



Improving Health in U.S. Rural Communities: The Role of the AAFP

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September 26, 2019

Rural America

- 15-20% of the United States population lives in a rural area
- Disparities continue to increase in the health care and outcomes of rural residents
- Rural residents are older, poorer, and have fewer physicians to care for them



The Rural Economy

- In 1980, 70% of rural Americans living in poverty were working...Today, it's less than half.
- At the turn of the century, about 1 in 5 rural counties had a poverty rate higher than 20 percent...Today, it's about 1 in 3 rural counties.
- From 2010 to 2014, rural areas saw more businesses close than open...only 3% of jobs created in the recovery were in rural.

Wilson, R. (2017). *Rural poverty skyrockets as jobs move away*. [online] TheHill.
Available at: <https://thehill.com/homenews/state-watch/363415-rural-poverty-skyrockets-as-jobs-move-away> [Accessed 23 Oct. 2018].

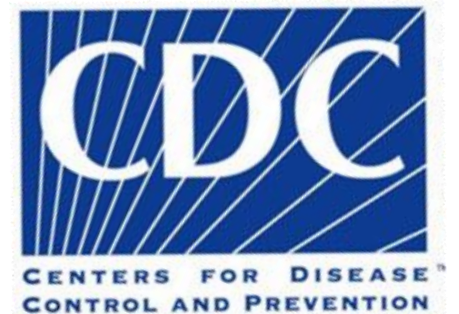


Rural Mortality Rates: "*A Rural Divide in American Death*"

Center for Disease Control January, 2017 Study:

"The death rate gap between urban and rural America is getting wider"

- Rates of the five leading causes of death — heart disease, cancer, unintentional injuries, chronic respiratory disease, and stroke — are higher among rural Americans.
- Infant mortality rates are 20% higher than in large urban counties.
- Mortality is tied to income and geography.
- Minorities, especially Native Americans die consistently prematurely nation-wide, but more pronounced in rural.
- Startling increase in mortality of white, rural women. Causes:
 - Risky lifestyle (smoking, alcohol abuse, opioid abuse, obesity)
 - Environmental cancer clusters
 - Suicides

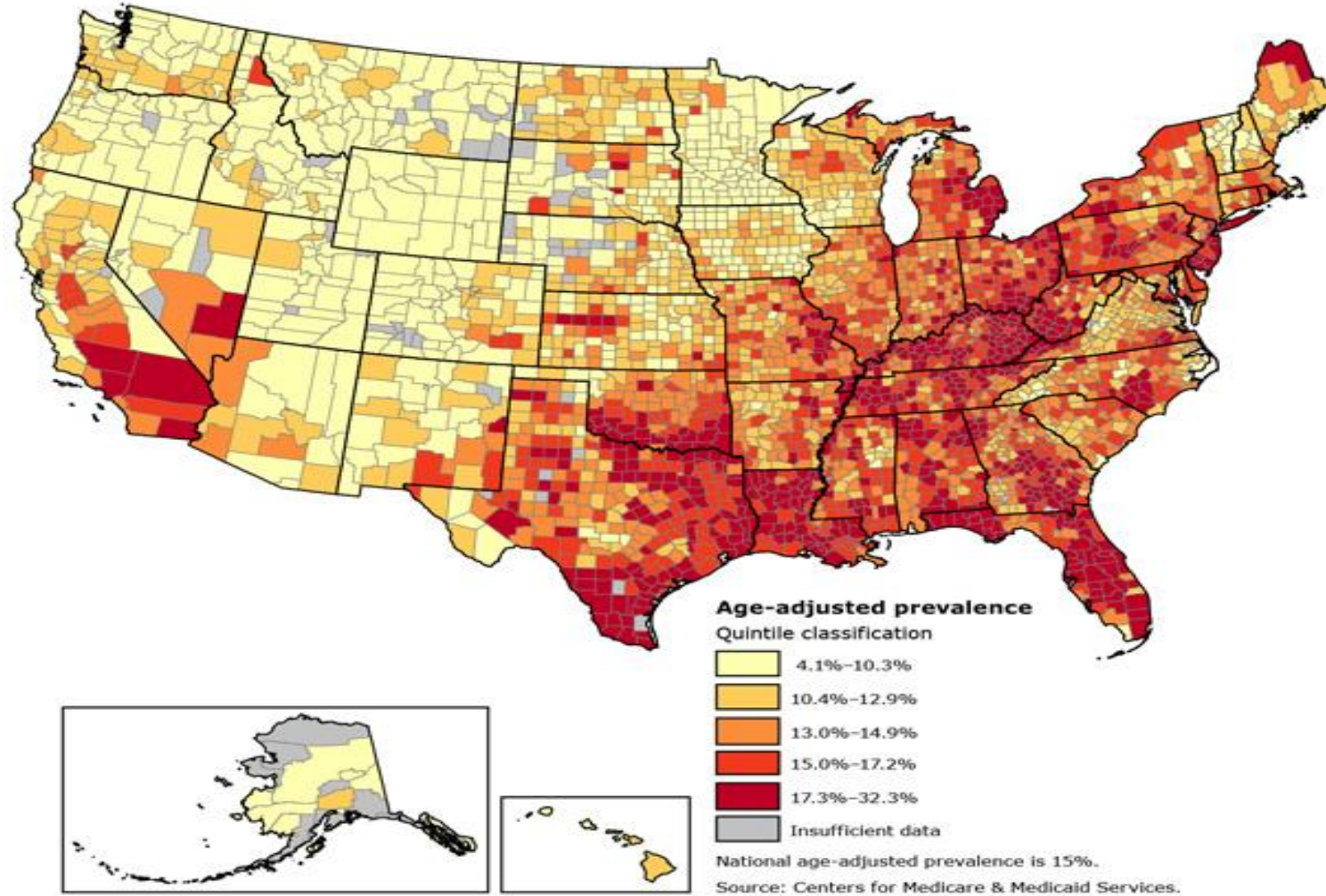


<https://www.cdc.gov/ruralhealth/cause-of-death.html>

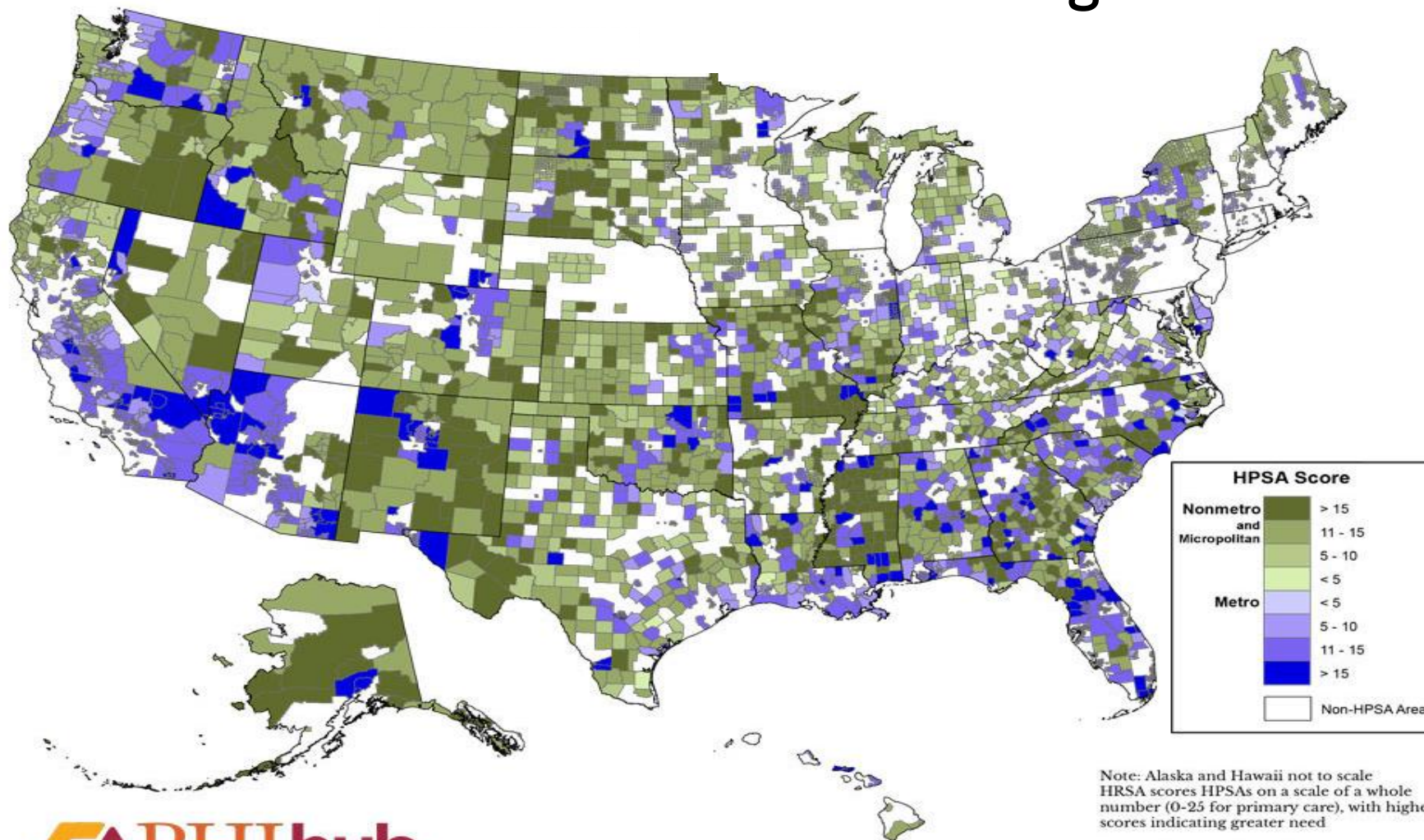


Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012



Health Professional Shortage Areas- Primary Care



Note: Alaska and Hawaii not to scale
HRSA scores HPSAs on a scale of a whole number (0-25 for primary care), with higher scores indicating greater need

Source(s): HRSA Data Warehouse, U.S. Department of Health and Human Services, November 2016

- 6,000 areas in the U.S. are primary care health shortage areas;
- 4,300 areas are dental health shortage areas; and
- 3,500 areas are short of mental health shortage areas.

Maternity Care is Disappearing

- In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics
- More than 200 rural maternity wards closed between 2004 and 2014.



Rural Obstetric Factors

- Rural areas have higher rates of chronic conditions that make pregnancy more challenging, higher rates of childbirth-related hemorrhages and higher rates of maternal and infant deaths.
- Half of rural women in rural communities live more than the recommended 30 minutes from a hospital offering maternity services.
- Workforce shortages and medical liability costs.



Rural Minority Mothers and Babies

“Rural counties with higher percentages of African American women were more than 10 times as likely as rural counties with higher percentages of white women to have never had hospital-based obstetric services and more than 4 times as likely to have lost obstetric services between 2004-2014.”

- University of MN Rural

Health Research Center



Opioids Ravage Rural America

- 175 deaths each day.
- ***Death rate is 45% higher in rural counties.***
- Up 30% in 2017 from 2016.
- In rural America opioid death rates quadrupled among those 18-25 years old and tripled for females.
- ***“Forgotten people” of opioid epidemic*** – Native Americans and Alaskan Natives – 30% under-reported.

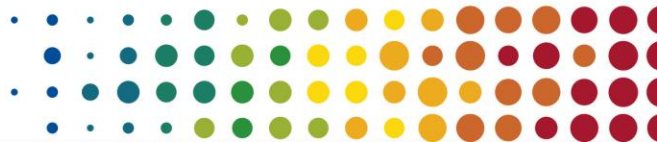


Neonatal Abstinence Syndrome (NAS): The Most Vulnerable at Risk

- Every 15 minutes a baby is born with opioid withdrawal syndrome.
- Five fold increase in babies exposed in utero to opioids in the last four years.
- 7.5 per 1,000 births in rural are NAS babies (vs. 4.8 in urban)



Villapiano NLG, Winkelman TNA, Kozhimannil KB, Davis MM, Patrick SW. Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013. *JAMA Pediatr.* 2017;171(2):194–196. doi:10.1001/jamapediatrics.2016.3750



Rural Health is Family Medicine

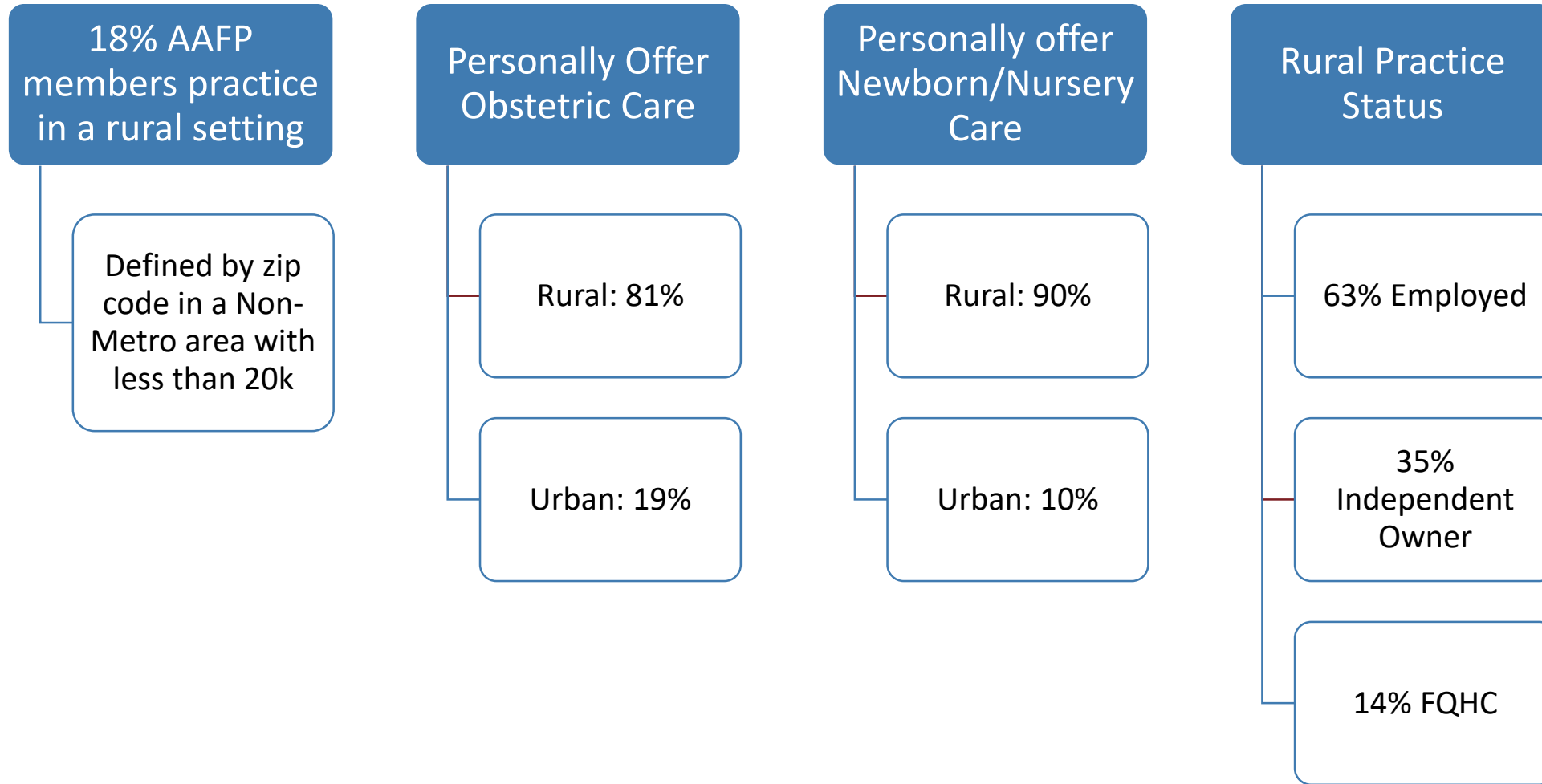
- **Backbone of Rural Workforce**
- **Full Scope Family Medicine**
 - Offer a broad range of skills, providing comprehensive and irreplaceable care to small rural communities
- **Trusted Leader - serving multiple needs of their community**
 - Rural areas of the United States rely on family physicians to provide the majority of their physician care
 - 43% of outpatient visits in rural areas are to family physician offices



(RGC Data - <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook.pdf>)



AAFP Rural Members



Clinical Services provided by AAFP Rural Members

	Rural	Urban/Suburb
Geriatric	87%	79%
Care of infants and children	84%	75%
Hospital/palliative care	55%	28%
Inpatient care	52%	31%
Emergency care	47%	29%
Sports medicine	48%	39%
Obstetrics	28%	17%
Newborn/nursery care	44%	31%
Occupational medicine	39%	23%
Intensive care	31%	14%



Challenges faced by Rural Physicians



- Diminishing rural health workforce
- Lack of access to specialty services and providers
- Distance to education and support resources
- Demanding work hours and lifestyle



New AAFP Initiative

The AAFP develop and activate a proactive, comprehensive leadership approach to address rural health disparities as a part of the AAFP strategy to achieve health equity in all communities.

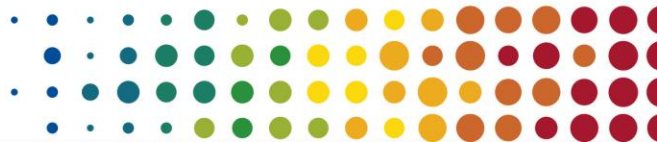


AAFP Rural Health Matters

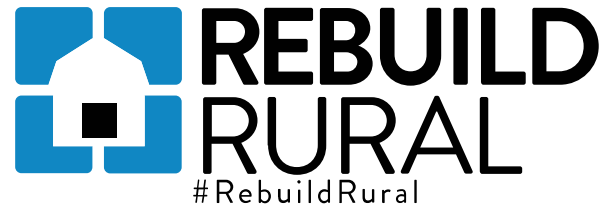
Initiative Goals:

- Establish the AAFP as a leader for rural health and rural physicians.
- Influence policy and payment issues related to rural health.
- Address educational needs and resources for family physicians currently practicing in rural areas.
- Support recruitment of family physicians to rural areas including student choice, increase in residency positions, and support of residency programs.
- Create policy, collaboration, and resources for family physicians to improve rural health disparities.

aafp.org/rural-health



Current Collaborations



AAFP Rural Advocacy Focus



- Practice Sustainability,
- Maternal Mortality/Obstetrical Deserts,
- Rural Health Care Infrastructure
(physician workforce, critical-access hospitals, broadband, etc.)



Renewed Awareness in DC



- Key hearings on Rural Health in Senate Finance and House Ways and Means Committee
- Joint Economic Committee Report on Rebuilding Rural America
- Senate Democrats Rural Summit
- Senate Finance Rural Mental Health Bill
- CMS Rural Health Strategy
- FCC Overhaul of Rural Health Center Program



Rural Health Live Stream

May 14 – 16, 2020

- Livestream course that is designed specifically for rural health physicians
- Topics include:
 - High-level Chronic Disease Management,
 - Behavioral Health,
 - Substance Use Disorders,
 - Maternal Health
 - and more.



Rural Healthy Equity Fellowship



GOAL

Develop members with the skills to implement a health equity strategy that addresses the root cause of health disparities in rural communities

- The Rural Health initiative will sponsor two fellows focused on rural issues to participate as part of the AAFP Health Equity Fellowship program
 - Pilot launched with two members practicing in LA and VA
 - Rural specific mentors, curriculum and year-long project



Discussion and Questions



AAFP
FOUNDATION
Partner Program

ADVANCING FAMILY MEDICINE TOGETHER