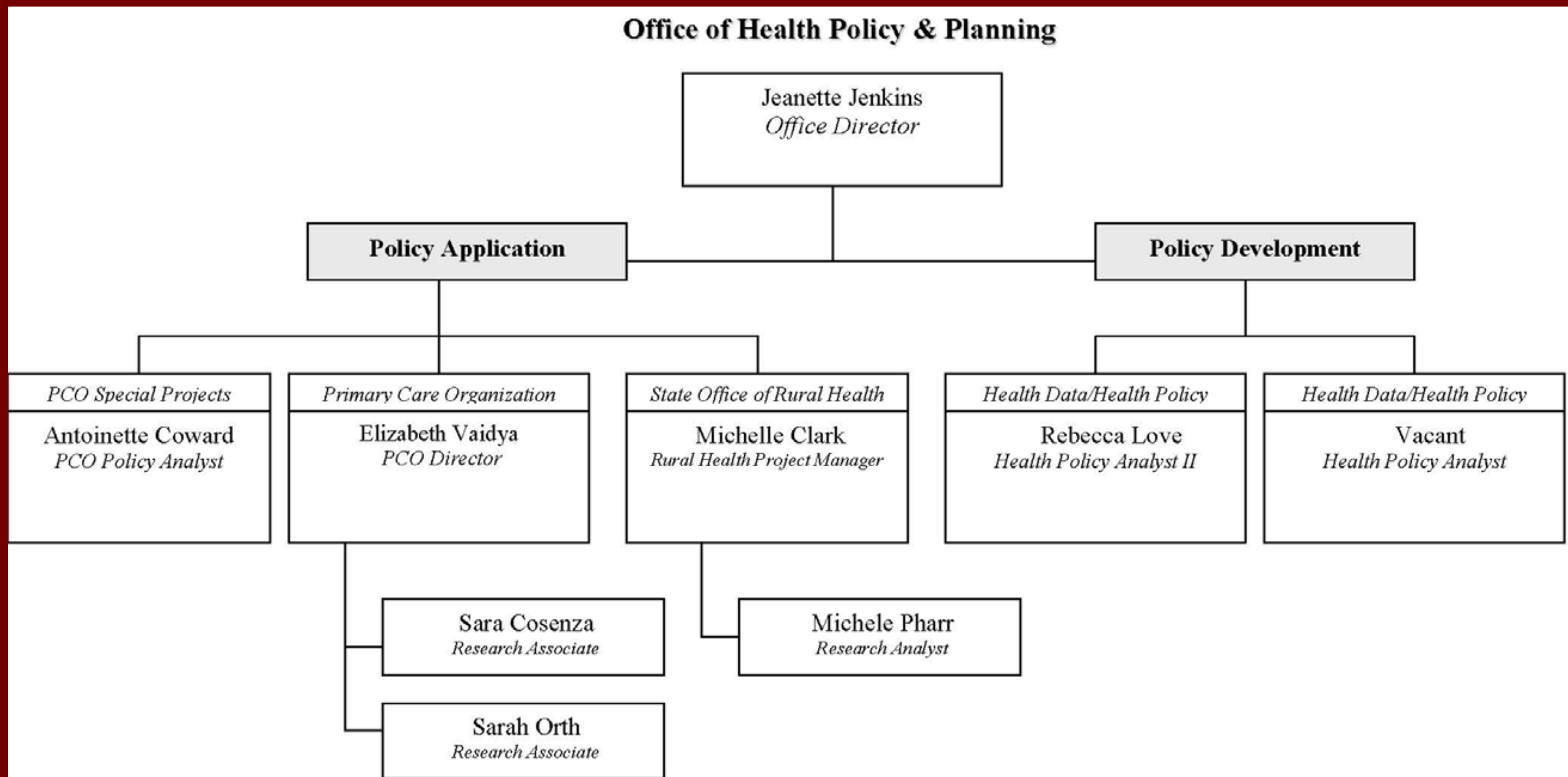
State Office of Rural Health

- Mission: to improve the health of rural Marylanders through collaboration, networking, outreach, education, research, advocacy, and the development of special programs.



State Office of Rural Health (cont.)

- Core functions:
  - Collecting and disseminating information within the State
    - Funding alerts, newsletters
  - Coordinating rural health interests and activities across the state
  - Providing technical assistance to attract more federal, state, and foundation funding for rural health
    - Data requests
    - Information on funding opportunities

Purpose of Plan

- To outline vision, goals, and strategies helpful in improving rural health
- Identify and present rural health indicators
- In response to requests from rural health advocates

Purpose of Plan (cont.)

- To gain
  - Funding/grants to build rural infrastructure: health clinics/promotion; augment services
  - Funding for health professionals/health educators
  - Increased capacity for health care
  - Access to health insurance programs

Plan Goals

- Raise awareness of rural health issues and strategies to address these issues
- Assess the health status of Maryland's rural residents relative to non-rural residents
- Set forth an agenda to build state consensus on the Plan to gain funding and resource support

Vision of Plan

- For all rural residents to:
  - Afford primary and specialty health care
  - Access primary health care facilities and providers within 30 minutes and specialty health care facilities and providers within 40 minutes of their residence
  - Receive effective, safe, timely, patient-centered preventive health care

Overview of Plan Development

- In conjunction with Maryland Rural Health Association, invited rural health advocates to serve on Steering Committee
- Steering Committee meetings held from May to November 2006
- Steering Committee came to consensus on priority areas and voted on priority recommendations

Steering Committee

- Bonnie Braun, PhD, University of Maryland College Park
- Kathleen H. Foster, RN, MS, Talbot County Health Department
- Jake Frego,Maryland Rural Health Association and Eastern Maryland Area Health Education Center
- Rodney Glotfelty, RS, MPH, Garrett County Health Department
- Deborah Goeller, RN, MS, Worcester County Health Department
- Wayne Howard, Choptank Community Health System, Inc.
- Tracy Kubinec, St. Mary's Health Department
- Becky Loukides, Caroline County Health Department
- Christine Power, Worcester County Health Department
- Bob Stephens, Garrett County Health Department
- Susan Stewart, Western Maryland Area Health Education Center
- Earl Stoner, Washington County Health Department
- Douglas H. Wilson, PhD, Peninsula Regional Medical Center
- Linda Wilson, Kent County Health Department

Overview of Plan Development (cont.)

- Reviewed rural health plans from other states
- Reviewed Rural Healthy People 2010 and other national chart books of rural health
- Identified rural health indicators based on those published and for those where jurisdiction-level data were available

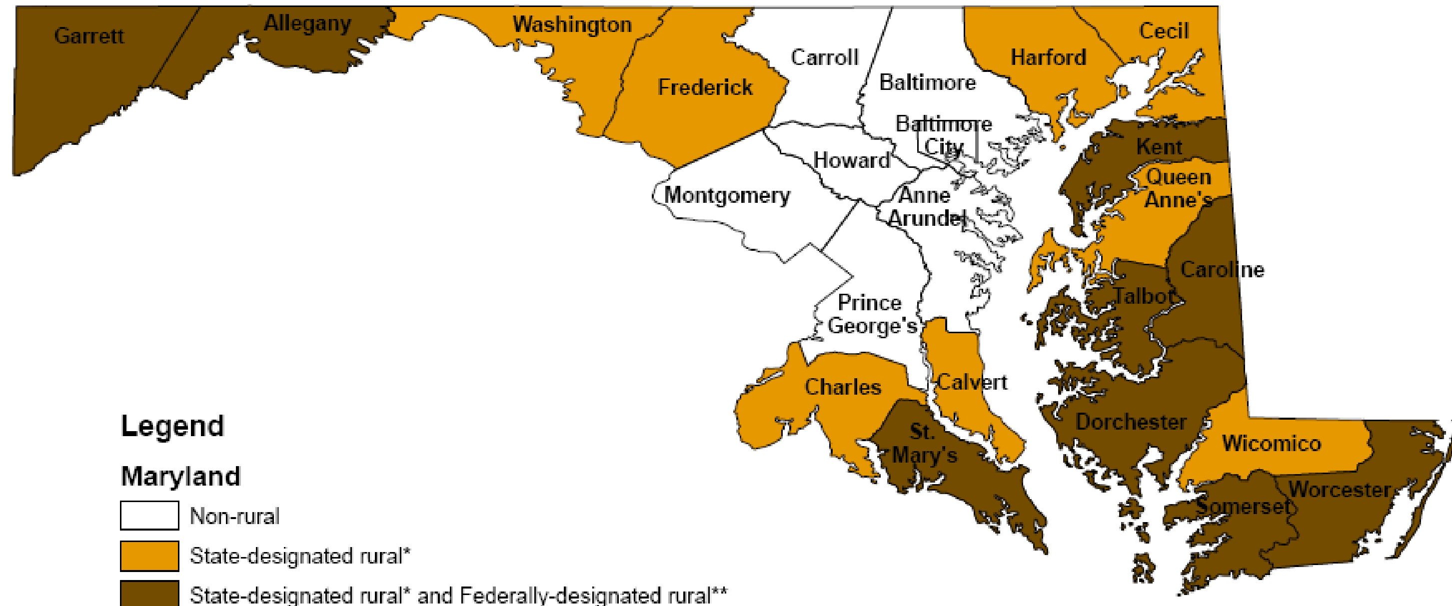
Plan Organization

- Section I: Introduction
- Section II: Overview of Rural Maryland
- Section III: Rural Health in Maryland
- Section IV: Rural Health Issue Areas
- Section V: Rural Health Priority Areas
- Section VI: Priority Recommendations
- Section VII: Additional Recommendations
- Section VIII: References

Rural Maryland

- There are several definitions for rural – Census Bureau, Health Resources and Services Administration, OMB's Core Based Statistical Areas (CBSAs)
- SORH uses 2 classifications
  - HRSA Office of Rural Health Policy based on RUCA codes and CBSAs = federally-designated rural
  - Annotated Code of Maryland: counties represented on Rural Maryland Council Board = state-designated rural

Rural Maryland (cont.)



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*State-designated rural counties are those counties mandated by Maryland code to have representatives on the Rural Maryland Council.

**Federally-designated rural counties are those defined by the federal Office of Rural Health Policy (ORHP) as rural for the purposes of ORHP funding eligibility. This map shows those counties that are entirely rural, except for Somerset, where five out of the seven census tracts are rural.

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Rural Indicators

- Data sources:
  - Used 2004 data wherever possible to be consistent
  - Limited to sources that provide jurisdiction-level data (e.g. Medical Expenditure Panel Survey, NHANES data not used)
  - Behavioral Risk Factor Surveillance Survey
  - Vital Records
  - Bureau of Labor, Licensing, and Regulation
  - Census Bureau and Maryland Department of Planning
  - Alcohol and Drug Abuse and Mental Hygiene Administrations

Population and Economic Indicators

- Age
- Poverty
- Race/Ethnicity
- Population Change
- Population Density
- Median Household Income
- Unemployment
- High School & Bachelor's Attainment

Rural Health Indicators

- Medically Underserved Areas
- Health Professional Shortage Areas
- Population Reporting Fair or Poor Health
- Medicaid and Medicare Population
- Physician Supply
- Oral Health: Tooth Loss, Visits to Dentists
- Adolescent Births
- Risk Factors: High Blood Pressure, Obesity, Diabetes, Smokers, Chronic Drinking
- Mortality Rates

Major Findings – Population/Economic

- Median household income is $18,406 less in federally-designated rural counties than the State
- Unemployment highest in federally-designated rural counties (6.1% vs. 4.3% state overall)
- Rural residents less likely to have completed high school or attained Bachelor's
- Poverty level of population <18 years is 41.2% higher in federally-designated rural counties than state

Major Findings – Health

- All counties fully designated as an MUA are state-designated rural
- Population reporting fair or poor health higher in rural counties (15.5% federal rural vs. 12.4% state)
- Total tooth loss higher (8% federal rural vs. 4.1% state)
- IMR lower in rural counties, but racial disparities high
- Slightly higher rate of risk factors and mortality in rural areas

Major Findings – Health (cont.)

- Health Professional Shortage Areas (2007):
  - Primary care: Allegany, Calvert, Cecil, Charles, Dorchester, Garrett, Kent, Queen Anne's, Somerset, Washington, and Worcester
  - Dental: Allegany, Caroline, Charles, Dorchester, Garrett, Queen Anne's, Somerset, Talbot, Washington, Wicomico, and Worcester
  - Mental health: Calvert, Garrett, Kent, Somerset, St. Mary's, Wicomico and Worcester

- The PCO is analyzing the following rural counties for possible designation (2007):
  - Primary care: Caroline, Frederick, Harford, St. Mary's and Talbot
  - Dental: Cecil, Frederick, Harford, Kent and St. Mary's
  - Mental health: Allegany, Caroline, Cecil, Dorchester, Frederick, Harford, Queen Anne's, Talbot and Washington

Major Findings – Access

- Uninsurance, Medicare and Medicaid enrollment highest in federally-designated rural counties
- Fewer primary care physicians and psychiatrists/100,000 population in rural areas
- Some rural counties have few or no dentists seeing Medicaid or sliding-fee scale patients

Issue Areas and Resources: Areas of Concern

- Availability: Difficulty recruiting and retaining health care providers in rural areas and public health
- Access: Distance Barriers
- Affordability: Uninsurance and out-of-pocket costs
- Preventive Health

Issue Areas: Existing Resources

- Insurance: Medicaid, Medicare, SCHIP
- Pharmacy assistance program
- Area Health Education Centers
- Grants to LHD for preventive health
- FQHCs, MQHCs, hospitals, LHDs (dental clinics)
- Telehealth
- Loan assistance repayment programs, National Health Service Corps, J-1 Visa Waiver program, National Rural Recruitment and Retention Network

Rural Health Priority Areas

- Access to primary and specialty care and pharmacy services (availability of workforce and affordability)
- Behavioral health (mental health and addiction/substance abuse)
- Lifestyle issues (nutrition, obesity, wellness)
- Oral health

Priority Recommendations

- Increase efforts to improve recruitment and retention of rural health providers
- Establish preventive health centers in rural areas, especially in those areas lacking or underserved by Federally Qualified Health Centers
- Increase accessibility to pharmaceuticals for low-income rural residents

Recruitment and Retention

- Assess health care provider workforce needs by jurisdiction
- Publicize/market opportunities in rural areas using 3R Net, other tools
- Increase awareness of Primary Care Office programs in rural areas: loan assistance repayment, J-1 visa waiver, and National Health Service Corps
- Track commissions and advisory groups working on workforce issues to ensure rural representation

Preventive Health Centers

- To provide primary, mental health, and dental care in communities with limited health services
- Establish in areas with greatest need

Access to Pharmacies and Pharmacists

- Identify and support programs that provide pharmaceuticals to low-income population
  - Market these programs and enroll beneficiaries
- Support pharmacist recruitment and retention in rural areas
  - Rural rotations for pharmacy students (AHECs)

Additional Strategies for Increasing Access

- Increase rural health workforce by enhancing rural elementary and high school students' preparation to pursue health careers (AHECs)
- Locate a portion of health professional students' educational training in rural communities (AHECs)
- Increase Health Professional Shortage Area and Medically Underserved Area designations
- Increase user-friendly transportation options
- Expand and enhance telehealth
- Establish programs at health professional schools to attract rural students

Additional Strategies: Oral Health

- Collaborate with the Office of Oral Health to carry out recommendations in Evaluation of the Dental Public Health Infrastructure in Maryland report
  – Rural representation on Oral Health Coalition
  – Describing the rural burden of oral health disease
  – Increase loan repayment for dentists
  – Expansion of public health dental clinics

Additional Strategies: Oral Health (cont.)

- Encourage private dentists' participation in the Maryland State Dental Association's Donated Dental Services Program for adults with physical or mental disabilities, limited income, and severe dental need
- Explore the possibility of establishing programs that partner local health departments and private dentists in providing oral health services

Additional Strategies: Behavioral Health

- Support the development of comprehensive, continuous, integrated systems of care for co-occurring disorders

Implementation of Plan: What is the SORH doing?

- Increased staffing to provide enhanced technical assistance and promote recruitment and retention
- Assessing primary care, mental health, and dental health care provider workforce needs by jurisdiction
- Planning a Spring 2008 conference to increase awareness of SORH and PCO
- Tracking commissions and advisory groups (e.g. healthcare workforce shortage commission)
- Working with the PCO to assess rural areas for designation as HPSAs/MUAs

Implementation of Plan: General Developments

- Dental Action Committee released recommendations on improving dental access for Medicaid children
- Maryland Community Health Resources Commission will be awarding funding to expand public health dental clinic sites and support IT development, and will be issuing an RFP for Operational Grants by October 19

Implementation of Plan: General Developments (cont.)

- Rural Broadband
- New FQHC funded in Cecil county in August - West Cecil Health Center, Inc.
- Medicare Part B and rural *Pharmacy Matters* community forums held in 2006

Implementation of Plan: Maryland Rural Health Association

- Many MRHA Board members served on Steering Committee
- MRHA leading effort to bring Plan to rural communities for community feedback and participation
- MRHA holding three listening sessions on the Eastern Shore Oct. 23, 24, and 25, in collaboration with SORH; listening sessions in other areas of the state planned

Where do we go from here?

- Develop an Implementation Plan while taking action on recommendations
- Gather community input and use to revise/enhance Plan and activities of SORH
- Continue to collaborate to strengthen rural health and raise awareness of and resources for rural health

Questions for Rural Health Stakeholders*

- Which of these priority areas/strategies is important to you and why?
- What health successes have you experienced in your community?
- What are your barriers to accessing health care (preventive, specialty, and oral)?
- What are your barriers to having a healthier lifestyle?
- What attention does your community need that is missing?

* from MRHA's agenda for listening sessions

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