

***Rural Health:
A Time for Reflection***

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Executive Director
MedChi, The Maryland State Medical Society**

**10th Annual Maryland Rural Summit
October 18, 2007**

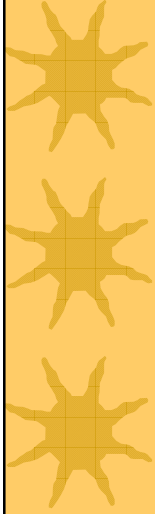


***Memory Lane
My personal history in rural America***

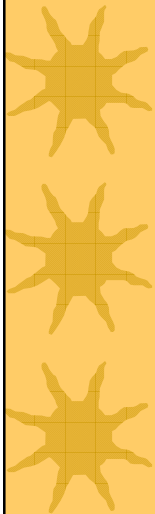




*Medical School
Post Residency*

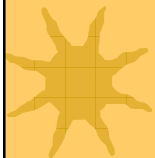
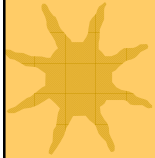
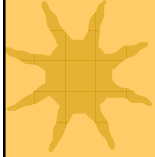


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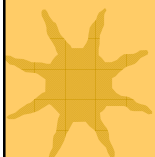
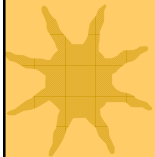
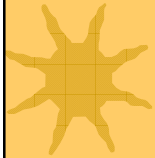




Gallup, New Mexico

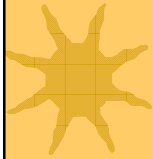
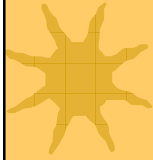
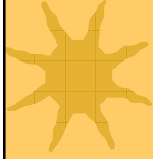


American Southwest

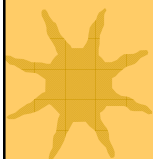
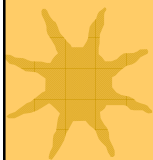
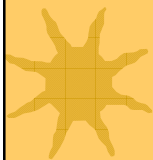






American Southwest



American Southwest



 *Public Health Service*



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 *Hickory Flat, Mississippi*



The slide features a vertical yellow bar on the left with a silver sun icon at the top and three yellow sun icons below it. The main content area is grey with a horizontal gold line separating the title from the photograph.



State Health Departments

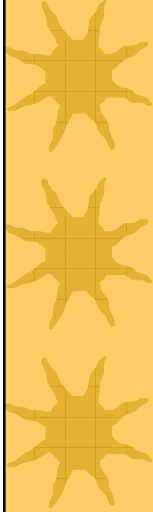


Cumberland, Maryland

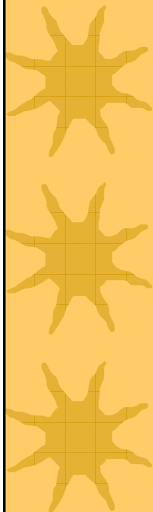




Ashland, Oregon



Ashland, Oregon






...but the story is healthcare



Rural Health Care in MD
Choptank Community Health System

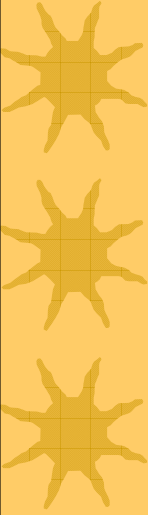



Federalburg, MD, Medical/Dental Center



Session Objective

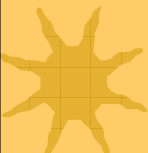
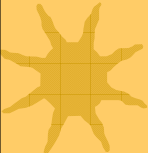
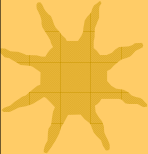
**An overview of the major health problems in rural communities;
Demographic differences;
Specific concerns regarding health care practitioner availability; and
Potential solutions**






Outline of Presentation

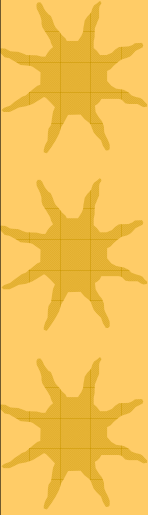
- **Overview of health care costs**
- **Rural health care problems**
- **Health care and the rural economy**
- **Maryland issues**
- **Physician shortages**
- **Some solutions-IT, NHSC, and AHEC**



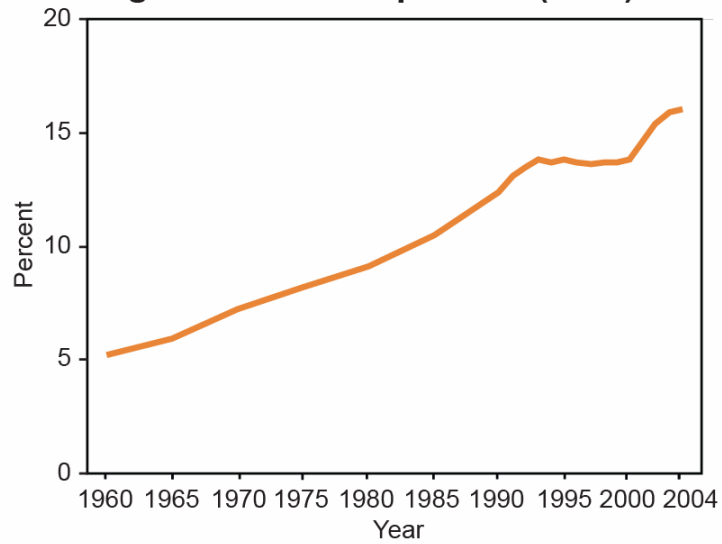


Overview of Health Care Costs

- **The amount of money**
- **Where the money goes;
How it is spent.**



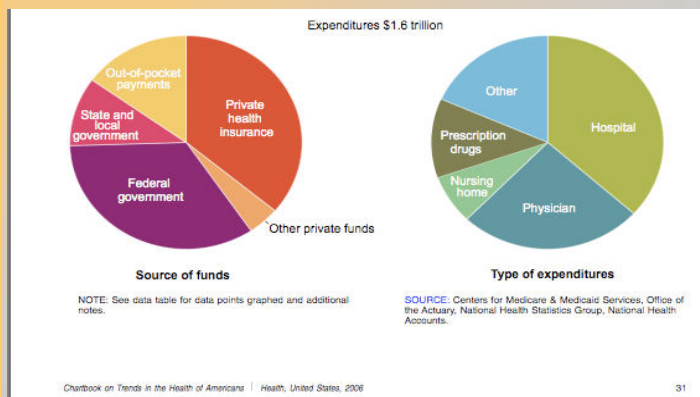
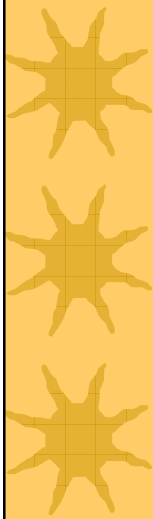
National health expenditures as a percentage of gross domestic product (GDP)




SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, 2006*, Figure 8. Data from the Centers for Medicare & Medicaid Services.



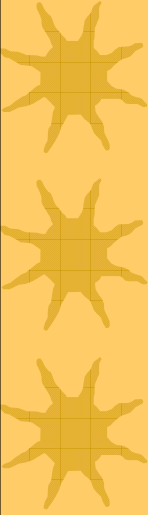
Health Care Expenditures





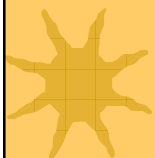
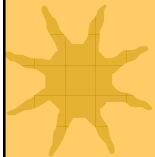
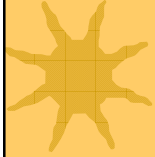
Causes of Health Care Disparities in Rural America

- **Obstacles facing providers and patients**
- **A combination of unique factors:**
 - **Economic factors**
 - **Cultural and social differences**
 - **Education**
 - **Isolation**
 - **Job opportunities**
-





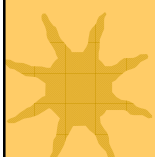
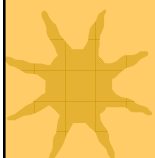
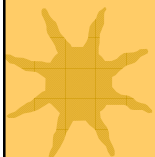
Rural Poverty



- **Rural residents tend to be poorer and more likely to live at the poverty level.**
- **On the average, per capita income is \$7,417 lower than in urban areas**
- **The disparity in incomes is even greater for minorities living in rural areas.**
- **Nearly 24% of rural children live in poverty**
- **People who live in rural America rely more heavily on the federal Food Stamp Program.**



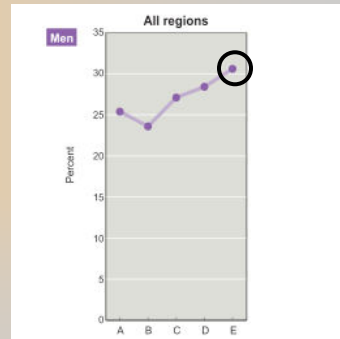
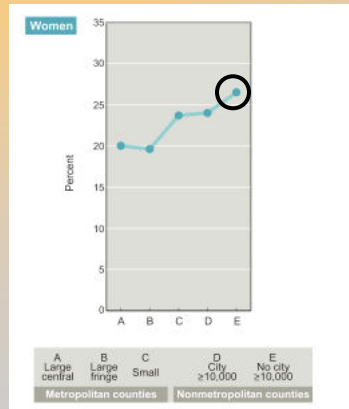
Alcohol and Substance Abuse



- **Alcohol abuse and use of smokeless tobacco are significant problems among rural youth.**
- **DUI arrests are significantly greater in rural communities**



Tobacco Use



Over 18 1997-1998
Self Reporting



Substance Abuse- Methamphetamine

- **Anhydrous ammonia, a fertilizer used to grow corn and other crops, stolen from tanks in fields and farm sites.**
- **Preference for labs in isolated areas (less likely detection)**
- **Community disproportionately affected by addiction and the costs associated with drug use and crime.**



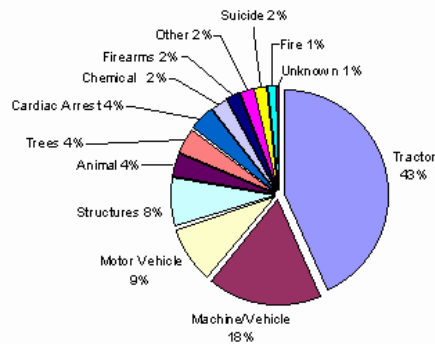
General Health Problems in Rural America

- Hypertension is higher in rural than urban areas
- Mental Health services are seriously lacking
- Suicide rates among rural men and women are significantly higher than urban areas
- Cerebrovascular disease is 1.5 times higher in rural areas than in urban areas
- Dental service/care are sorely lacking in rural America; especially for low income populations
- There are 40 dentists per 100,000 population in rural areas versus 60 in urban communities



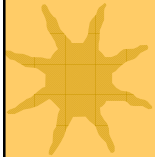
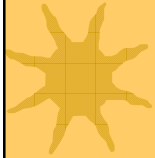
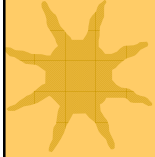
Unique Health Problems: Agricultural Injuries

Chart 1 - NY State Farm Fatalities by Mechanism
1996-2000 n= 171





Other Rural Injuries



- Although only one-third of all motor vehicle accidents occur in rural areas, two-thirds of the deaths attributed to these accidents occur on rural roads.
- Rural residents die more often from unintentional injuries, and are significantly at higher risk of death by gunshot
- Anywhere from 57 to 90 percent of first responders in rural areas are volunteers





Health Care and the Rural Economy

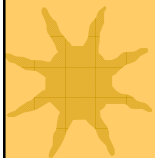
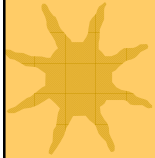
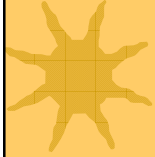


Health Care as a Component of the Rural Economy

- **In rural America, health care is critical to the economic well-being of the community**
- **Health care services provide opportunities for skilled employment**
- **If local health care should disappear, as much as 20 percent of a local economy could go with it**
- **In many rural communities, the health sector is one of the largest employers, and growing...**



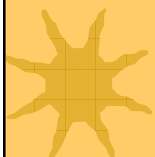
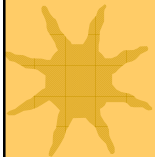
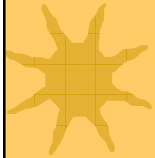
Health Care as a Component of the Rural Economy



- **Health care plays a significant ancillary economic impact in rural America**
- **A typical rural hospital may employ 15 to 20 percent of the local workforce and possess a multimillion dollar payroll**
- **Money paid to health sector employees is spent in the community generating additional local jobs and revenue**



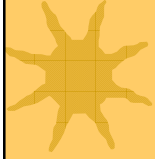
Health Care as a Component of the Rural Economy



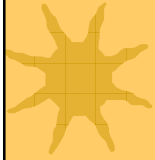
- **Health care occupations are an important source of income in the community**
- **Indirect support for housing and construction, retail establishments, restaurants and other local services**
- **Hospitals and other health care institutions are important purchasers of local products such as laundry services, and waste management** □



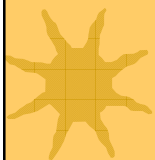
Health Care as a Component of the Rural Economy

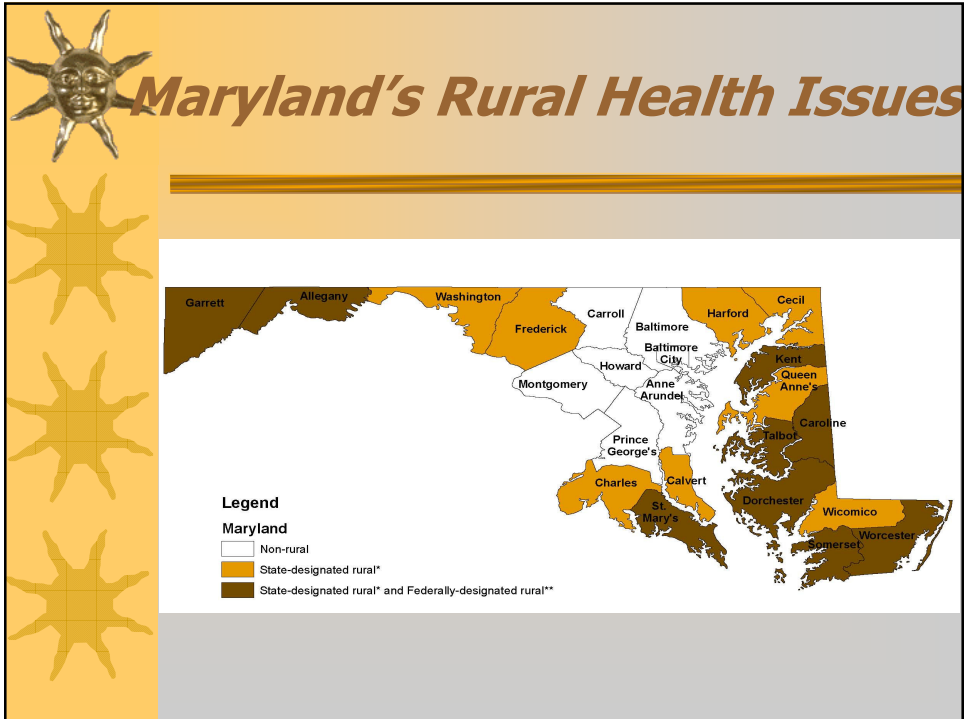


- **Business relocation decisions:
Importance of available health care services**



- **Retirees and workers will choose a location
that provides access to quality health care**





Maryland Rural Health Plan: Improving Access to Services



- **Primary and specialty services**
- **Oral health**
- **Behavioral health**
- **Pharmaceuticals**

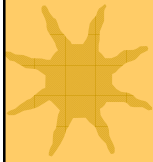
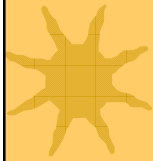
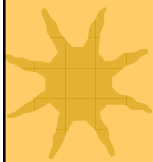
Maryland Rural Health Plan: Improving Access to Services



- **Personal responsibility**
- **Behavioral change**
- **Chronic disease improvement**



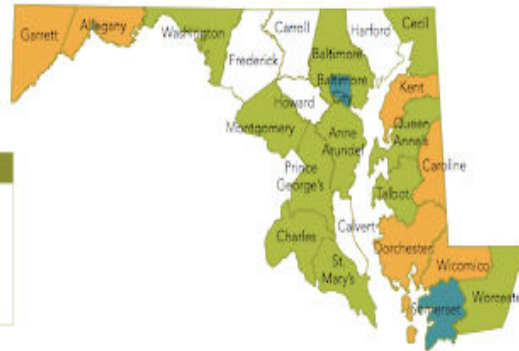
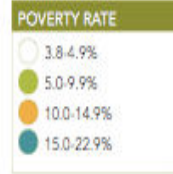
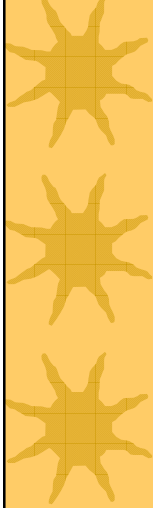
Maryland Rural Issues



- **Poverty and demographics**
- **Oral health**
- **Health care professional shortages**



Maryland Poverty Rates

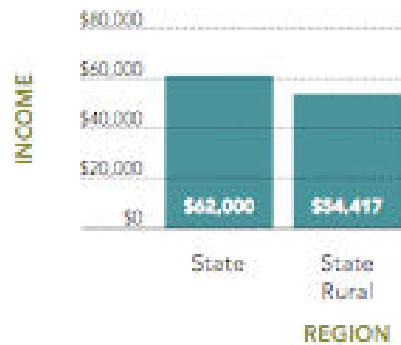
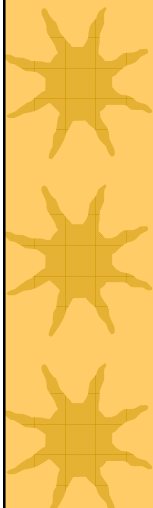


SOURCE: U.S. Census Bureau

2000



Maryland Household Income

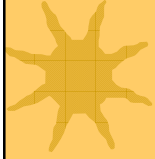


SOURCE: Maryland Department of Planning

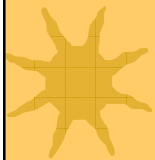
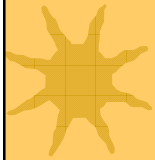
2004



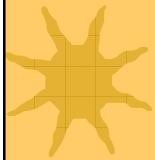
MD Aging Population: The "Silver Sunami"



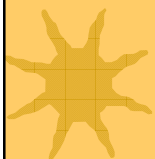
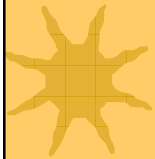
- **14% of Maryland population is elderly**
- **Maryland residents will live 78 years on average**
- **Elderly are moving to rural areas**
- **Need for geriatric trained primary care physicians**
- **Need for in home services**



MD Aging Population: The "Silver Sunami"

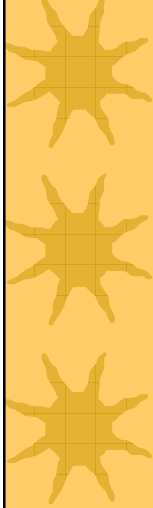


- **Rural jurisdictions have 40% more elderly citizens than urban populations**
- **Elderly population projected to grow to 25% of the population by 2030 in rural Maryland**

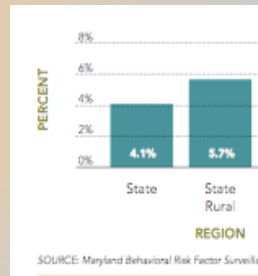
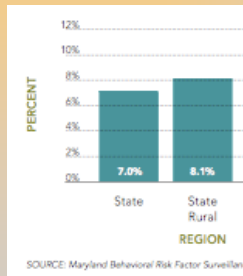




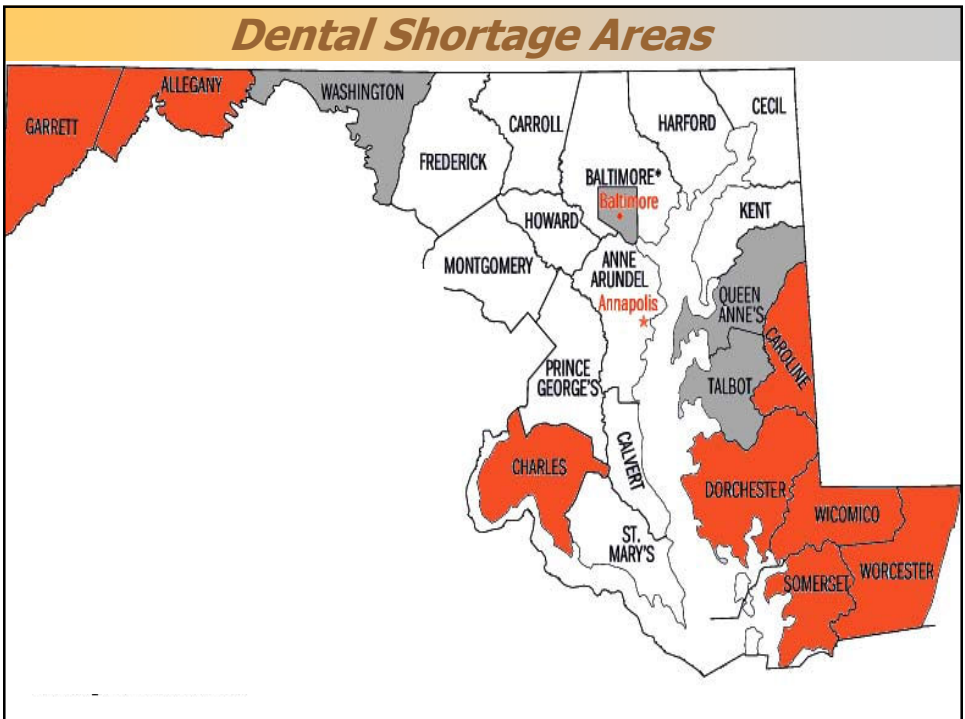
Maryland Oral Health



No Dental Care Past 5 Years

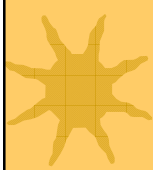
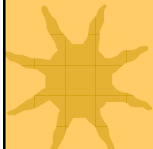
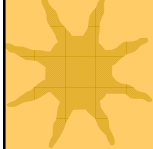


Total Tooth Loss





Oral Health Improvement Garrett County

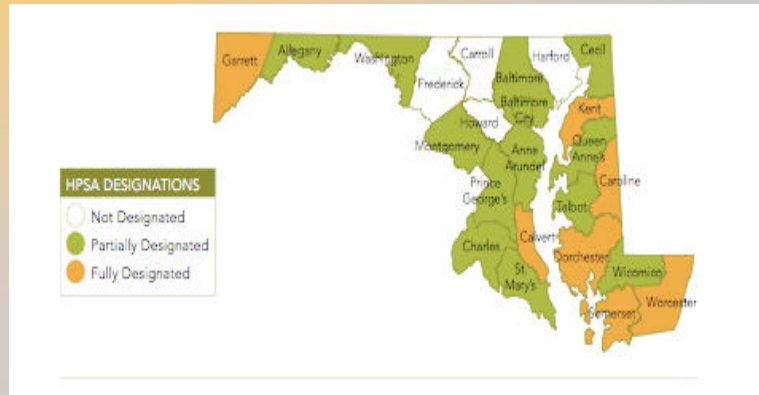
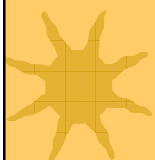
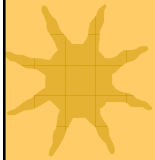
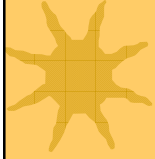


Kindergarten Children (SOURCE: GCHD)	1998	2005
Percentage of children registering for kindergarten with untreated dental decay	41%	18%
DMF (decayed, missing, filled) Ratio	3.5/child	1.4/child
Community Water Fluoridation (SOURCE: Garrett County Sanitary District)	1998	2005
Percent of families on public water system with fluoridated water	29%	68%
MCHP Encounter Data (SOURCE: CMS)	CY 2000	CY 2005
Dental utilization rate for children 4-20	47.2%	72.4%
Number of children receiving services	517	1626





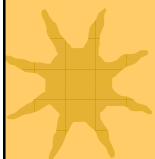
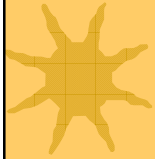
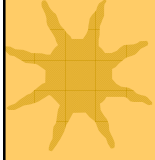
Maryland Medically Underserved Areas





2004




The Rural Physician Where is (S)he?





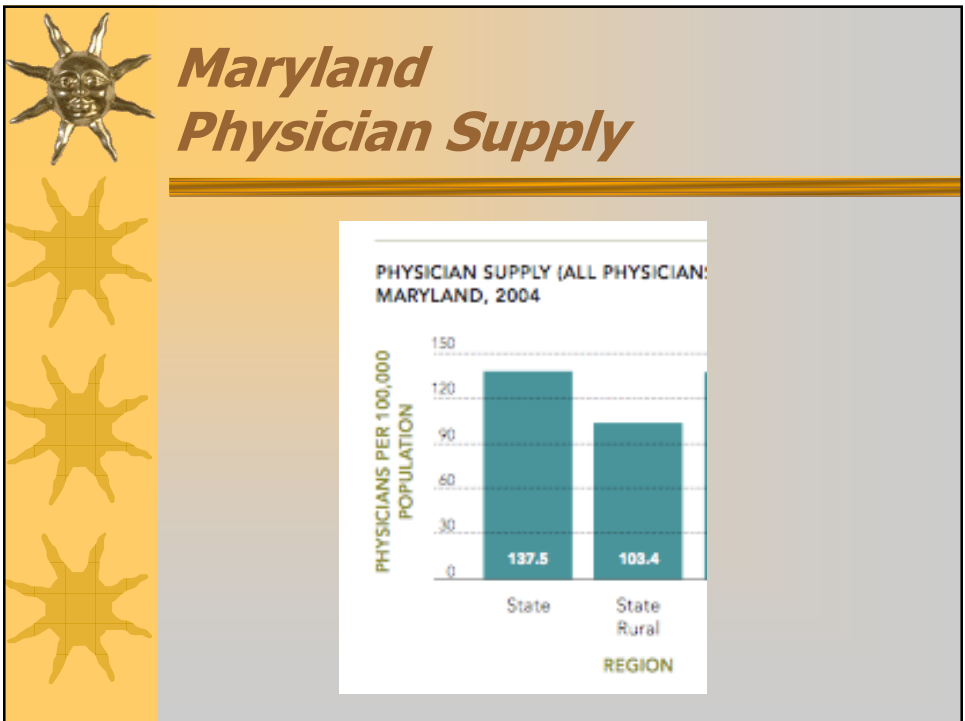
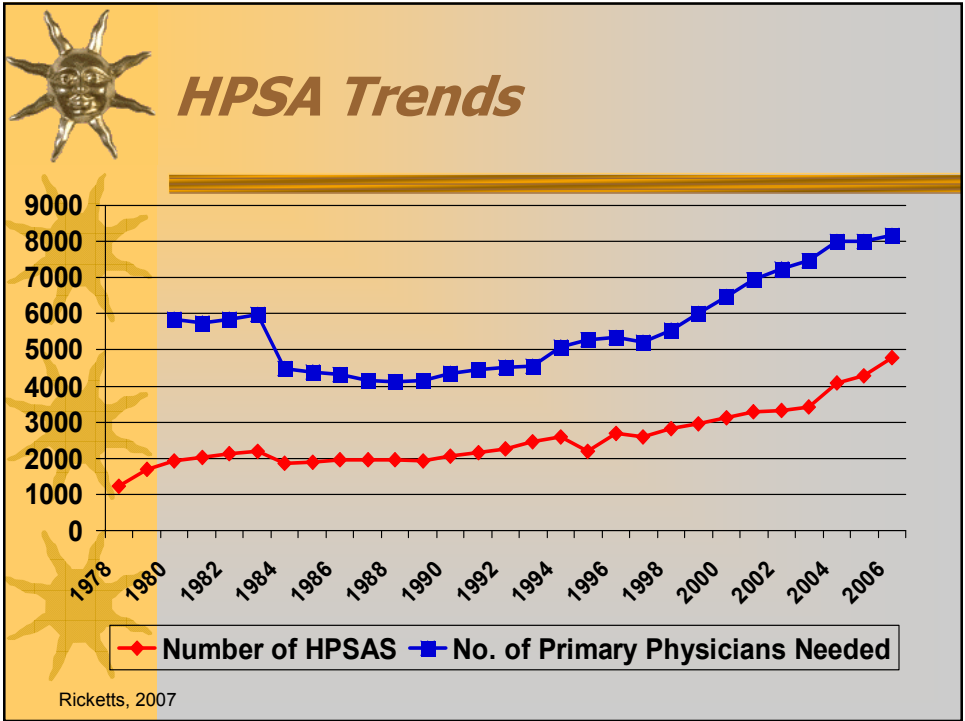
Rural Health Care is Underserved

- Rural doctors are a dying breed
- Rural communities of <10,000 residents have 90 physicians per 100,000 residents
- Metropolitan areas have 300 physicians per 100,000 residents
- Medical school graduates planning to practice in rural areas -- 3%
- Small, rural town without economic promise—an unlikely choice for students with \$100,000 to \$150,000 of debt



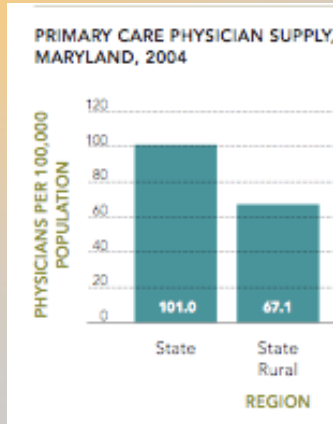
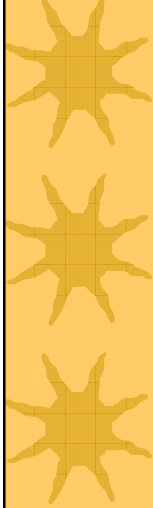
Health Care Professional Shortages

- There are 2,157 Health Professional Shortage Areas (HPSA's) in rural and frontier areas of all states and US territories compared to 910 in urban areas.

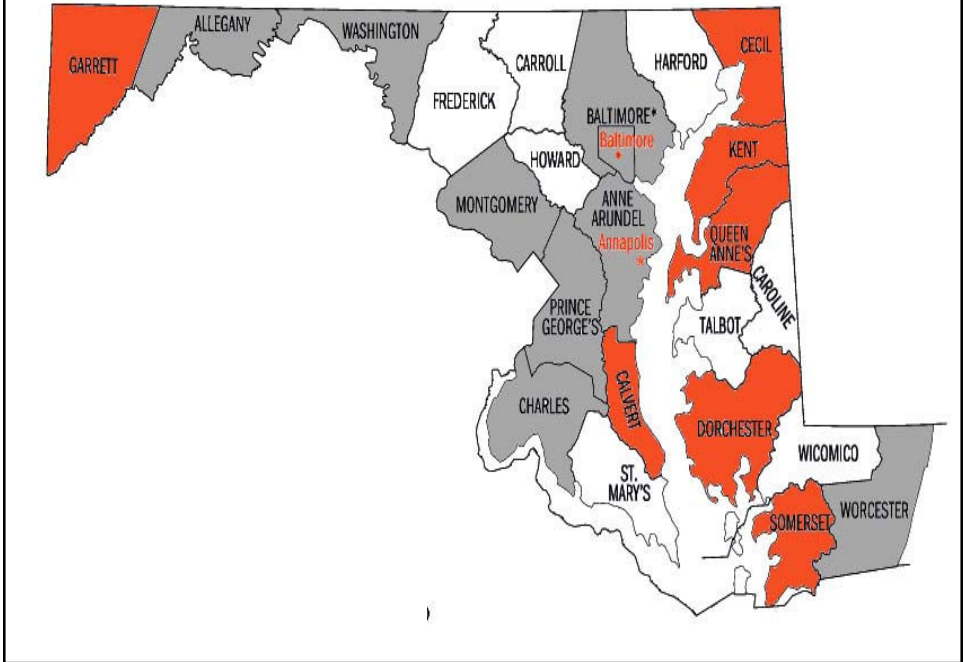




Maryland Primary Care Physicians

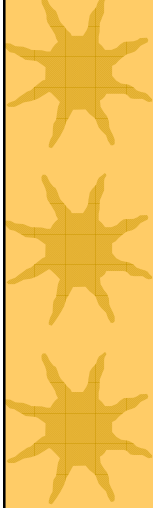


Primary Care Shortage Areas

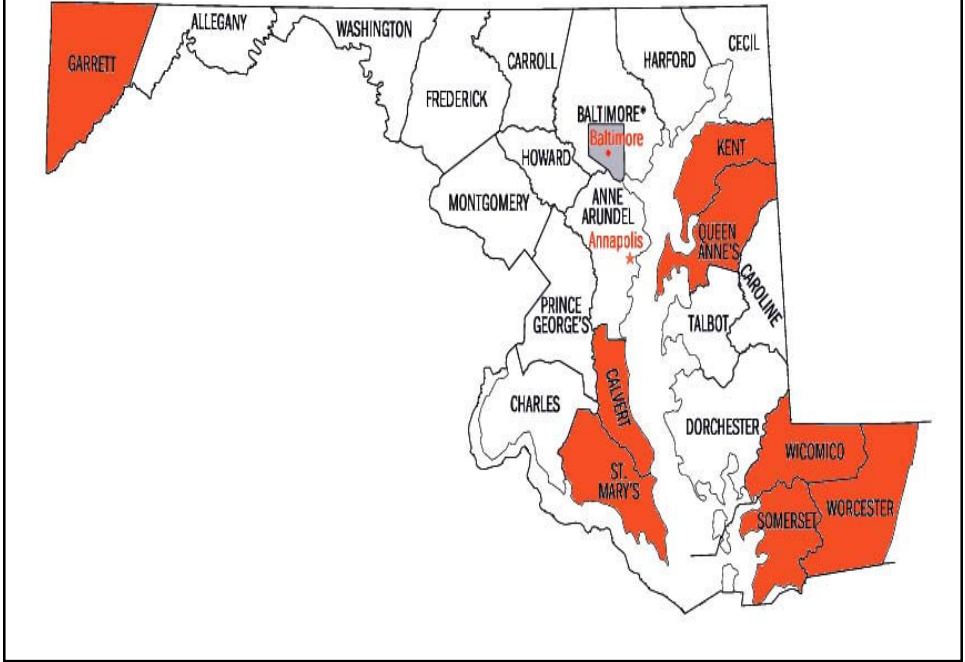




Maryland Psychiatrist Supply



Mental Health Shortage Areas





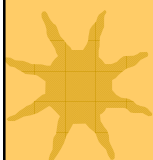
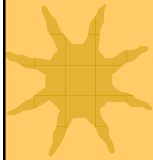
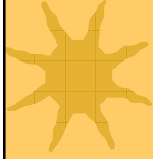
Health Care Solutions

- **Technology**
- **Health care professional and community development**





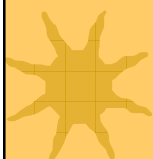
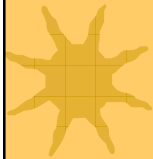
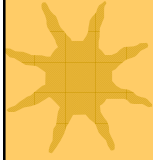
A Rural Health Care Solution: Information Technology



- **Increase access to care**
- **Provide remote diagnostic services**
- **Provide education and training for health care workers**
- **Assure professional continuing education**



Rural Health Technologies

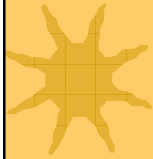
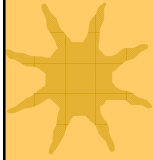
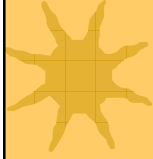




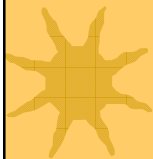
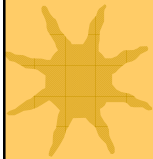
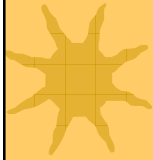
A graphic design for a presentation slide. The background is split into a yellow vertical band on the left and a grey area on the right. The yellow band contains four stylized sun icons: the top one is a simple yellow sun with rays, the second is a silver sun with a human-like face, and the bottom two are yellow suns with rays. The text 'Health Professional Rural Solutions' is written in a bold, brown, serif font across the grey area. Below the text, there are two horizontal yellow lines. The overall design is clean and professional, with a focus on rural and health themes.



National Health Service Corps



National Health Service Corps

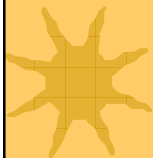
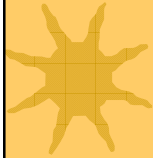
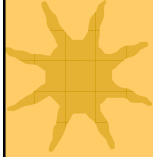


“Building a community of dedicated health professionals who continue to work with the underserved even after their NHSC commitment has been fulfilled”

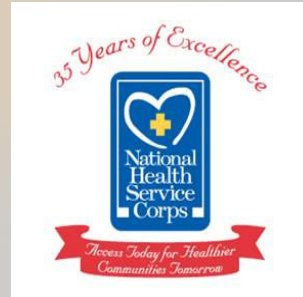




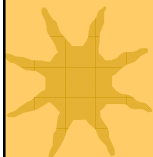
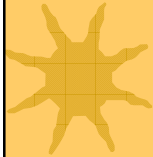
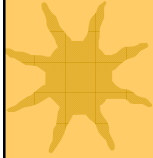
Directors of the NHSC 1972-Current



H. McDonald Rimple, M.D.
Martin P. Wasserman, M.D.
Edward D. Martin, M.D.
Howard Hilton
George Tolbert, M.D. (Deceased)
Fitzhugh Mullan, M.D.
Billy M. Sandlin
Kenneth P. Moritsugu, M.D.
Jeffrey Human, Acting
Audrey F. Manley, M.D.
John Hisle, Acting
Donald L. Weaver, M.D.
Jennifer Burks, Acting
Richard J. Smith, III



1970





Emergency Health Personnel Act
Public Law 91-623
Last bill signed by President
Nixon






1972

First 20 Commissioned Officers
14 Physicians
4 Dentists
2 Nurses

1979

Field Strength	181 to 1,826 persons
Budget	\$11.3 to \$138 million



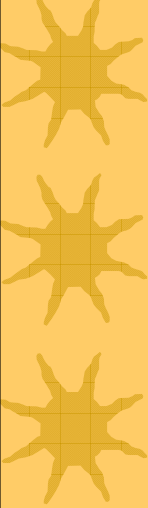


2007

27,000 Primary Care Professionals

4,600 clinicians serve 5 million

**Scholarships
Loan Repayment**

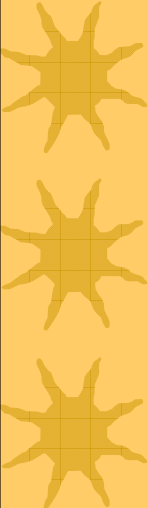


“An ideal partnership between the government and local communities, providing federal funding for necessary health programs.

The Corps is a proven program with an impressive track record.

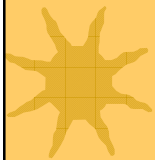
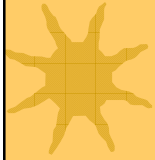
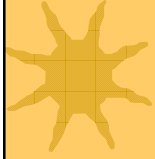
Its expansion will do much to address the health disparities in the country today.”

American Medical Student Association

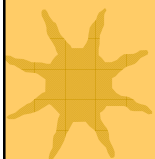
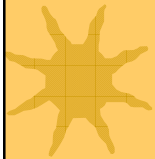
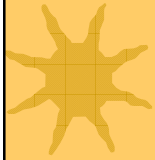




Area Health Education Centers



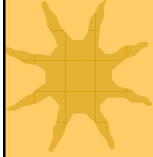
AHEC: Mission



To enhance access to quality primary and preventive health care, by improving the supply and distribution of health care professionals through community and academic educational partnerships

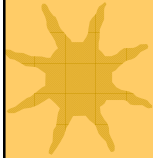


AHEC: Programs

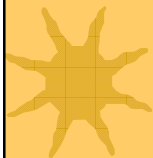


- **Health Careers-Recruitment**

- **Training Health Professions Students**



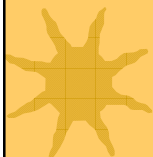
- **Supporting Health Professionals**



- **Health and Community Development**

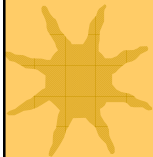


AHEC: Recruitment

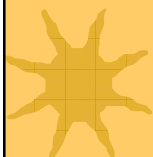


- **Evaluate and address the health needs of communities**

- **Provide innovative, collaborative, multi-disciplinary responses to those needs.**

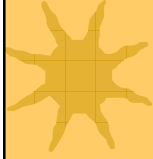


- **Develop community health education and health provider training programs**

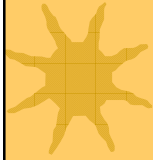




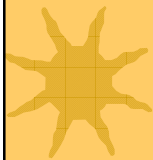
AHEC: Training



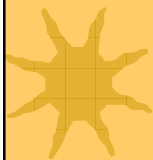
- **Provide students the opportunity to experience health care in a real world setting removed from the health science centers.**
- **Create direct interaction with their future patient population in community primary care sites:**



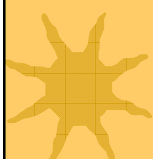
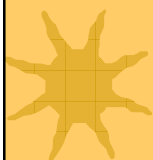
**Community health centers
County health departments,
Homeless clinics,
Local practitioner offices**



AHEC: Support

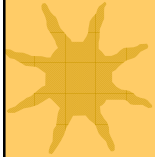


- **Provide accredited, high quality continuing education offerings and professional support**
- **Enhance clinical skills and help maintain professional certifications.**
- **Focus on retention activities to address community and state health care workforce needs**

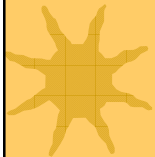




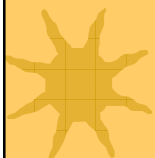
AHEC: Community Development



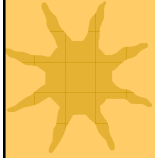
- **Evaluate and address the regional health needs of communities**



- **Provide innovative, collaborative, multi-disciplinary responses to those needs.**

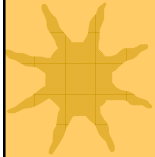


Maryland Area Health Education Centers

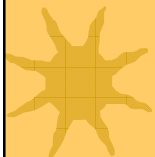


- **422 Students participated in AHEC clinical education**


- **6562 K-12 students exposed participated in health career programs**



- **1695 professionals participated in training in rural Maryland**









***IMAGINE :
A HEALTHY MARYLAND***

- **Wellness and chronic disease management**
- **Affordable**
- **Quality services**
- **Access for all**
- **Technology infrastructure**
- **Full health professional workforce**



***St. Mary's Hospital
Leonardtown, MD***





Thank you....

