

Senate Health Care Committee

May 31, 2023

Robert Duehmig

Director

Stepha Dragoon (she/they)

Program Manager, Rural Population
Health

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.



Who We Are

- Oregon's Office of Rural Health (ORH)
- Created in 1979 by the Oregon Legislature
- 50 State Offices – ORH was a model for the federal program
- Relocated to OHSU in 1989
- 1989 Legislature also:
 - Created the AHEC Program
 - Began the rural provider tax credit
 - Allocated funds for ORH to do recruitment
 - Enables ORH to work with the Legislature



Rural Health Coordinating Council

ORS 442.495

- Advises the ORH on rural health related issues
- 14 Organizational Members
- 5 Consumer members appointed by the Governor

Collect & Disseminate Information:

Rural Health Conference/Forum on Aging
Rural Health Clinics & Quality Workshops
Area of Unmet Health Care Need Report
Bi-monthly Community Conversations
Quarterly Newsletter/RHC Newsletters

Provide Technical Assistance

What:

Quality, Finance & Operations, Governance,
Telehealth, Population Health

To:

Critical Access Hospitals, Rural Health Clinics,
Rural EMS

Workforce Recruitment & Retention:

Recruitment & Retention Services for Sites & Providers
3Rnet - National Jobs Board
Student support
Provider Incentives:
 Loan repayment, loan forgiveness, tax credits
 liability reinsurance

Coordinate Rural Health Activities:

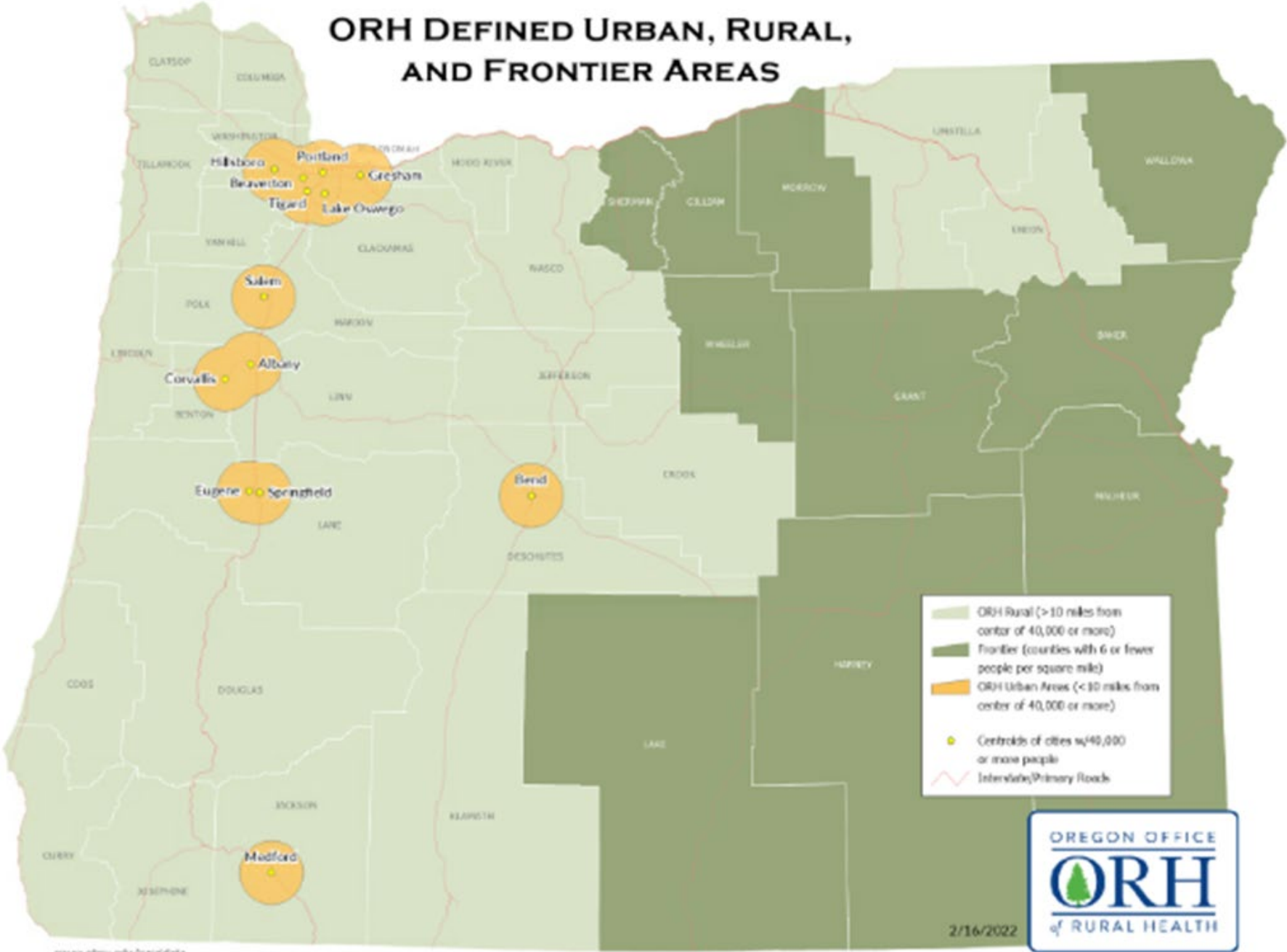
Coordinate federal grants and projects

Bring together rural parties to improve rural outcomes.

Rural is full of Opportunity – You just need to knock!

<https://www.ohsu.edu/oregon-office-of-rural-health/recruitment-and-retention-services>

ORH DEFINED URBAN, RURAL, AND FRONTIER AREAS



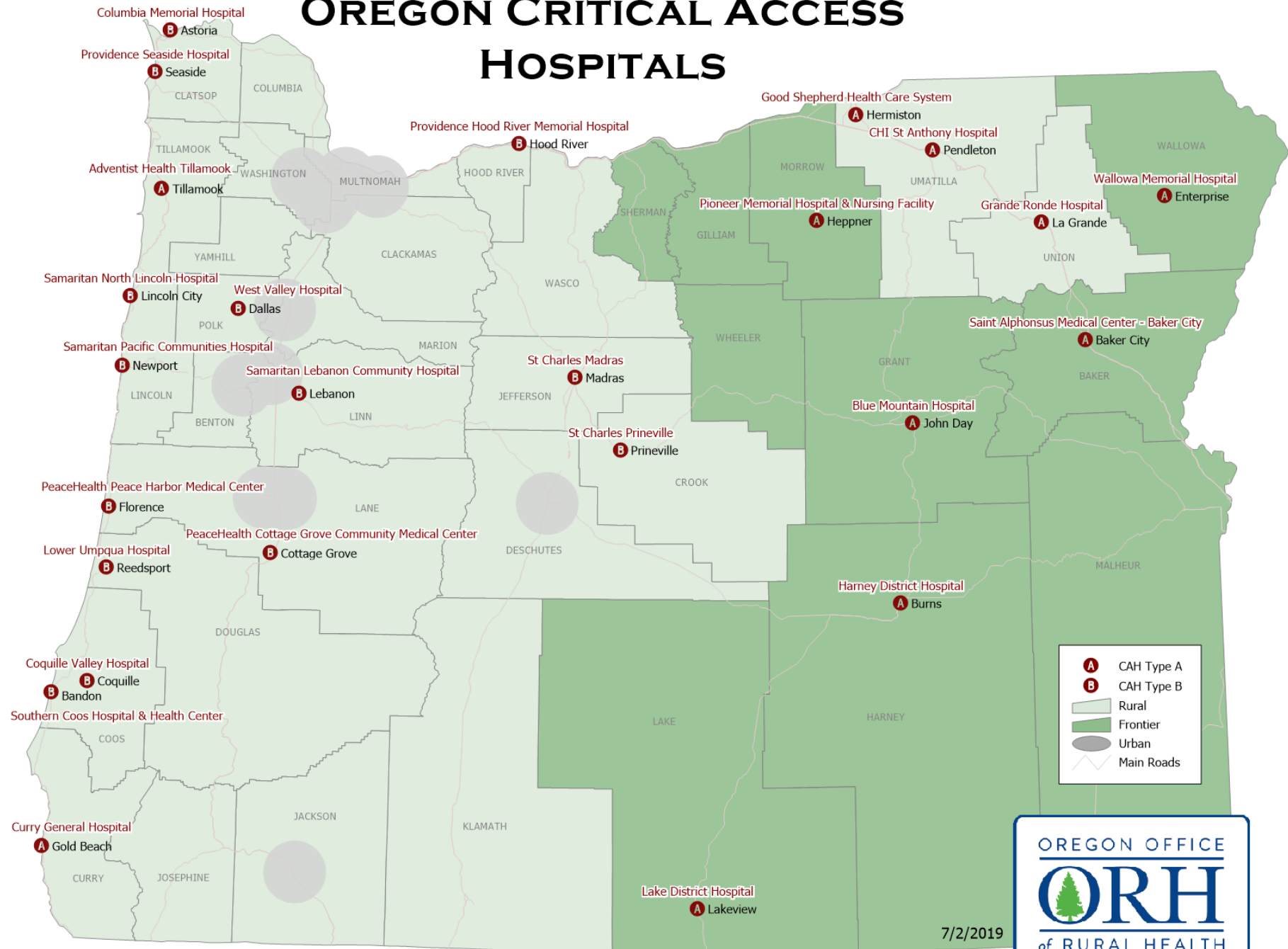
- ORH Rural (>10 miles from center of 40,000 or more)
- Frontier (counties with 6 or fewer people per square mile)
- ORH Urban Areas (<10 miles from center of 40,000 or more)
- Centroids of cities w/40,000 or more people
- Interstate/Primary Roads



2/16/2022



OREGON CRITICAL ACCESS HOSPITALS



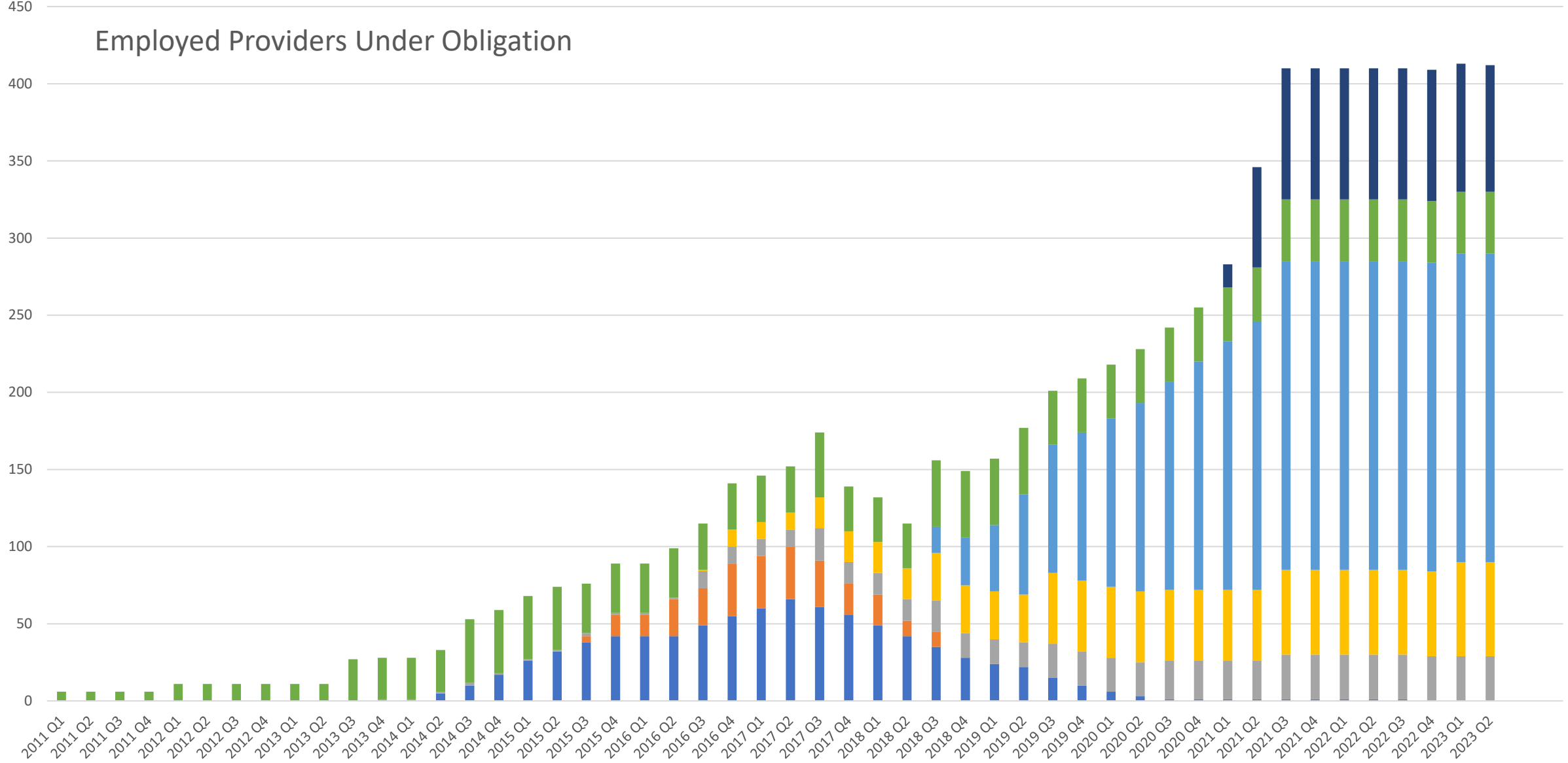
| | |
|--|------------|
| | CAH Type A |
| | CAH Type B |
| | Rural |
| | Frontier |
| | Urban |
| | Main Roads |

OREGON OFFICE

 of RURAL HEALTH

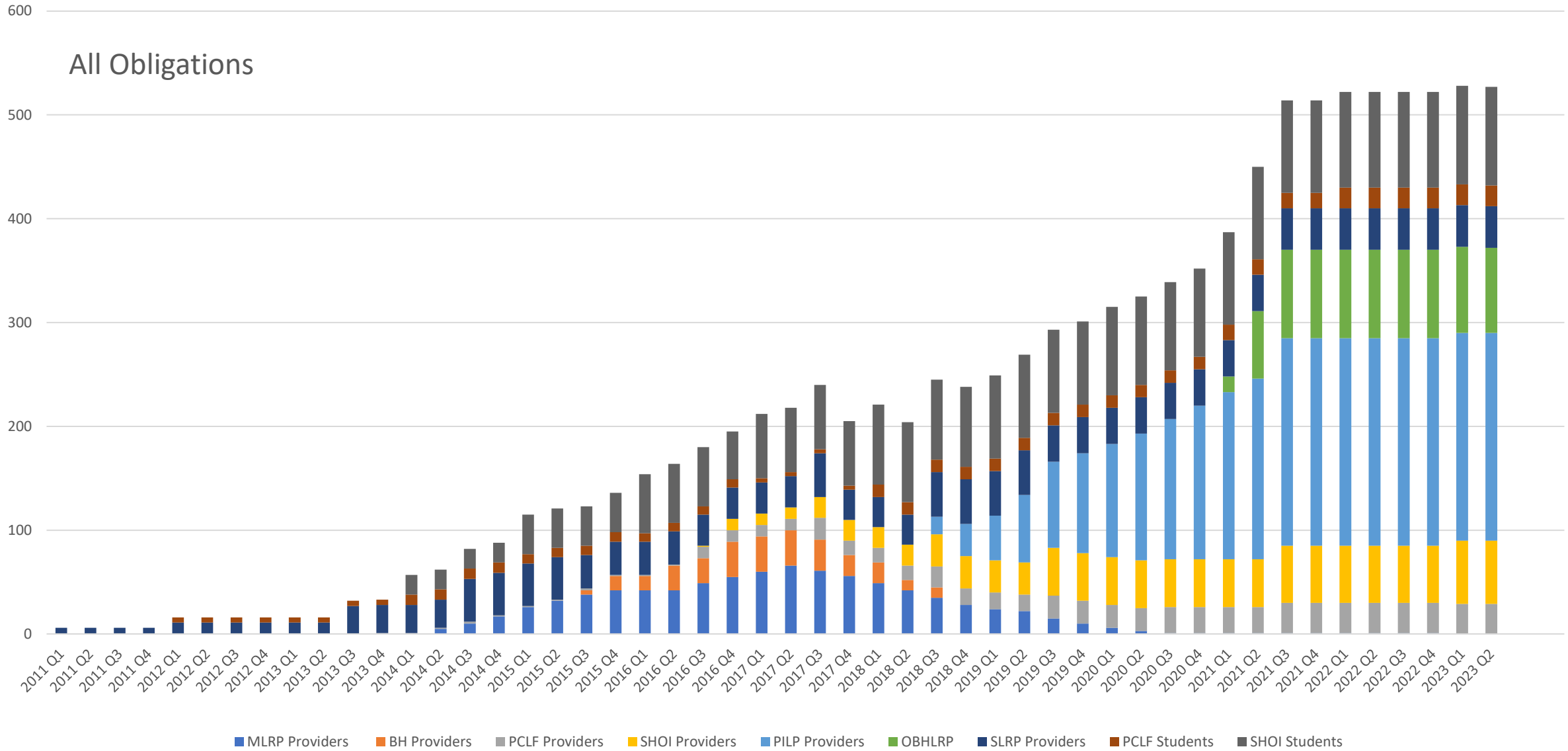
7/2/2019

Employed Providers Under Obligation



■ MLRP Providers
 ■ BH Providers
 ■ PCLF Providers
 ■ SHOI Providers
 ■ PILP Providers
 ■ SLRP Providers
 ■ OBHLRP

All Obligations





Areas of Unmet Health Care Need Report

First published in 1998 in response to a mandate from the Oregon Legislature to measure medical underservice in rural areas

AUHCNR is used:

- To rank loan repayment and loan forgiveness applicants for awards;
- Risk assessment formula for rural hospitals to receive cost-based Medicaid reimbursement;
- As part of the determination of “medically underserved” geographic areas for the Oregon Governor’s Health Care Shortage Area Designation; and
- As a resource for communities to address health care needs.



Primary Care Service Areas

- County level data often used to analyze health information.
- Oregon's 36 counties are larger and diverse in geography and population distribution.
- ORH created sub-county units – Primary Care Service Areas –to better reflect use of health care services.
- Utilize ZIP codes – better align with transportation and market patterns and associated with demographic, socioeconomic and health utilization data.
- All of Oregon's 470 ZIP codes are grouped in Primary Care Service Areas.
- There are 128 Oregon Primary Care Service Areas:
 - Rural Only: 86
 - Rural & Frontier: 104
 - Frontier Only: 18
 - Urban: 24



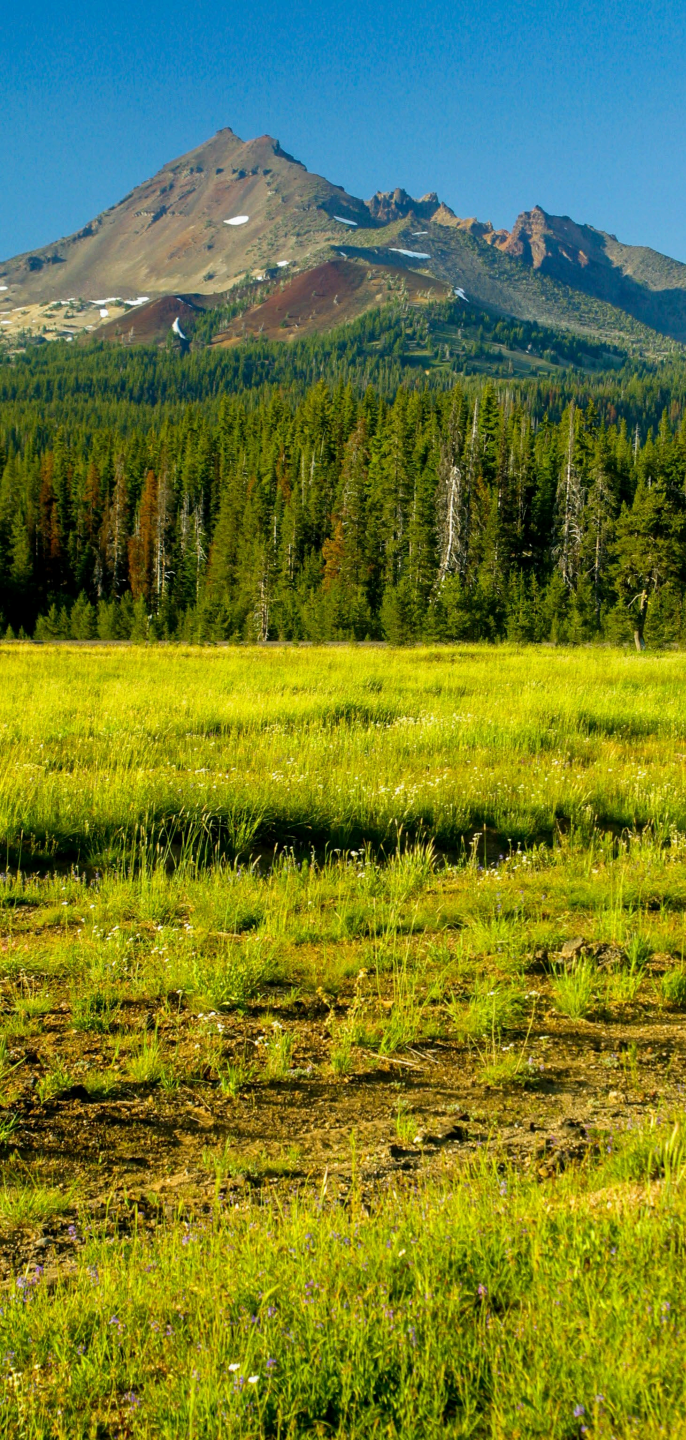
Primary Care Service Areas

- Health resources are generally located within 30-minute travel time.
- Defined areas are not smaller than a single ZIP code and ZIP codes are geographically contiguous and/or follow main roads.
- Defined areas contain population of no less than 800 -1000 people.
- Defined areas constitute a “rational” medical trade or market area, considering topography, social and political boundaries and travel patterns.
- Congruent with existing special taxing districts (e.g., health or hospital district).

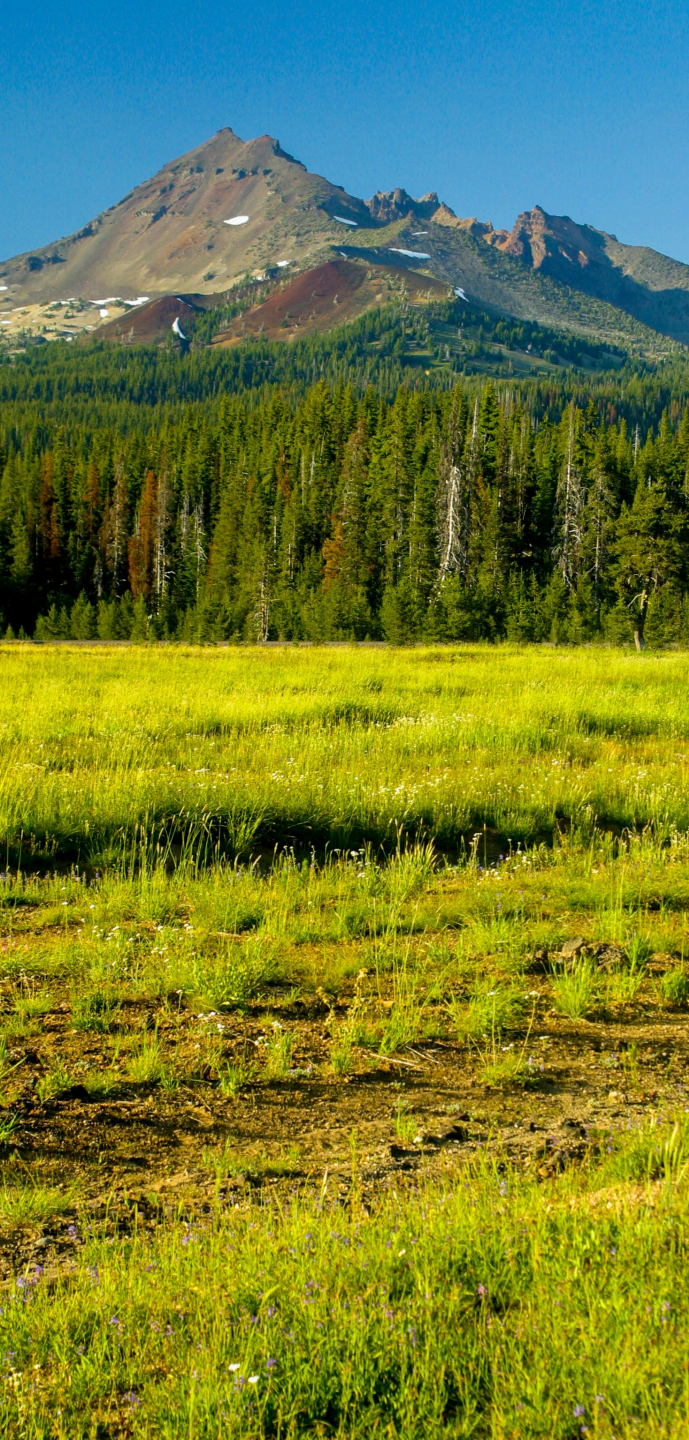


Variables Used in the AUHCN Calculation

- Data Requirements:
 - Date points must be available at the ZIP code geographic level.
 - Data must be updated annually.
 - Data must be available to the Office of Rural Health.
- Data Broken into Three Categories



- Category 1: Availability of Providers
 - Travel Time to Nearest Patient Center Primary Care Home (PCPCH)
 - Primary Care Capacity (% of Primary Care Visits Needed Able to be Met)
 - Dentist per 1,000 population
 - Mental Health Providers per 1,000 population
- Category 2: Ability to Afford Care
 - % of Population between 138% and 200% of Federal Poverty Level (FPL)
- Category 3: Utilization
 - Inadequate Prenatal Care Rate per 1,000 births
 - Ambulatory Care Sensitive Conditions (ACSC)/Preventable Hospitalizations per 1,000 population
 - Emergency Dept. Non-Traumatic Dental Visits per 1,000 population
 - Emergency Dept. Mental Health/SUD Visits per 1,000 populations



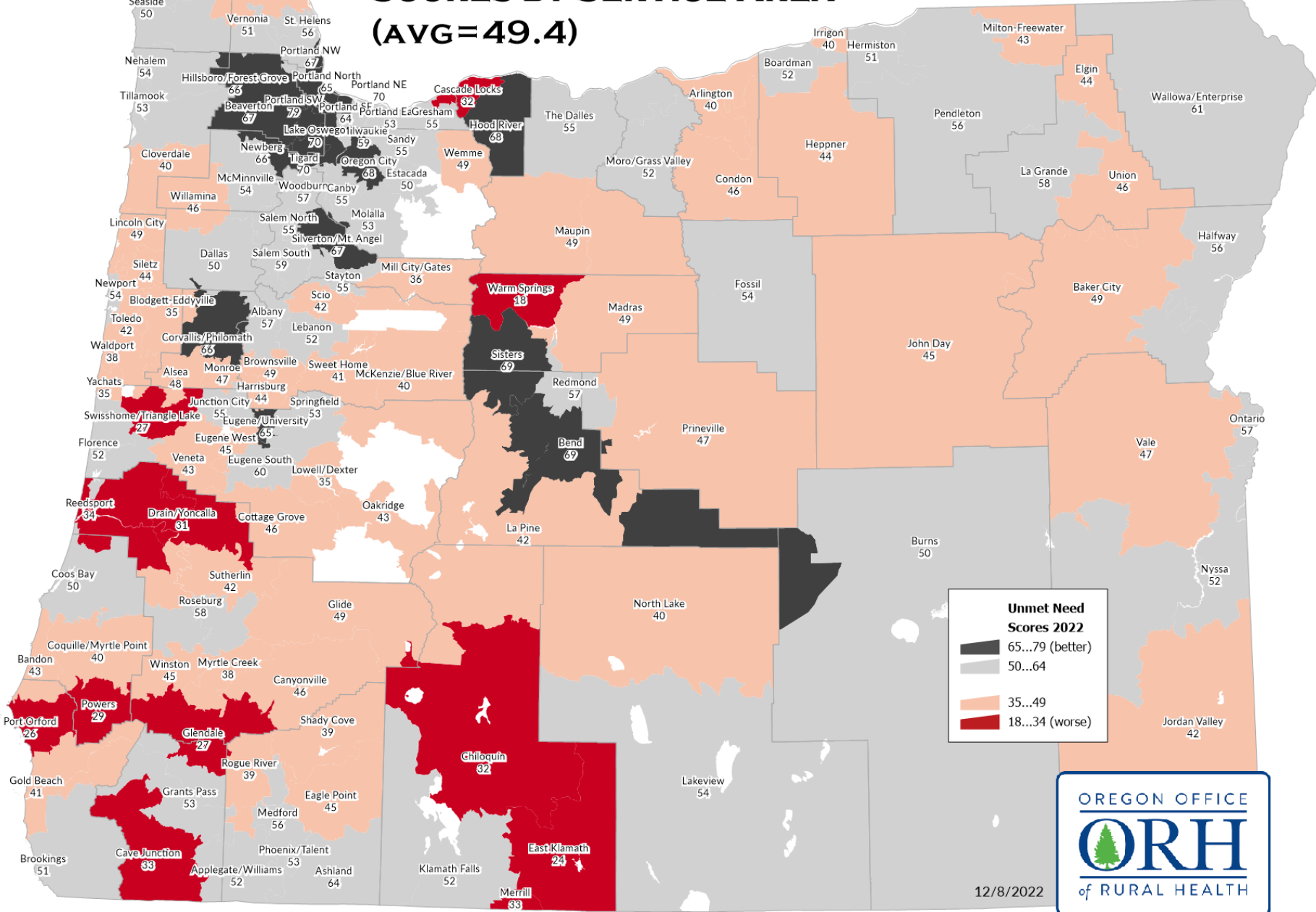
| Mean (Average) Score by Geographic Area | 2022 | 2021 |
|--|-------------|-------------|
|--|-------------|-------------|

| | | |
|----------------------------|------|------|
| Oregon | 49.4 | 49.4 |
| Urban | 62.1 | 62.6 |
| Rural (without Frontier) | 45.9 | 46.0 |
| Rural (including Frontier) | 46.4 | 46.4 |
| Frontier | 48.9 | 48 |

| Areas With the Lowest Total Scores | 2022 | 2021 |
|---|-------------|-------------|
|---|-------------|-------------|

| | | |
|-------------------------|----|----|
| Warm Springs | 18 | 24 |
| East Klamath | 24 | 26 |
| Port Orford | 26 | 26 |
| Glendale | 27 | 27 |
| Swisshome/Triangle Lake | 27 | 27 |
| Powers | 29 | 32 |
| Drain/Yoncalla | 31 | 29 |
| Cascade Locks | 32 | 27 |

2022 AREAS OF UNMET HEALTH CARE NEED SCORES BY SERVICE AREA (AVG=49.4)



Unmet Need Scores 2022

- 65...79 (better)
- 50...64
- 35...49
- 18...34 (worse)



12/8/2022

- The average travel time in Oregon to the nearest Patient Centered Primary Care Home (PCPCH) is 12.2 minutes. Twenty-two service areas (all rural or frontier) do not have a PCPCH, and the drive times for these areas average 24 minutes. (Pages 13-14)
- The ratio of estimated primary care visits able to be met by existing providers in Oregon is 1.2. Rural and frontier service areas have a lower average ratio (0.9), meaning there is greater demand than supply. Ten primary care service areas have zero primary care provider FTE, and they are all rural or frontier. (Pages 15-17)
- Oregon has 0.5 dentist patient care FTE per 1,000 people. The average in rural and frontier areas is 0.3 FTE. All 25 primary care service areas that have zero dentist FTE are rural or frontier. (Pages 18-19)
- There are 1.15 mental health care provider FTE per 1,000 people in Oregon. The average in rural and frontier is less than half of that at 0.54 FTE. All 20 primary care service areas that have zero mental health provider FTE are rural or frontier. (Pages 20-21)
- For 2016-2020, the percentage of the population that is above the Medicaid cut-off of 138% Federal Poverty Level (FPL) but still below 200% of the FPL (and therefore unlikely able to afford health insurance unless provided by an employer) is 11% in Oregon. Swisshome/Triangle Lake (21%), Heppner (21%), Burns (25%), and Blodgett-Eddyville (26%) have rates almost double that or more. (Pages 22-23)

- Oregon's five-year (2016-2020) average inadequate prenatal care rate is 60.7 per 1,000 births per year. The average rate in frontier service areas is 100 per 1,000, or 10% of all births. Warm Springs (255.4) has over quadruple the state rate, with another nine service areas (all rural or frontier) that are over double the state rate. (Pages 24-25)
- Oregon's three-year (2019-2021) average preventable hospitalization/ACSC rate is 6.0 per 1,000 people per year. Rural and frontier service areas average 7.4 per 1,000. Reedsport (18.4) has triple the state's ACSC rate and another seven service areas (all rural or frontier) have over double the state rate. (Pages 26- 27)
- Oregon has a three-year (2019-2021) average non-traumatic dental emergency department (ED) visit rate of 3.3 per 1,000 people per year. The rate in rural Oregon is 4.4 per 1,000. Fifteen service areas (all rural or frontier) have over double the state's dental ED visit rate, with Warm Springs (14.3) having over quadruple the state rate. (Pages 28-30)
- Oregon has a three-year (2019-2021) average mental health/substance use ED visit rate of 17.6 per 1,000 people per year. This is the only variable where rural and frontier (16.3), on average, do better than urban areas (18.2). However, the worst performing service area, Warm Springs (50.5), is rural and has almost triple the state rate. (Pages 31-33)
- Oregon has an average Unmet Need Score of 49.4 out of 90. All but one of the 62 service areas that have a score worse than this are rural or frontier. (Page 34)

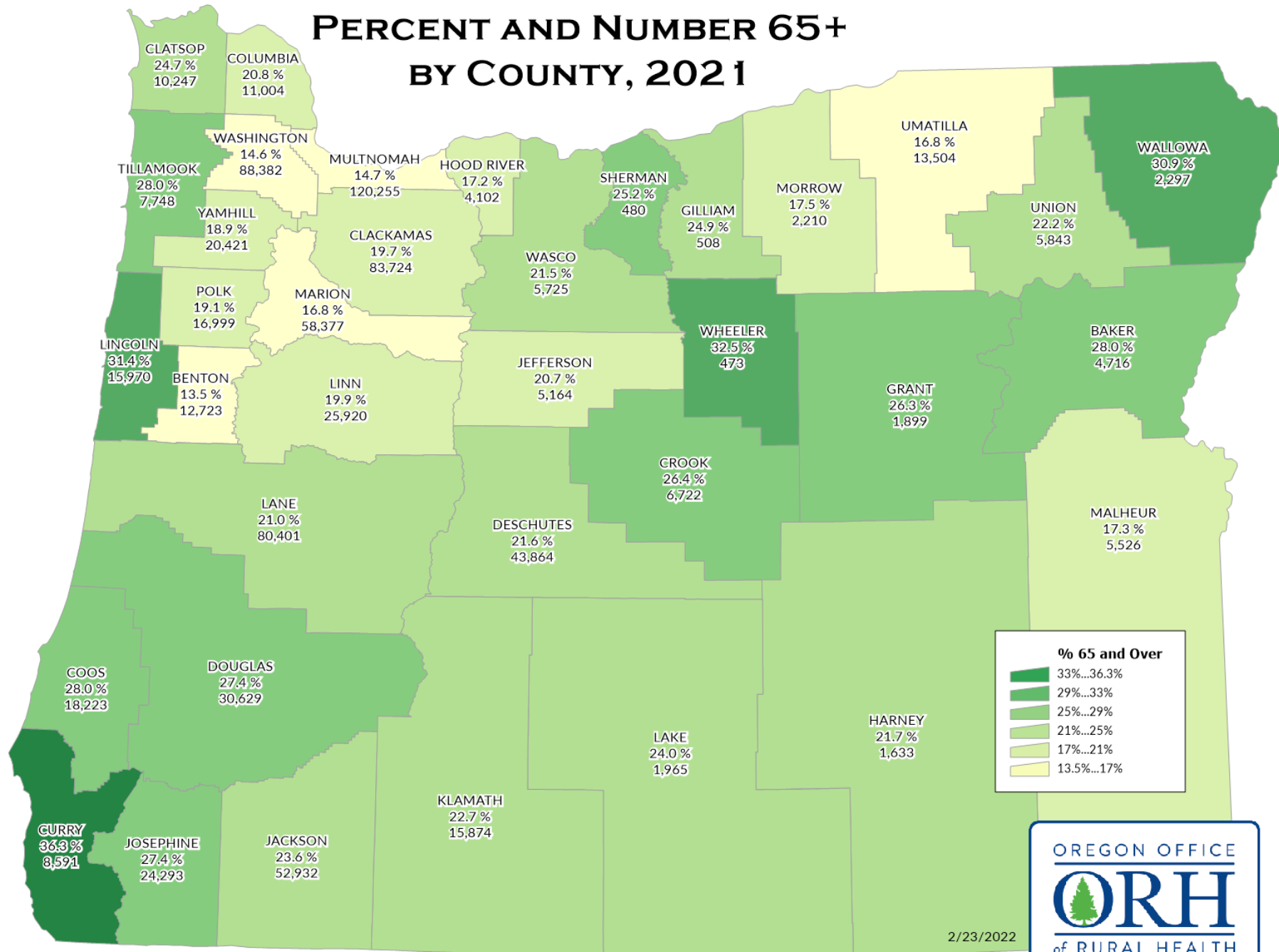
Aging in Rural Oregon



To start off...

- **Older adults will soon outnumber children under 18 for the first time ever.**
- **In Oregon, the number of older adults ages 65+ will double by 2030.**
- **Rural Oregon is aging faster than urban Oregon.**
- **57% of older adults in Oregon live in a rural place.**

PERCENT AND NUMBER 65+ BY COUNTY, 2021



source: Portland State University Population Research Center, 2021

2/23/2022



Socioeconomic and demographic differences among rural and frontier Oregonians

American Community Survey, U.S. Census, 2017-2021

| | Frontier | Rural | Urban | Oregon |
|--|----------|-------|-------|--------|
| Population below Poverty Level (\$23,556 per year for 2 adults/1 child <18 in 2022) | 15.7% | 12.8% | 11.6% | 12.1% |
| Population below 200% of Poverty Level | 39.9% | 32.5% | 26.4% | 28.7% |
| Population <18 below Poverty Level | 19.4% | 15.8% | 12.9% | 14.0% |
| Population Unemployed | 5.9% | 5.9% | 5.5% | 5.6% |
| Population 18-64 with Disability | 15.7% | 14.9% | 10.5% | 12.0% |
| Population 65+ with Disability | 41.0% | 35.9% | 32.5% | 34.1% |
| Uninsured | 8.3% | 7.2% | 6.4% | 6.7% |

Socioeconomic and demographic differences among rural and frontier Oregonians

American Community Survey, U.S. Census, 2017-2021

Frontier Rural Urban Oregon

| | | | | |
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Barriers to Aging-in-Place in Rural Communities

- Access to Transportation
 - Lack of public transportation, long distances to services, lack of access to a car, difficulty securing other transportation options
- Housing
 - Safe, affordable, accessible housing options
 - Ability to stay in owned homes
- Food insecurity
 - Living in food deserts
 - Lack of access to groceries + fresh produce
 - Less access to meal services, senior centers, food banks
- Access to health care
 - Primary care, behavioral health
 - Provider shortages
 - Lack of home health care options
 - High cost of health care and home health
- Social isolation
- Digital literacy & internet access
- Natural disasters & emergency preparedness



Forum on Aging in Rural Oregon

The Forum on Aging in Rural Oregon is an event where professionals in the field of aging learn collaboratively from one another to innovate services and care for rural elders in Oregon. The Forum connects aging professionals from across the elder care gamut to share knowledge, make connections and create meaningful partnerships. The Forum brings together health care providers and leaders, program specialists, policymakers, community members, family caregivers, elder care professionals, philanthropists and anyone interested in making rural Oregon more age-friendly.

- Aging repeatedly identified as a need in community health needs assessments
- Topics this year included:
 - Creating an age-friendly ecosystem in Oregon
 - The impact and potential of Community Health Workers on aging-in-place
 - Emergency preparedness and impact of climate change on rural older adults
 - Behavioral health and housing stability
 - Strategies for inter-organizational collaboration, coordination of care
 - Intersectional aging issues (i.e. experiences of LGBTQ+ older adults, etc.)

Innovative programs to address challenges faced by rural older adults

Elder Service Innovation Grant

[Wallowa Memorial Hospital](#) is using ESI funds to create the first stage of an outdoor fitness trail with equipment for older adults. Thirty percent of Wallowa residents are older adults, and fatal falls are the third most prevalent cause of death in the county. This program will focus on increasing stability and strength through low intensity, easily accessible and ongoing activities that are specifically designed for older adults and completely free of charge.

[Douglas Public Health Network](#) (DPHN) is using ESI grant funds to increase emergency preparedness and resiliency of older adults living in Douglas County by creating senior specialized emergency preparedness education and materials, distributing emergency kits to seniors and coordinating preparedness educational events.

Source: <https://www.ohsu.edu/oregon-office-of-rural-health/elder-service-innovation-grants>

Innovative programs to address challenges faced by rural older adults

Elder Service Innovation Grant

A scenic photograph of a rural landscape with a river, green hills, and a clear blue sky, serving as the background for the title text.

Other projects include...

- Bridge Meadows
 - Funding helped to replicate their innovative, intergenerational program at their new location in Redmond, Oregon.
- Medical Professional Educators (MedProEd)
 - Program to create educational materials and provide specialized training for Oregon EMS providers to promote excellence in geriatric patient management by providers involved in the delivery of prehospital care
- Evergreen Family Medicine
 - Telehealth program for older adults using high-tech, portable equipment

Source: <https://www.ohsu.edu/oregon-office-of-rural-health/elder-service-innovation-grants>

Emerging Solutions

- Funding to support programs that help older adults age in place
 - For example, programs that support home improvements, transportation, home health programs, increased telehealth, community-based long-term care, etc.
- Workforce
 - Community Health Workers and community paramedics
- Coordinated effort to improve aging in Oregon
 - AGE+ and AARP Oregon have launched "Shared Future Oregon: A Multi-Sector Plan for Living + Aging to Become an Age-Friendly State"
 - Learn more: ageplus.org/shared-future-oregon
- Increase broadband access, continue expansive telemedicine options, digital literacy initiatives
- Cross-sector collaboration and communication

Thank you!

Robert Duehmig
Director
duehmigr@ohsu.edu

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