

# Health & Healthcare in Rural Northern New England: Challenges & Opportunities



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## Learning Objectives:

1. Compare and contrast healthcare issues facing rural areas of northern New England
2. Understand connections between healthcare and social services in rural communities
3. Learn about State, Federal & other resources to support rural health in your state



# Commonalities among NNE states

- Scale of settlements
  - Small towns & small cities
  - Local governance
- Neighboring influencers
  - Boston & New York
  - Quebec & New Brunswick
- Demographics
  - Older, poorer, yet healthier
  - Primarily White, diversifying
- Rural but not Wyoming rural



# So, what is “rural”?

It depends...

## 30+ Federal definitions of “rural”

(HRSA, CMS, SAMHSA; OMB; USDA, etc.)

- Metropolitan, Micropolitan, Rural & Frontier
- based on density, distance, services, commuting to metro areas

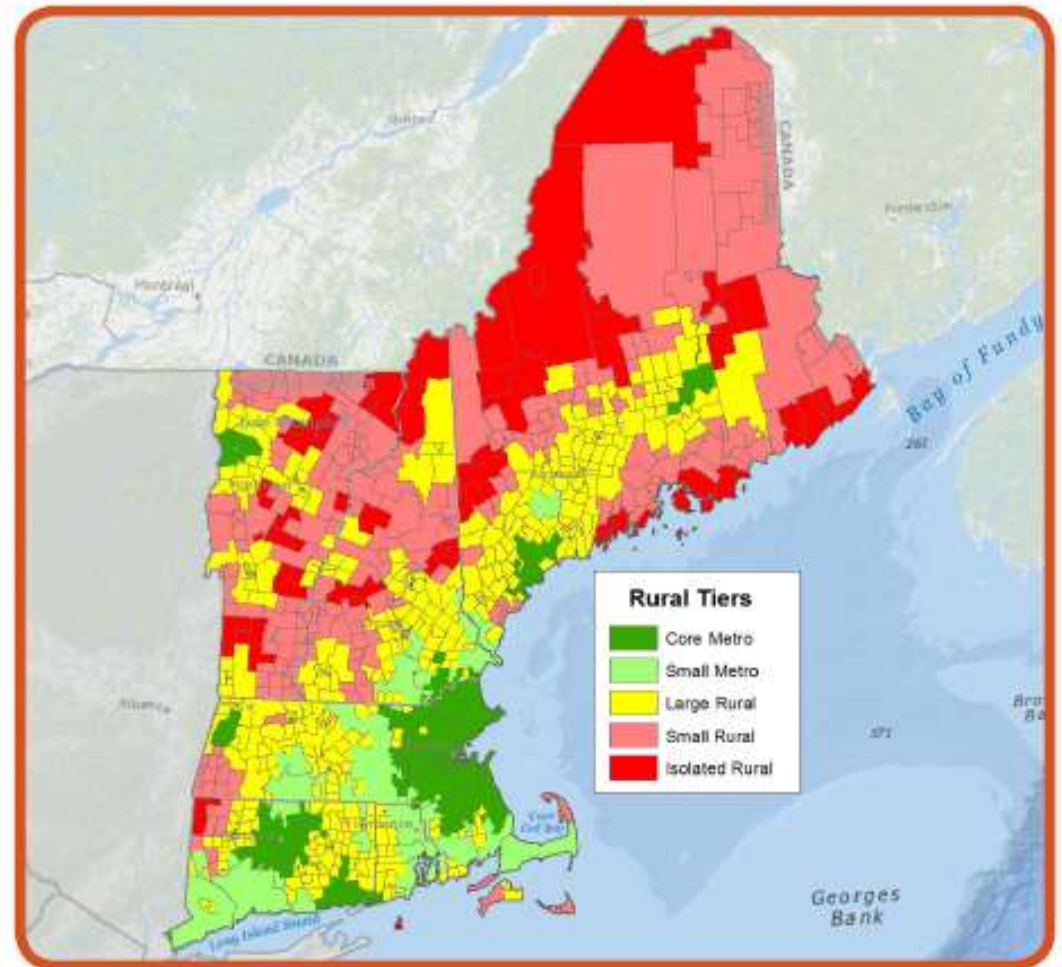
## State-specific definitions

## NE Rural Health Association tiers (2014)

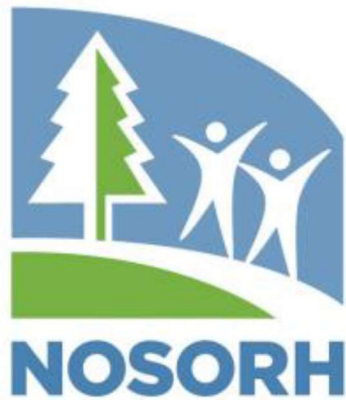
- Core/Small Metro, Large/Small Rural, Isolated

## RHI Hub online tool: [Am I “rural”?](#)

- Eligibility for CMS RHCs, HRSA grants, etc.
- Info about common rural definitions
- Shortage designation areas & facilities



# What should “Rural Health” look like?



National Organization  
of State Offices of  
Rural Health

## Rural Integrated Service System (RISS):

### **Clinical health services**

- Outpatient services
- Inpatient services
- Pre-hospital services
- Long-term care services

### **Non-clinical integrating and coordinating services**

- Care transition management services
- Patient care management services
- Community health promotion and disease/disability prevention services
- Social support services

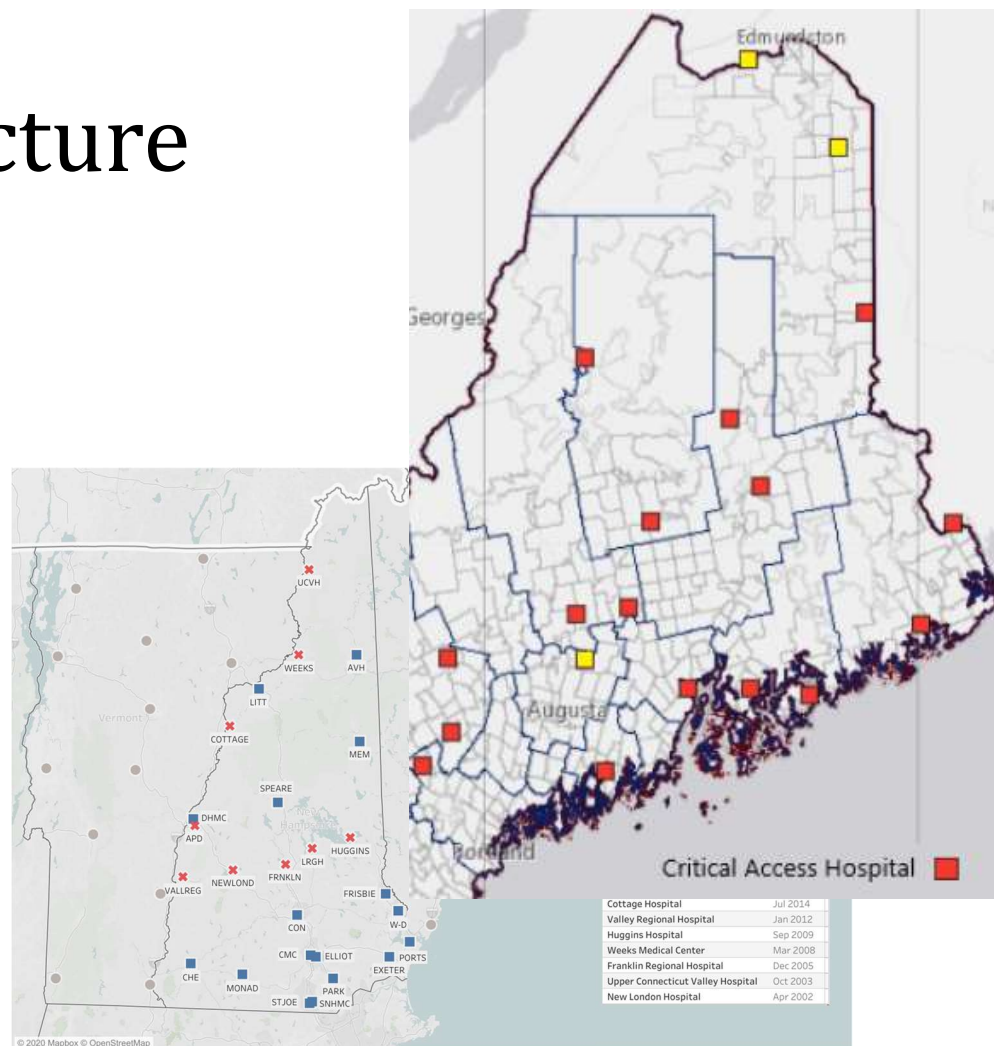
[nosorh.org/Defining-Rural-Health-Access-Issue-Brief-Final \(2020\).pdf](https://nosorh.org/Defining-Rural-Health-Access-Issue-Brief-Final-(2020).pdf)





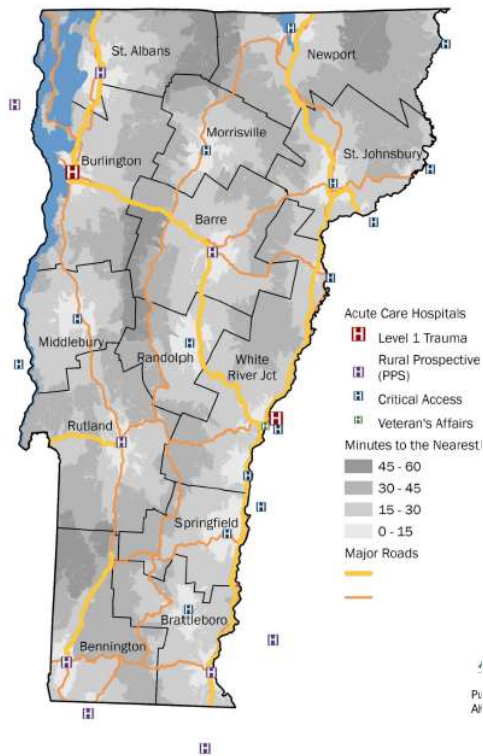
# Healthcare Infrastructure

Hospital type	VT	NH	ME
• CAHs	8	13	16
• Rural PPS	5	4	3+
• Veteran	1	1	1-2
• Psychiatric	2	1	—
• Tertiary	1	2	2+
• Mostly non-rural			

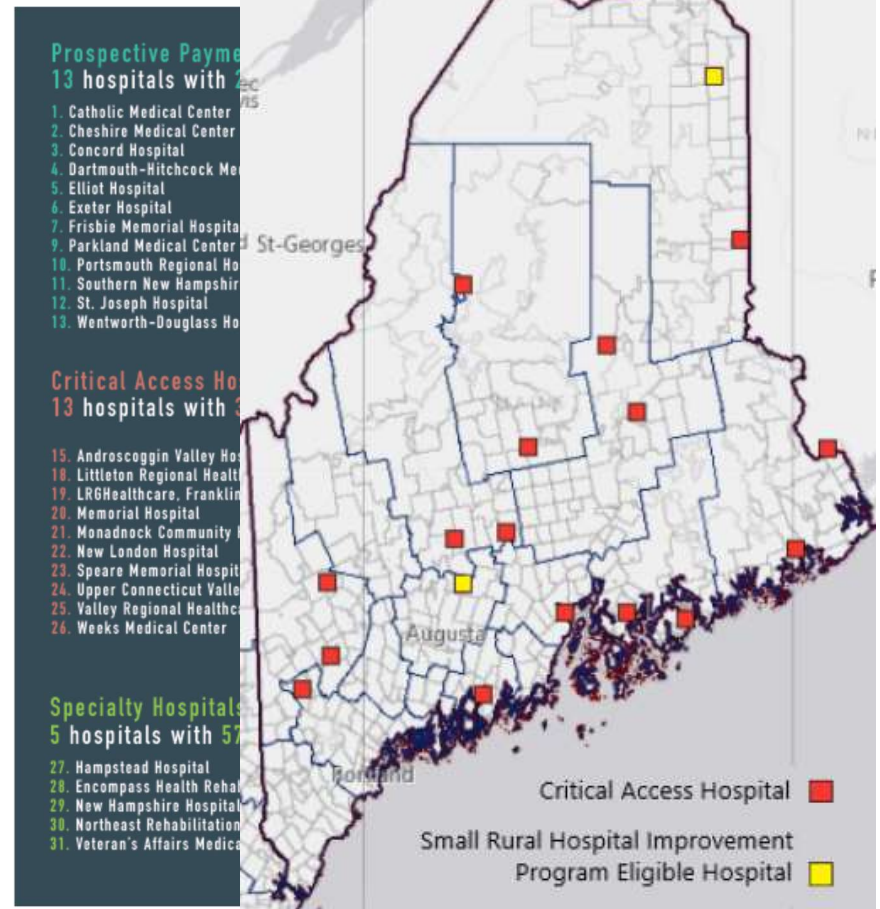
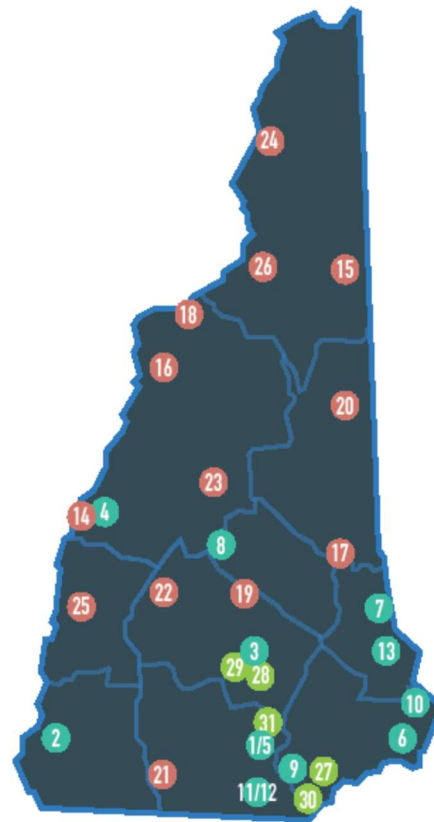


# Hospitals in NNE

Hospitals in and near Vermont  
by Hospital Service Area



Source: Vermont Department of Disabilities, Aging, and Independent Living; Facility Directory (2016)



# Rural Safety Net Primary Care in NNE

Population of each state:                      624K    1.36M    1.34M

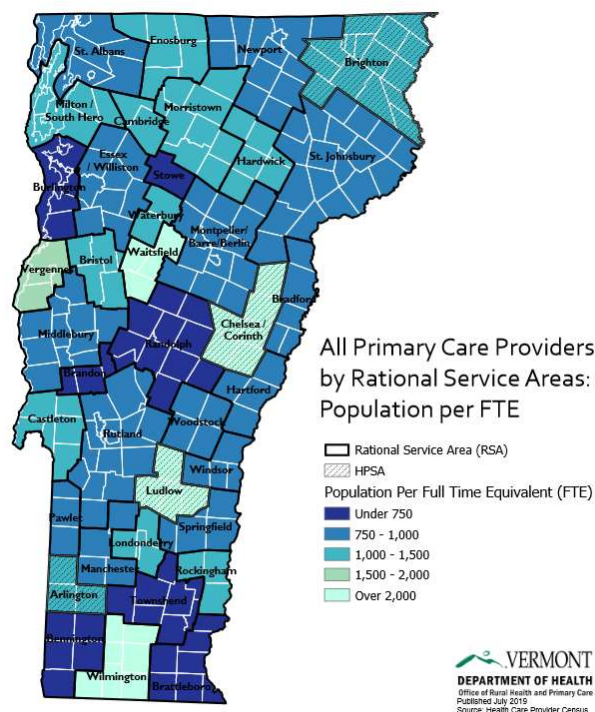
Facility type	VT	NH	ME
• RHCs	9	14	38
• FQHCs (rural only)	10/48	16	190 (incl. Look-Alikes)
• Dental sites	13	4	9
• Tribal Health facilities	na	na	5
• PPNNE centers	12	5	4
• Free clinics	6	--	—

- Many independent providers as well, depending on the community.
  - Some may also provide services on sliding fee scale,
  - accept all insurance types,
  - employ mid-level providers like other “Safety Net Providers”

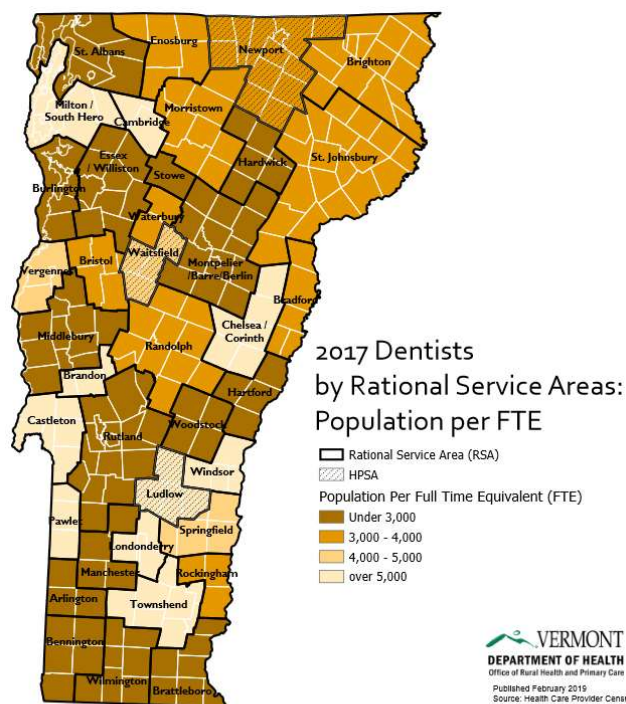




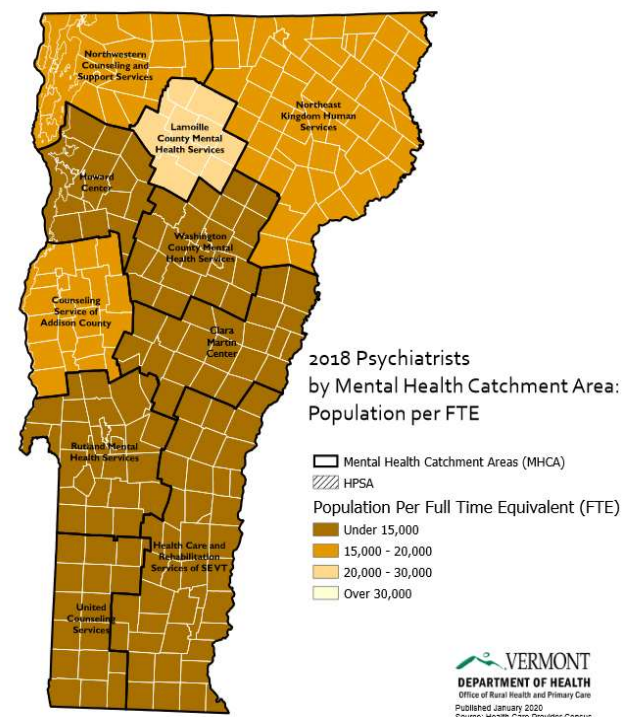
# Healthcare Workforce Distribution



Primary care providers include MDs, DOs, PAs and APRNs. Physician and PA data are from 2018, APRN 2017. This data includes only providers counted by HRSA for the purposes of calculating Health Professional Shortage Areas (HPSAs). It omits providers who are locum tenens or are at a facilities that are not accessible to the public, do not offer outpatient services, do not offer on-site services or are Urgent Care Clinics.



This data includes only providers counted by HRSA for the purposes of calculating Health Professional Shortage Areas (HPSAs). It omits providers who are locum tenens or are at a facilities that are not accessible to the public, do not offer outpatient services, do not offer on-site services or are Urgent Care Clinics. This represents a total difference of 6.4 FTEs statewide.



This map only includes providers counted by HRSA for the purposes of calculating Health Professional Shortage Areas (HPSAs). It omits providers who are locum tenens, and any providers who work in settings that are not open to the general population."



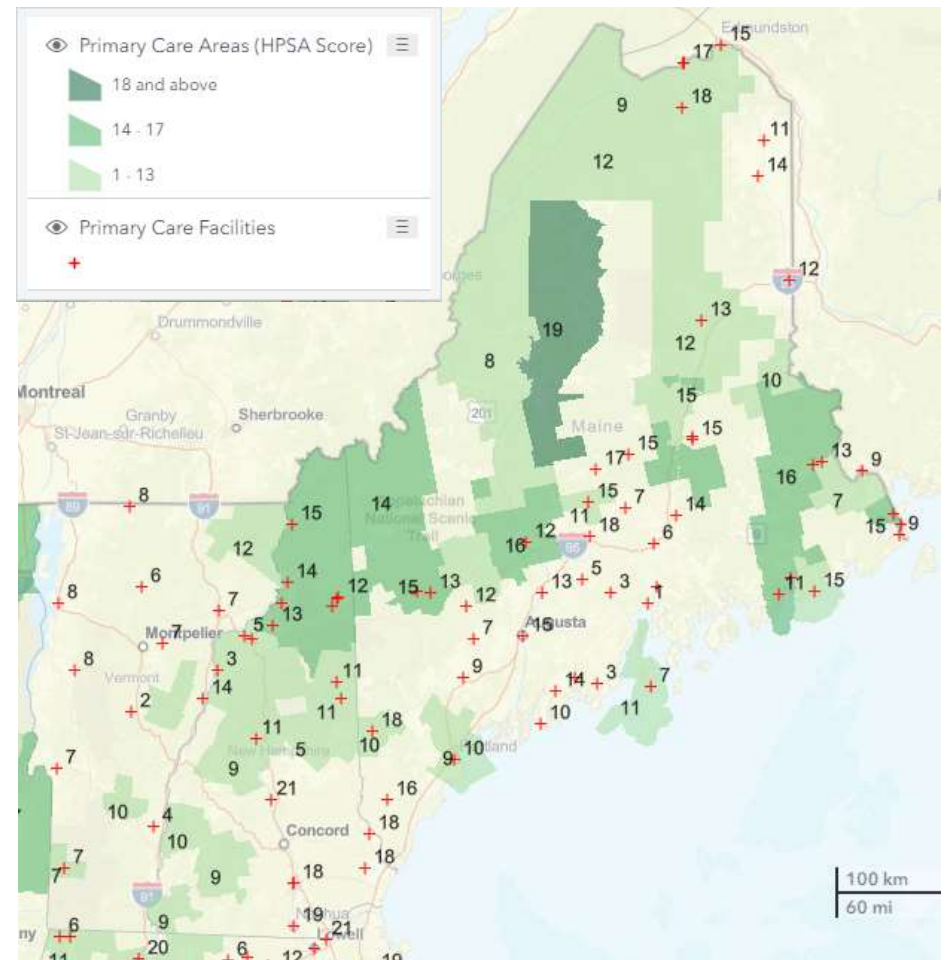
# Health Professional Shortage Areas (HPSAs)

## Primary Care

- PC Physicians only
- Population of area
- Other factors
- Need Score: 0-25

## Geographic Areas

Facilities – FQHCs, RHCs, etc.



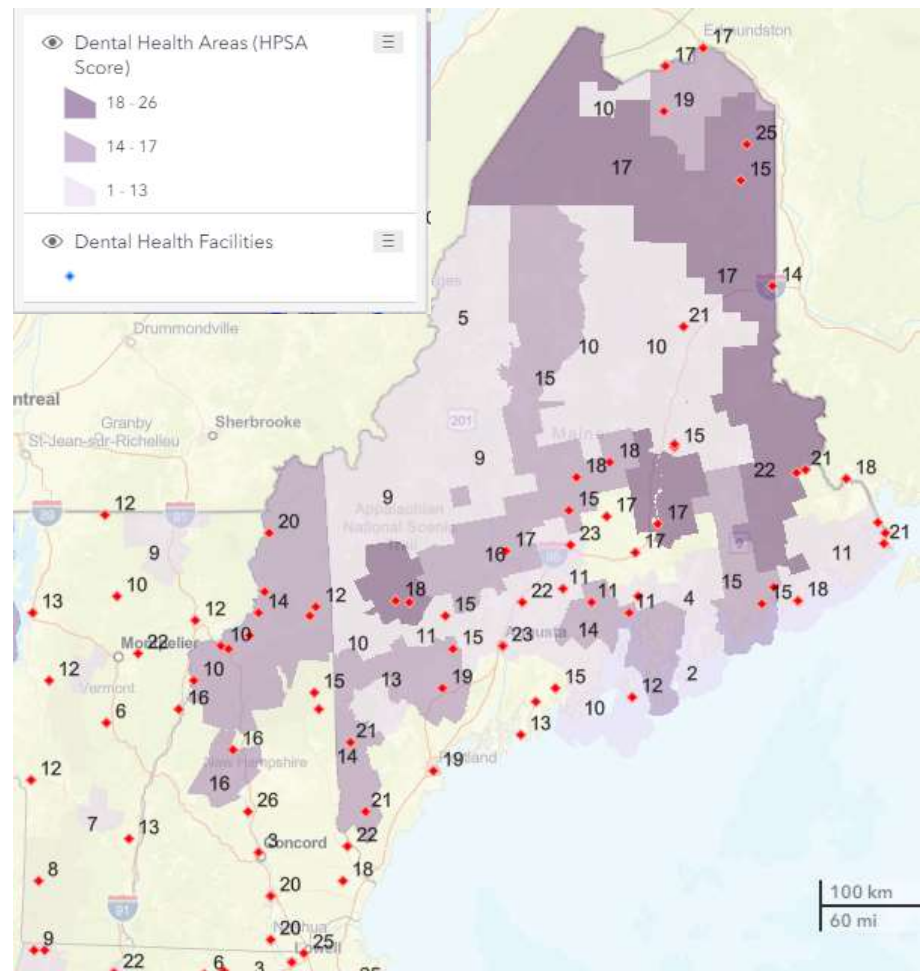
# Health Professional Shortage Areas (HPSAs)

## Dental Health

- General Dentists only
- Population of area
- Other factors
- Need Score: 0-26

## Geographic Areas

Facilities – FQHCs, RHCs, etc.



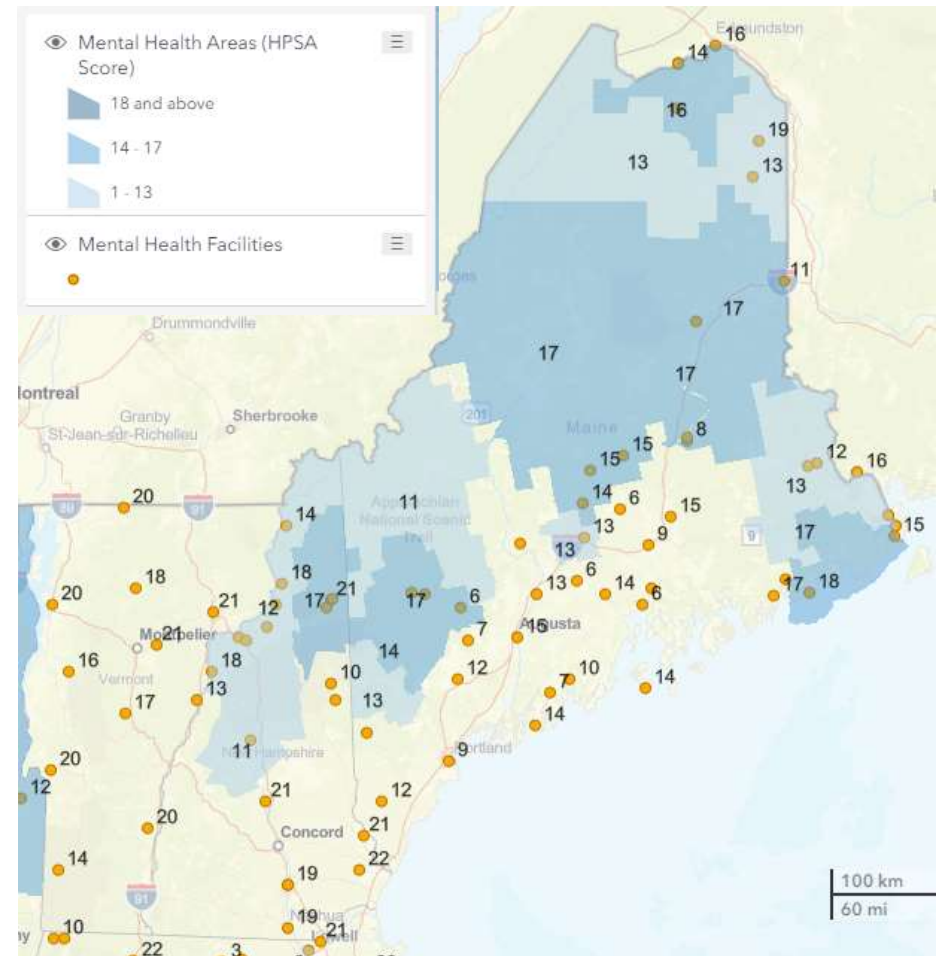
# Health Professional Shortage Areas (HPSAs)

## Mental Health

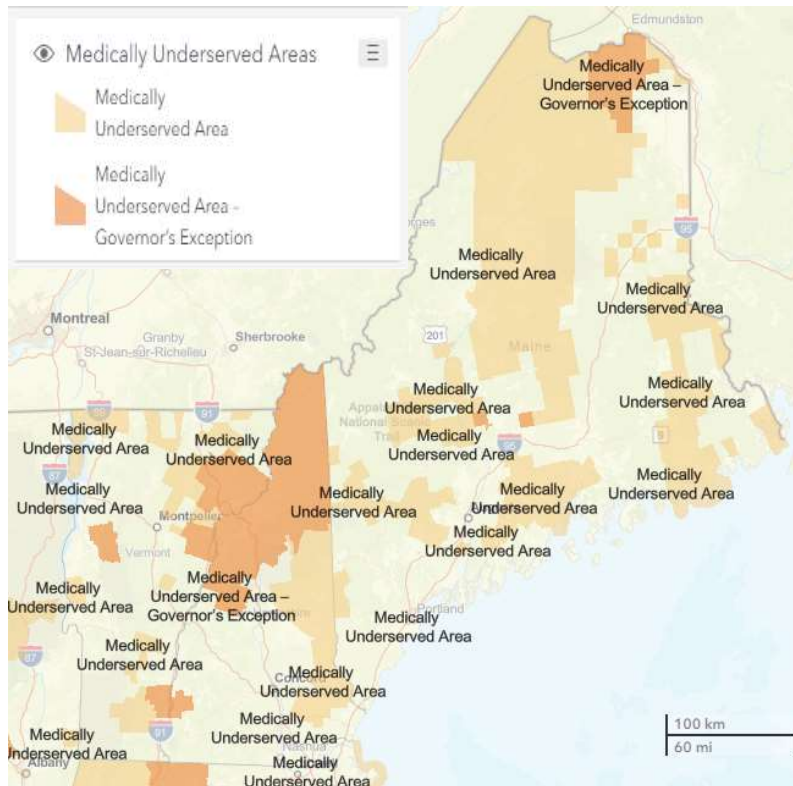
- Psychiatrist only **OR**
- Psychiatrist plus Core MH providers (4 licenses)
- Population of area
- Other factors
- Need Score: 0-25

## Geographic Areas

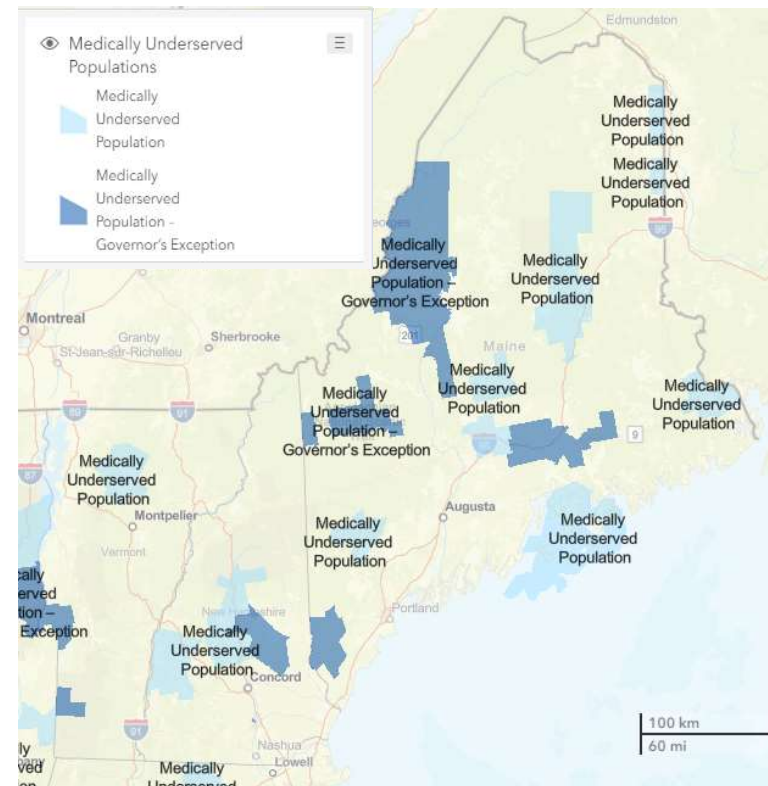
Facilities – FQHCs, RHCs, etc.



# Medically Underserved Areas (MUAs)



# Medically Underserved Populations (MUPs)





# Strengths and Challenges

- Healthcare systems, partners & social services,
  - families/communities/interconnections
  - many providers wearing many hats
- Sustainability –
  - increasing patient needs
  - increasing regulatory demands
  - fragile operating margins
- Transition to value from fee for service
- Disasters – natural and otherwise
- Pandemic response – Virtual Access to Care (telehealth)



# Populations, Health & Equity

- Maslow's Hierarchy of Needs
  - Air, Food, Water, Warmth, Shelter, Rest; Safety, Security, Employment;
- Access to Healthcare
  - Providers, insurance, transportation, distance, broadband, support
- [Social Determinants of Health](#)
  - Health Care Access & Quality, Education Access & Quality, Economic Stability, Social and Community Context, Neighborhood and Built Environment
- Health Equity
  - all people have a fair and just opportunity to be healthy



# Social Vulnerability Index

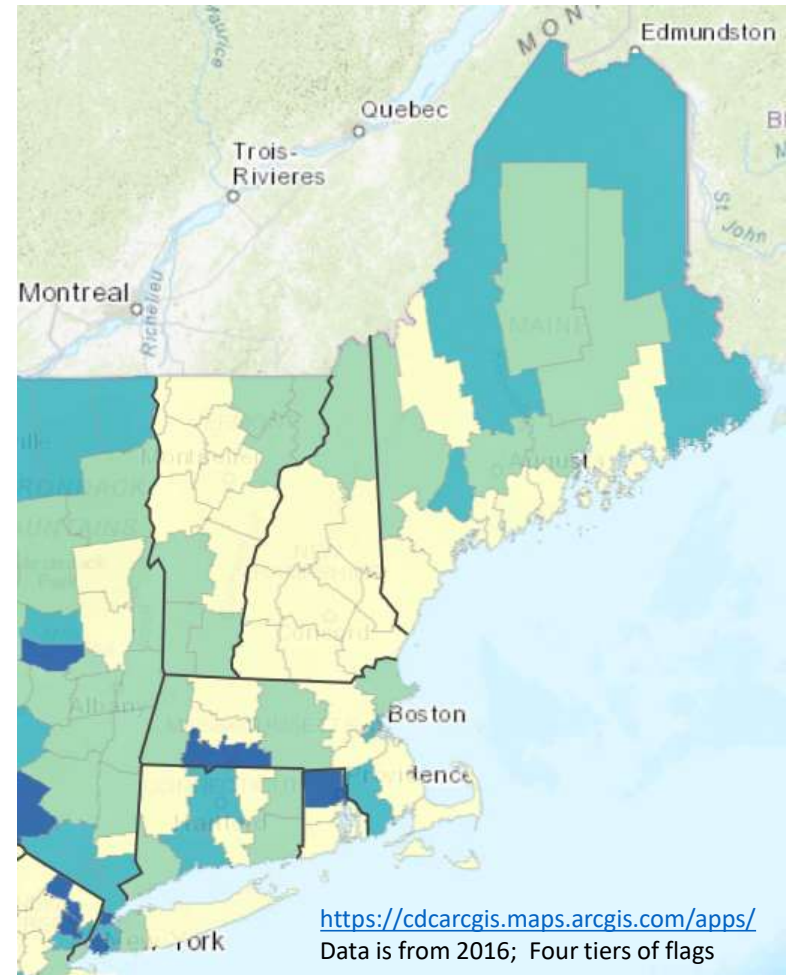
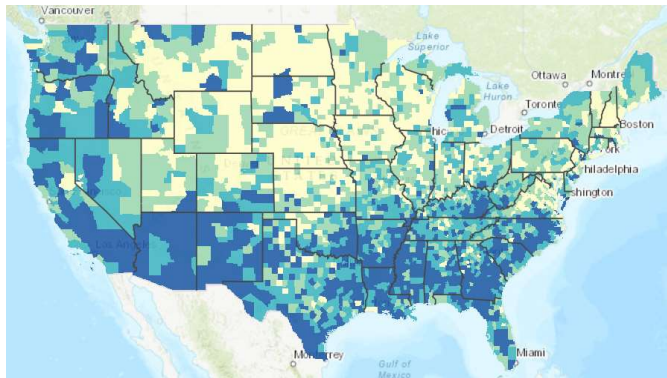
[CDC's Social Vulnerability Index \(SVI\)](#) helps identify population risks during natural disasters & Infectious disease outbreaks.

Data from 15 census variables is plotted at census tract level:

- Socioeconomic theme
- Demographic theme
- Housing/Transportation theme

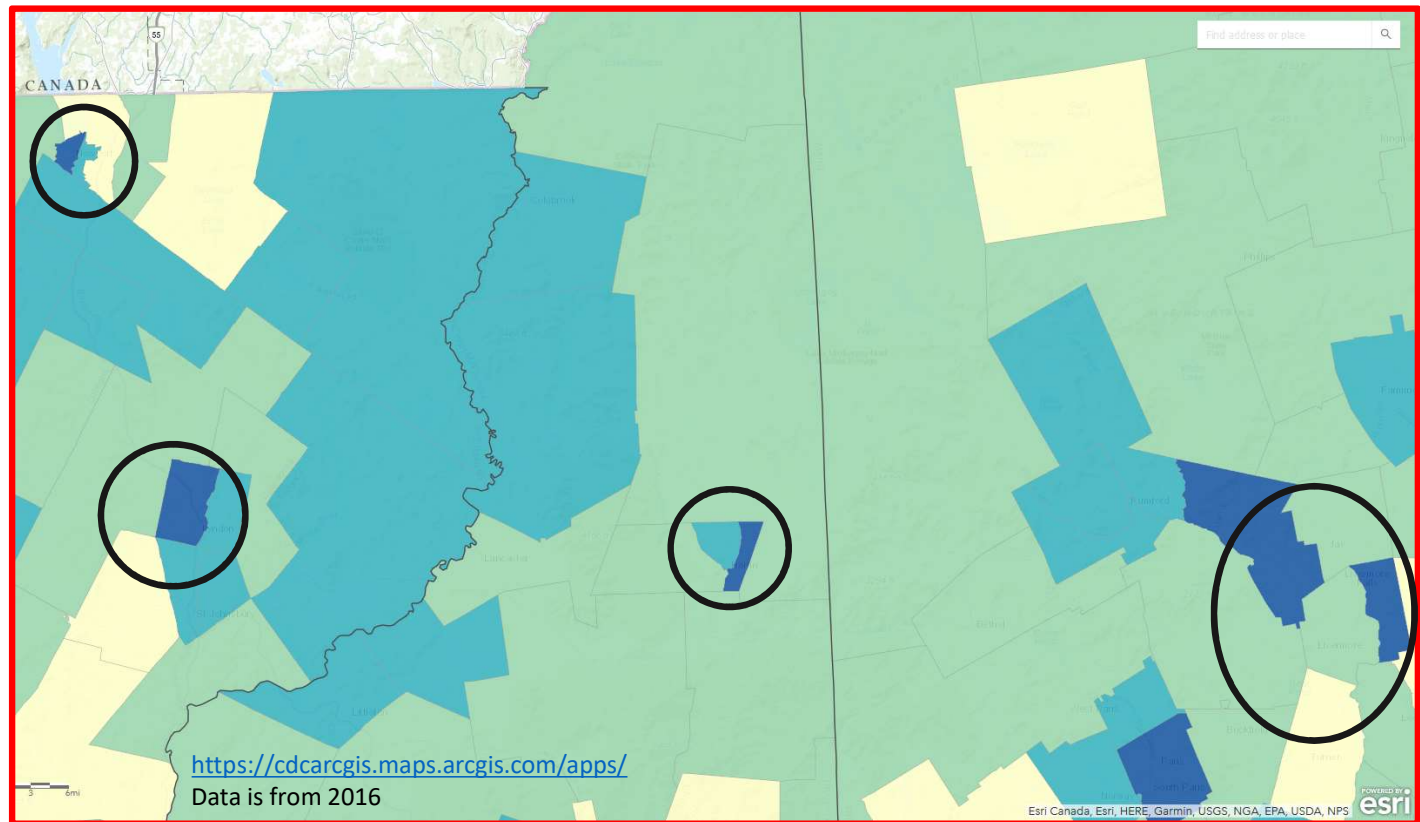
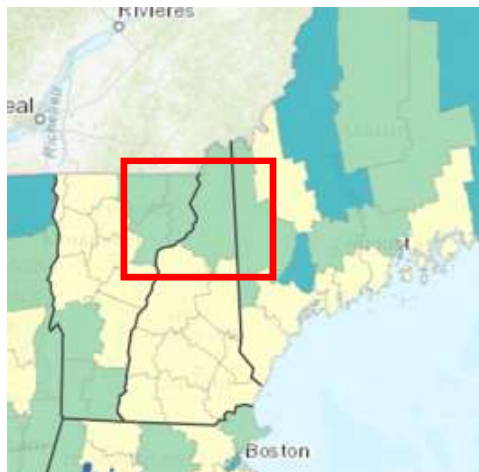
Census tracts above the 90<sup>th</sup> percentile are flagged

Darker shades indicate more social vulnerabilities by county



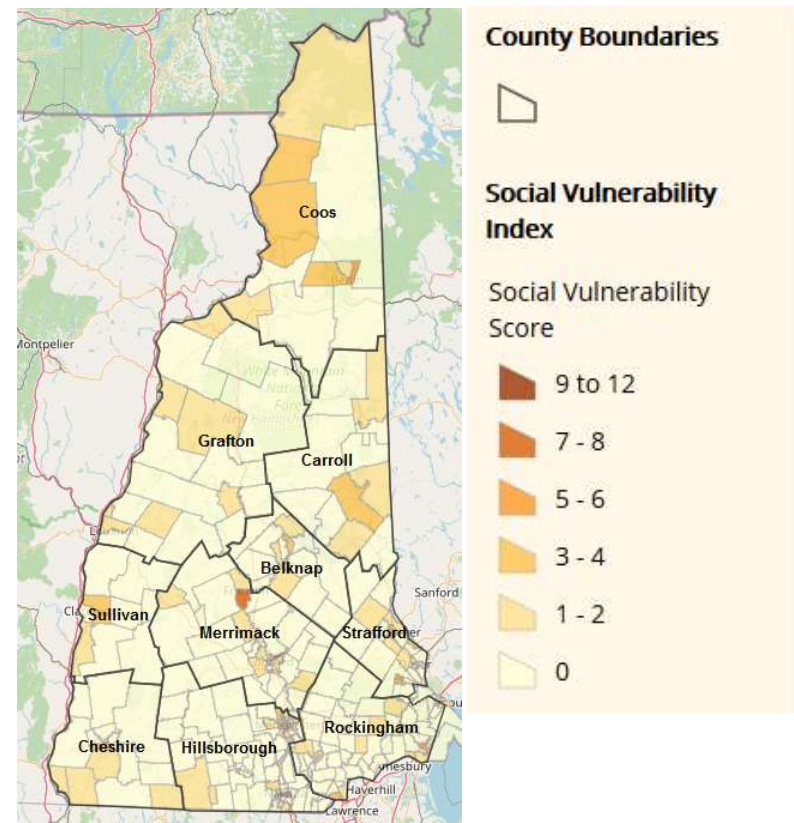
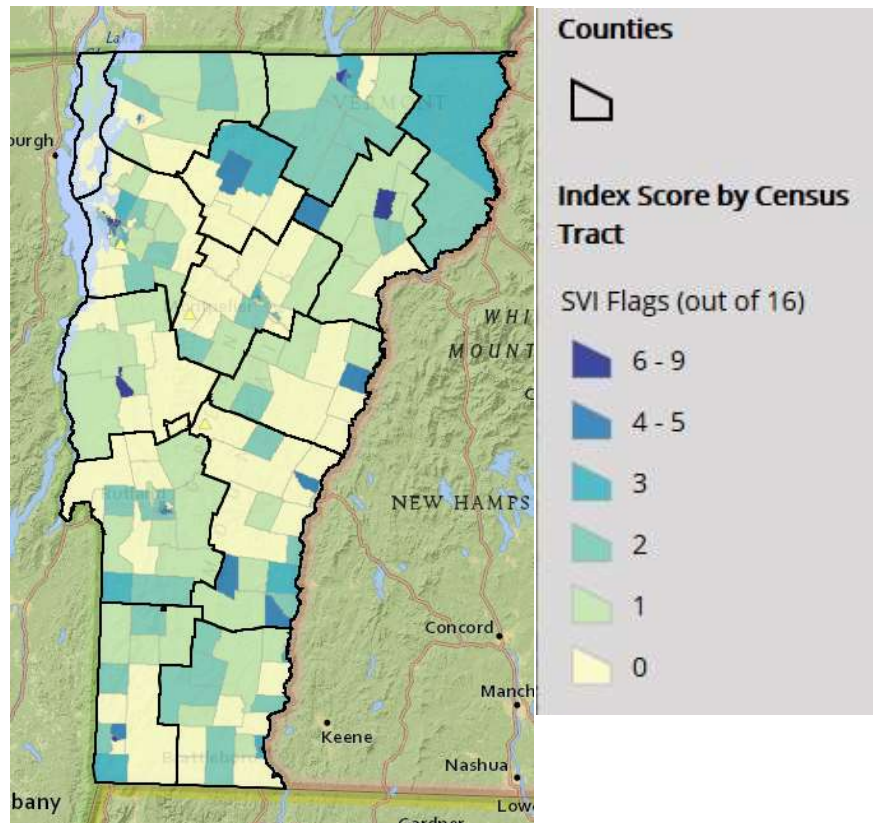
# SVI Overall – Census tract level details

- Variations by towns and parts of towns
- Darker shades indicate more vulnerability





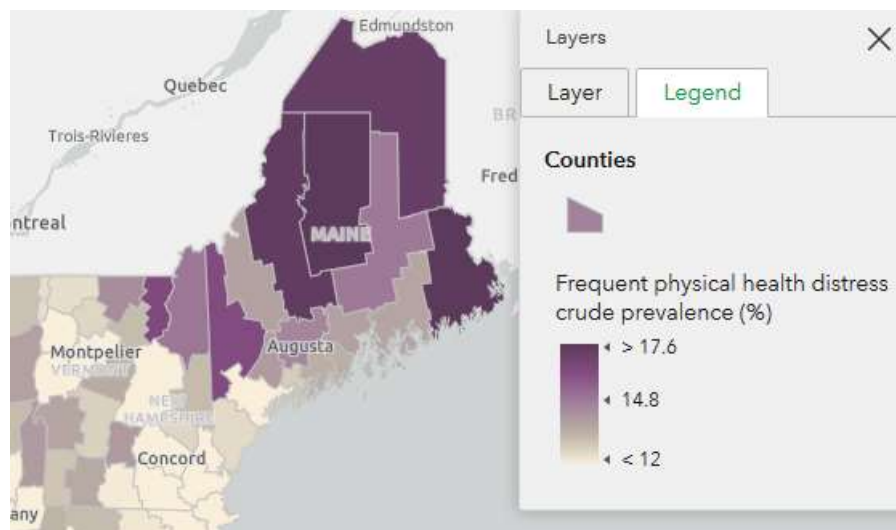
# Social Vulnerability Index – by census tract



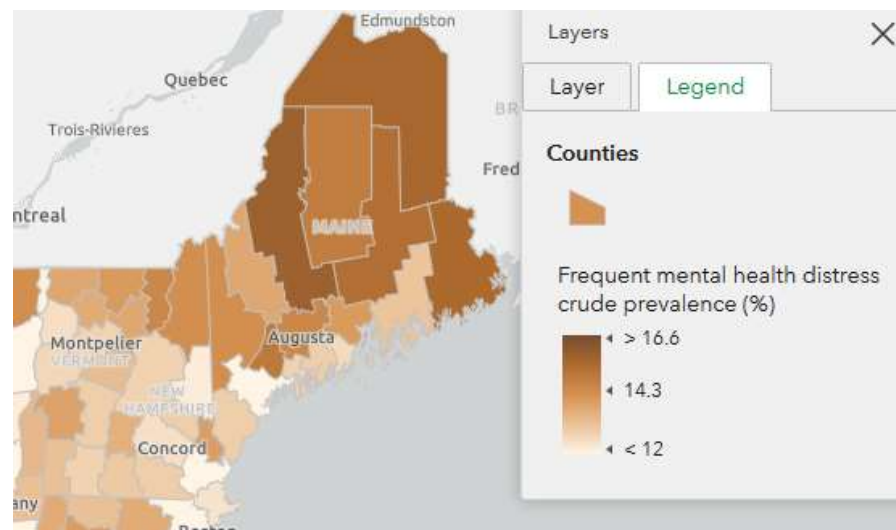
# PLACES – Local Data for Better Health

- Developed by CDC, Robert Wood Johnson Foundation, and CDC Foundation
- Visualizes the burden and geographic distribution of **health-related outcomes** at the census tract level
- Helps local officials in planning public health interventions.

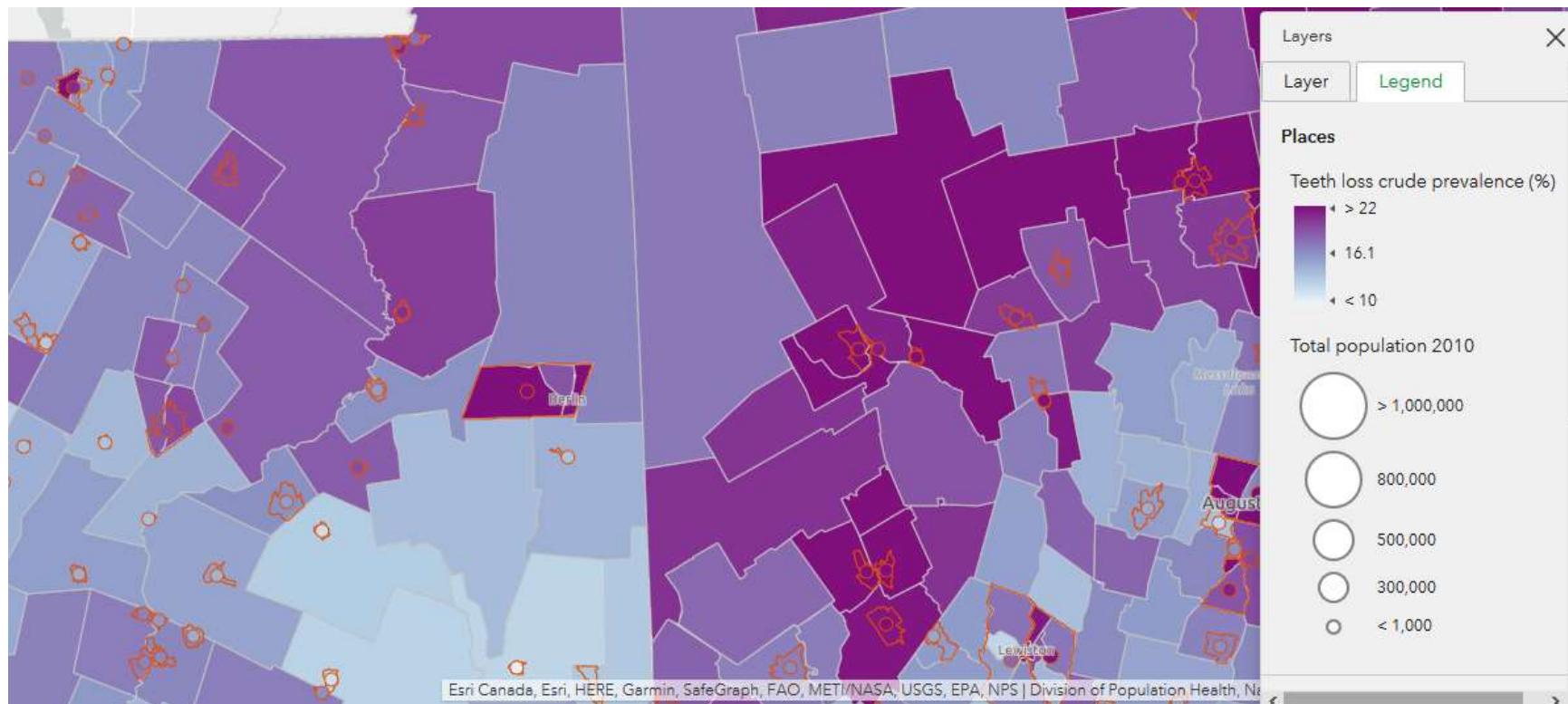
## Frequent physical health distress (%)



## Frequent mental health distress (%)



# PLACES – Teeth loss by census tract (65+)



# Variations between States

- Government
- Politics
- Health care regulation
- Economy





# Vermont – “Our Brave Little State”

## Health care infrastructure

- Mostly independent non-profit hospitals
- FQHCs in every county
- Half of PC practices are independent solo or groups
- Network of free and referral clinics
- Designated MH & SUD agencies in each county
- Public health services – centralized with districts
- Strong collaborations at local & state level



# Health care reform

- [Blueprint for Health](#)
  - [Hub & Spoke Opioid Treatment System](#)
  - [Accountable Communities for Health](#)
  - [Community Health Teams](#)
- [Green Mountain Care Board](#) – health care regulation
  - All-Payer Model in single statewide ACO environment
  - [Rural Health Services Task Force Report](#) (2020)
- [Health Care Workforce Census Reports](#) (40+ professions)
- Medication Assisted Treatment– referrals to MAT in ED



## Rural Health Services Task Force

ACT 26 OF 2019  
REPORT AND RECOMMENDATIONS  
JANUARY 10, 2020



# Pursuing Health Equity for Vermonters

## Naming disparities in data & reports

- [State Health Assessment 2018](#) (SHA)
  - Health Impact Assessments
  - Healthy Vermonters & Health Status Reports

- Identifying priorities and strategies to address disparities

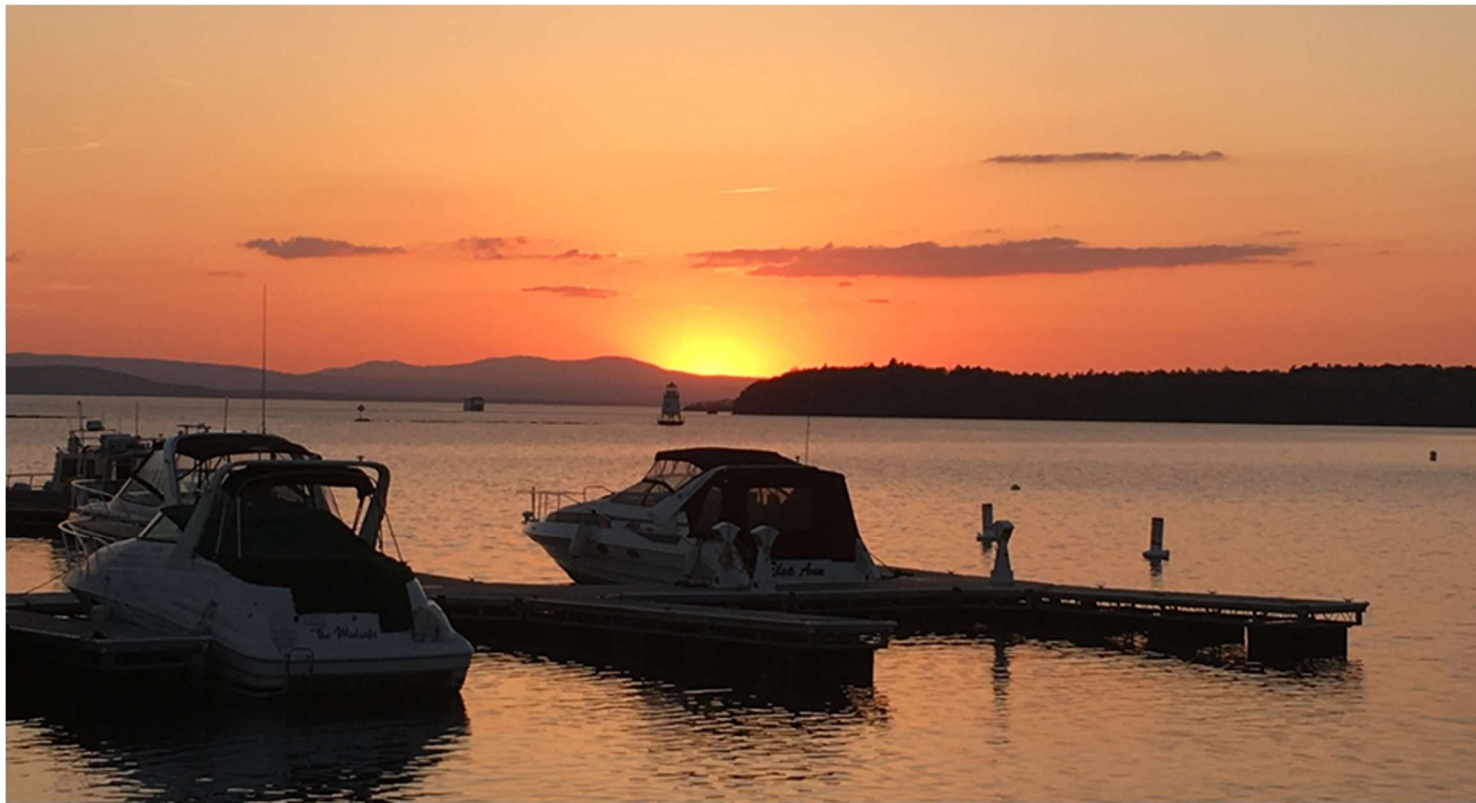
- [State Health Improvement Plans \(SHIP\), 2019-2023](#) (VT)

### **Current activities:**

- Funding Health Equity trainings for clinicians, leaders and staff
- Working with community connectors to reach specific populations for COVID testing & vaccinations – cultural, geographic and service providers
- Key public health information materials are available in up to 13 languages



# The West Coast of New England





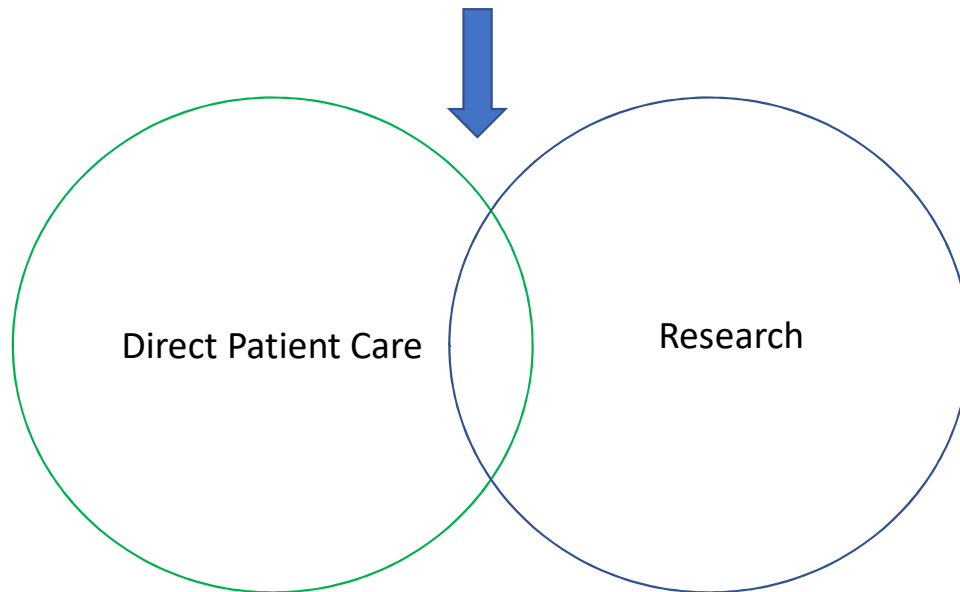
# New Hampshire - Live Free or Die

- Rural As Innovators
- Rural As Story Tellers
- Rural As Experts



# Doing Research in Rural Places: Relational versus Transactional

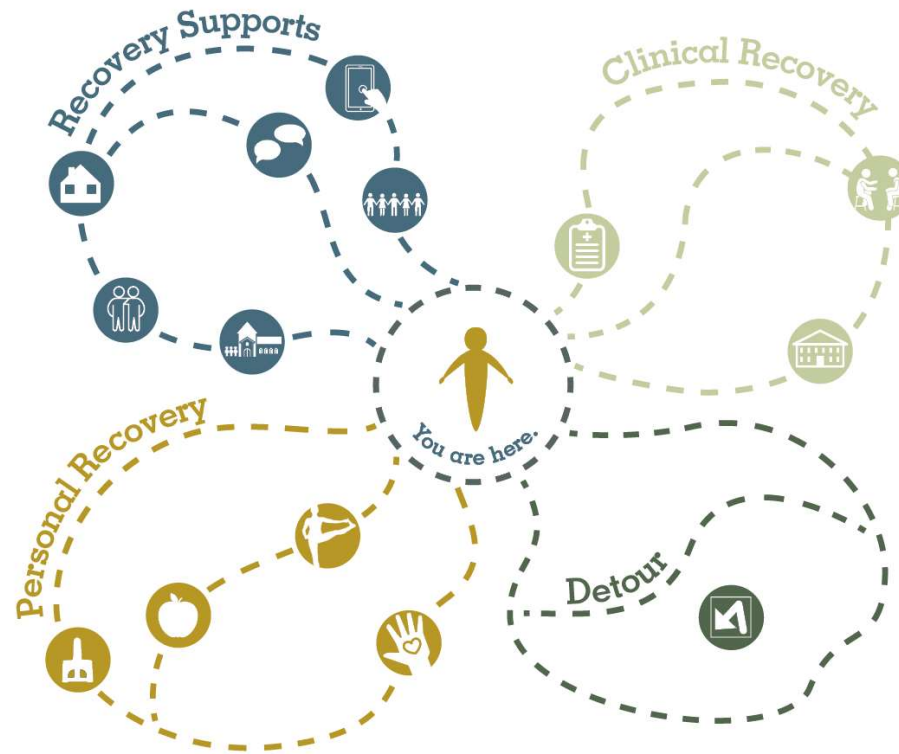
- Co-creation of research
- Practical value for patients
- Balance rigor & pragmatism with fidelity



# Ways2Wellness - Community Health Workers



# Wellness & Recovery Model (WARM)





# New Workforce Models To Increase Access To Oral Health Services

Certified Public Health Dentist (CPHDH)



# Telehealth Is Providing Options



"Well, telehealth has worked well in many ways. It has been extraordinary for: patients with social anxiety disorders, patients who have trouble ambulating (where getting their walker or wheelchair into the back of a car is challenging), those who are not necessarily homebound but require a family member to take the day off work to take them to a medical appointment, those who have no transportation in the first place (who pay a neighbor \$13 round trip for a 1.5 mile trip, and whose neighbor hurries along the visit each time), and patients who have kids at home and coordinating child care and maintaining privacy is near impossible for them."

Ammonoosuc Community  
Health Services

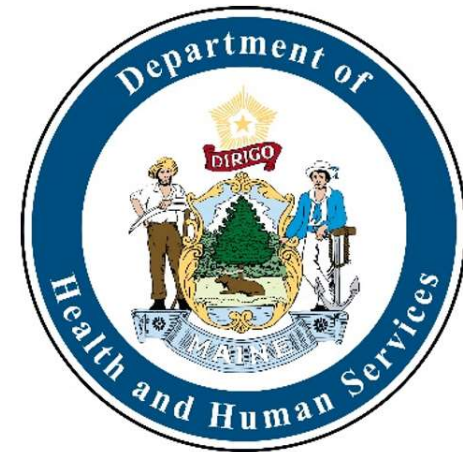


"A new mother with recurrent postpartum depression – now with new baby and older toddler – told me this was the first appointment she had ever been on time to, and did not miss because of trying to wrangle her baby into the car seat, and thus could access our clinic virtually for medication management for herself, without the added burden of travel."

Ammonoosuc Community  
Health Services

# Maine – an Overview

- Is the oldest state in the nation
- Is the least densely populated state east of the Mississippi
- Has the third highest percentage of veterans in the country
- Has the highest percentage of people working in the agriculture, forestry, fishing and hunting industry in New England
- Has the highest rate of food insecurity in New England



# Health Outcomes

- Although Maine's mortality rate has been stable since 2011, Infant mortality rates have risen over the past few years

Statewide Trends	
↑	↓
Diabetes	Cancer deaths
Lyme disease	Cardiovascular disease deaths
Obesity	COPD
Overdose deaths	Fall-related injury



# Community Health Priorities

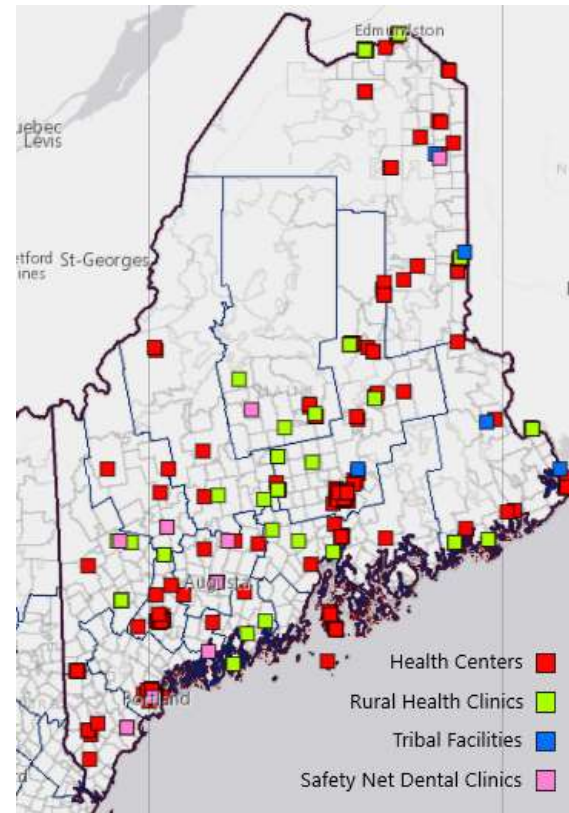
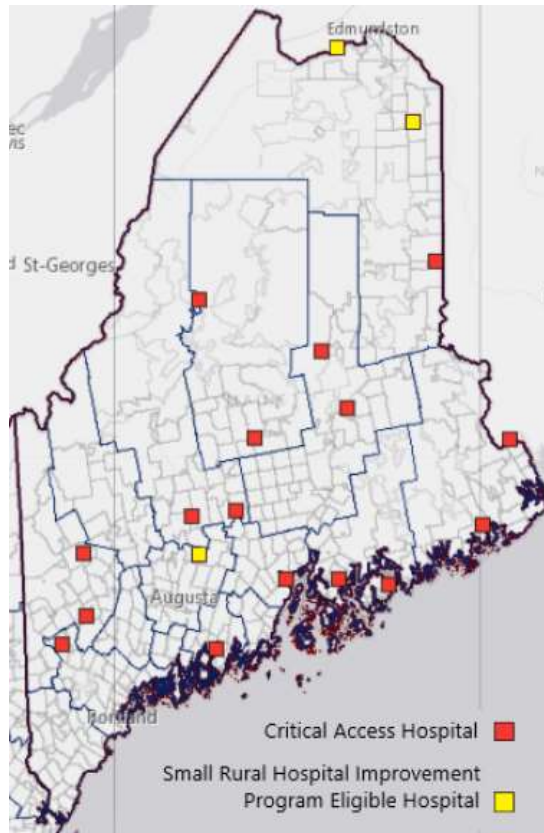
- Access to care
- Mental Health Services
- Substance Abuse Services
- Social Determinants of Health
- Older adults/ health aging



# The Health Care Safety Net

- 16 Critical access hospitals
- 190 Health center and look-alike delivery sites
- 38 Rural health clinics
- 5 Tribal health facilities
- 9 Safety net dental clinic sites
- The School Oral Health Program

# The Health Care Safety Net



# Workforce

- Maine ranks 3<sup>rd</sup> in the country with 330.8 primary care providers per 100,000 population.
- Maine ranks 4<sup>th</sup> in the country with 504.5 mental health providers per 100,000 population.
- Maine ranks 27<sup>th</sup> in the country with 58.5 dentists per 100,000 population.
- Maine's J-1 Conrad 30 slots have filled for the last three years.
- 55.6% retention rate for Maine's physician residency programs



# Island Life

- Over 4,000 islands can be found along Maine's coast
- 15 have year-round populations



# Island Health Care



# Strengths

## Improving the Safety Net

- Critical Access Hospitals and other safety net facilities continue to share data, resources and expertise freely with each other
- Our consultants and subject matter experts are highly respected among our network participants
- Our networks maintain good working relationships with other state and federal agencies, associations, third party payers and others to share resources, resolve issues and streamline processes

# Strengths

## Building Our Workforce

- Analysis of the data by zip code (ZCTA) by population revealed that 90% of Maine's population lives in zip code for which the average weighted drive time to a primary care visit was under 30 minutes
- Maine has a strong Area Health Education Network
- Medical education and training programs in Maine continue to grow
- Implementation of educational programming for recruitment and retention has begun for health care executives and human resource professionals



# Resources – Federal Partners

- Health Resources Services Administration (HRSA)
  - Federal Office of Rural Health Policy (FORHP)
    - (SORH, Flex, SHIP, RCORP, Network Planning & Implementation)
  - Bureau of Health Workforce
    - PCO, SLRP, NHSC
  - Bureau of Primary Health Care (BPHC) (FQHCs), etc.
- Other HHS Agencies with rural programs:
  - SAMHSA, CDC, CMS
  - HHS Region 1 – Boston Field office
- USDA Rural Development,
  - Facilities and Infrastructure funding
- Housing & Urban Development (HUD)



# Resources - State Partners

- Workforce incentives
  - Scholarships, Educational Loan Repayment, Tax Credits
- Clinical care quality improvement
  - NEPI, IHI, Certifications, MBQIP,
- Financial sustainability
  - Key Metrics, Comparative Data, National subject matter experts
- EMS sustainability –
  - Financial & Operations Improvement
  - Models: Community Paramedicine
- Emergency Preparation
  - Disasters and Diseases



# Regional Partners & Resources

- New England Rural Health Association ([NERHA](#)) formerly the NE RH RoundTable
  - [New England Performance Improvement \(NEPI\) Initiative](#)
  - [Rural Data for Action - 2nd Edition \(2014\)](#)
  - [Maine Rural Health Action Network](#)
  - [NERHA & NYSAHR Webinar Series](#)
  - [Virtual Event Series](#)
- [Institute for Health Improvement \(IHI\)](#) – Open School & Virtual Trainings (via [NEPI](#))
- [Northeast Regional Telehealth Resource Center \(NERTC\)](#)



## New York resources –

- NY Center for Agricultural Medicine and Health ([NYCAMH](#))
- Health Workforce Technical Assistance Center ([HWTAC](#)) Univ. of Albany



# National Rural Health Resources:

- [Rural Health Information Hub \(RHI Hub\)](#)
  - Toolkits, Resources, Updates, etc. for your community or facility
- [National Rural Health Resource Center](#)
  - Resources for rural and critical access hospitals
- [Rural Health Research Gateway](#)
  - General research articles on rural health
- [Rural Health Value](#)
  - Making the transition to value-based health care
- [National Rural Health Association \(NRHA\)](#)
  - advocacy, conferences,



# Take-aways for rural health in NNE:

- Northern New England states have important similarities and differences relating to populations, health needs & health care
- Large portions of each state live and work in rural areas
- Health care and social services in rural communities must be coordinated and integrated for efficiency and effectiveness
- Many Federal, State and local resources can support rural health care in your community
- **Your State Office of Rural Health & Primary Care is here for you!**





# Contact us / Questions & Answers

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