

Rural Health and Access to Care in North Carolina

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Who we are and what we do



UNC

THE CECIL G. SHEPS CENTER
FOR HEALTH SERVICES RESEARCH

SHEPS HEALTH WORKFORCE NC

Mission: to provide timely, objective data and analysis to inform health workforce policy in North Carolina and the United States

- Based at Cecil G. Sheps Center for Health Services Research at UNC-CH, but mission is statewide
- Independent of government and health care professionals
- Primarily grant-funded
- Maintains the *NC Health Professions Data System*, a collaboration between the Sheps Center, NC AHEC and the health professions licensing boards

The data system would not exist without data and support of licensure boards

The Takeaway Message: We are a Resource for You



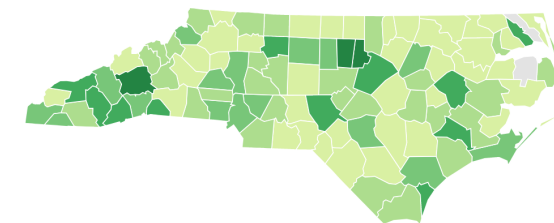
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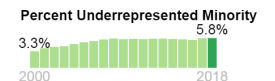
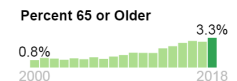
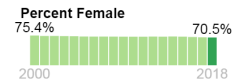
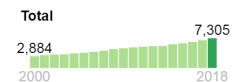
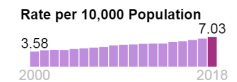
NC Rural Health Research Program



Physical Therapists per 10,000 Population by County, North Carolina, 2018



Profession Demographics for North Carolina



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Notes: Data include active, licensed physical therapists in practice in North Carolina as of October 31 of each year. Physical therapist data are derived from the North Carolina Board of Physical Therapy Examiners. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created April 22, 2019 at <https://nchealthworkforce.unc.edu/supply/>.

Interactive data visualizations at:
nchealthworkforce.unc.edu

Roadmap for this presentation

- Health outcomes in rural areas (they're mostly worse)
- Rural hospital closures
- NC's strategies to improve rural health
- Rural health workforce supply

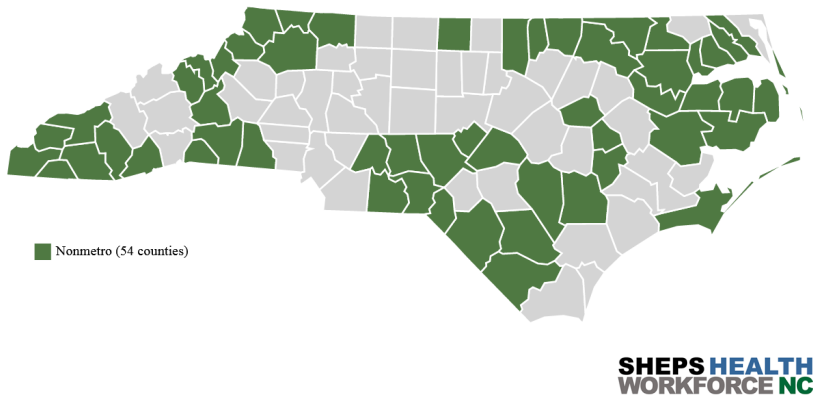


Where is rural?

We all think different things

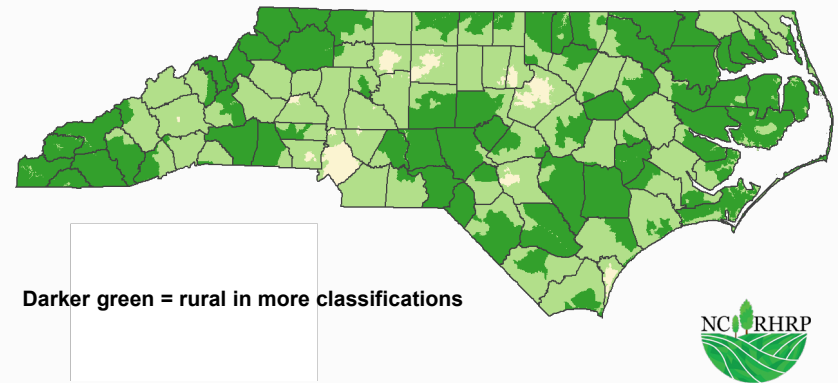
Definition used in this
sliddeck

Metropolitan Status*
North Carolina, 2017



In reality, "rural" is not binary

Combination of Five Common
Federal and State Rural Definitions



Source: US Census Bureau and Office of Management and Budget, July 2017.
Note: Core Based Statistical Area (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.
Produced By: North Carolina Rural Health Research Program, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Source: Holmes M. Access to Healthcare in Rural NC. Presentation to Committee on Access to Healthcare in Rural North Carolina, NC General Assembly, Raleigh, NC, 1/8/18. Accessed 11/30/18 at: <https://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=374&sFolderName=\January%208,%202018>

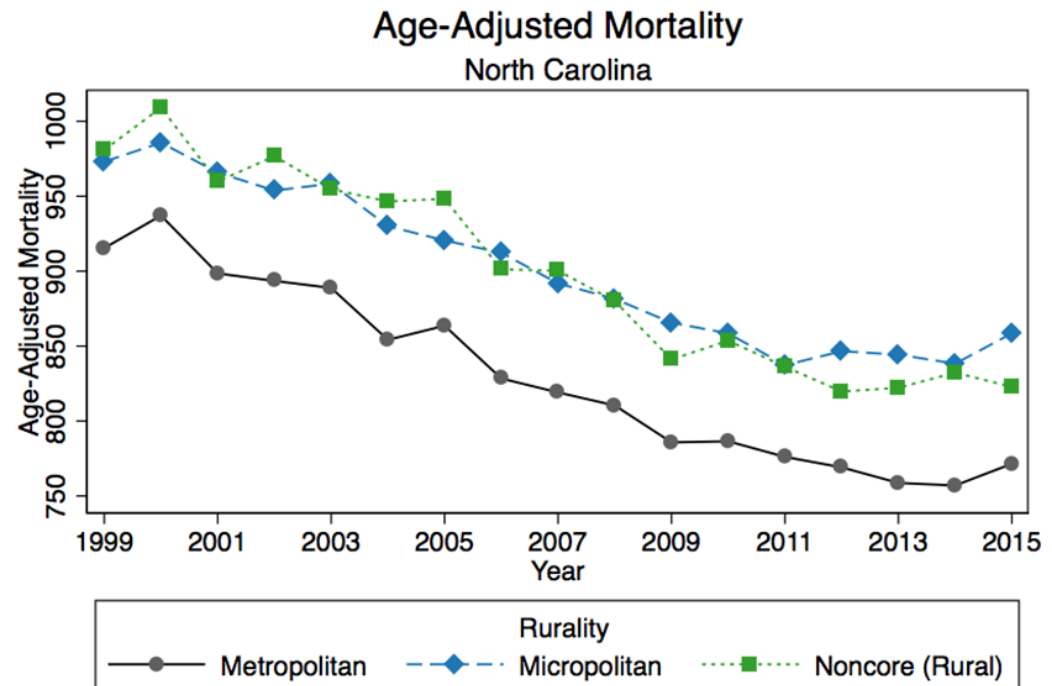
Rural populations are less healthy across most metrics*

Higher rates of:

- Poverty
- Chronic Disease
- Obesity
- Injuries
- Tobacco use
- Tooth loss and dental decay
- Alcohol-related car crashes
- Mental health emergency dept. visits
- Suicide

*But not all:

- Better social connectivity
- Lower HIV rates



References:

Holmes M. Access to Healthcare in Rural NC. Presentation to Committee on Access to Healthcare in Rural North Carolina, NC General Assembly, Raleigh, NC, 1/8/18. Accessed 11/30/18 at: <https://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=374&sFolderName=\January%208,%202018>

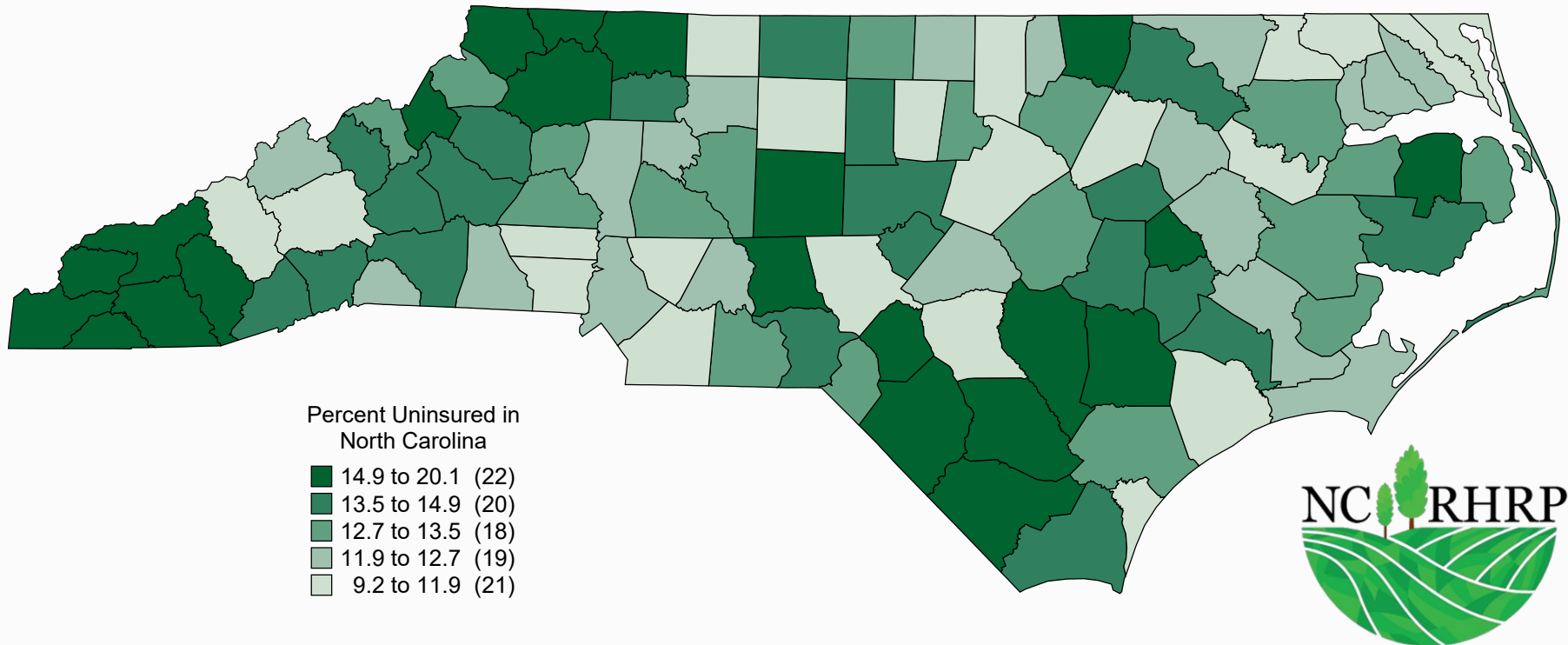
North Carolina Institute of Medicine. North Carolina Rural Health Action Plan: A Report of the NCIOM Task Force on Rural Health. Morrisville, NC: North Carolina Institute of Medicine; 2014.

Skinner E. Oral health in rural America. NCSL Legisbrief, 2017: 25(38). Accessed 11/30/18 at: http://www.ncsl.org/documents/legisbriefs/2017/lb_2538.pdf

Hedegaard H, Curtin SC, Warner M. Suicide mortality in the United States, 1999–2017. NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics. 2018.

20 of the 22 NC counties with the highest percent uninsured are rural

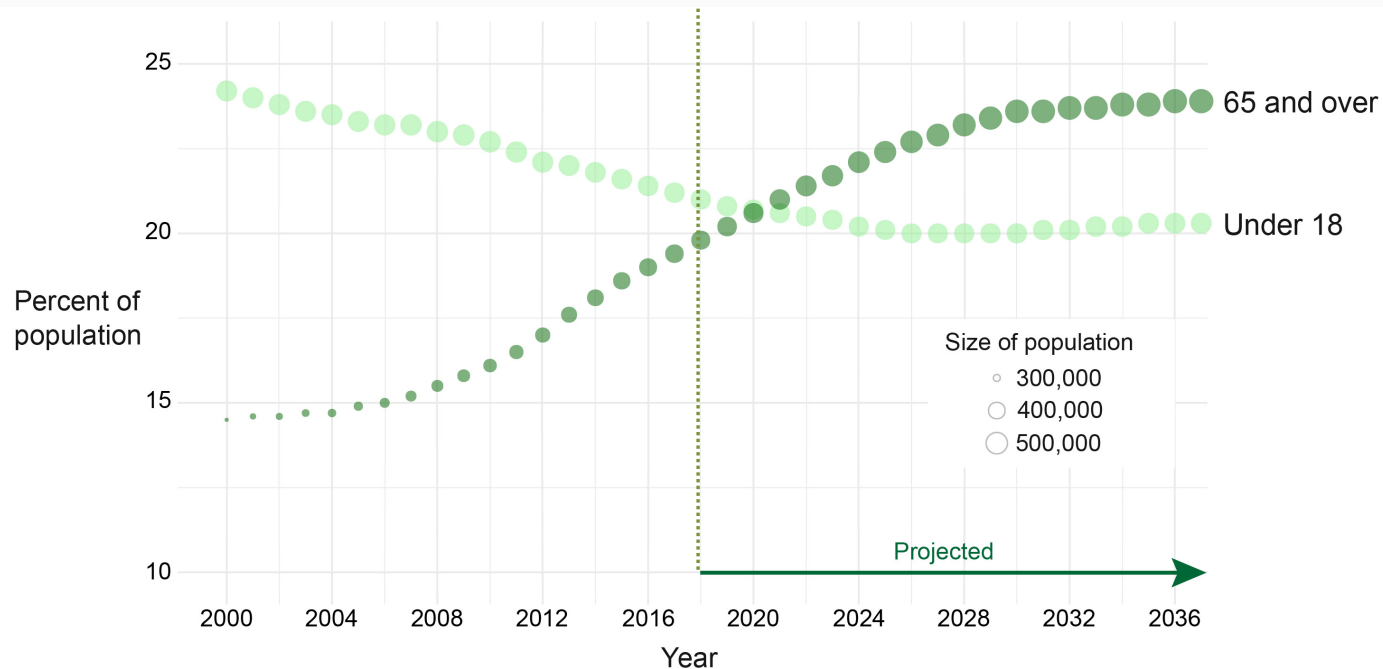
Percentage of Population without Health Insurance in Rural and Urban North Carolina: Residents Less Than 65 Years Old, 2016



Source: Randolph R. Running the numbers: Health insurance coverage in North Carolina: Rural-urban uninsured gap. *NCMJ*, 2018. 79 (6): 397-401.

Retirees will soon be more numerous than kids in rural NC

Percent and Size of Rural Younger and Older Populations Over Time, NC



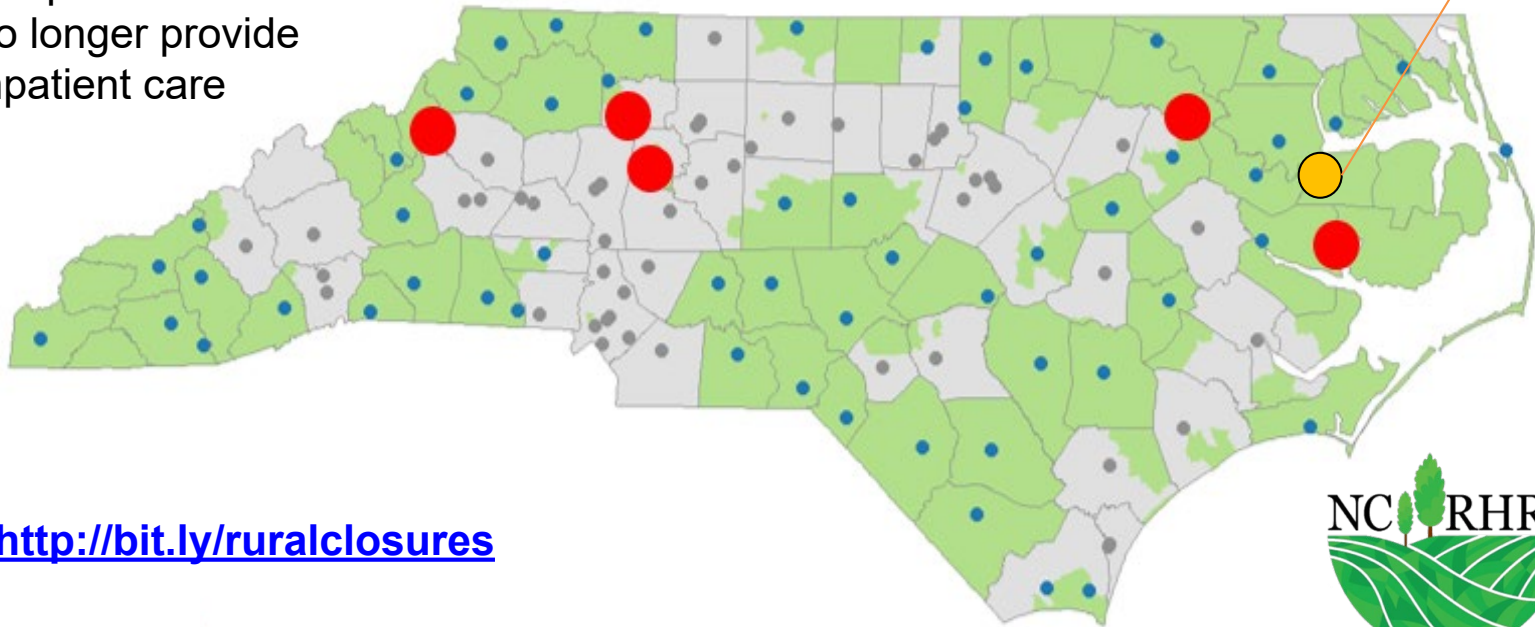
Notes: Rural is defined at the county level using the US Office of Management & Budget Metro 2015 delineation files. Rural includes all counties that are not classified as metropolitan (54 counties). Population estimates and projections are from the North Carolina Office of State Budget & Management.

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Six rural hospitals have closed in NC since 2010

Hospital Closure =
no longer provide
inpatient care

Washington County
Hospital, closed Feb 2019.
Reopening?



<http://bit.ly/ruralclosures>



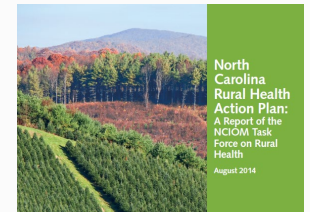
Slide Credit: Holmes M. Access to Healthcare in Rural NC. Presentation to Committee on Access to Healthcare in Rural North Carolina, NC General Assembly, Raleigh, NC, 1/8/18. Accessed 11/30/18 at:

<https://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=374&sFolderName=January%208.%202018>

Updated on 4/22/19 to reflect Washington County Hospital Closure on Feb 2019. <https://tinyurl.com/yynwu6c9>

Actionable Strategies to Improve Rural Health Care Access: The Rural Health Action Plan

- Invest in small business and entrepreneurship to grow **local and regional industries**
- Ensure **childhood (0-8) settings** provide a high quality, nurturing environment and promote parenting supports
- Support **healthy eating and active living**
- Increase access to **mental health and substance use treatment** through integrated care
- Educate and enroll people in new **health insurance** options and existing safety net resources
- Recruit and retain **health professionals** to underserved areas



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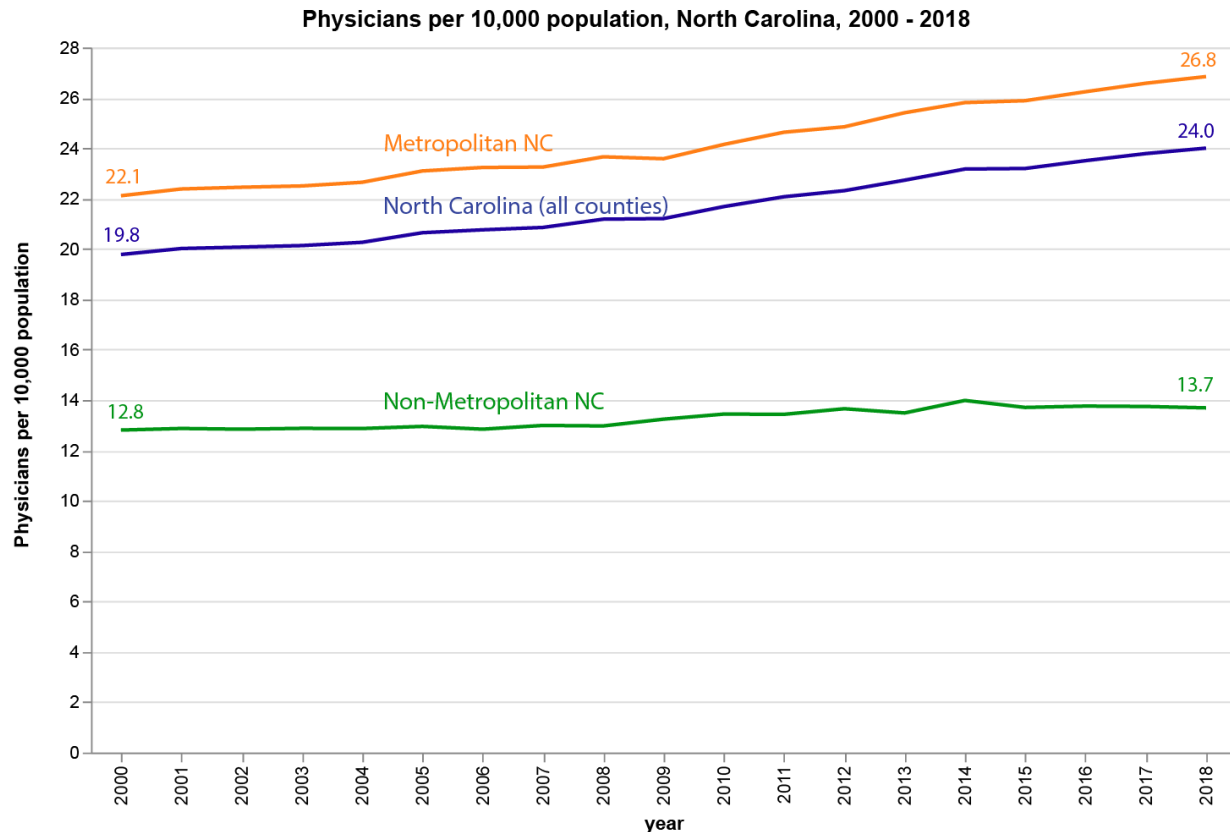
Let's talk about rural health workforce supply



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NC's growth of physicians per capita: steady in metro counties; flat in rural counties



Notes: Data are derived from the NC Medical Board and include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.

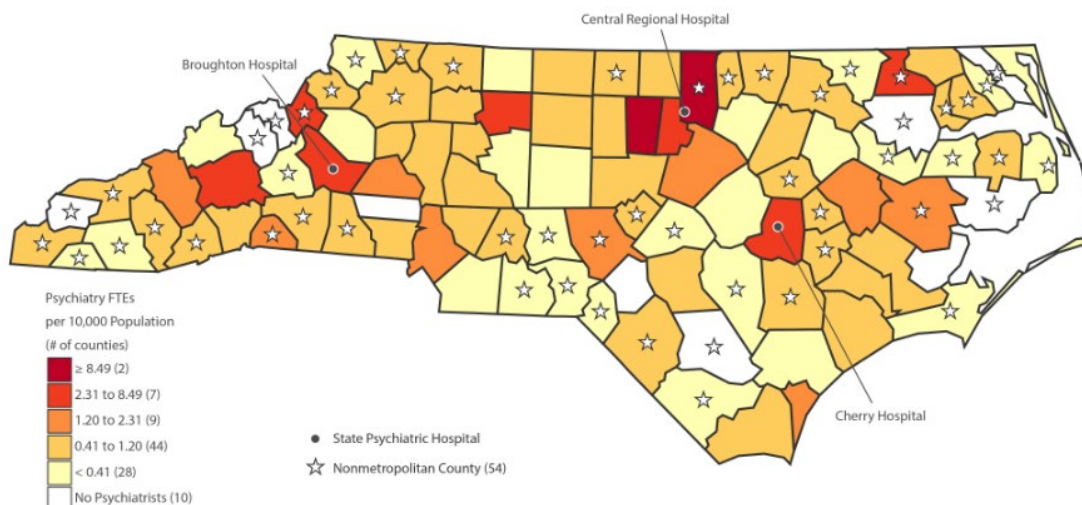
Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

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Key Message: Maldistribution Not Shortage

Psychiatrist Full-Time Equivalents per 10,000 Population,
North Carolina, 2017



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC UNC and are based on US Census data. Physicians with a primary area of practice of Psychiatry include the following: Child & Adolescent Psychiatry, Pediatrics - Psychiatry, Addiction Medicine, Addiction Psychiatry, Forensic Psychiatry, Geriatric Psychiatry, Hypnosis, Internal Medicine - Psychiatry, Psychiatry, Psychiatry - Family Practice, Psychoanalysis, Psychosomatic Medicine. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

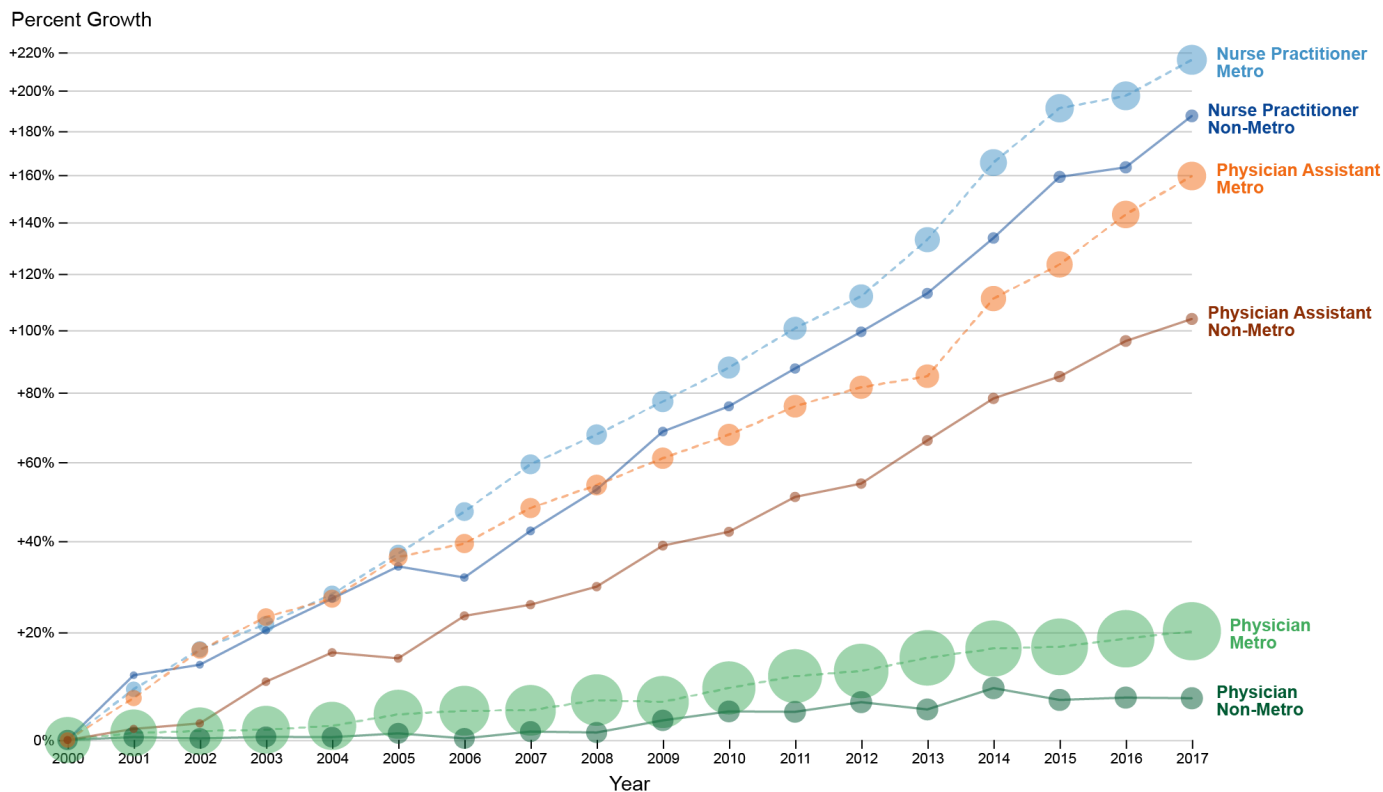
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- There are 10 NC counties without psychiatrist coverage
- Common theme: health professionals are concentrated in urban centers

<https://nchealthworkforce.unc.edu/>

NP and PA workforces have grown rapidly

Cumulative Rate of Growth Per 10,000 Population in Metropolitan and Non-Metropolitan Counties in North Carolina since 2000: Nurse Practitioners, Physician Assistants, and Physicians



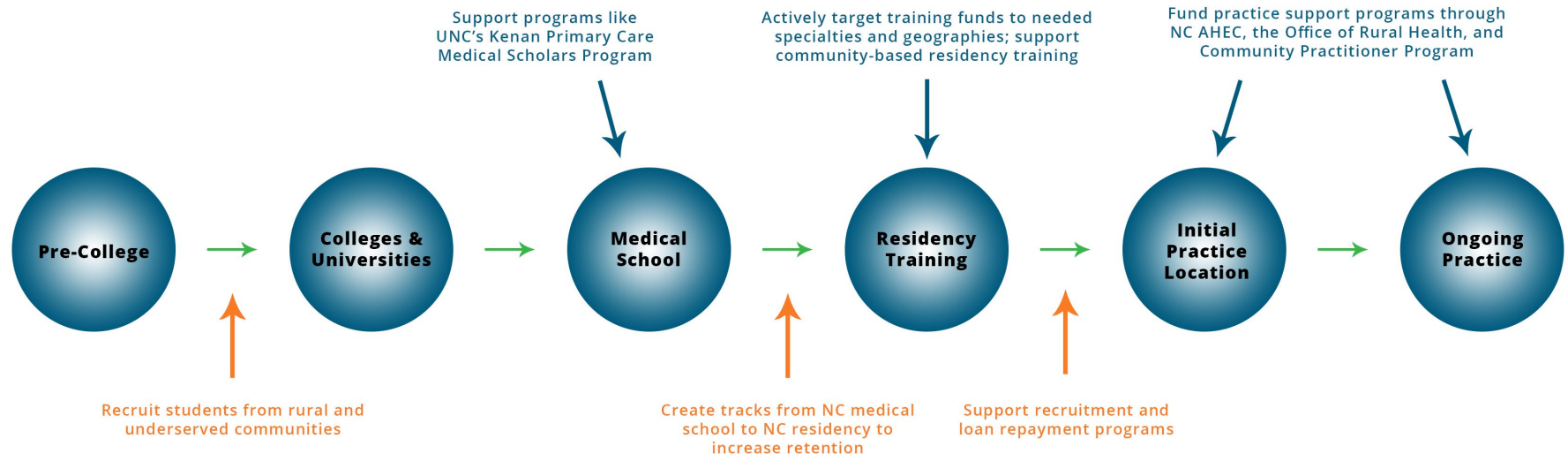
Data are derived from the NC Board of Nursing and the NC Medical Board and include active, licensed NPs, PAs, and physicians in North Carolina as of October 31, 2017. Residents-in-training and federally employed physicians were excluded. NC population census data and estimates were downloaded via Log Into North Carolina (<https://www.osbm.nc.gov/facts-figures/linc>), a data retrieval tool maintained by the NC Office of State Budget and Management. Metro or non-metro county status was defined using 2017 Office of Management and Budget Core Based Statistical Areas (CBSAs). Non-metropolitan counties include micropolitan and non-CBSAs. Using this definition, NC has 54 non-metro counties.

20k
4k
Number of Health Professionals

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What policy levers can affect rural health workforce distribution? (1)

- Recruit rural students into healthcare fields
- Train health professionals in rural areas
- Provide loan repayment to incent health professionals to work in rural areas



What policy levers can affect rural health workforce distribution? (2)

- Recruit rural students into healthcare fields
- Train health professionals in rural areas
- Provide loan repayment to incent health professionals to work in rural areas
- (maybe) Change scope of practice regulations so that more types of health professionals can provide services
- Think broadly about health workforce teams, including social services, unlicensed, and non-traditional workers (ex. CAPABLE model)
- Explore telehealth opportunities

In general: Ensure rural healthcare delivery is financially viable

Questions?

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