

## Essential Research Issues in Rural Health: The State Rural Health Directors' Perspective

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### KEY ISSUES IDENTIFIED BY STATE RURAL HEALTH DIRECTORS:

- **Workforce** – Workforce was a common theme throughout a number of different issue areas. Implications of the shortage of nurses, dentists, mental health professionals, as well as a variety of other types of providers on access and quality were common concerns of the state directors.
- **Telemedicine** – There is a strong desire to know what works and what does not. Can telemedicine effectively provide resources otherwise unavailable, e.g., mental health services? What are the potential uses of the technology and can its use generate revenues to help offset its cost.
- **Emergency medical services (EMS)** – EMS poses a particularly tough policy challenge. The mix of volunteer, not-for-profit and for-profit providers muddles reimbursement policy. Coverage by a wide variety of small independent, often volunteer, EMS providers makes coordination especially difficult. Related issues were raised pertaining to service zone planning and the reduced number of volunteers available as EMS providers.
- **Mental health** – Both the lack of providers and a critical need for services, especially among low-income migrant agricultural workers, combine to raise strong concerns among a number of state rural health directors.
- **Lack of local data** – State rural health directors conveyed a critical need for information that focuses on particular rural communities. There were strong concerns that more generalized studies often are not very applicable to the situations rural health directors find “on the ground”.

### THE STUDY DESIGN:

The Walsh Center conducted a study of the key issues confronting state rural health directors, and the different ways they obtain and process policy research. The study included an informal survey of the issues that state rural health directors believe to be the most pressing over the next few years and a series of discussions on how they obtain and use research findings.

This Policy Brief focuses on the key issues confronting state rural health directors. A companion Policy Brief will discuss the process state rural health directors use to obtain and process policy research.<sup>1</sup> As part of this work, Walsh Center researchers attended a number of regional meetings of state rural health directors. They held forums at these meetings and engaged the state directors in a dialog on both what are the

essential issues and how do state rural health directors obtain and process policy research. To supplement this process and ensure a geographically representative sample, an additional number of conference calls were held to include state directors from states who did not participate in the conferences the research team attended.

## KEY FINDINGS:

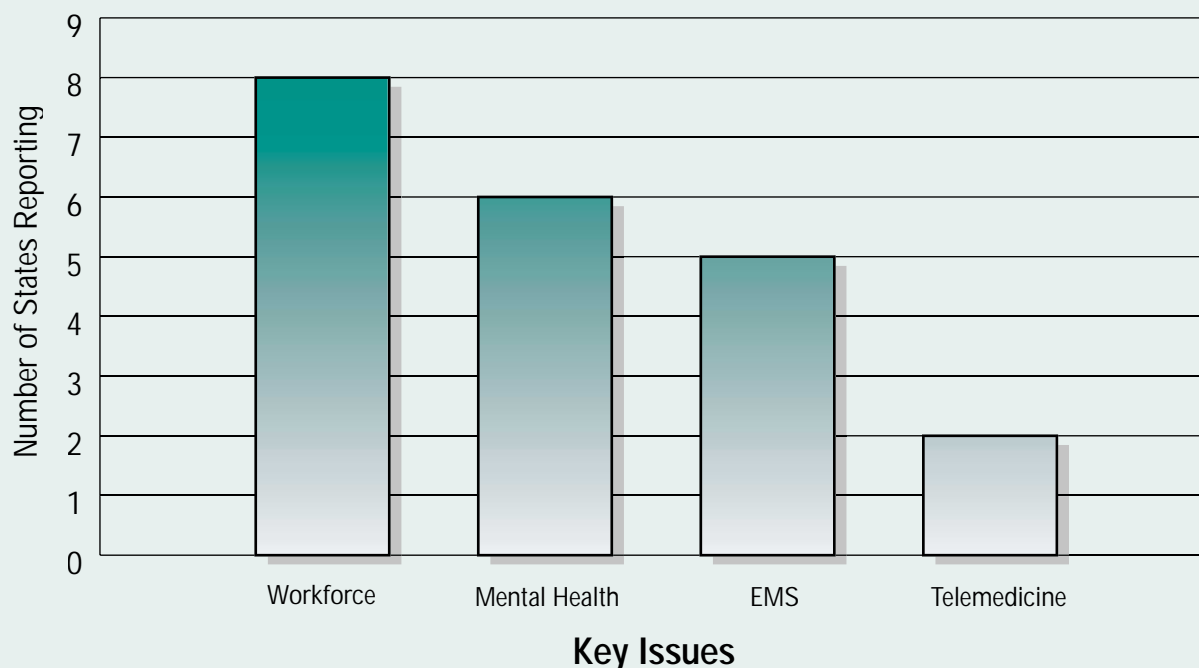
State rural health directors face a myriad of policy issues. During our discussions there was a wide variety of issues that caused at least some level of concern. However, there was a smaller subset of five issues that were

raised repeatedly by directors from a wide variety of states.

These particular issues were also raised in other settings. Four out of five issues found by the Walsh Center Team were also found to be prominent concerns in a survey conducted earlier in the year by Lisa Davis, Pennsylvania's state rural health director. She presented the results at the Rural Health Research Center Director's Meeting, March 3, 2001. Representatives from rural health offices in 16 (of 50) states responded. Findings are displayed below, providing an empirical measure of the ranking of concerns.

**Workforce** – Workforce shortages and their effect on quality and access were a significant problem across a number of different issue areas. Shortages of nurses, dentists, mental health professionals, long-term care providers, as well as for a variety of other types of providers were a common concern of the state directors. Another related problem was the distribution of providers. Some states with an adequate supply of providers statewide, faced significant shortages in certain rural parts of their state. There was also a concern about the future supply of providers even in those areas without a current shortage. The lack of nurse

**Figure 1. Key Issues Identified In The Davis Survey**



Source: Survey of State Offices of Rural Health presented at the National Rural Health Research Center Director's Meeting, March 3, 2001. Survey conducted by Lisa Davis, Director, Office of Rural Health, State of Pennsylvania. Responses were received from 16 of 50 states.

training programs and other “pipeline” issues were also discussed.

**Telemedicine** – The desire to explore telemedicine’s full potential was repeatedly mentioned and often in combination with discussions of workforce concerns. There was interest in seeing if telemedicine could offer rural providers better access to urban specialty providers. Telemedicine is believed to be a vehicle with a strong potential to provide a wide range of currently unavailable mental health services without a significant degradation in quality of care. Other examples included allowing rural providers access to expertise in emergency medicine and trauma care.

There were discussions of possible options for providing the high speed, broadband access that would allow telemedicine to flourish. For example, rural providers are sharing broadband access on the local lines used by merchants for credit card transactions. Another example that generated interest are attempts to “piggyback” on already established military telecommunications systems.

**Emergency medical services (EMS)** – The voluntary, community-based nature of rural EMS is both its strength and

weakness. In areas where there is a well-organized group of volunteers, care can be provided efficiently at low costs. However, with a higher percentage of multi-worker families and the economic hardship found in some rural areas, volunteers are hard to find. Small single community-based groups do not have equipment, labor and planning resources of a larger group organized over multiple communities.

EMS is a critical part of the rural delivery system. Its role is becoming more important to newly designated Critical Access Hospitals and other networks that rely on EMS to transfer patients within their network. The general problem of transportation as a barrier to care was also raised. In some rural areas patients are without cars or trucks, or working family members are using the only family car or truck during much of the day. This constraint certainly limits access to care for routine concerns, but it also strains EMS.

**Mental health** – Directors from a variety of states raised mental health issues, including the quality and access to mental health services. While the concern was broad based, directors from some of the large agriculture states were

particularly concerned. This was related to a critical situation with migrant, agricultural workers and the significant problems they faced due to language barriers, isolation, lack of health insurance, and cultural resistance to seek out providers. To compound matters, there is a severe lack of mental health providers in many rural areas. As discussed above, a number of directors were looking to telemedicine as one answer.

**Lack of local data** – A number of state rural health directors expressed a critical need for information that focuses on their rural communities. There was a strong concern that more generalized studies often are not applicable to the situations in their area. Having such data would greatly enhance the directors’ ability to plan and allocate resources, as well as more effectively communicate with agency and legislative decision-makers. Most of the research and policy work being done has used federal or state databases that almost always are based on a sample that is too small to support significant conclusions about particular local areas. This problem is compounded in some New England states that are without counties.

## CONCLUSIONS:

Overall, there was a surprising consistency among the different states the Walsh Center researchers spoke to, as well as, those surveyed by Lisa Davis. The issues of workforce, mental health, EMS, telemedicine and a lack of local data were raised repeatedly by a wide variety of states. That is not to say that there weren't other issues that the state directors are also worried about. These included changes in Medicare payment policy, the uninsured, Medicare prescription

drug coverage, possible differences in the quality of care between urban and rural areas and the currently used definitions of "rural".

<sup>1</sup> *How State Rural Health Directors Obtain And Use Research.* Michael J. O'Grady, Ph.D., Curt D. Mueller, Ph.D. and Gail R. Wilensky, Ph.D., The Walsh Center for Rural Health Analysis, Project HOPE. January 2002.

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