Overview of Population Health in Rural & Medically Underserved Areas

Presentation to the House Committee on Public Health

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Commissioner

June 28, 2018
Presentation Overview

• Data
  • Health indicators for rural areas
  • Health professional shortage area designations

• Public health in rural communities

• EMS/Trauma services

• Future rural health initiatives & Regional Discussions
Leading Causes of Death Rates in Metro and Non-Metro Statistical Areas, 2015

Data Source: Texas Death Certificate, DSHS; Texas Demographic Center
Prepared by: Center for Health Statistics – Agency Analytics Unit, DSHS, 2018
Communicable Disease in Urban and Rural Areas, 2016-2017*
Varicella (Chickenpox), 2016-2017*

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban area</th>
<th>Rural area</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>4.4</td>
<td>4.7</td>
<td>3.5</td>
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<tr>
<td>2017</td>
<td>7.8</td>
<td>4.0</td>
<td></td>
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Source: Disease Data from Infectious Disease Control Unit (http://www.dhs.texas.gov/topicrelatedcontent.aspx?itemsid=1176), DSHS
Data Source: Infectious Disease Control Unit and Center for Health Statistics, DSHS
Prepared by: Emerging and Acute Infectious Diseases Branch, DSHS, June 2018
*2017 data is provisional
Adult Health Behaviors in Urban and Rural Areas, 2016

BRFSS Health Behavior Indicators, 2016

- Estimated Prevalence
- General Health: Fair to Poor
- Never Use Seatbelt
- No Health Care Coverage, Age 18-64
- Current Smoker
- Hasn't Seen Dentist in 5+

Source: Texas Behavioral Risk Factor Survey page on Texas Health Data (http://healthdata.dshs.texas.gov/HealthRisks/BRFSS), DSHS
Data Source: Texas Behavioral Risk Factor Surveillance System (BRFSS), DSHS
Prepared by: Center for Health Statistics – Agency Analytics Unit, DSHS, 2018
Adult Health Outcomes in Urban and Rural Areas of Texas, 2016

BRFSS Health Outcome Indicators, 2016

Estimated Prevalence

Source: Texas Behavioral Risk Factor Survey page on Texas Health Data (http://healthdata.dshs.texas.gov/HealthRisks/BRFSS), DSHS
Data Source: Texas Behavioral Risk Factor Surveillance System (BRFSS), DSHS
Prepared by: Center for Health Statistics – Agency Analytics Unit, DSHS, 2018
Health Professional Shortage Areas (HPSAs)

- Generally: areas with identified lack of providers, typically based on a ratio of provider to population

- HPSAs in Texas:
  - 354 whole county
  - 21 partial county

- Covers three provider types:
  - Primary Care: 184 whole, 15 partial
  - Dental Health: 79 whole, 3 partial
  - Mental Health: 191 whole, 3 partial

- 3 types of designation statuses:
  - Geographic Area
  - Population or Demographic Attributes
  - Facility/Institution
Primary Care
Health Professional Shortage Areas
Mental Health Professional Shortage Areas

HPSA Type
- Partial County
- Whole County
Health Professional Shortage Areas (HPSAs)

Implications of HPSA Designation:

• Centers for Medicare and Medicaid Services (CMS) bonus payments

• Compensation incentives affected, including:
  • Conrad 30 Visa Waiver Program (Texas component maintained by DSHS)
  • National Health Services Corps (NHSC)
  • NURSE Corps
  • State loan repayment programs
Other Shortage Designations

- Medically Underserved Area/Population (MUA or MUP) designated if:
  - Too few primary care providers
  - High infant mortality
  - High poverty; and/or
  - High elderly population

- Implications of MUA/MUP designation
  - Potential FQHC designation
  - Eligibility to create certain programs, including community health centers
  - Enhanced federal grant eligibility and access to higher Medicare caps for primary care billing
  - Potential Conrad 30 Visa Waiver Program qualification depending on the physician application type
Conrad 30 Visa Waiver Program

Visa Waivers for Physicians

- Federal program that allows states to sponsor international medical graduates provided conditions are met, including securing employment prior to receiving waiver and serving in a federally designated shortage area, etc.

- DSHS may recommend visa waivers for up to 30 foreign physicians yearly

- Requires practice in a designated underserved area (HPSA or MUA) for three years

- Prioritizes primary care, psychiatry, and other disciplines
Public Health in Rural Communities

Public Health Coverage in Rural Counties

• Out of 254 Counties:
  • 172 (68%) are designated as rural

• Local Health Departments Coverage:
  • Cover 19 (11%) rural counties

• DSHS Public Health Regions (PHR) Coverage:
  • 153 (89%) of the remaining rural counties
Public Health in Rural Communities

Source: Texas Department of State Health Services, RLHS, Feb 2018 A Davidson
Public Health in Rural Communities

Rural Local Health Departments Typically Provide Limited Services Covering:

- Infectious Disease Control and Immunizations
- Public Health Emergency Preparedness
- Primary Care
- Food Safety and Environmental Health
- Preventive Health and Education

DSHS Public Health Regions (PHRs) Provide Some Services in 89% of Rural Counties:

- Infectious Disease Control and Immunizations
- Zoonosis Control
- Epidemiology and Disease Surveillance
- Public Health Emergency Response
- Retail Food Safety and Environmental Health
Public Health in Rural Communities

Challenges

Healthcare access
- Travel distance, lack of transportation
- Counties with little to no physicians/providers/medical specialties

Disease-specific
- Increasing rates of STDs
- Health impacts of preventable chronic disease
- Limited resources to treat complicated tuberculosis cases

Other issues
- Public Health Emergency Preparedness
- Post-disaster recovery (e.g. hospital closures after Harvey)
- Limited staff for disaster response
- Rural incidence of injuries
DSHS Rural Public Health

Opportunities

• Increasing access to health services
• Collaborating with stakeholders and strengthening partnerships
• Disease prevention
DSHS Rural Health Initiatives

**Education and Outreach**
- Migrant worker outreach and education workshop
- Human sex trafficking awareness and education in the Panhandle and South Plains
- Rural Health Conference to recruit and retain health care providers

**Infectious Disease Activities**
- Oral Rabies Vaccination Program
- Vector Surveillance Project in the Rio Grande Valley

**Community Health Improvement Activities**
- Operation Lone Star
- East Texas Medical Outreach
- Collective impact approach to build hospital capacity
- Community and Clinical Health Bridge (CCHB) Program
- Texas Healthy Communities
- Tobacco prevention and control coalitions
EMS/Trauma Services in Rural Areas

Primary DSHS Responsibilities

• **Emergency Medical Services**
  • Licensure of EMS Providers, Personnel, Vehicles, education programs, Continuing Education

• **Hospital Designations**
  • 120 Trauma-designated rural facilities, including 59 Critical Access Hospitals (CAH)
  • 10 Stroke-designated rural hospitals (4 CAH)

• **Regional Advisory Councils**
  • Coordination with 22 RACs covering all counties
  • Focus on EMS, hospital designations, preparedness activities, injury prevention, public health education, etc.
EMS/Trauma Services in Rural Areas

Challenges

Demographics-related issues

• Large and diverse population
• Limited number of emergency healthcare providers serving communities
• Declining access to health care in rural/frontier areas
• Aging population brings new challenges
## EMS/Trauma: Rural Challenges

### Challenges

**Access to Emergency Medical Services:**
- EMS service availability in rural areas remains an issue

<table>
<thead>
<tr>
<th>EMS Service Type</th>
<th>Statewide Total</th>
<th>Rural County Total</th>
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<tbody>
<tr>
<td>EMS Agencies</td>
<td>766</td>
<td>256</td>
</tr>
<tr>
<td>First Responder</td>
<td>599</td>
<td>184</td>
</tr>
<tr>
<td>Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulances</td>
<td>4,824</td>
<td>900</td>
</tr>
<tr>
<td>EMS Personnel</td>
<td>65,870</td>
<td>10,622</td>
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Future Rural-Health Initiatives

DSHS continues to evaluate funding opportunities to address unique health challenges of rural and border areas
Regional Discussions to Improve the Public Health System

- **Purpose:**
  - Classify capacities and capabilities and local health departments and DSHS Public Health Regions to build a foundation to better describe and improve the public health system

- **Scope:**
  - 8 Regional discussion (1 in each public health region)
  - Interviews with key staff from 64 LHDs (66 sites total)
  - Interviews with key staff from 8 DSHS PHR headquarters and 4 sub-offices

- **Timeline:**
  - August 2018: conclude discussions
  - Fall 2018: identify improvement opportunities, including rural-specific measures