Rural Health and Workforce Development

Becky Conditt, MIS
Executive Director, Texas Rural Health Association
Director, Capital AHEC
bconditt@capitalahec.org
512.472.8921 ext 301
Texas Rural Health Association

- The Texas Rural Health Association is a nonprofit organization whose primary goal is to improve the health of rural Texans
- The TRHA is composed of individuals and organizations dedicated to providing leadership on rural health care issues through advocacy, communication, and education
Why is Texas rural health care important?

• Texas’ Rural Health Infrastructure is not just a rural interest

• Anyone traveling through, working in, or seeking recreation in rural Texas risks experiencing the “weakest link of the chain” at a time when they expect the most outstanding care available

• Rural residents deserve accessible, high quality, efficient and effective primary and mental health care
Barriers to Rural Health

- Only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas. One in 5 Texans live in a rural area.
- Rural residents are less likely to have employer-provided health care coverage or prescription drug coverage, and the rural poor are less likely to be covered by Medicaid benefits than their urban counterparts.
- 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.
- Anywhere from 57 to 90 percent of first responders in rural areas are volunteers.
- Rural residents tend to be poorer.
- 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.

- Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years. Almost 100 rural hospitals have closed in Texas since 1980.
- Rural residents have greater transportation difficulties reaching health care providers, often travelling great distances to reach a doctor or hospital.

Rural Healthy People 2010—"Healthy People 2010: A Companion Document for Rural Areas," is a project funded with grant support from the federal Office of Rural Health Policy. The full document is available for download at the following site: [http://www.srph.tamushsc.edu/rhp2010/](http://www.srph.tamushsc.edu/rhp2010/)
### A National Rural Health Snapshot

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of USA Population</td>
<td>nearly 25%</td>
<td>75% +</td>
</tr>
<tr>
<td>Percentage of USA Physicians</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Num. of Specialists per 100,000 population</td>
<td>40.1</td>
<td>134.1</td>
</tr>
<tr>
<td>Population aged 65 and older</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Population below the poverty level</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Average per capita income</td>
<td>$19K</td>
<td>$26K</td>
</tr>
<tr>
<td>Population who are non-Hispanic Whites</td>
<td>83%</td>
<td>69%</td>
</tr>
<tr>
<td>Adults who describe health status as fair/poor</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Adolescents (Aged 12-17) who smoke</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Male death rate per 100,000 (Ages 1-24)</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>Female death rate per 100,000 (Ages 1-24)</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Population covered by private insurance</td>
<td>64%</td>
<td>69%</td>
</tr>
<tr>
<td>Population who are Medicare beneficiaries</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Medicare beneficiaries without drug coverage</td>
<td>45%</td>
<td>31%</td>
</tr>
<tr>
<td>Medicare spends per capita compared to USA average</td>
<td>85%</td>
<td>106%</td>
</tr>
<tr>
<td>Medicare hospital payment-to-cost ratio</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of poor covered by Medicaid</td>
<td>45%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article entitled "Rural Health Can Lead the Way," by former NRHA President, Tim Size; Executive Director of the Rural Wisconsin Health Cooperative.
As of January 1, 2007, Texas has the largest rural population in the nation with 3,296,378 residents.

177 of Texas’ 254 counties are rural equaling 69% of the land mass in the state.

Of those 177 rural counties, 64 are designated as frontier counties having less than 7 people per square mile.
PRIMARY CARE PHYSICIANS IN RURAL COUNTIES

Primary Care Physicians in Rural Counties
- Zero Primary Care Physicians (23 Counties)
- One Primary Care Physician (15 Counties)
- Two or More Primary Care Physicians (135 Counties)
- Metropolitan Counties

Map Prepared for
TEXAS DEPARTMENT OF RURAL AFFAIRS
Texas State Office of Rural Health
Health Workforce Trends Analysis*

- Of 16 Texas licensed health professionals, only Licensed Vocational Nurses and Pharmacists meet or exceed national average for providers per 100,000 population
- All 16 licensed professions are significantly lower for rural practice than national averages
- The gap between the supply of Primary Care Physicians, PAs, and NPs working in rural practice compared to urban practice has widened over the past ten years

* http://www.dshs.state.tx.us/chs/hprc/09trends.pdf
Emergency medicine doctors say trauma victims must receive care within the “golden hour”. *No Country for Health Care, Part 2, Emily Ramshaw, Jan. 5, 2010*

- Unless you are in one of the brown dots you are not in the golden hour

- **Recommend** expansion of Level I/II Trauma Centers to areas such as Lufkin, Beaumont, Victoria, Lower Rio Grand Valley, Laredo, San Angelo, Abilene, Amarillo, Midland/Odessa

- **Recommend** expansion of Emergency Medicine Residencies
Addressing Rural Health Workforce -
Urgent Needs: Best Practices

• Loan repayment programs through Texas DSHS Primary Care Office, Texas Department of Rural Affairs and Texas Higher Education Coordinating Board
• Change in approach of nursing education to emphasize graduation success
• J-1 Visa program for filling underserved practice openings
• National Health Service Corps designations and programs to address unmet need
• AHEC’s recruitment support for priority communities (assessment, matching and incentives)

• Recommend sustaining these effective programs
Addressing Rural Health Workforce -
Intermediate Range Preparation: Best Practices

- Rural placements for health professions students such as AHEC coordinates for many different types of students
- Rural tracks for health professions students such as the ROME curriculum at UNTHSC and the UTMB four-year rural track and most PA and NP programs accomplish
- Rural Family Medicine Residency Track such as UTMB has in Weimar to provide rural practice experience in training
- Community-based primary care residencies with strong rural placement rates in communities such as in McLennan County
- Community economic development that incorporates health care infrastructure in planning and investment, as in Giddings in Lee County

Recommend support for community based residency programs
Recommend community investment in health workforce-building strategies
Addressing Rural Health Workforce - Investing in the Future: Best Practices

• Longitudinal enrichment programs of AHEC summer camps and academies
  – iAHEC reports that the three state AHEC programs delivered 291 enrichment activities in FY09 to a total of 2,591 students
  – As an example of the success of the programs - Piney Woods AHEC followed 41 students:
    • 41 students: 91% of the 23 eligible to graduate from High School graduated; of the 2 drop outs one received a GED
    • 67% of the graduates matriculated into college
    • 100% of those who matriculated into college were in pre-health professions programs

• AHEC’s HOT Jobs, hardcopy and web site tools for health career exploration
• Texas AgriLife youth programs through 4-H and FFA for academic success
• T-STEM science-technology-engineering programs of TEA
• Summer science research programs of several health science center campuses

• Recommend requiring Texas schools science textbooks to include health careers in career exploration content
• Recommend support for maintenance and expansion of HOT Jobs
www.texashotjobs.org
• Career information
• Parent resources
• Teacher resources
• Links to Texas educational programs
• Bilingual
• Much more
H.O.T. Jobs Books: Available to schools, libraries, hospitals, individuals as a resource for health career opportunities in Texas
Nation-Leading TX Rural Hospitals

In Workplace satisfaction and nurse retention, recognized by designation as a Pathway to Excellence Hospital by the American Nurses Credentialing Center* - American Nurses Association

• Bayside Community Hospital & Clinic, Anahuac
• Covenant Hospital Levelland
• Covenant Hospital Plainview
• Denton Regional Medical Center
• East Texas Medical Center Athens
• Glen Rose Medical Center
• Golden Plains Community Hospital, Borger
• Guadalupe Regional Medical Center, Seguin
• Harris Methodist Erath County Hospital, Stephenville
• Harris Methodist Northwest Hospital, Azle
• Harris Methodist Walls Regional Hospital, Cleburne
• Hill Country Memorial Hospital, Fredericksburg
• Hopkins County Memorial Hospital, Sulphur Springs
• Permian Regional Medical Center, Andrews
• Presbyterian Hospital of Kaufman
• Presbyterian Hospital of Winnsboro
• Seton Edgar B. Davis Hospital, Luling
• Seton Highland Lakes Hospital, Burnet
• Sid Peterson Memorial Hospital, Kerrville
• Tyler County Hospital, Woodville
• Uvalde Memorial Hospital
• Wise Regional Health System, Decatur
• Woodland Heights Medical Center, Lufkin

*ANCC also awards Magnet Hospital Designation
Examples of Texas Communities with a Thriving Health Care Sector

- Tenaha, Shelby County – Grassroots effort to open HOPE community clinic
- Eden, Concho County – Rural Federally Qualified Health Center
- Sonora, Sutton County - Sutton County Critical Access Hospital, Lillian M. Hudspeth Memorial Hospital
- Alpine, Brewster County - Substantial use of telemedicine
Rural Health Infrastructure: Continuing Issues

- Lack of understanding among community leaders of key role of health care infrastructure on community success
- Lack of transportation to access health care
- Number of uninsured and under-insured that limits economic success of health care providers and retention in practice
- Lack of adequate number of primary care practitioners
- Access to safe and healthy, affordable food
- Access to safe and affordable exercise opportunities consistent with rural culture
- Lack of activities to engage and encourage rural youth in healthy behaviors

- **Recommend** use of Community Development Block Grants for rural health-related infrastructure
- **Recommend** creative sharing of available transportation services to optimize use
Resources

  http://www.dshs.state.tx.us/chs/hprc/09trends.pdf

• Nurse Friendly hospitals now a national program
  - Pathway to Excellence http://nfp.etxahec.org

• Texas Primary Care Office loan repayment programs
  http://www.dshs.state.tx.us/chpr/default.shtm
Resources

• Texas Department of Rural Affairs Grants and Scholarship programs
  http://www.tdra.state.tx.us/index.php/Rural+Health/Grants+and+Scholarships

• East Texas AHEC commonly used reference documents including the ETXAHEC survey of Primary Care Residents
  http://www.easttexasahec.org/StaffResources/StaffResources/tabid/115/Default.aspx

• Texas Higher Education Loan Repayment Programs
  http://www.thecb.state.tx.us/reports/PDF/1792.PDF?CFID=5896824&CFTOKEN=35882060