

Community Health Centers Meeting Rural Health Needs

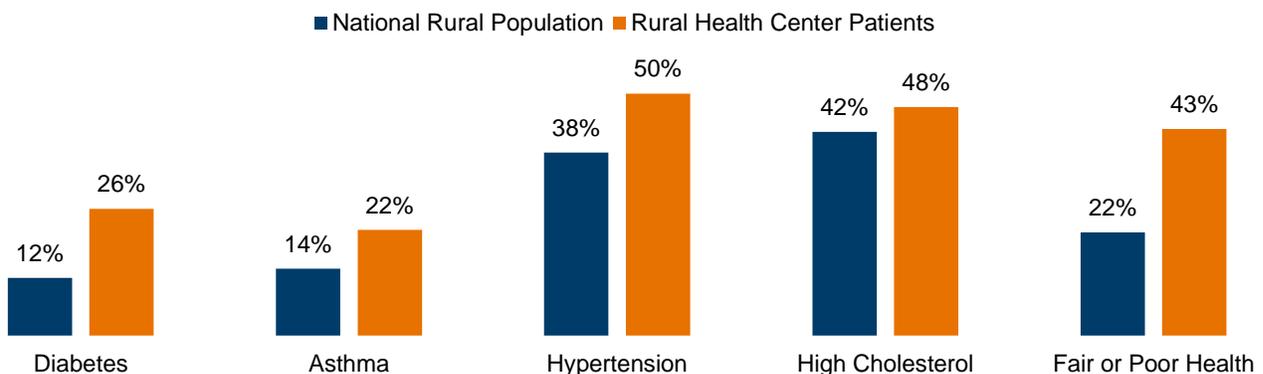
Rural populations face many of the same barriers to health care that affect underserved communities nationally, including costs, lack of transportation, and language barriers, among others. These barriers are often exacerbated in rural communities due to health care workforce shortages and long distances between providers.¹ Moreover, a trend of rural hospital closures has further compounded the problem, leaving many rural and frontier communities with few or no options for care.² Combined, these barriers contribute to worse health outcomes for rural populations.³

The Health Center Program⁴ makes up the largest primary care network in the nation and plays a critical role delivering needed health care to rural areas. Health centers are non-profit, primary and preventive care providers serving low-income and medically underserved communities. Today, more than 600 health center organizations are operating nearly 4,500 sites in rural communities and serve **1 in 5 rural residents** across the U.S.^{5,6}

Who Rural Health Centers Serve

Compared to the total US population, rural residents experience high rates of many social and demographic factors associated with worse health outcomes, such as lower incomes, lower rates of health insurance coverage, and an aging population.³ Rural health centers are effectively reaching these populations; the vast majority (87%) of rural health center patients are low-income and 75% are uninsured or publicly insured. Rural health centers also serve more elderly patients, with roughly 1 in 8 patients (12%) ages 65 or older, compared to urban health centers with roughly 1 in 14 patients (7%) ages 65 or older.⁵ Compared to the general population, rural health center patients are also more likely to report being in fair or poor health and have higher rates of chronic conditions, including diabetes, asthma, hypertension, and high cholesterol.^{7,8}

Prevalence of Chronic Conditions and Self-Reported Health Status in Rural Areas, 2013-14^{7,8}



Note: Ages 18 and older. National Rural Population based on estimates for 2013. Rural Health Center Patients based on estimates for 2014.

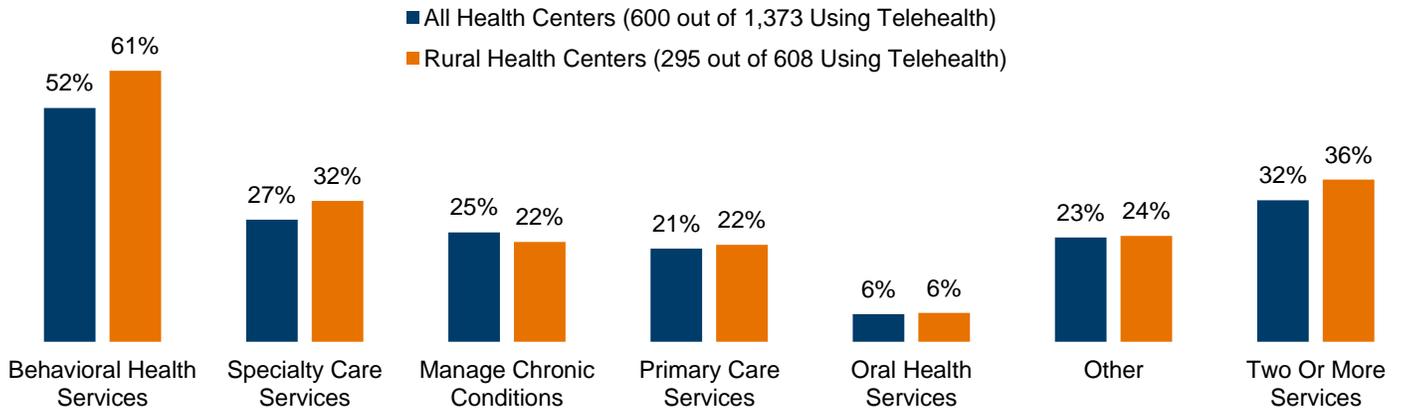
Health Centers' Comprehensive Services

All health centers are required to offer a comprehensive set of services to all patients, no matter their insurance status or ability to pay. Increasingly, health centers are integrating primary care with dental, behavioral health, and pharmacy under one roof for easier access. Health centers are also growing their “enabling” services that facilitate access to care and help patients make better-informed decisions about their health – such as care coordination, transportation, and health education. In fact, growth in rural health centers’ staff for behavioral health, dental, pharmacy and enabling services outpaced that of medical staff between 2007 and 2017. For example, rural health centers **nearly tripled their behavioral health staff (284% percent growth)** to over 3,300 full time equivalent (FTEs) in 2017, partially in response to the impact of the opioid crisis in rural areas, all while growing medical staff by 58% to over 25,000 FTEs in 2017. Dental, pharmacy, and enabling services staff grew by 98%, 80%, and 81%, respectively, during this period.⁵

Addressing Workforce Shortages Through Telehealth

Rural communities have long experienced health care workforce shortages with too few primary care providers choosing to practice in rural areas – a trend that will likely worsen in coming years.¹ One way health centers are addressing workforce shortages is through telehealth, a cost-effective way to increase access to care when providers are long distances apart.⁹ Rural health centers have led the way on telehealth, and today, **nearly half (49%) of rural health centers offer services through telehealth technologies.**⁵

Health Center Telehealth Services, 2017⁶

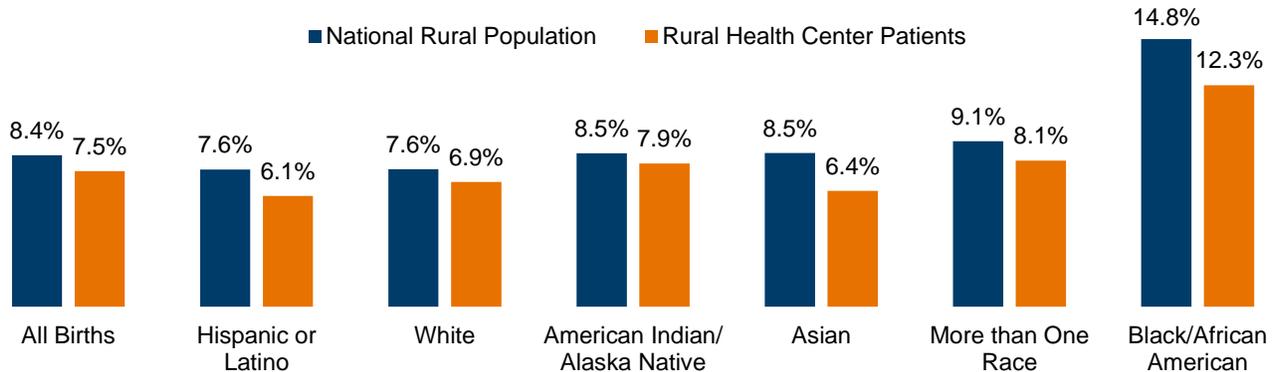


Note: Percentages include only health centers utilizing telehealth.

Achieving Better Health Outcomes for Rural Patients

Health centers are overcoming barriers to health care and are achieving better outcomes. For example, rural communities have historically had slightly higher rates of low birth weight babies,¹⁰ which is an important indicator of community health and is associated with future health complications, higher costs, and infant mortality.¹¹ **Rural health centers are achieving better (lower) rates of low birth weight babies for their patients, and are even beating the national average.**^{5,10} As rural health centers continue to grow and serve more rural communities, so too will their achievements in improving health outcomes and narrowing disparities.

Percent of Low Birth Weight Babies in Rural Areas by Race/Ethnicity, 2017^{4,9}



Sources and Notes: 1. National Rural Health Association. Health Care Workforce Distribution and Shortage Issues in Rural America. January 2012. 2. U.S. Government Accountability Office. Rural Hospital Closures: Number and Characteristics of Affected Hospitals and Contributing Factors. August 2018. Report Number: GAO-18-634. 3. North Carolina Rural Health Research Program. Rural Health Snapshot. May 2017. The University of North Carolina Chapel Hill. 4. In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC look-alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. 5. 2007 & 2017 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. Note: Federally-funded health centers only. Health Centers self-identify as rural or urban, and comparisons to non-health center rural populations are an approximation. 6. NACHC. Community Health Center Chartbook. January 2019. 7. 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. 8. Shaw, K.M., Theis, K.A., Self-Brown, S., Roblin, D.W., Barker, L. Chronic Disease Disparities by County Economic Status and Metropolitan Classification, Behavioral Risk Factor Surveillance System, 2013. Prev Chronic Dis 2016; 13:160088. 9. NACHC. 2018. The Health Center Program is Increasing Access to Care Through Telehealth. 10. NACHC analysis of CDC WONDER. Dept. of Health of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2017, on CDC WONDER Online Database, October 2018. Accessed May 3, 2019. 11. Paneth, NS. The Problem of Low Birth Weight. Future Children, Vol. 5(No. 1): pp 19-34. Spring 1995.

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