Recruiting employees is “almost universally the number one” challenge for rural health centers, says John Felton, President/CEO of RiverStone Health in Billings, MT, and chair of NACHC’s Rural Health Committee. The reasons for that difficulty are many. For those who work at a rural health center, it can mean taking a pay cut because rural Federally Qualified Health Centers (FQHCs) lack the resources to be competitive. In the case of Penn Yan, NY-based Finger Lakes Health Care (FLCH), CEO Mary Zelazny says salaries for providers can be $20,000 to $30,000 less than in Rochester, NY just 50 miles away.

It used to be easy to staff Beaufort-Jasper-Hampton Comprehensive Health Services, Inc. (BJHCHS), notes Roland Gardner of the rural FQHC he heads that is based in Ridgeland, SC. That was because the health center serves an area where many people choose to retire — on the coast between Charleston and Savannah. Today however, Gardner says the health center has a high Health Professional Shortage Area (HPSA) score* due to a nationwide shortage of primary care physicians, as medical students tend to gravitate to high-paying specialties rather than primary care. Another challenge he points to is a local trend where area hospitals buy up practices and offer tens of thousands more in salaries to physicians.

In addition to salary differentials there are less measurable things (yet no less important to potential employees) that rural communities tend to lack such as a large group of colleagues to fraternize with and social and cultural amenities. Also, job opportunities can be slim or nonexistent for spouses or partners who also want a meaningful career.

Rural America is also shrinking and getting older. Smaller patient bases

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*A HPSA scoring system is used by the federal government to identify the level of need in a given area for primary care, dental health or mental health providers. The higher the score the greater the need for services and providers.
adversely affect health centers’ economics and an older population means more patients with costlier chronic diseases.

**Technology bridges geography**

In rural areas, patients routinely traverse greater distances to get care. “Everything for us is a drive... Getting to the mall takes an hour,” notes Zelazny. About 20% of the population of Yates County, NY, of which Penn Yan is the seat, doesn’t even drive — they’re Amish and Mennonites who get around with horses and buggies. (All nine of Zelazny’s health center sites provide parking both for four wheels and four legs.)

Telemedicine however has “changed the landscape,” says Zelazny, and is a lifeline for rural communities by allowing patients to “see” a doctor without traveling vast distances. Telemedicine also alleviates the professional isolation providers often feel in rural settings.

“Providers who are working in rural communities are... [videoconferencing with] the specialist in Rochester...and creating relationships and valuable learning opportunities that I couldn’t put a price tag on...That’s been a real win-win for us because it gives me the ability to say to new providers: ‘You’re going to have access to cutting-edge technology; you’re going to have access to the best specialists in the state.’”

Some providers who were offered positions in more urban settings told Zelazny they decided to stay at her center thanks to telemedicine.

Lastly, for patients who worry they could be identified and stigmatized in their community if they sought services like HIV treatment or mental health, telemedicine offers privacy.

**Broadband access can still be a challenge**

Telemedicine hinges on broadband quality which can be inconsistent in rural areas. Finger Lakes Health Care has good broadband but, just five miles away, Zelazny has no high-speed internet at home. While the non-profit Universal Service Administrative Company (USAC) subsidizes the costs of bringing broadband to many rural areas, access can still pose challenges for communities.

South Dakota-based Horizon Healthcare Inc. still pays over $20,000 a month to connect almost 30 sites — and costs increase annually. That may drive Horizon to use the Internet more where quality drops noticeably each afternoon when school lets out. “If you have a physician on the other end who’s giving you 15 minutes to do a patient visit,” observes Horizon CEO John Mengenhausen, “and all of a sudden, he can’t see the images, he gets frustrated.”

**It’s not a health care job — it’s a health care mission**

Food insecurity. Poverty. Homelessness. These are just a few of the other challenges rural health centers take on. “We tell our providers that it’s difficult to work in an FQHC,” says Felton. “The people who do this work have to have a sense of mission as well...We get patients that other patient provider practices don’t want.”

Most rural health providers see conditions that are unique to their area. Yates County has the second highest per capita opioid overdose rate in the state. One disturbing new trend for FLHC is teenagers who are living “off the grid” by themselves because parents overdosed. “It’s been really challenging. You can treat them for family planning services but they need regular health care and have no parents or guardians. It puts providers in a funny spot because of legal constraints.”

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FLHC’s Mennonites and Amish don’t have drug problems but they put their children to work at an early age: “Farming is extremely dangerous, and when you have an eight-year-old driving a tractor there are accidents.”

Horizon operates in some of the poorest regions of South Dakota, if not the nation. Abuse of alcohol, meth, and aerosols (“huffing”) is a problem, particularly on the Indian reservations, as are teen pregnancy, diabetes, and fetal alcohol syndrome.

The main health issues BJHCHS treats are diabetes, hypertension, and obesity. In 1972, they had eight or nine patients on dialysis. Now BJHCHS has two dialysis clinics that run seven days a week almost 20 hours a day and too many amputees to count. Opioid abuse is starting to creep into their service area. The Beaufort County Coroner, who sits on his board, told Gardner that overdoses doubled in the past year.

Methamphetamine is a problem for RiverStone. It is the drug of choice for workers in North Dakota’s Bakken Oil Field, and Billings is a staging and shipping point for that supply. Additionally, Montana is always number one or two nationwide for its suicide rates. The reason for that, says Felton, exemplifies rural health issues: poverty, social isolation, substance abuse, and poorly-managed mental illness, mixed with easy access to firearms.

“You can’t do much about the social isolation piece…but when you don’t have sufficient mental health resources people end up self-medicating and ultimately we end up with a very high suicide rate.” Lastly, Felton notes that patients in agricultural areas tend to let health issues go farther before going to a doctor. He’s seen people with advanced cancers because they wouldn’t seek diagnosis or treatment until the wheat was harvested or calving was done.

Rural America might be hollowed out but it is not empty. The challenge, says Mengenhausen, is providing health services to a community of 600 or 700 residents. Some of Horizon’s smaller sites serve only seven to ten patients a day, so he uses busier sites to prop them up. “Yes,” says Mengenhausen, “maybe financially it would make more sense to close the doors but that would go against our mission which is to provide health care to rural and frontier South Dakota…[T]hose people have a right to quality health care just as you do.”

Community health centers, stresses Zelazny, are essential lifelines and sources of hope in many rural communities as they not only provide health care but economic opportunities. They collaborate with community leaders “to figure out how we can provide not only health care but answers to other issues like how to keep people housed and fed.”

Challenges aside, there are positives to living in a rural community. “I don’t think you could explode us out of Billings,” says Felton, who raised his family there. “The West has a mentality of helpfulness…I hit a deer a couple of years ago and had 20 people stop to make sure I was OK…I couldn’t imagine living anywhere else even as I look out and it’s 30 degrees and there’s six inches of snow on the ground.”

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