

# Equitable Access to Health and Healthcare

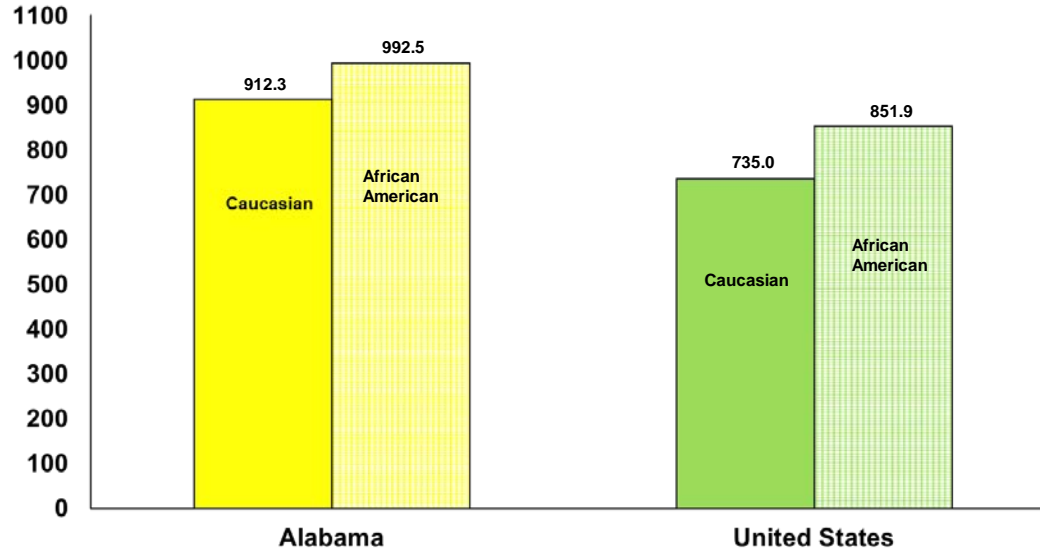
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**ACHIEVING RURAL HEALTH EQUITY AND WELL-BEING:  
CHALLENGES AND OPPORTUNITIES— A WORKSHOP  
JUNE 13, 2017**



# A PICTURE OF RACIAL AND GEOGRAPHICAL DISPARITY

2015 Age-Adjusted Mortality Rates by Race  
Alabama and the United States



SOURCE: CDC Wonder, accessed on June 12, 2017.  
NOTE: Rate is per 100,000 standardized population.

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# 2015 AGE-ADJUSTED MORTALITY RATES!

(Rates are per 100,000 Standard Population)

<b>United States</b>	<b>733.1</b>
<b>Alabama</b>	<b>924.5 – 4<sup>th</sup> highest among all states</b>
<b>Alabama's URBAN Counties</b>	<b>885.3</b>
<b>Alabama's RURAL Counties</b>	<b>980.9</b>
<b>Black Belt Region Counties</b>	<b>999.6</b>

# **OUR HEALTH CARE INDUSTRY IS STYMIED BY UNCERTAINTY**

**Will the Affordable Care Act be Repealed and Replaced?**

**Will there simply be attempts to correct weaknesses in the ACA?**

**What will rural hospitals look like after health care reform?**

**What will be the role of public health in the future?**

**What will be the role of Federally Qualified Health Clinics in the future?**

**What will be the role of Rural Health Clinics in the future?**

**What will be the roles of other health care system components in the future?**

**What will happen to Medicaid?**

**What is the future of Medicare?**

# **WHAT IS RURAL ALABAMA'S MOST IMPORTANT HEALTH CARE ISSUE?**

## **ACCESS TO HEALTH CARE**

- 1. Health care must be locally available**
- 2. Must be able to get to the local health care**
- 3. Must be able to pay for the local health care**
- 4. Must understand what care is needed and how to receive the care (health care literacy)**

# WHAT STEPS HAS THE STATE OF ALABAMA TAKEN TO ADDRESS HEALTH CARE ACCESS IN RURAL COMMUNITIES?

Alabama Health Care Improvement Task Force established in 2015 through executive order.

Transforming Alabama's Medicaid system into Regional Care Organizations.

Alabama Department of Public Health is placing telemedicine equipment in 59 county health departments and inviting local practitioners to use this equipment.

Alabama gives rural physicians a \$5,000 income tax credit for five years.

Alabama has state programs to assist in paying off primary care physicians, dentists, nurse practitioners, and physician assistants educational debt in return for service in a rural, underserved area. Some of these are not funded. None are adequately funded.

A special board has been established with less than adequate funding that is used to facilitate rural family medicine training and other rural family medicine needs.

UAB has two programs that allow up to 24 rural students with an interest in practicing primary care in a rural area to be admitted to medical school each year. In addition, two osteopathic medical schools have recently been established in Alabama.

Alabama has provided start-up funding to establish 12 new primary care residency programs in rural areas.

Alabama state agencies have worked with military Medical Service Corps to provide screenings and clinics in underserved rural areas, especially the Black Belt Region.

The Alabama Department of Public Health has partnered with the Urology Health Foundation to provide nearly 12,000 free prostate screenings in local health departments. This department also led the intervention activities during a recent tuberculosis crisis in Perry County.

# WHAT STEPS COULD THE STATE OF ALABAMA TAKE TO ADDRESS HEALTH CARE ACCESS IN RURAL COMMUNITIES?

Expand Medicaid.

Expand the use of Telehealth and Telemedicine, including the passage of parity legislation.

Encourage the expansion of broadband access in rural areas.

Change rules and regulations to allow mid-level practitioners (nurse practitioners, physician assistants, etc.) to provide more patient services.

Authorize a new type of hospital or emergency facility that will bring emergency care to all rural areas without financially imperiling existing rural hospitals that are chronically operating in the red.

Assist rural areas in developing strategies for economic development, in consideration of the areas strengths, and assist in the economic development.

Encourage the development of health-related programs utilizing local residents and resources that will positively impact on local access, regardless of health care reform options.