Rural Health and Access to Care in North Carolina

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Cecil G. Sheps Center for Health Services Research

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Who we are and what we do
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

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 slidedeck

Metropolitan Status*
North Carolina, 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.

In reality, “rural” is not binary

Combination of Five Common Federal and State Rural Definitions

Darker green = rural in more classifications

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:


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

Retirees will soon be more numerous than kids in rural 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.
Six rural hospitals have closed in NC since 2010

Hospital Closure = no longer provide inpatient care

Washington County Hospital, closed Feb 2019. Reopening?


Updated on 4/22/19 to reflect Washington County Hospital Closure on Feb 2019. https://tinyurl.com/yywu6c9
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
NC’s growth of physicians per capita: steady in metro counties; flat in rural counties

### Physicians per 10,000 population, North Carolina, 2000 - 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Metropolitan NC</th>
<th>North Carolina (all counties)</th>
<th>Non-Metropolitan NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>22.1</td>
<td>19.8</td>
<td>12.8</td>
</tr>
<tr>
<td>2018</td>
<td>26.8</td>
<td>24.0</td>
<td>13.7</td>
</tr>
</tbody>
</table>

**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 UNC 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.
Key Message: Maldistribution Not Shortage

- 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.noswm.nc.gov/facts-figures,line), 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 metropolitan and non-CBSAs. Using this definition, NC has 54 non-metro counties.
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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