Overview of Population Health in Rural & Medically Underserved Areas

Presentation to the House Committee on Public Health

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Commissioner

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Presentation Overview

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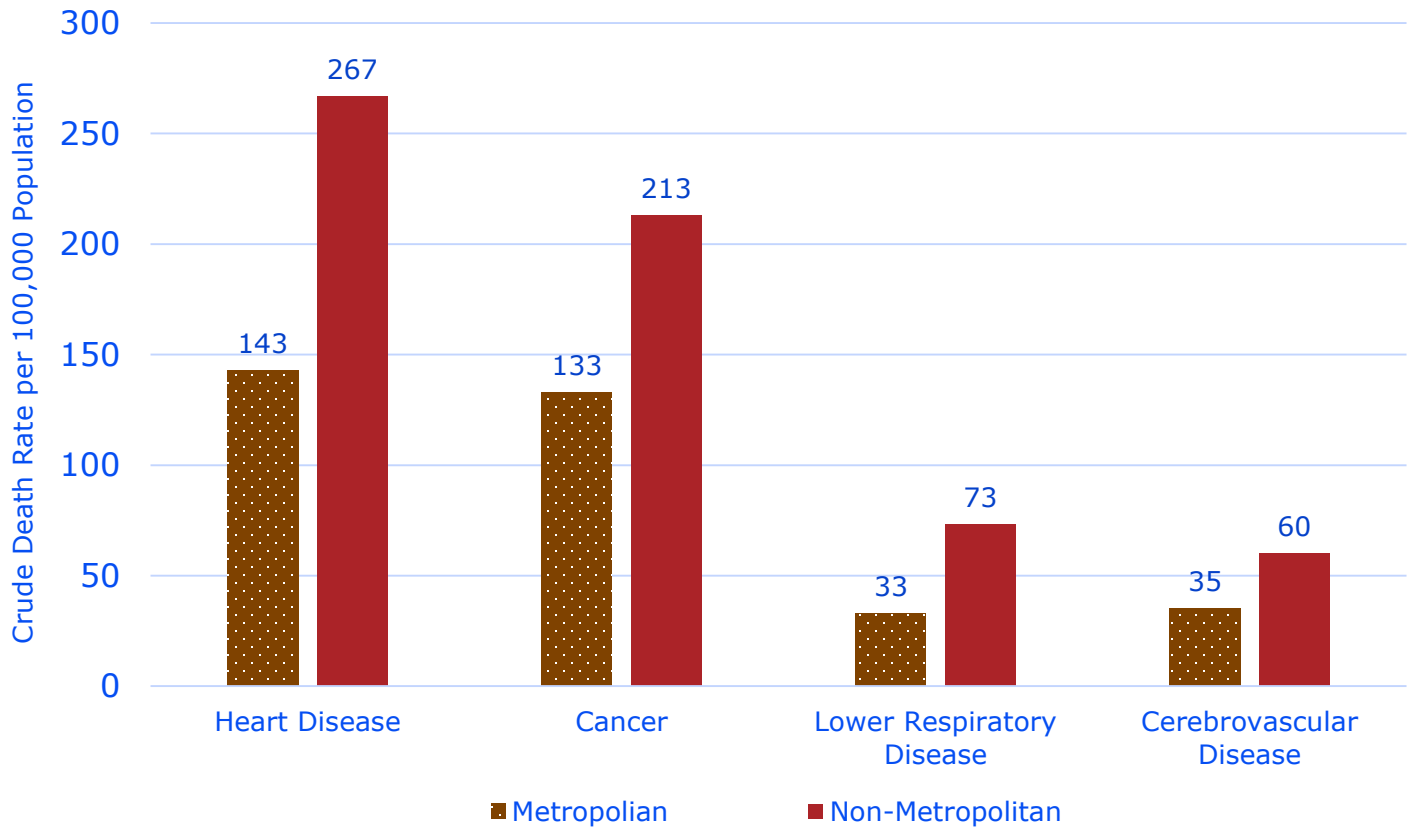
- Data
  - Health indicators for rural areas
  - Health professional shortage area designations
- Public health in rural communities
- EMS/Trauma services
- Future rural health initiatives & Regional Discussions

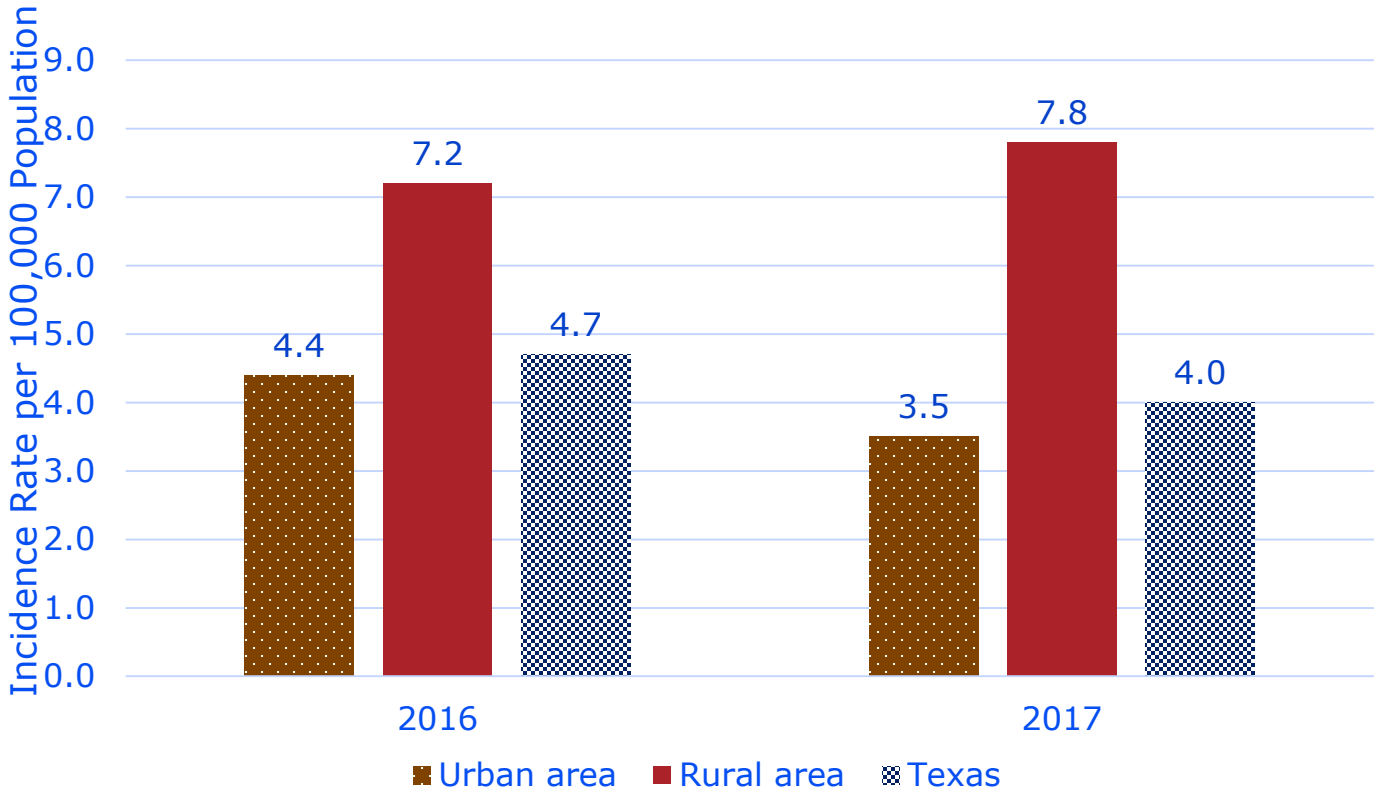
Leading Causes of Death Rates in Metro and Non-Metro Statistical Areas, 2015



Data Source: Texas Death Certificate, DSHS; Texas Demographic Center
Prepared by: Center for Health Statistics – Agency Analytics Unit, DSHS, 2018

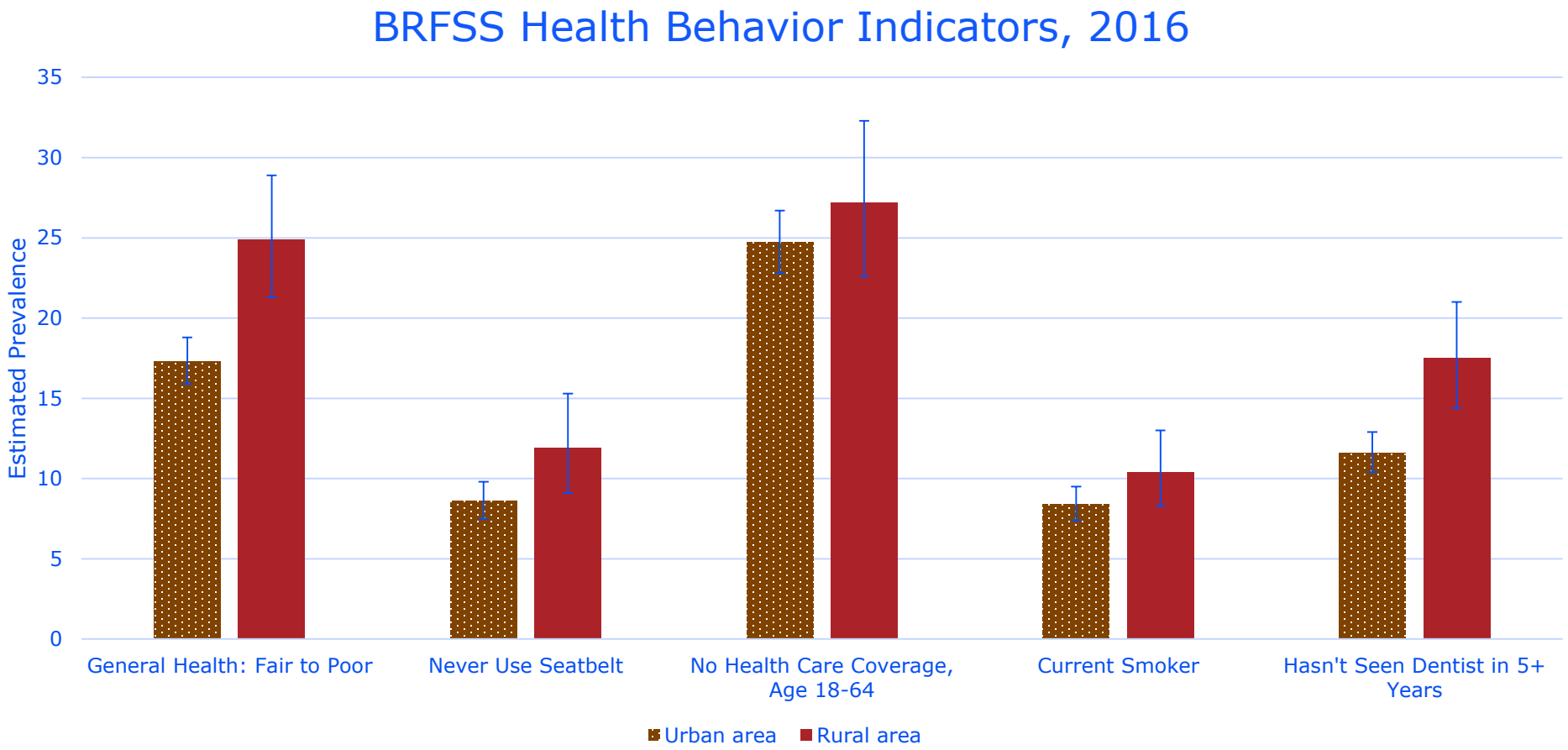
Communicable Disease in Urban and Rural Areas, 2016-2017*

Varicella (Chickenpox), 2016-2017*



Source: Disease Data from Infectious Disease Control Unit (http://www.dshs.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

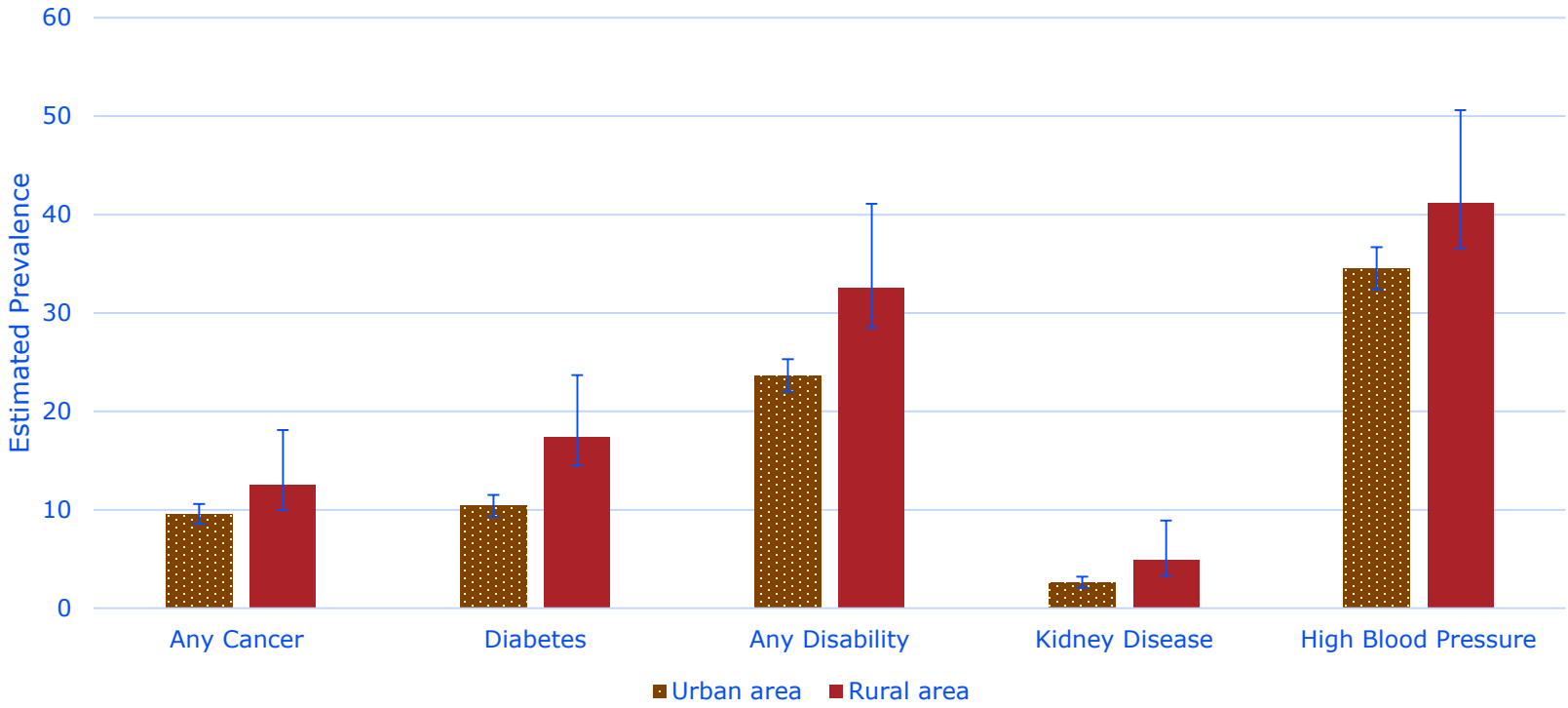
Adult Health Behaviors in Urban and Rural Areas, 2016



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



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

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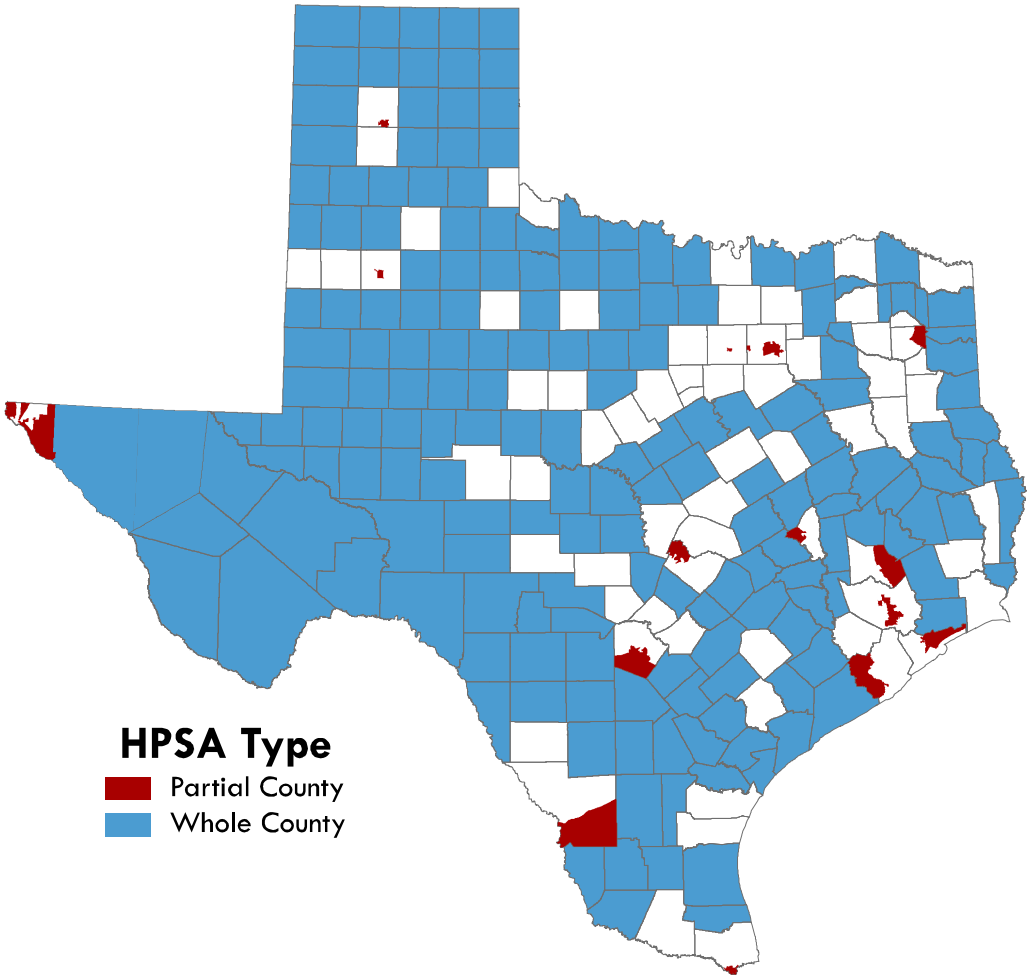
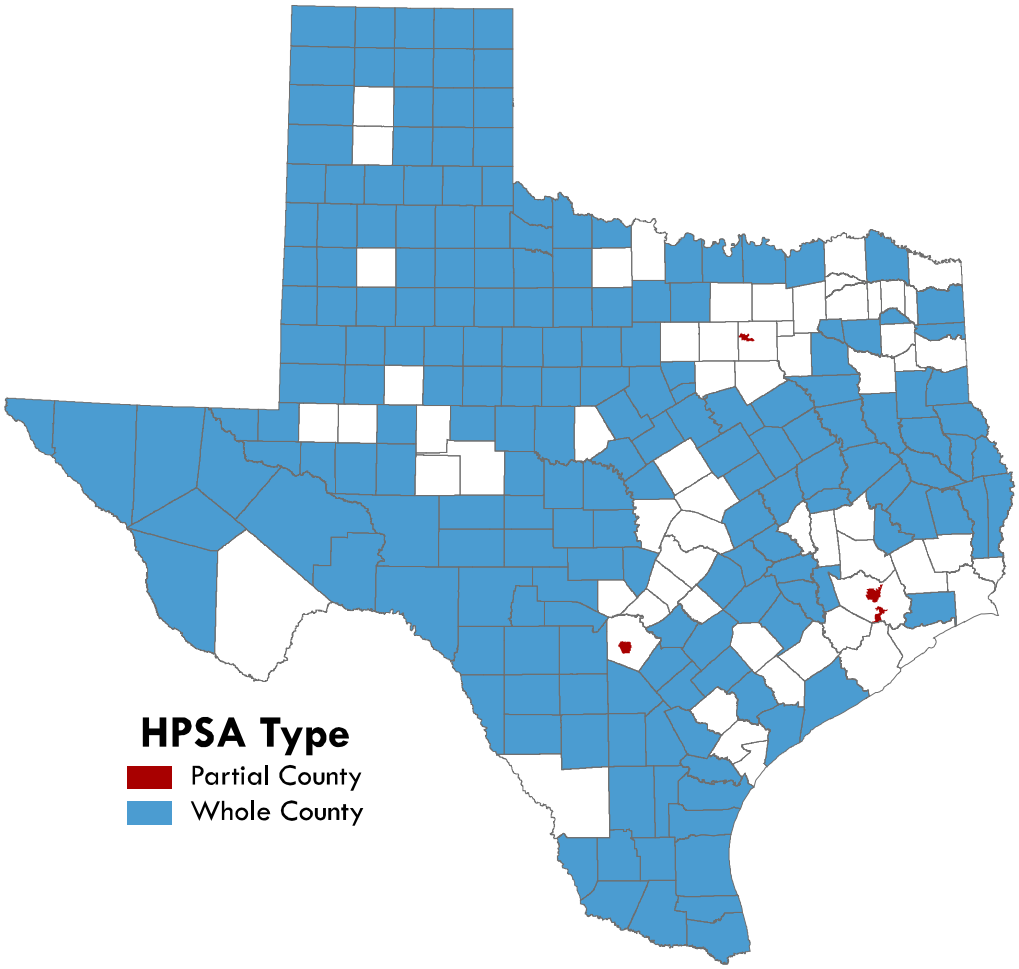
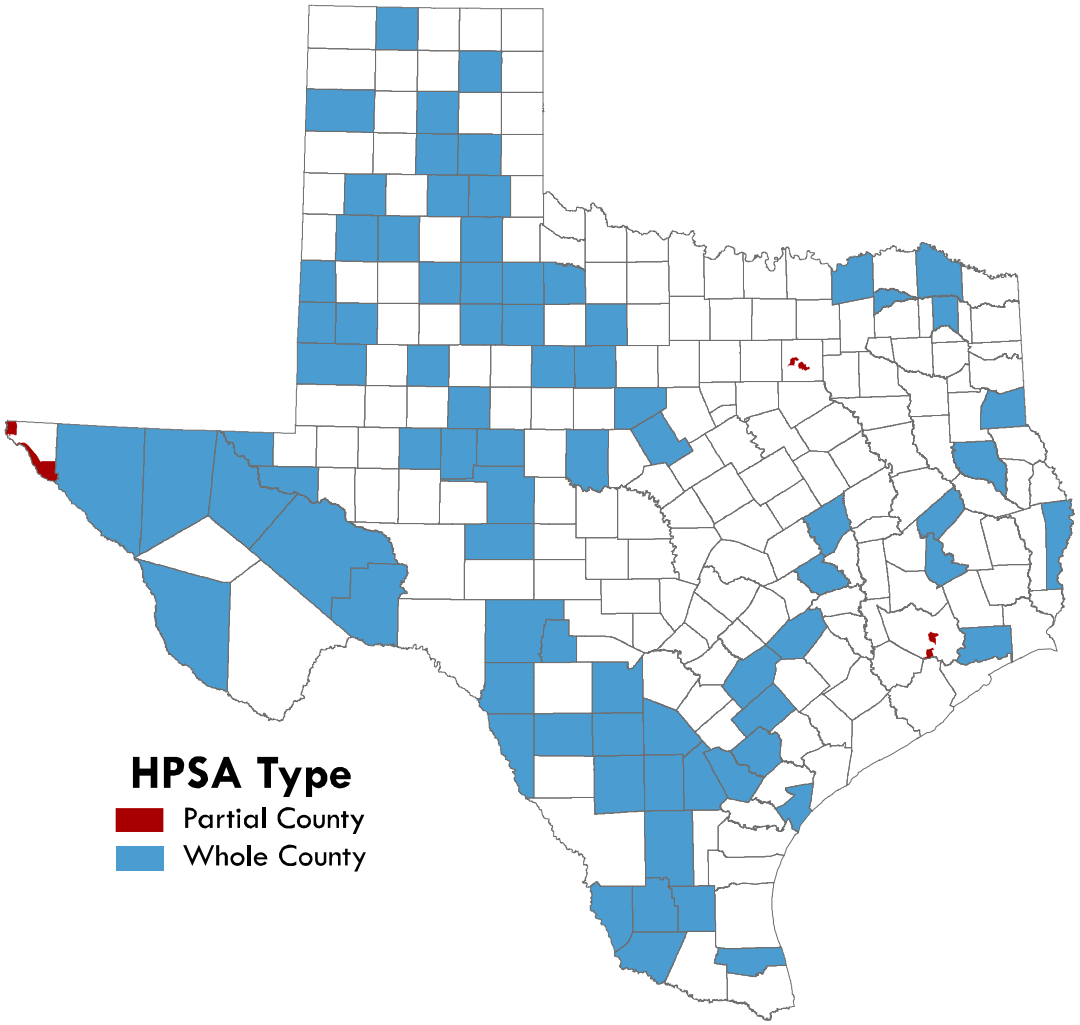
Primary Care
Health Professional Shortage Areas



Mental Health Professional Shortage Areas



Dental Health Professional Shortage Areas



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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

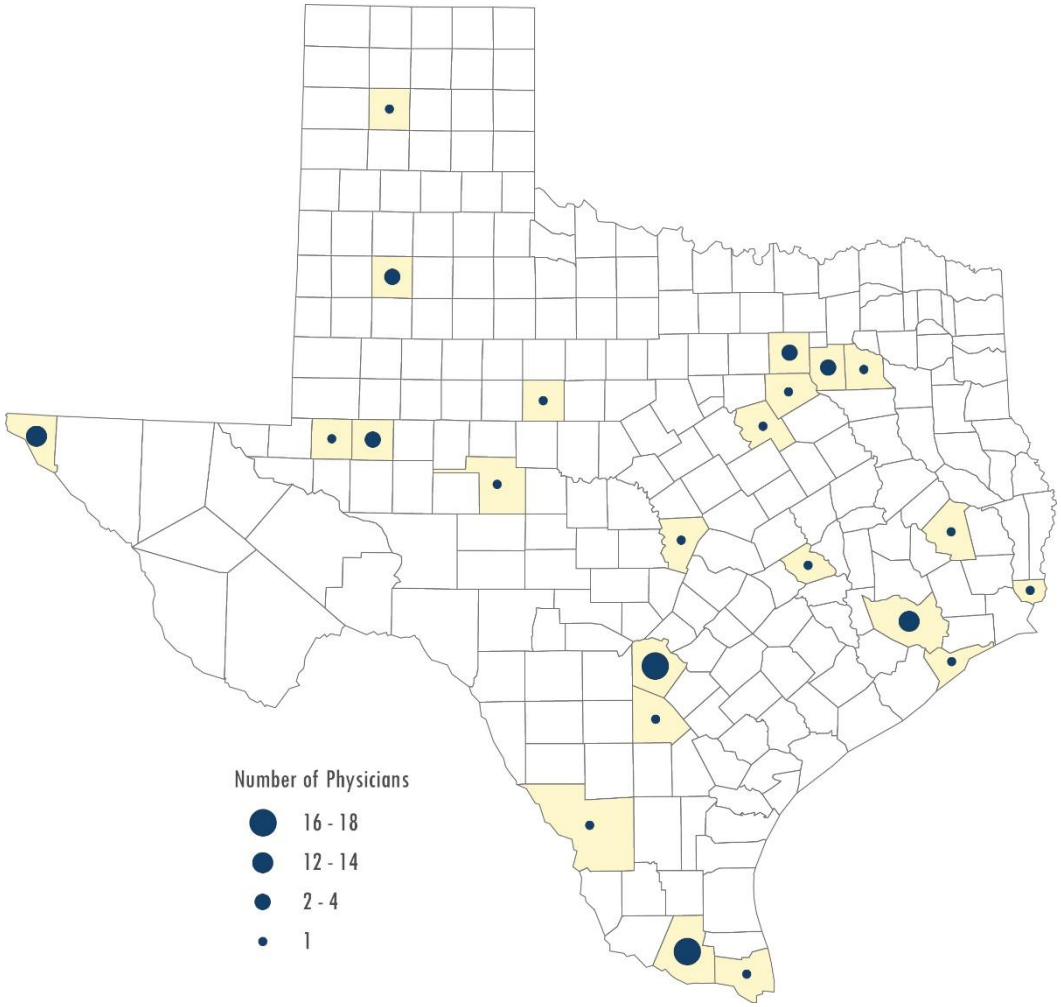
Other Shortage Designations

- 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



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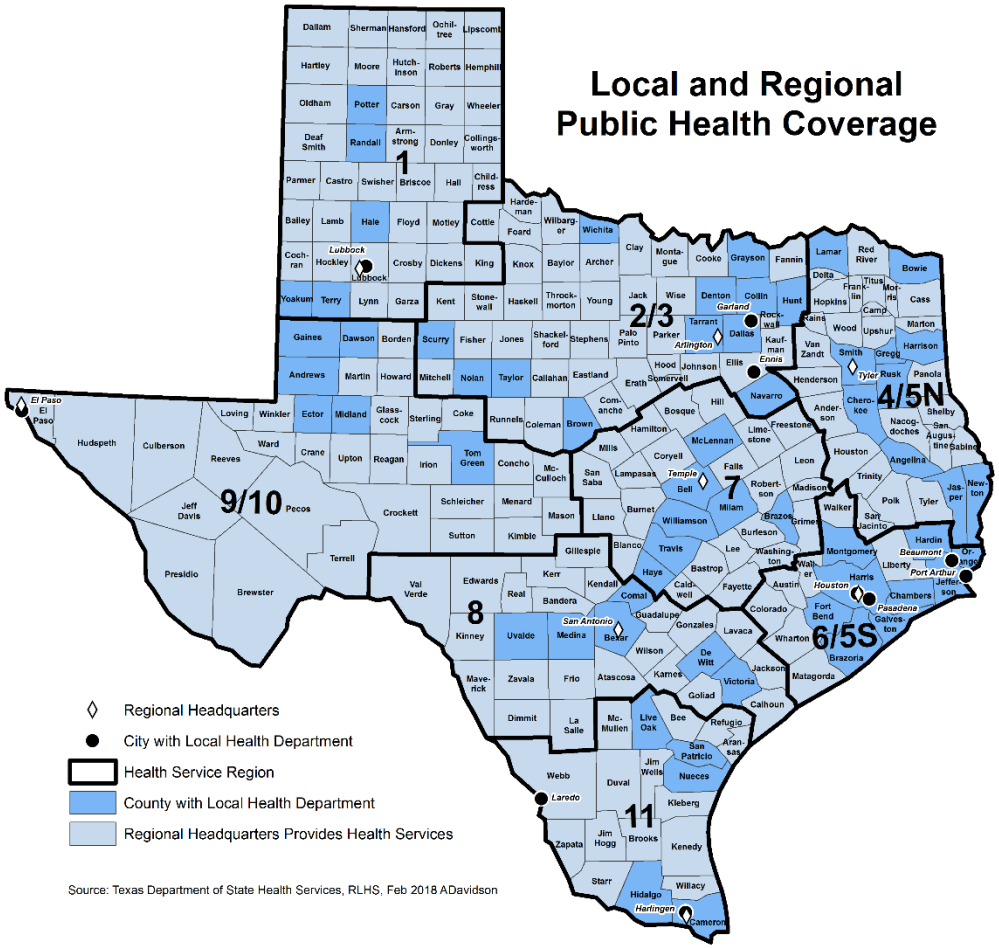
Public Health in Rural Communities

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



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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

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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

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DSHS Rural Public Health

Opportunities

- Increasing access to health services
- Collaborating with stakeholders and strengthening partnerships
- Disease prevention

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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

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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.

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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

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EMS/Trauma: Rural Challenges

Challenges

Access to Emergency Medical Services:

- EMS service availability in rural areas remains an issue

EMS Service Type	Statewide Total	Rural County Total
EMS Agencies	766	256
First Responder Organizations	599	184
Ambulances	4,824	900
EMS Personnel	65,870	10,622

Future Rural-Health Initiatives

DSHS continues to evaluate funding opportunities to address unique health challenges of rural and border areas

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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

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