



Maryland Rural Health Plan Implementation Directions

Maryland State Office of Rural Health
June 2009

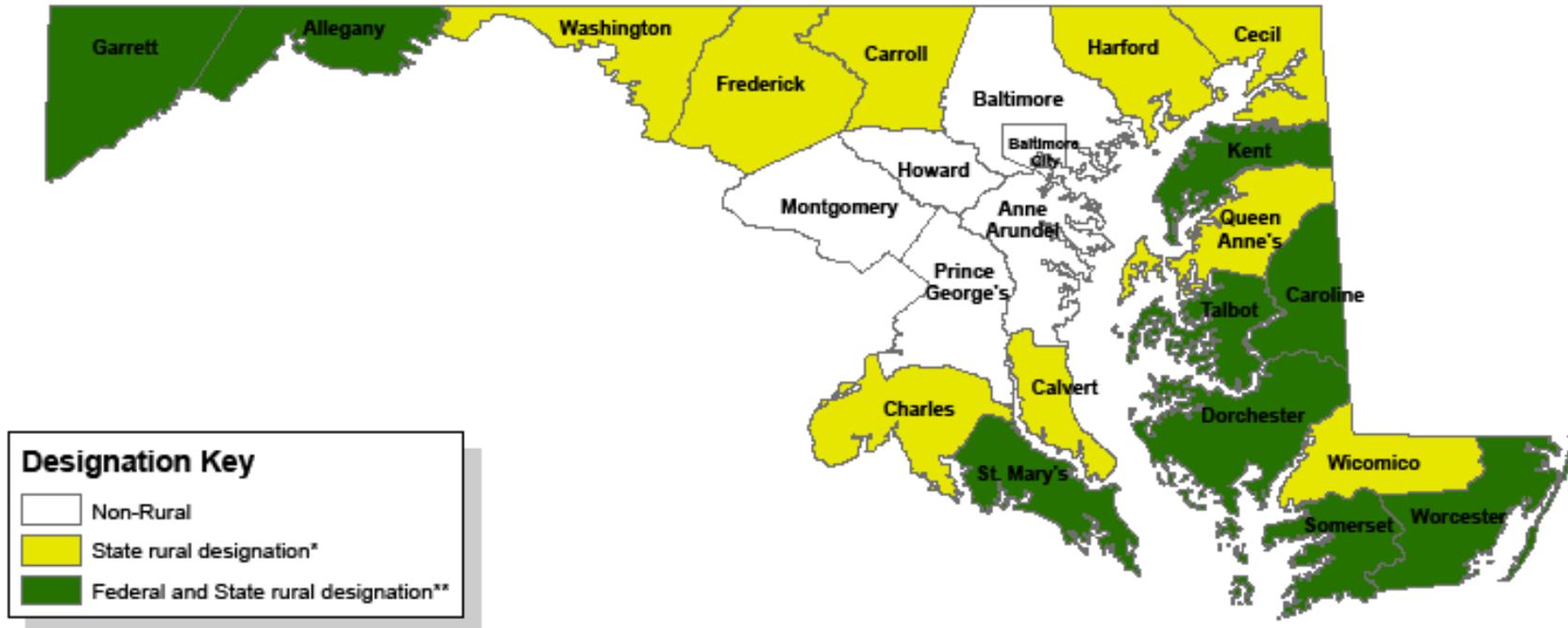




Presentation Overview

- State Office of Rural Health (SORH)
 - Maryland Rural Health Plan 2007
 - Rural Health Listening Sessions 2008
 - SORH Actions Guided by Plan since 2007
 - Future SORH Implementation Directions
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Maryland Rural Areas, 2008



*Counties with State rural designations are those counties mandated by Maryland code to have representation on the Rural Maryland Council.

**Counties with Federal rural designations are those defined by the federal Office of Rural Health Policy (ORHP) as rural for the purposes of ORHP funding eligibility. This map shows those counties that are entirely rural, except for Somerset, where five out of the seven census tracts are rural.

Prepared by the Maryland State Office of Rural Health located in the Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene.



State Office of Rural Health

- **Mission:**

The Maryland State Office of Rural Health (SORH) aims to improve the health of rural Marylanders through collaboration, networking, outreach, education, advocacy, and the development of special programs.

- **Federally Funded**

- ❑ State Offices of Rural Health (50 SORHs nationwide)
- ❑ Small Hospital Improvement Program (SHIP)
- ❑ State Matching Funds – Area Health Education Centers (AHECs)

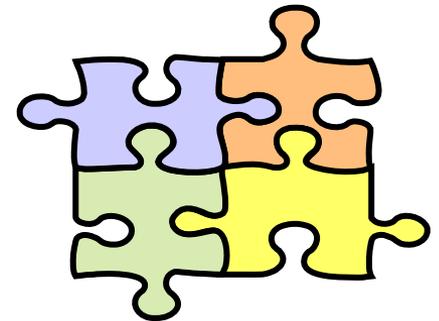
- **Office of Health Policy and Planning**

- ❑ Jeanette Jenkins, Director of OHPP
 - ❑ Liz Vaidya, Primary Care Office (PCO) Director
 - ❑ Sarah Orth, Health Policy Analyst
 - ❑ Judy Gerahty, Workforce Development Coordinator
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State Office of Rural Health Activities

- Improve healthcare in rural communities through:
 - Technical assistance
 - Rural recruitment and retention
 - Collecting and disseminating information
 - Coordinating rural health interests and activities



Maryland Rural Health Plan



Maryland Rural Health Plan, 2007



Rural Health Plan Overview 2007

- Vision: Raise awareness of rural health issues and strategies to address these issues
 - Assess the health status of Maryland's rural residents relative to non-rural residents
 - Set forth an agenda to build state consensus on the Plan to gain funding and resource support
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Rural Health Priority Areas

- Access to primary and specialty care and pharmacy services (availability of workforce and affordability)
 - Behavioral health (mental health and addiction/substance abuse)
 - Lifestyle issues (nutrition, obesity, wellness)
 - Oral health
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Rural Health Indicators

- Medically Underserved Areas
 - Health Professional Shortage Areas
 - Population Reporting Fair or Poor Health
 - Medicaid and Medicare Population
 - Physician Supply
 - Oral Health: Tooth Loss, Visits to Dentists
 - Adolescent Births
 - Risk Factors: High Blood Pressure, Obesity, Diabetes, Smoking, Chronic Drinking
 - Mortality Rates
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Rural Health Indicators

SORH Recent Actions Taken

- Updated Rural Health Appendix with most recent data
 - [Rural Health Plan Appendix](#)
 - Updated Health Professional Shortage Areas (HPSA)/Medically Underserved Areas (MUA)
 - [Maps of Shortage Designations](#)
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Rural Maryland – Economics

- Median household income is \$18,406 less in federally-designated rural counties than the state
 - Unemployment highest in federally-designated rural counties (6.1% vs. 4.3% state overall)
 - Rural residents less likely to have completed high school or attained bachelor's degree
 - Poverty level of population <18 years is 41.2% higher in federally-designated rural counties than state
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Priority Recommendations of Maryland Rural Health Plan 2007

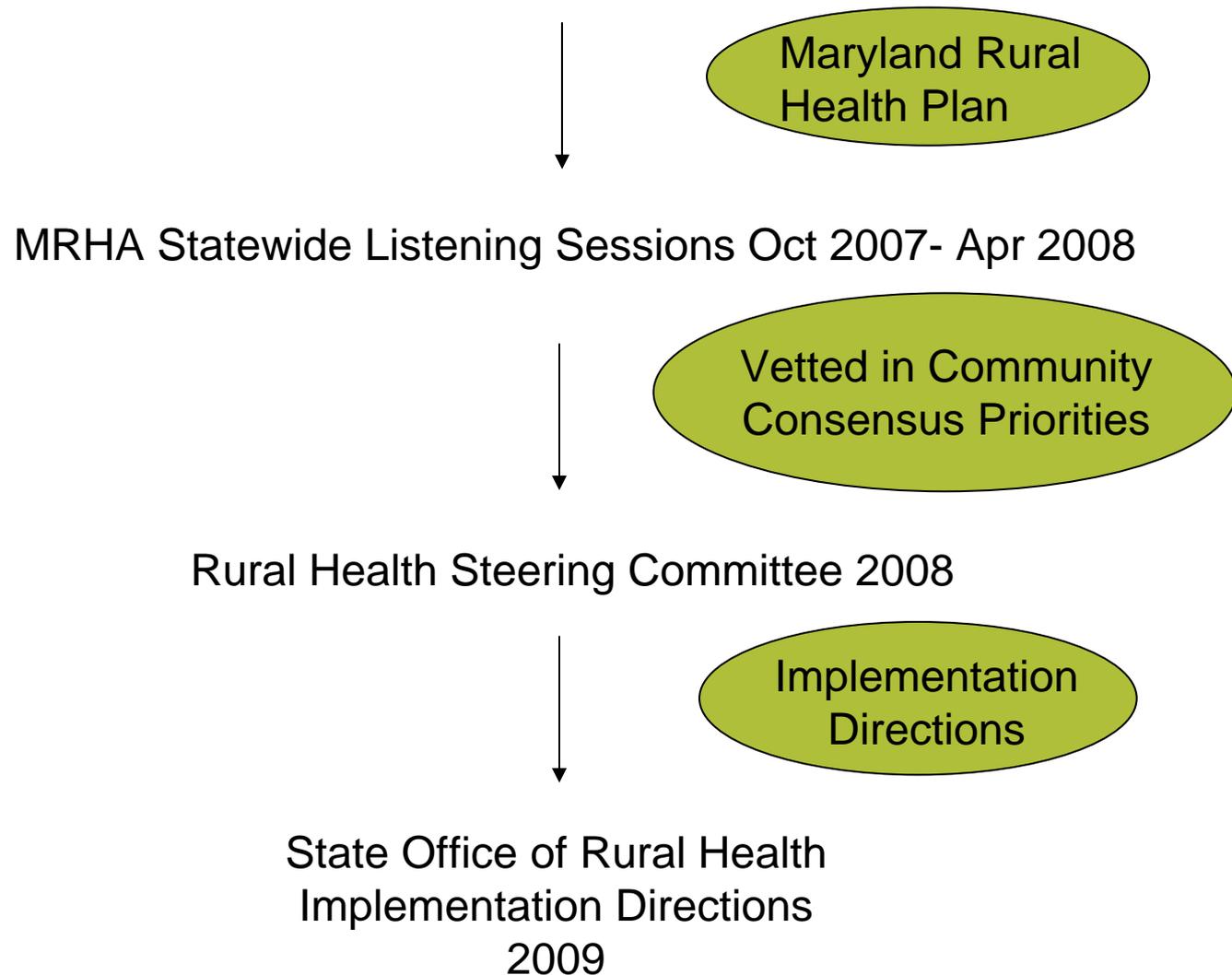
1. Increase efforts to improve recruitment and retention of rural health providers
 2. Establish preventive health centers in rural areas, especially in those areas lacking or underserved by Federally Qualified Health Centers (FQHCs)
 3. Increase accessibility to pharmaceuticals for low-income rural residents
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Rural Health Plan in Action

- Maryland Rural Health Association (MRHA) Listening Sessions - 7 Total
 - October 2007 - 3 on the Eastern Shore
 - December 2007 - 3 in Western Maryland
 - April 2008 - Southern Maryland
 - Results compiled and disseminated
 - Rural Health Steering Committee had 5 meetings in 2008
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Maryland Rural Health Plan Implementation 2007-2009





Priorities of Listening Sessions – Identified by 3 or More Communities

1. Increase efforts to improve recruitment and retention of rural health providers
 - Increase repayment and efficiency of Loan Assistance Repayment Program (LARP)
 - Expand and enhance telehealth
 - Increase scope of practice for allied health professionals (including dental hygienists)
2. Establish preventive health centers in rural areas, especially in those areas lacking or underserved by Federally Qualified Health Centers
3. Primary preventive health services

Summary of Priorities Identified at Listening Sessions



Identified as Highly Supported by 2 Rural Communities

1. Increase efforts to improve recruitment and retention of rural health providers
 - Health professional scholarships to rural residents committed to practicing upon graduation
 2. Increased gerontological training of health professionals for aging population
 3. Increase accessibility to pharmaceuticals for low-income rural residents
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Maryland Rural Health Overall Implementation Strategies

Consensus of Rural Health Steering Committee

- 1. Increase Recruitment and Retention of Rural Health Care Providers**
 - 2. Expand and enhance telehealth to bring primary and specialty care to rural areas through technology**
 - 3. Establish preventive health centers in rural areas, especially those areas lacking or underserved by a Federally Qualified Health Center (FQHCs)**
 4. Increased dental access to low income rural residents, especially the adult population
 5. Improve healthcare access for the aging population through increased services in rural areas and training of health professionals
 6. Increase access to Pharmaceuticals for low income rural residents
 7. Support the development of a continuous, integrated systems of care for co-occurring disorders in rural communities
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Rural Recruitment and Retention

SORH Supported Recent Actions Taken

- Rural Health Roundtable on Rural Recruitment and Retention Oct 2008
 - Increased use of www.3rnet.org
 - Direct contact with over 200 health professionals seeking employment in 2008
 - 25 new opportunities posted for Maryland
 - Establishment of Maryland Loan Assistance Repayment Program
 - Rural Area Health Education Centers (AHEC)
 - Funding Sustained; Increased Collaboration with State Office of Rural
 - Continuing Education Events: 88 events and 3,585 participants.
 - Number of Clinical Education Student participation: 240
 - Number of minority and disadvantaged K—12 students who participated in health career awareness activities: 6,149
 - New Objective – Develop metrics to monitor the recruitment of health care providers practicing in rural areas
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Rural Recruitment and Retention

SORH Future Directions

- Work with Primary Care Office to Create State Primary Care Shortage Areas as Legislated by Maryland Loan Assistance Repayment Program (MLARP)
 - Work with Area Health Education Centers to create metrics and tracking system of rural residents that return to their home communities upon completion of education to serve as a health professional
 - Staff workgroup to address costs, steps, and barriers to create rural residency program
 - Identify and promote opportunities to create new health professional higher education programs in rural areas
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Telehealth to Rural Areas

SORH Supported Recent Actions Taken

- Led Rural Telehealth Consortium Meeting Feb 20, 2009
 - Participate in Rural TeleHealth Leadership Workgroup
 - 2 Meetings 2009
 - Mission: Track and coordinate telehealth efforts in order to create and maintain an efficient and effective telehealth network that provides more services and improves access to quality care, especially in rural and remote areas.
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Telehealth to Rural Areas

SORH Future Directions

- Seek grant funds to do Mid- Atlantic survey of current telehealth rural projects and Maryland specific survey of telehealth projects
 - Explore and inventory mechanisms for telehealth in rural Maryland
 - Work with Rural Telehealth Leadership Workgroup to advise potential inventories of rural telehealth projects in Maryland
 - Identify key rural community priorities to be addressed in a statewide telehealth network
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Preventive Health Centers/FQHCs

SORH Supported Recent Actions Taken

- Successfully brokered partnership of Maryland Association of Community Health Centers (MACHC) with Kent County Health Needs Group to receive federal funding to assess the needs of the Upper Shore for a FQHC
 - SORH/Primary Care Office worked with local Upper Shore partners to update federal shortage designations in area
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Preventive Health Centers/FQHCs

SORH Future Directions

- Inventory service resources of rural FQHCs to determine which health services are not being provided where community need exists
 - Inventory the expansion American Recovery and Reinvestment Act (ARRA) funds impact on rural FQHCs
 - Work with rural FQHCs to expand service delivery
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Next Steps & Oversight

- Reestablish quarterly meetings with Rural Health Steering Committee
 - Redefine role of Rural Health Steering Committee (Advisory capacity to SORH)
 - Assess current priorities and objectives of SORH
 - Provide updates of rural health indicators
 - Maintain Comprehensive Maryland Rural Health Plan every 5 years (next 2012)
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Contact Information



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(put “Rural Health Plan” in subject line)