

Agenda Item 15: Healthcare Workforce in Rural Areas

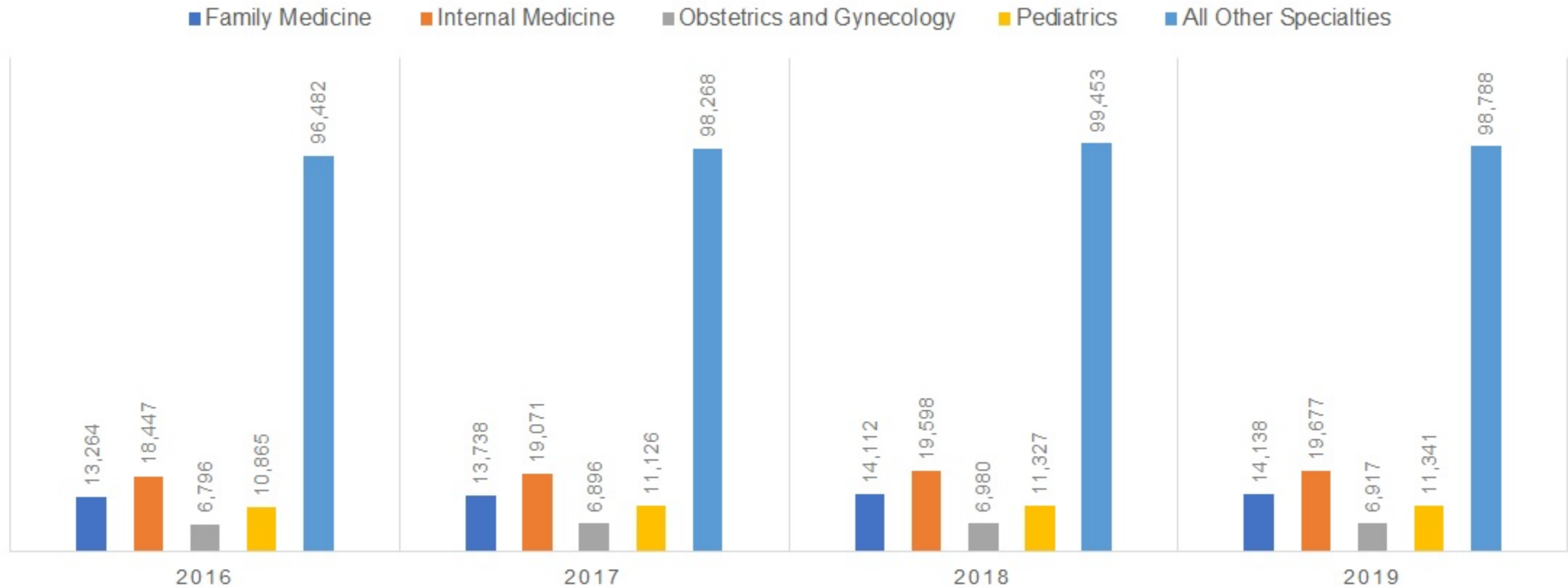
Commissioner Jasmeet Bains, MD

June 12, 2019

Purpose of Today's Presentation

- The Urban and Rural Divide
- Health Challenges in Rural California
- Barriers in Rural Health Care
- Residency Training in Rural Areas: How Can We Train Our Residents to Address These Barriers?
- Discussion

2016-2019: Physician Supply in California



Source: California Medical Board, OSHPD Data Warehouse. Retrieved May 2019.

The Urban and Rural Divide

- One out of every four people living in rural areas said they couldn't get the health care they needed recently
- A quarter said their health care location was too far or difficult to get to
- Only 1% of doctors in their final year of medical school said they want to live in communities under 10,000

Source: NPR. [The Struggle To Hire And Keep Doctors In Rural Areas Means Patients Go Without Care](#). Accessed May 21, 2019.

The Urban and Rural Divide

- One-quarter of respondents said they have not been able to get health care when they needed it at some point in recent years
- Four in ten said many people in their community feel lonely or isolated

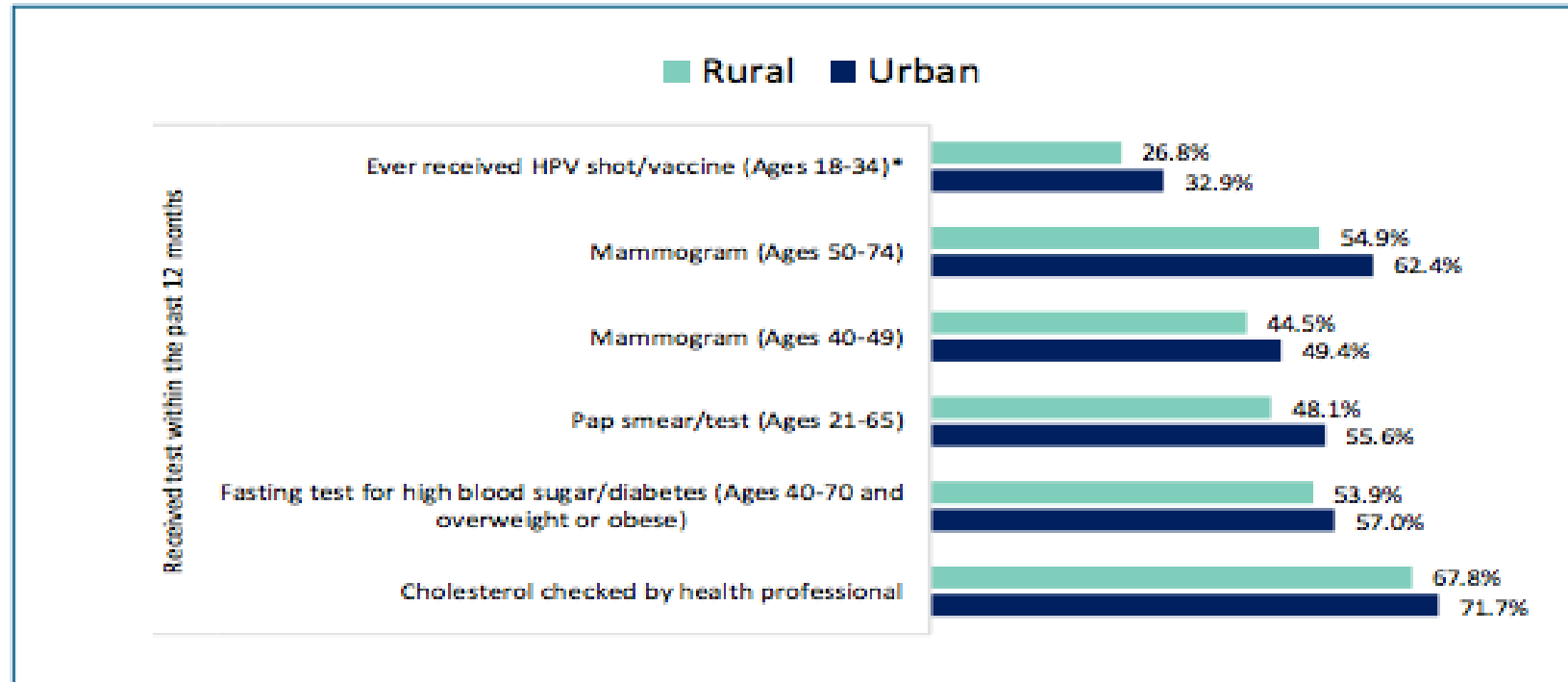
Source: NPR. [Poll: Many Rural Americans Struggle With Financial Insecurity, Access To Health Care](#). Accessed May 21, 2019.

Health Challenges in Rural California

- Racial/ethnic segregation was negatively associated with a usual source of health care
- More minorities reported their needs were met in segregated rural areas
- Geography impacts mammography use in California

Rural-Urban Differences in Receipt of Preventive Health Services

Figure 1. Receipt of Preventive Health Services Among Rural and Urban Women, 2014-2016



Data: National Health Interview Survey, 2014-16. Residence differences significant at $p < .001$

Source: Ziller, Lenardson, et al. [Preventive Health Service Use Among Rural Women](#). University of Southern Maine, 2019.



Taft, California

- Population roughly 10,000, surrounding 25,000
- 30 minutes west of Bakersfield
- 40 minutes away from nearest hospital
- 90 minutes from closest Level II trauma center

Large Oaxacan Population



Omni Family Health Center: Total Patients

Age (% of total patients)	2015	2016	2017
Total Patients	81,752	99,106	96,084
Children (< 18 years old)	35.80%	36.94%	38.91%
Adult (18 - 64)	59.48%	58.51%	56.25%
Older Adults (age 65 and over)	4.72%	4.55%	4.84%

Source: 2017 [Omni Family Health Center Program Awardee Data](#), HRSA. Accessed May 2019.

Omni Family Health Center: Patients by Race and Ethnicity

(% known)	2015	2016	2017
Non-Hispanic White	59.66%	44.57%	34.86%
Racial and/or Ethnic Minority	69.29%	69.78%	73.66%
Hispanic/Latino Ethnicity	60.48%	60.99%	64.03%
Black/African American	7.22%	5.73%	5.72%
Asian	5.02%	3.60%	3.92%
American Indian/Alaska Native	0.93%	0.52%	0.42%
Native Hawaiian / Other Pacific Islander	2.34%	1.45%	1.29%
More than one race	0.46%	0.18%	0.11%

Source: 2017 [Omni Family Health Center Program Awardee Data](#), HRSA. Accessed May 2019.

Omni Family Health Center: Payer Mix

Payer Mix	2015	2016	2017
Uninsured	12.33%	9.26%	9.70%
Children Uninsured (age 0-17 years)	5.47%	3.43%	3.42%
Medicaid/CHIP	73.22%	76.80%	74.73%
Medicare	5.78%	5.67%	5.39%
Dually Eligible (Medicare and Medicaid)	1.91%	1.58%	3.64%
Other Third Party	8.68%	8.27%	10.19%

Source: 2017 [Omni Family Health Center Program Awardee Data](#), HRSA. Accessed May 2019.

Rural Barriers

- Limited resources and less specialized services
- Lack of health insurance and therefore lack of continuity
- Poor health behaviors
 - Heroin, tobacco, alcohol abuse, and high risk of STDs
- Limited access to healthcare and transportation

Rural Health Issues

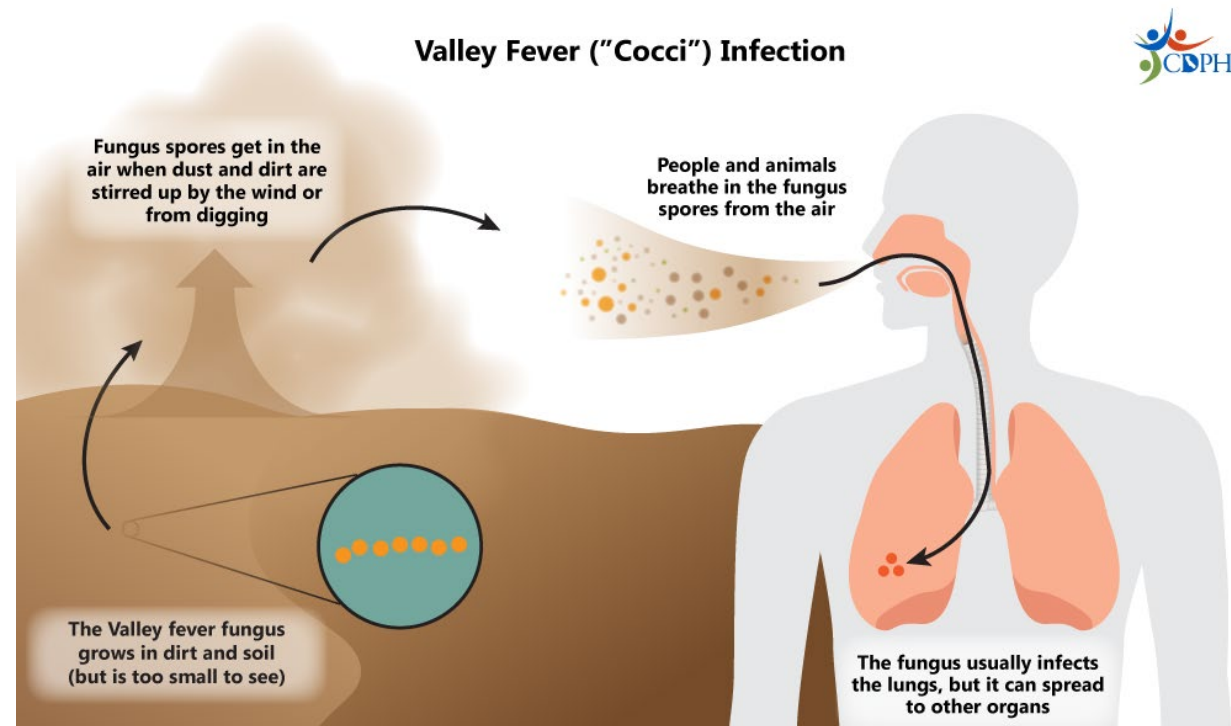
- Mental Health Issues
 - Anxiety/Depression
- Substance Abuse
 - Heroin, methamphetamines, opioids
- Neonatal/Pediatric Care
 - Lack of prenatal services
 - First time mothers with no support
- Geriatric Care
 - Require closer access to hospitals
 - Forces older patients to leave rural areas and move closer to hospitals

Women's Health

- Cervical cancer screening
 - Need for HPV vaccination
 - Increased community awareness
 - Change clinic policies and practices
 - Take advantage of “missed opportunities” – ex: post partum checks, birth control consultations
 - Introduce colposcopy procedures
- Reproductive health
 - Birth control access and education

Coccidioidomycosis (Valley Fever)

- Barriers are numerous
 - Lack of knowledge in general population, especially high risk populations
- Additional screening for high risk populations
 - Older adults, pregnant women, fieldworkers, African Americans, Filipinos, people with diabetes
- Need for robust public service announcements



How Residency Training Can Address Barriers

- Rural-based training
- Increased behavioral/mental health training
- Increased training with underserved Medi-Cal population
- Integration of community and advocacy

Next Steps

- Rural Hospital Access
- Pipeline Programs: “Global Medical Brigades”
- Increased Primary Care Providers
- Community Events and Integration
- Increased Residency Training in Specialty Care
- Stronger Mental Health Focus in Primary Care Training

A close-up photograph of a white crocheted chicken with a red comb and wattle, sitting on a wooden surface. The chicken is made of white yarn with a red comb and wattle, and a yellow beak. It is positioned on the left side of the slide, with a window in the background.

Questions?