

Health in Rural Massachusetts

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Health Professions Students**

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Rural Massachusetts

Mass. often thought of as urban because dense concentration of people in metro Boston/eastern cities,

BUT...

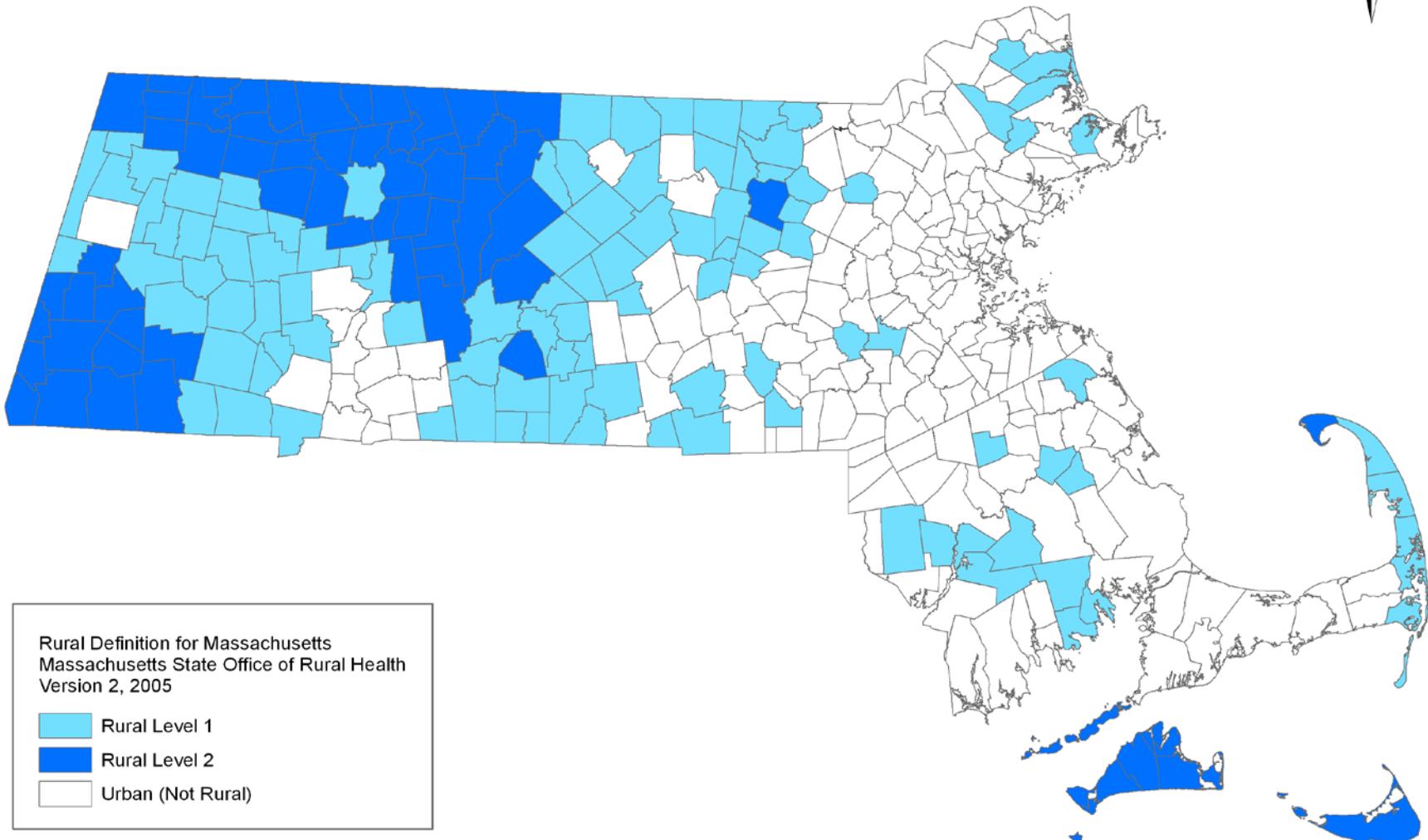
- Nearly 800,000 people (12%) live in 54% of state's landmass classified as rural (Census Bur).
- Nearly half MA towns rural (46%) by a federal definition.
- Rural does not necessarily mean "extreme remoteness," or even "Western Mass."
- There are many, many rural definitions !!
- Key factors used:
 - ▣ population size, population density, distance to core cities



From the Berkshires to the Islands

- Massachusetts' rural communities are diverse geographically, economically, and culturally.
- Rural Mass. communities stretch from
 - **Western Mass** - river valleys, hill towns, and forested mountains
 - **Central Mass** - scenic pastures, forests, small towns
 - **Southeast and Coastal** - seashores and Island communities

A Definition of Rural Applied to Massachusetts Towns



Rural Definition for Massachusetts
Massachusetts State Office of Rural Health
Version 2, 2005

- Rural Level 1
- Rural Level 2
- Urban (Not Rural)

“When you see one rural area you have seen one rural area.”

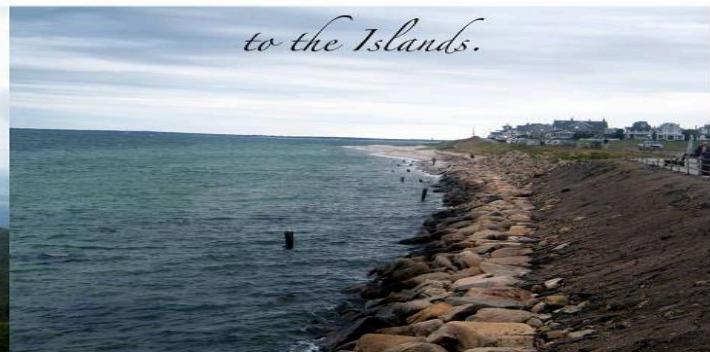
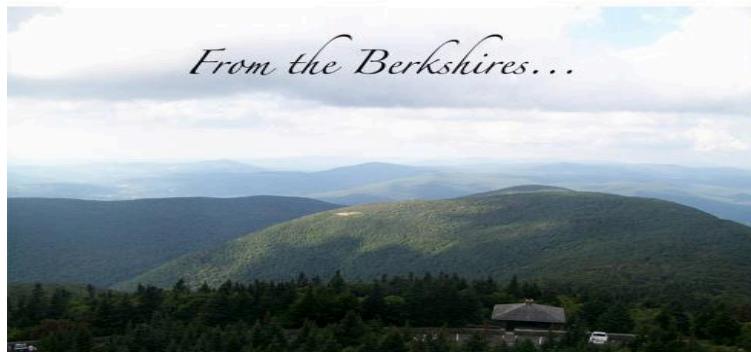
- Some similar characteristic needs, challenges, and strengths as a group.
- Always have to look at each rural area so you do not mask needs or challenges for particular rural parts of the state.



Rural Appropriate Models

For models of care & program models...

“Rural is not just small urban!”



Rural Massachusetts

Rural People



- Possess a strong sense of community and place
- Know each other, listen to each other, and work together to benefit the community

Rural Communities

- Rich history of creativity and ingenuity in addressing local problems
- Great places for healthcare collaboration and innovation



Rural Massachusetts



Rural Healthcare

- More patient-centered
- Providers have the opportunity to provide broader range of services
- Get to know their patients in a fuller way

Rural Healthcare Organizations

- Sources of innovation, ingenuity, and resourcefulness
- Reach beyond geographic boundaries
- Deliver quality care – ***Rural leads in quality!***
- Economic foundation of communities



Rural hospitals are often the economic foundation of their communities.



**Every \$1.00 spent
generates \$2.20 for
the local economy!**



Key Challenge for Rural Healthcare

**Lower population density *AND*
greater distances**

- Population smaller and spread out... program fixed costs can be higher per person served
- Lower volume...but need to maintain quality and good accessibility
- Need supply of providers and allied/support staff that like the lifestyle and the community based, connected practice style



Population Decline



County Census Data				
County	2000 Population	2010 Population	2010 Change	2010 % Change
Barnstable	222,230	215,888	-6,342	-2.85%
Berkshire	134,953	131,219	-3,734	-2.77%
Bristol	534,678	548,285	13,607	2.54%
Dukes	14,987	16,535	1,548	10.33%
Essex	723,419	743,159	19,740	2.73%
Franklin	71,535	71,372	-163	-0.23%
Hampden	456,228	463,490	7,262	1.59%
Hampshire	152,251	158,080	5,829	3.83%
Middlesex	1,465,396	1,503,085	37,689	2.57%
Nantucket	9,520	10,172	652	6.85%
Norfolk	650,308	670,850	20,542	3.16%
Plymouth	472,822	494,919	22,097	4.67%
Suffolk	689,807	722,023	32,216	4.67%
Worcester	750,963	798,552	47,589	6.34%

The 3 counties that experienced a population decrease are predominately RURAL counties.

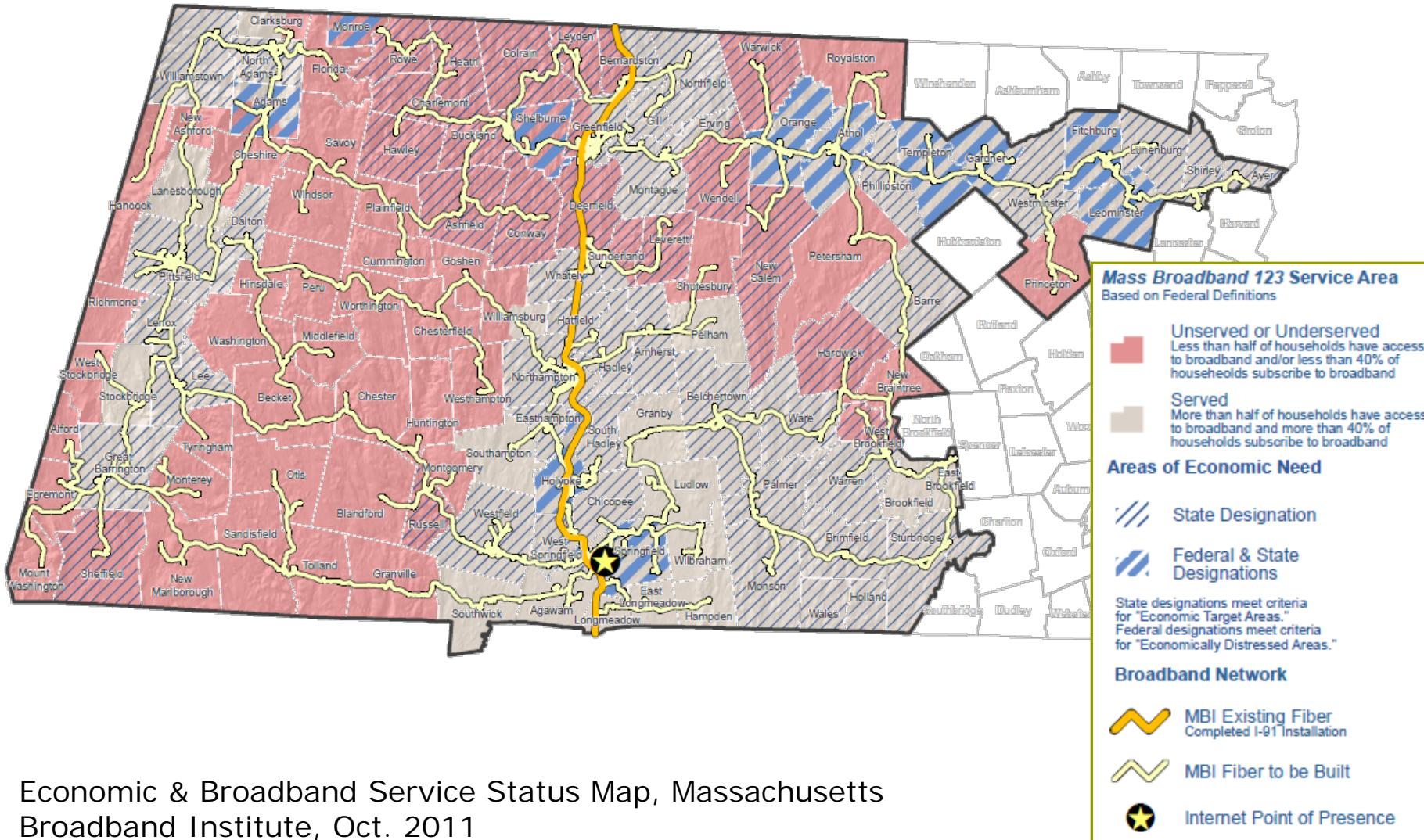
Geographic Barriers to Care for Rural MA



- Low population densities
- Longer distances
- Mountains, hills, oceans, winding country roads, longer distances, lack of public transportation
- Patchwork quilt of small towns
- Lack of inexpensive and fast telecommunications, (broadband, high speed internet, cell phone)
- Cultural differences

further isolate rural communities from more centralized or regionalized state programs

Broadband Access in Western MA



Provider Data



Middlesex County has nearly *twice* as many general practice physicians as Barnstable, Berkshire, Dukes, Franklin and Nantucket counties combined and *six times* as many physicians with a specialty in psychiatry

Geography	Year	Licensed Physicians with Speciality: Psychiatry: Count	People per Physician
Middlesex County	2009	610	2,464
Rural Counties	2009	106	4,200
Massachusetts Total	2009	1,773	3,693

Western Mass. EMS Organizations

92% survey response rate



Service Level

(Some recent improvements toward increase in paramedic level respondents)

- 39% of respondents - Basic Level Only
- 18% of respondents - Intermediate Level is highest level
- 43% of respondents - Paramedic Level

Personnel Status

- 49% respondents have paid staff
- 22% of respondents have a mix of paid and volunteer staff
- 27% of respondents have volunteer staff

Rural MA Socioeconomic Challenges

- ❑ Incomes lower
- ❑ Rely heavily on tourism, service, agricultural, and fishing economies
- ❑ Some rural towns are former small mill towns where the mill has closed or greatly downsized
- ❑ Higher proportion of self-employed, family workers, and small businesses; with fewer benefits.
- ❑ Number of persons in rural areas with advanced education lower than the state average



Health Disparities in Rural MA



- Many of our rural counties experience higher rates of injuries, chronic disease, teen pregnancy, smoking, and substance abuse than the state as a whole.
- The health outcomes of rural communities vary greatly across communities; the health issues of one rural county may not be a health issue at all in a different rural county.
- Lack of access to general and specialty healthcare services, mental health, and oral health services due to healthcare professional shortages.
- Can be a real culture clash when “regionalization” happens and an urban “expert” organization goes in to serve a rural community. “home grown” vs. “expert from outside”

Chronic Disease



Chronic Disease Indicators

Crude rates per 100,000 people

	Berkshire	Dukes	Nantucket	Franklin	Barnstable	State
Total deaths (all causes)	749.1	701.4	903.1	711.7	618.2	699.1
Total cancer deaths	173.1	205.3	216.8	190.4	170.8	177.4
Lung cancer deaths	49.2	62	56.2	63.5	43.3	49.4
Breast cancer deaths	24.8	15.3	43.7	20.7	23.7	21.2
Cardiovascular disease deaths	228.4	210.3	331.7	226	187.4	210.9

Behavioral Health (MassChip)



Injury Indicators

Crude rates per 100,000 people

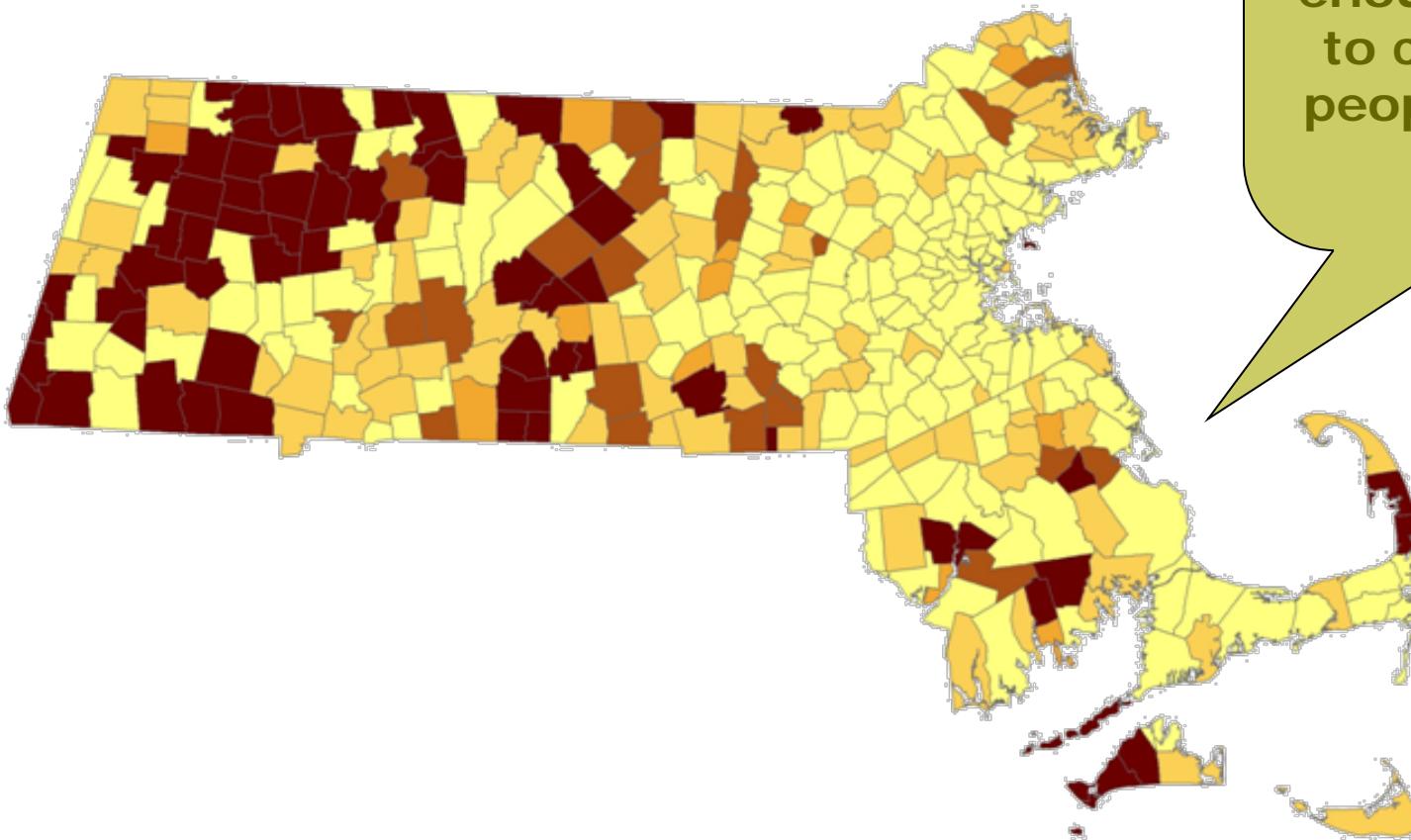
	Berkshire	Dukes	Nantucket	Franklin	Barnstable	State
Motor vehicle related injury deaths	7.6	6.4	0	8.3	5.3	5.8
Suicide	11.4	12.8	9.9	6.9	14.6	7.7

Substance Abuse Indicators

Crude rates per 100,000 people

	Berkshire	Dukes	Nantucket	Franklin	Barnstable	State
Admissions to DPH funded treatment	2193.8	1704.6	584.5	1342.3	2281.6	1589.9
Injection drug user admissions to DPH	378.1	358.9	NA	172.6	606.2	619.5
Alcohol and other drug related hospital	1011.6	173	178.3	308	243.7	345.6

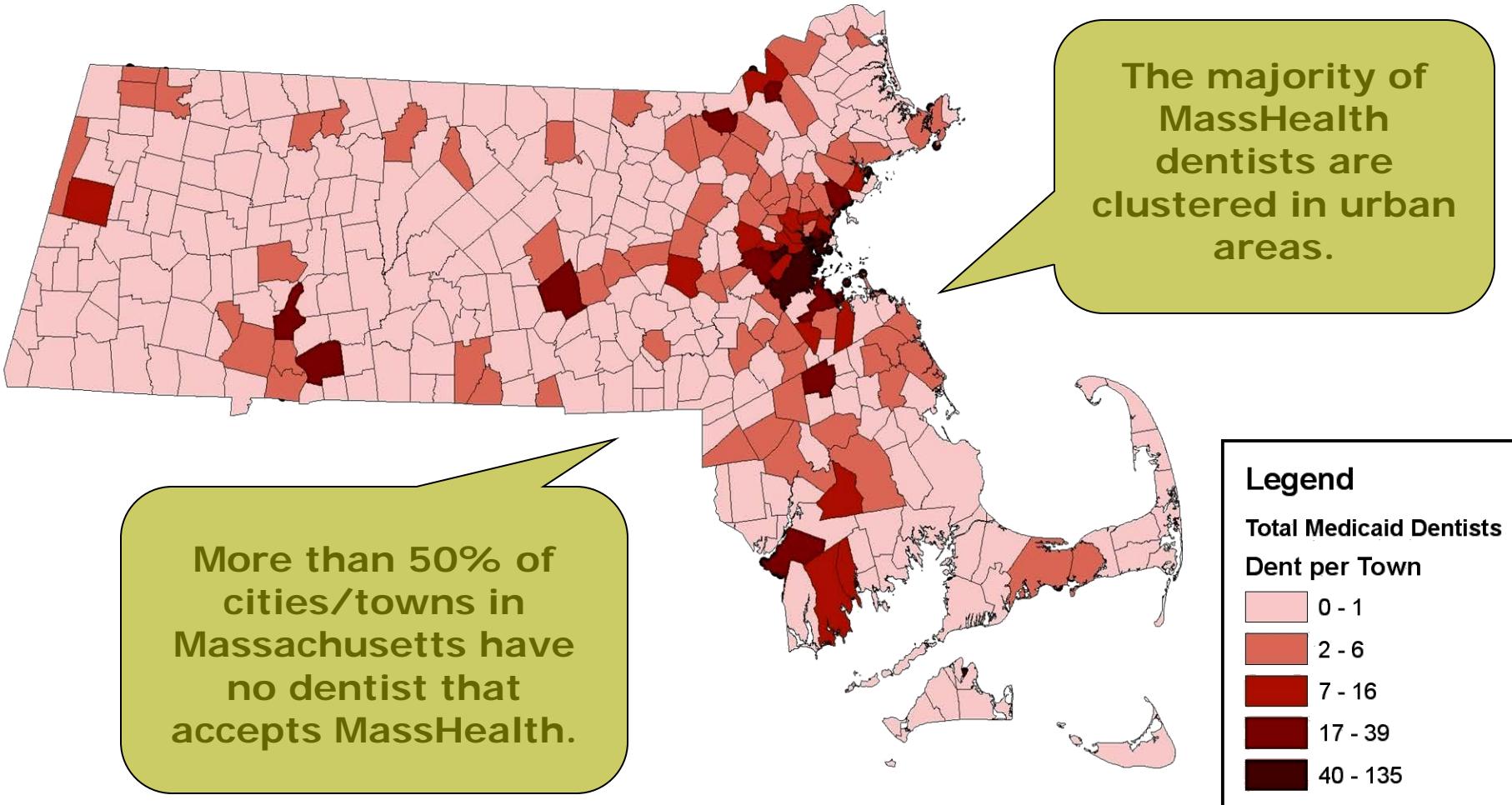
People-Per-Dentist Ratio



30% of cities/towns in Massachusetts don't have enough dentists to care for the people who live there.

Legend	
People per Dentist by City/Town	
	1 - 1500
	1501 - 4000
	4001 - 5000
	5001 - 11260
	No Dentists

Number of MassHealth Dentists



Publicly Financed Care



- ❑ Rural population is more dependent on publicly-funded health services, as are the providers.
- ❑ High proportion of elderly population; Medicare is payer of major importance.

Higher % of elderly Age 65+ (Census 2010)

■ Statewide urban & rural	14%
■ Barnstable County	25%
■ Berkshire County	19%
■ Dukes County	16%
■ Franklin County	15%
■ Nantucket County	12%

35
%

54
%

In **Berkshire County**, 54% of pregnant women rely on **publicly financed prenatal care** compared to 35% **statewide**.



Mass SORH

State Office of Rural Health



- Funding
 - Federal Office of Rural Health Policy/HRSA
 - MDPH state matching funds
 - Leverage other state, federal, private sources through partnerships and collaborations

- Builds partnerships to improve access to health services, build better systems of care, and improve health status in rural communities.

MA SORH

Federal Grants

HRSA/Federal Office of Rural Health Policy

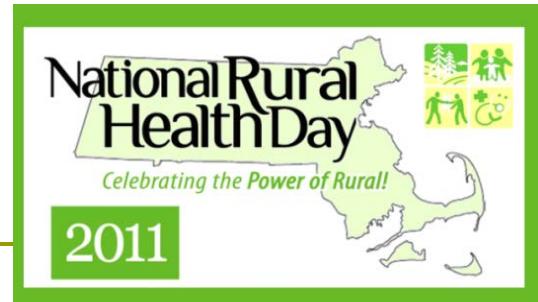


State Office of Rural Health Program

Core Functions

- Collection and dissemination of information
- Leadership and coordination of rural health resources and activities statewide
- Provision of technical assistance
- Encourage recruitment and retention of health professionals in rural areas
- Participate in strengthening state, local, and federal partnerships
- Rural voice within state government

SORH Initiatives This Year



- 2nd Annual National Rural Health Day
- Reshaping advocacy and awareness efforts
- Reshaping Advisory Council
- Info dissemination, education, and networking
- New England Rural Health RoundTable
- Healthcare workforce pipeline, recruitment, and retention
- Safety net healthcare providers and rural health system development
- Evidenced based elder health programs
- Veterans health services

MA SORH

Federal Grants



Massachusetts Rural Hospital Flexibility Program

MA and National Health Reform Priorities

- Hospital operational and financial improvement
- Quality improvement and patient safety initiatives
- Coordinated and integrated systems of care - health systems development and community engagement
- Critical Access Hospital designation and support
- Data reporting, HIT, and telemedicine
- Emergency Medical Services....QI, integration, workforce

MA SORH

Federal Grants



Small Rural Hospital Improvement Program

Subcontracts Support Health Reform Initiatives

- Prospective payment systems
- Bundled payments - new payment systems
- Value based purchasing - data reporting and quality improvement
- Accountable Care Organizations - collaborative systems development and alignment

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New England Rural Health RoundTable:

www.newenglandruralhealth.org