

# Rural Policy Plan: Public Health and Healthcare

## Goal

Residents of rural Massachusetts should have access to the healthcare services, public health protections, and support programs they need to address the serious health challenges they face.

## Key Issues

### *General Description of Focus Area and Issues*

Rural residents face different health challenges than do residents in urban or suburban areas. Rural residents are more likely to die from a variety of diseases and have a 50 percent higher rate of death from unintentional injuries, including opioid overdoses, than their urban counterparts<sup>1</sup>. The social determinants of health – such as lack of access to transportation, education, jobs, good housing, and opportunities for exercise and healthy food – profoundly impact the health of Massachusetts' rural residents.

### *Examples that highlight the issue*

1. **Shortage of healthcare practitioners:** Rural areas face serious challenges in accessing both training and staff for a number of vital healthcare providers, including MDs, behavioral health, specialists, dentists, and allied health professionals such as physician assistants.
2. **Fragility of rural healthcare infrastructure** -- community hospitals and health centers face major financial challenges from a combination of reimbursement rates, medical debt, and uncompensated care. The health care sector is also a major employer in rural areas, and closing hospitals has a disproportionate impact on the economy.
3. **The lack of local public health infrastructure** in Massachusetts, which has the most decentralized system in the nation, leaves many residents without equitable access to clean water, safe food, and safe housing. Many rural communities have only part-time staff or none at all.
4. **Rural residents have limited access to rapidly available and highly qualified Emergency Medical Services (EMS) and Advanced Lifesaving Services (ALS) services.** Fewer local volunteers, longer wait times and more intercepts combine to lead to multiple negative health outcomes.
5. **The state's rural communities are aging more rapidly than urban ones,** and rural elders face challenges to aging in place, including fewer available services, isolation and loneliness, and a lack of transportation options.

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<sup>1</sup> National Association of County and City Health Officials (NACCHO)

6. **Rural Massachusetts residents face serious behavioral health problems.** The suicide death rate in New England is 60% higher for rural residents than urban.<sup>2</sup> In 2018, rural Franklin County had a higher rate of fatal opioid overdoses than Boston.<sup>3</sup> In addition, sexual and domestic violence and suicide rates are all higher in rural areas of the commonwealth than in urban Massachusetts. Restraining order issuances rates in Berkshire, Franklin, and Northwest Worcester County are 37%, 36% and 53% higher than the state rate.<sup>4</sup>
7. **Rural areas of the state have some of the lowest rates of childhood immunization,** leaving communities vulnerable to outbreaks, a problem exacerbated by the lack of professional local public health infrastructure. Great Barrington, Lenox, West Tisbury, Nantucket, and Hadley schools are among the schools with the highest unvaccinated rates in the state.

### **Existing Policies and Programs to address Rural Health issues in Massachusetts**

- **The Age-Friendly Communities Designation through the World Health Organization and AARP** -- these toolkits guide communities to plan and implement concrete strategies to improve the experience of older adults in their communities. State Community Compact funds are available to support town planning for this designated municipal best practice, and rural communities working in this area include Deerfield and a Berkshire-County wide project.
- **UMass Medical School (UMMS) projects to create a rural provider pipeline** - A new collaboration between UMMS and Baystate Health created the Population Urban and Rural Community Health (PURCH) Program. PURCH allows up to 25 medical students a year to focus on population health with work onsite in western Mass. The UMMS also has a Rural Health Scholars program, open to nursing and medical students interested in building a career in rural areas.<sup>5</sup>
- **Mobile Integrated Health (MIH)/Community EMS** – This new service option for emergency medical services is a model with promise in MA that could provide additional capacity for rural areas. The DPH program, established in 2018, allows EMS departments to provide some health care services and receive insurance

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<sup>2</sup> Center for Rural Health, University of North Dakota

<sup>3</sup> Opioid Task Force of Franklin County and the North Quabbin

<sup>4</sup> MA Dept. of Public Health, MA Domestic Violence Disparities Report, 2013

<sup>5</sup> <https://www.umassmed.edu/fmch/communityhealth/sep/rural-health-scholars/>

reimbursement. However, the initial cost to initiate the program is beyond the reach of most small town ambulance services.

- **Massachusetts State Office of Rural Health (SORH)** – A federally funded office of the Department of Public Health, SORH coordinates a number of federal programs. These include technical assistance to rural communities, a Small Rural Hospital Performance Improvement Program (SHIP), which provides assistance to those with 49 or fewer beds and the Rural Hospital Flex Program, which supports coordinated systems of care in rural areas.

### Best Practices

- **Rural Community Health Workers.** In addition to its medical and dental practices, Hilltown Community Health Center, with sites in Worthington, Huntington, and Amherst, has Community Health Workers doing outreach with isolated rural elders, outreach workers providing domestic violence support, support for families with young children, and more.<sup>6</sup>
- **Increasing access through rural telehealth programs.** The Evidence-Based Rural Tele-Behavioral Health Network through Heywood Healthcare allows children in some schools in the North Quabbin region to meet with therapists and psychiatrists remotely, instead of traveling an hour each way to see these specialists.
- **Regional public health districts.** The Cooperative Public Health Service, serving 13 small communities in Franklin County, provides high quality public health protection services to rural residents, including fully credentialed health agents and public health nurses, immunization and wellness clinics and public health code enforcement. Other rural health districts include Tri-Town in Lee, Lenox and Stockbridge, the Quabbin Health District in Belchertown, Pelham and Ware, and the Berkshire Regional Planning Commission's Board of Health Alliance.
- **Collective impact coalitions.** Rural Massachusetts is host to a number of highly effective local coalitions, whose model should be replicated in currently unserved areas. These include the North Quabbin Community Coalition, the Opioid Task Force of Franklin County and the North Quabbin, the Northern Berkshire Community Coalition, and the Communities That Care Coalition.

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<sup>6</sup> <https://www.hchcweb.org/connect-to-services/service-we-offer/community-programs/>

## Recommendations

1. **The Legislature should pass currently filed bills to improve rural health and healthcare:**
  - a. Telehealth parity legislation: These bills will increase the number of insurers covering telehealth visits at the same rate as in-person visits, a crucial step forward for rural medical providers. (numerous bills)
  - b. Scope of Practice Legislation that creates additional levels of practice for Dental Therapists, Optometrists, and others, allowing more people to benefit from existing staff in rural areas. The legislation should include reciprocity with other states as well. (numerous bills)
  - c. Legislation to encourage Congress to address the disparity in Suboxone training requirements for Nurse Practitioners compared to MDs would make this important opioid use disorder medication more available. (H.3194)
  - d. Legislation to allow rural EMS to run an ambulance with one driver and one EMT. (H.1857)
  - e. The State Action for Public Health Excellence (SAPHE) Bill to improve local public health infrastructure. (H.1935)
  
2. **The Legislature should commit to sustained funding for initiatives to improve the public health of residents of rural MA, including:**
  - a. The Community Health Center Transformation Fund, a vital lifeline for this healthcare sector. (H.1165)
  - b. Funding for broad-based community coalitions using a collective impact model to improve health and well-being in rural regions.
  - c. Reinstate rural sexual and domestic violence funding. The existing state office was cut a few years ago, and many communities still do not have access to Sexual Assault Nurse Examiner (SANE) or tele-SANE services.
  - d. Strengthen supports for rural residents all along the continuum of substance use disorder prevention and treatment: broader implementation of current jail pilots in diversion, re-entry, and Medication for Addiction Treatment (MAT); and mobile harm reduction vans, and increased sober living options.
  - e. Funding of the cross-jurisdictional sharing recommendations of the Special Commission on Local and Regional Health. Create rural health department minimum population and workforce credential requirements, and provide state funding to support them.

3. **The Commission should file new legislation to address barriers to rural healthcare:** Legislation to allow Nurse Practitioners to practice without MD oversight, as exists in 37 other states.
4. **The state should create a Loan Forgiveness and Repayment Discretionary Fund for rural health care organizations.** This fund would be for recruitment, not just for retention. The current state program is underfunded, and is only available to apply to once you are already working at a Health Center.
5. **The state should provide incentives and reduce barriers to access for rural healthcare workforce training.** Training for all levels of positions should be available, with support, at community colleges and medical schools.
6. **The Commission should charge the State Office of Rural Health to explore feasibility of “Critical Access Provider” designation for rural healthcare practices.** This designation, which exists in other states, would be similar to the current Massachusetts Critical Access Hospital designation.
7. **DPH should reduce regulatory barriers to using Emergency Medical Services to address rural needs** by reducing the cost of Community Paramedicine certification for rural towns.
8. **The Commission should work to ensure that state funding and training opportunities meet rural needs.** Grant programs and state training opportunities need to be flexible in their requirements for deliverables or number of attendees to be sensitive to the travel challenges of rural MA.

Stakeholders consulted: Many people, agencies and organizations were consulted in the drafting of this Plan. Recommendations contained in this document are not necessarily supported or endorsed by all parties listed below.

- Cape and Island Area Health Education Center
- Community Health Center of Franklin County

- DPH Office of Local and Regional Health
- DPH Office of Rural Health
- DPH Healthcare Workforce Center
- Hilltown Community Health Center
- MA Hospital Association
- MA League of Community Health Centers
- MA Municipal Association
- MA Public Health Association
- MA Rural Coalition for Health (MARCH)
- New England Rural Health Association
- Outer Cape Health Services
- Public Health Institute of Western MA
- Special Commission on Local and Regional Health
- UMass Medical School Rural Health Scholars and Population-Based Urban and Rural Community Health (PURCH) Program