

National Academies of Sciences Achieving Rural Health Equity and Well-being:

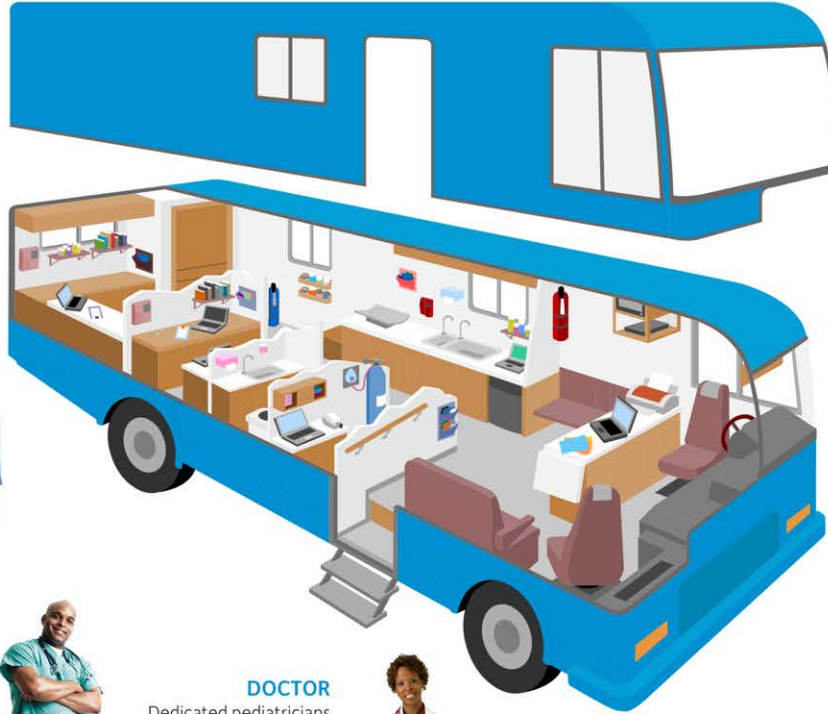
Challenges and Opportunities – A Workshop

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Children's Health Fund

Unique state-of-the-art mobile medical clinics with staff providing comprehensive health care. We provide a “doctor’s office on wheels”.



REGISTRAR



The Registrar signs in patients on the mobile medical clinic using a sophisticated Electronic Health Records system that efficiently and confidentially tracks medical histories, physical examinations, insurance needs, and other valuable patient information.

REFERRAL CARE MANAGER



During medical visits, the Referral Care Manager provides families with the assistance they need to access specialty services, including appointment scheduling, telephone reminders to parents, transportation to appointments as needed, and communication between primary care and specialty care providers.

NURSE



Nurses provide comprehensive clinical care to patients, while evaluating a child's overall development and health. They also provide guidance and support to families.

DOCTOR



Dedicated pediatricians provide comprehensive patient centered care, including primary, preventive, and acute care, regardless of ability to pay.

SOCIAL WORKER



Children's Health Fund project social workers address issues that exacerbate medical conditions by helping families connect with outside social services such as free legal aid, housing and job banks. In addition to providing group, individual and family counseling, the social worker may refer patients to psychologists or psychiatrists for additional care.

NUTRITIONIST



Nutritionists address the epidemic of childhood obesity and other nutritional problems by providing patients and their families with nutritional counseling to help them maintain a healthy weight, critical in the prevention of associated conditions such as early onset type 2 diabetes and cardiovascular disease.

MENTAL HEALTH PRACTITIONER

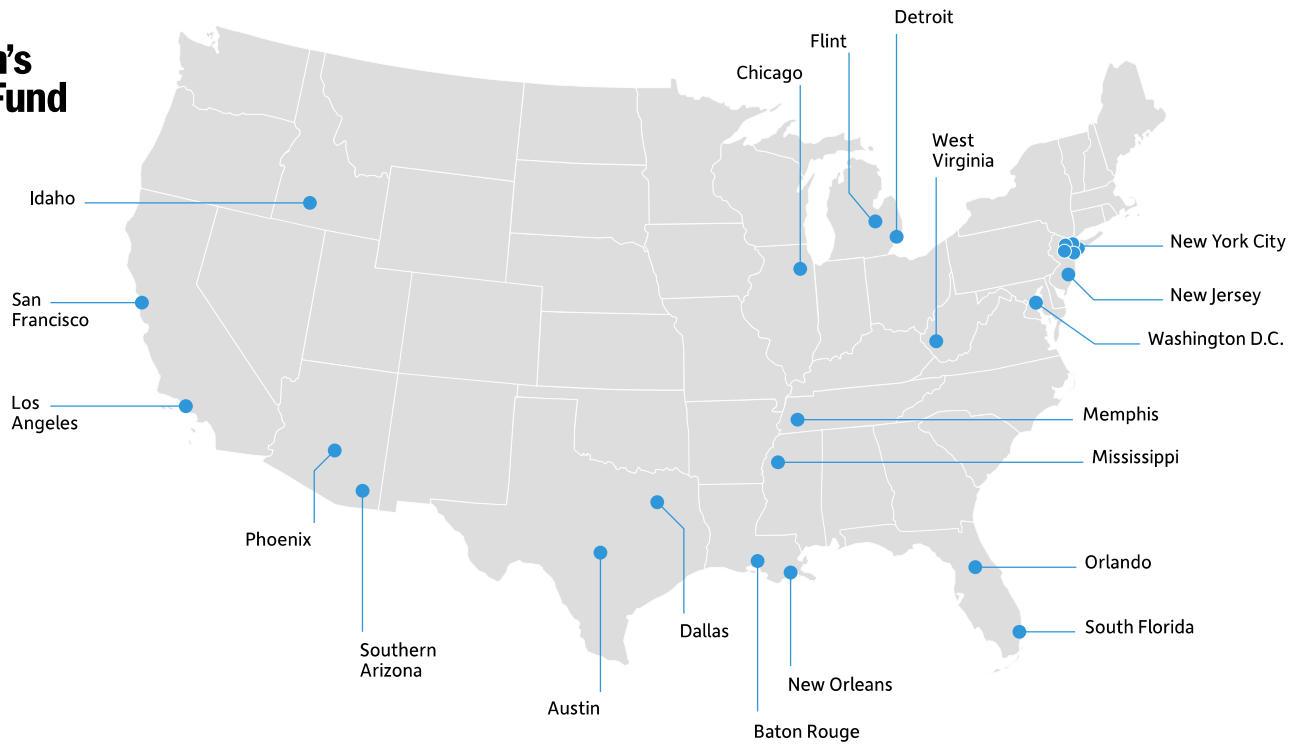


Psychologists and psychiatrists evaluate and treat patients and their families affected by conditions associated with poverty, unemployment, domestic violence, and homelessness. Providers treat conditions such as clinical depression and posttraumatic stress disorder by conducting psychosocial needs assessments, crisis intervention, group and individual counseling, and providing referrals for outside intensive counseling and hospitalization for Crisis situations.

HEALTH EDUCATOR



Given the busy schedules of the Children's Health Fund project physicians and nurses, health educators can work more extensively with patients in group or individual sessions about promoting and maintaining good health and preventing negative behaviors. Promoting health literacy with children helps facilitate healthy lifestyles, as they get older.



Health encounters
with kids
and families
to date



CHF National Network

- Mission Driven
- Hybrid Approach – Leveraging Policy Through Advocacy Based on Program Experience
- 21 Clinical Programs
- Rural Programs in Idaho, West Virginia, Arizona, Tennessee and Mississippi



Focus on Health Equity

- What does “health equity” mean from the CHF perspective?
- Medical home access
- Children are healthy and ready to learn
- Health status does not undermine opportunity



The Medical Home Model

- Continuous
- Comprehensive
- Accessible
- Family-Centered
- Coordinated
- Compassionate
- Culturally Effective



The Enhanced Medical Home

Enhancing the efficiency and impact of the pediatric primary care model to address new challenges:

- Mental Health
- Oral Health
- Electronic Health Records
- Tele-Medicine
- Transportation Services



CHF Rural Programs

- Informed by an adaptive learning process
- Recognition and understanding of the full range and aggregate impact of factors that define the frame of health access in underserved communities
- Collaborative strategies to find solutions to address health access barriers



Frame-setting Factors

- Poverty / socio-economic status
- Workforce shortages
- Transportation
- Citizenship status
- Cultural barriers



Lack of Transportation: A Critical Health Access Barrier for Children



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CHF survey data:

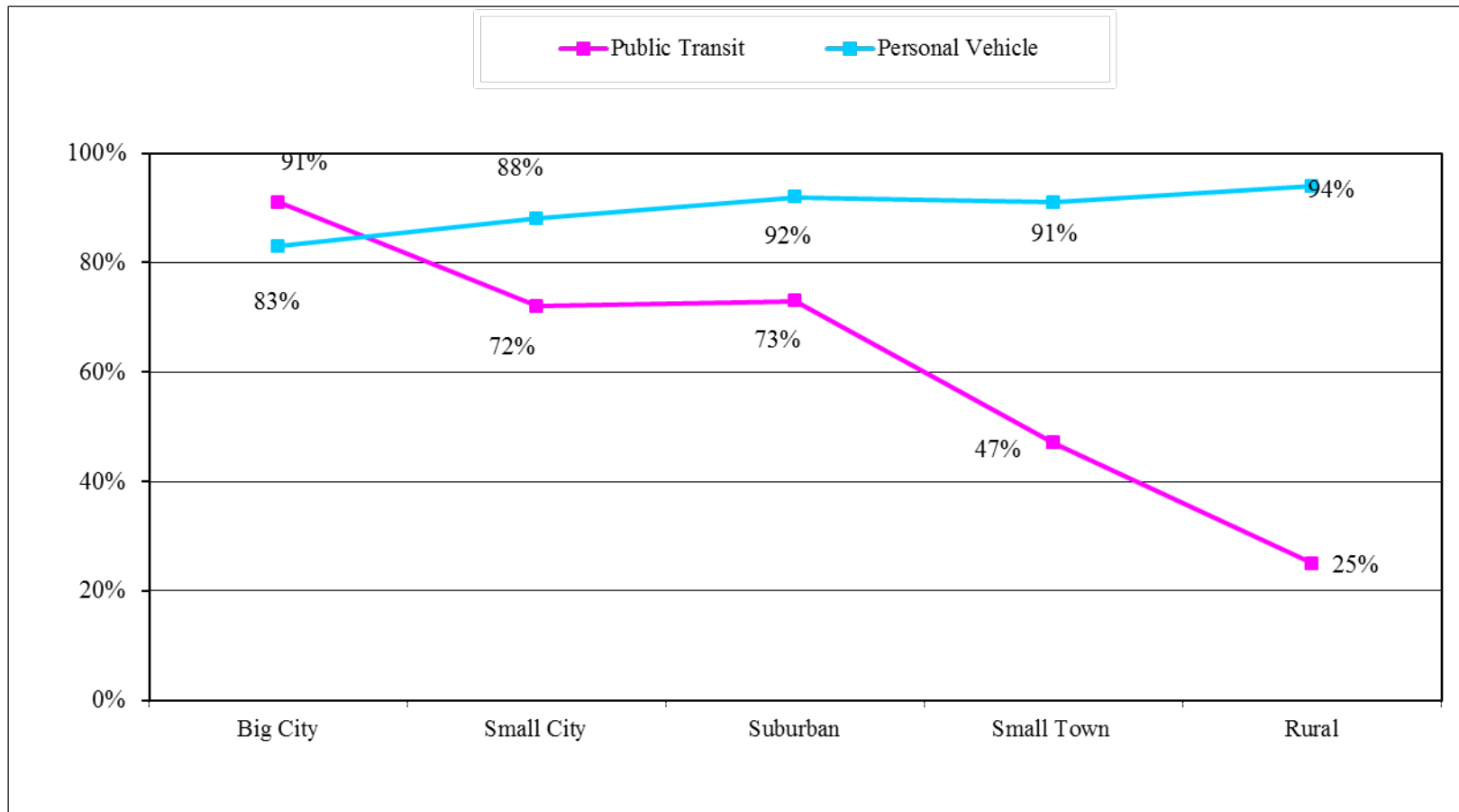
Availability of transportation

- 39% of US residents did not have public transportation available in their community
- 11% of US households did not own a working vehicle
- Public transportation availability varied significantly by area of residence
- Automobile ownership did not vary significantly by area of residence

- 2006 Marist College Institute for Public Opinion
- 2009 Delta Rural Poll, Delta State University, Cleveland MS



Transportation availability by area of residence



Missed healthcare appointments

- **4% of US children regardless of income, insurance status or area of residence missed a health care appointment because of transportation last year**
 - **9% of children in poor & low-income families**
- **63%** of those who missed an appointment missed two or more visits during the year
- **31%** of parents reported that they later sought emergency care for the condition associated with the healthcare appointment



Transportation as a Health Access Barrier

- Missed opportunities for immunizations and routine well-child care
- Increased incidence of untreated chronic illnesses
- Increased use of emergency rooms (and ambulances) for non-emergency care
- Increase in preventable hospitalizations



Bottom Line

- Transportation is a key component of the “medical home” model of care
- Transportation accessibility, promotion and utilization will contribute to improved health outcomes for children and families
- Medical transportation provider organizations must be committed to being part of the health care team to create a more seamless system and improve health access



Health Transportation Shortage Index (HTSI)

- Rates factors associated with barriers to primary care access
 - Rural/metro area of residence
 - Poverty (proxy for not owning a vehicle)
 - Health professional shortages
 - Safety net health care resources
 - Public transportation infrastructure
- Generates a score from 0 to 14
 - Score of 8 or higher indicates high risk



Idaho Children's Health Project

- Based at Family Health Services
- Affiliation w/ St. Luke's Hospital and University of Utah Health Sciences Center
- Provides medical, dental and behavioral services
- Serves low-income, uninsured and migrant seasonal farm workers in South Central Idaho
- CHF support: Dental Health Mobile Clinic



Major Challenges

- Lack of transportation
- Lack of Medicaid providers
- Geographic spread of community-based health facilities and patient base
- Growth in permanent migrant population
- Rejection of ACA Medicaid expansion



Insurance Is Not Enough – A Familiar Sequence

- Safety net program coverage
- Transportation deficiencies
- Sub-optimal access to primary care
- Sub-optimal management of chronic conditions
- Over-utilization of emergency care services
- Increased referrals to more-costly specialists
- Increased health care costs
- Poorer health outcomes



Takeaway

- In rural America, transportation access is the critical connective tissue supporting health access, opportunity and, ultimately equity.



To Be Considered

In-State

- Monitoring IDAHO NEMT brokerage
- Educating / convening stakeholders on HTSI
- Enlisting support of institutional partners
- Engaging state transportation officials
- Community health / education partners
- Local economic development entities

Federal

- Preservation / protection of Medicaid
- Budget support for NHSC and CHCs
- Telehealth reimbursement for Medicaid



Questions?



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