Rural Task Force

2020 Rural Report

HEALTHCARE

Access to Health Care Matters

When students are healthy, they do better in school.[1] Students' health, and that of their families and community members, is shaped by many factors including access to health care. Regular access to health care services yields significant benefits:

- Disease prevention
- Detection and treatment of illnesses or other health conditions
- Improved quality of life
- Reduced likelihood of premature death
- Lengthened life expectancy[2]

Access to health care is, in turn, influenced by multiple issues including location. Individuals and families in Georgia's rural communities are more likely to face barriers to accessing health care including lack of transportation, health care practitioner shortages, and insufficient number of hospitals. Unaddressed, these barriers exacerbate health problems and undermine students and families' well-being.

For school districts, providing health insurance for employees to ensure they have access to care has become increasingly difficult as costs have soared. Districts must allot significant local dollars to cover health insurance costs, an expense once shared by the state.

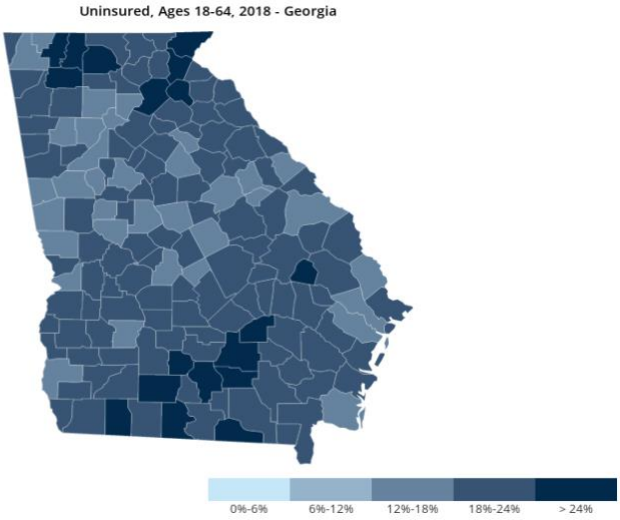
Current Context: Rural Health Care in Georgia

Ensuring access to health care is a critical need in Georgia's rural communities. Nearly 21 percent of rural residents are poor, compared to about 13 percent of urban Georgians.[3] Poverty is linked to poor health outcomes. Low-income children are more likely to experience vision and hearing difficulties, asthma, injuries, dental disease, and ear infections than their middle- and upper-income peers.[4] Their parents and other low-income adults are at higher risk for heart disease, diabetes, stroke and other chronic conditions.[5] In addition they are more likely to experience mental health concerns. Rural Georgians have higher death rates than urban residents for the following conditions:

- Cancer
- Chronic lower respiratory disease
- Heart disease
- Stroke[6]

Over 21 percent of rural Georgians between 18 and 64 are uninsured, compared to 18.7 percent of residents in metropolitan areas.[7] Many rural counties have uninsured rates that are much higher.

Uninsured Georgians, Ages 18-64[8]



The insurance gap is smaller for children under 18: About 8.5 percent of children in rural areas are uninsured while about 7.9 percent of those in metropolitan areas are.[9] As with adults, some rural counties have much higher rates of children without insurance.

Rural communities in Georgia are served by multiple types of health care providers including several organized to serve the unique needs of rural residents.[10]

Critical Access Hospitals. Georgia has 30 critical access hospitals. These hospitals help ensure that rural communities have essential medical services including emergency care. They receive extra federal support to increase their financial stability.

Rural Health Clinics. Georgia has 89 rural health clinics, which are designed to expand access to primary care services in rural areas. These clinics are located in rural areas that have a shortage of health professionals for the entire population or a sub-group or are be considered a medically underserved area.* These clinics receive enhanced Medicaid and Medicare reimbursement rates, which bolsters their financial stability.

Federally Qualified Health Centers. Georgia has 34 Federally Qualified Health Centers (FQHCs), which operate 225 clinics across the state including 144 in rural areas.[11] [12] The centers are outpatient clinics that offer comprehensive primary care as well as some specialty care. FQHCs are located in medically underserved areas, which may be urban or rural, and accept all patients regardless of their insurance status. They offer a sliding fee for individuals and families whose income is 200 percent above federal poverty guidelines.

Georgia also has 47 short-term hospitals located outside urban areas. These hospitals provide acute care for an illness or injury over a brief period.

Georgia has steadily expanded telehealth throughout the state to aid rural residents in receiving medical care since 1994. Telehealth connects patients to health care practitioners through phones, computers, remote patient monitoring devices and other tools. These practitioners provide some clinical services, management of some chronic conditions,

* A medically underserved area is an area designated by the Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty, or a higher elderly population.

consultations, health education and follow-up care through telehealth. It does not eliminate the need for traditional in-person medical care but can reduce it.

Launching with a pilot program, the Georgia Department of Public Health established a statewide telehealth network, making the service available in every county. The nonprofit Georgia Partnership for Telehealth also facilitates the expansion of telehealth across the state by providing planning support, training, technical assistance and scheduling services. Telehealth has garnered support from Georgia lawmakers as demonstrated most recently by the passage of the Telehealth Act in 2019, which requires insurers to cover telehealth services and to do so at the same rate as in-person services. The act also allows out-of-state physicians to provide services via telehealth.

Rural Needs in the Spotlight

Many rural Georgians face barriers to accessing health care: lack of transportation, too few physicians and other health care practitioners, and a shrinking number of available hospitals. School districts, which are committed to ensuring their employees can access care through district-funded health insurance, are grappling with its steep cost.

Transportation. Lack of transportation is a frequent problem for many rural residents. They may delay getting medical care, miss appointments with providers, or forego routine preventive care as a result, which can lead to worse health outcomes.[13] Lacking transportation can prevent rural residents from filling prescriptions, which can also harm their health. Low-income people are more likely to face transportation barriers.

Transit systems help address this challenge, but their availability is uneven across the state. Thirty-six counties in Georgia do not have a transit system.[14] Ninety-five rural counties and six cities have demand-response transit systems, which require requesting service in advance, usually 24 hours or one business day. Most do not operate on weekends and run from 8 a.m. to 5 p.m. Rider capacity varies across these systems. Fifty percent have one to three vehicles.[15]

Financially Vulnerable Hospitals. Since 2010, seven rural hospitals have closed in Georgia, and twenty-six more are at risk of closure.[16] In July 2020, an eighth rural hospital announced it would close in October of that year. Intersecting factors have created a fiscal squeeze that makes it hard for them to keep their doors open. Rural communities are losing residents, leaving fewer people to use hospitals. Those who stay are more likely to have greater health needs. The population in rural areas is aging, has lower education levels, and is more likely to be poor, all linked to increased health conditions. Rural residents also are less likely to have health insurance. When they seek health care at a hospital, often through the emergency department, some do not have the means to pay for it, leaving the hospital to pick up the tab. In 2017, uncompensated care reported by Georgia's rural hospitals totaled $341.6 million.[17]

Changes in federal policy have also tightened financial pressures on rural hospitals. Medicaid payments have been reduced so the full cost of care is not consistently covered.[18] Payments to help hospitals cover Medicare bad debt—amounts unpaid by Medicare beneficiaries—have also shrunk.

With tight budgets, many rural hospitals cannot afford to upgrade facilities. They may face competition from newer facilities in urbanized areas, which are farther away but more attractive to patients, particularly those with health insurance and financial resources.

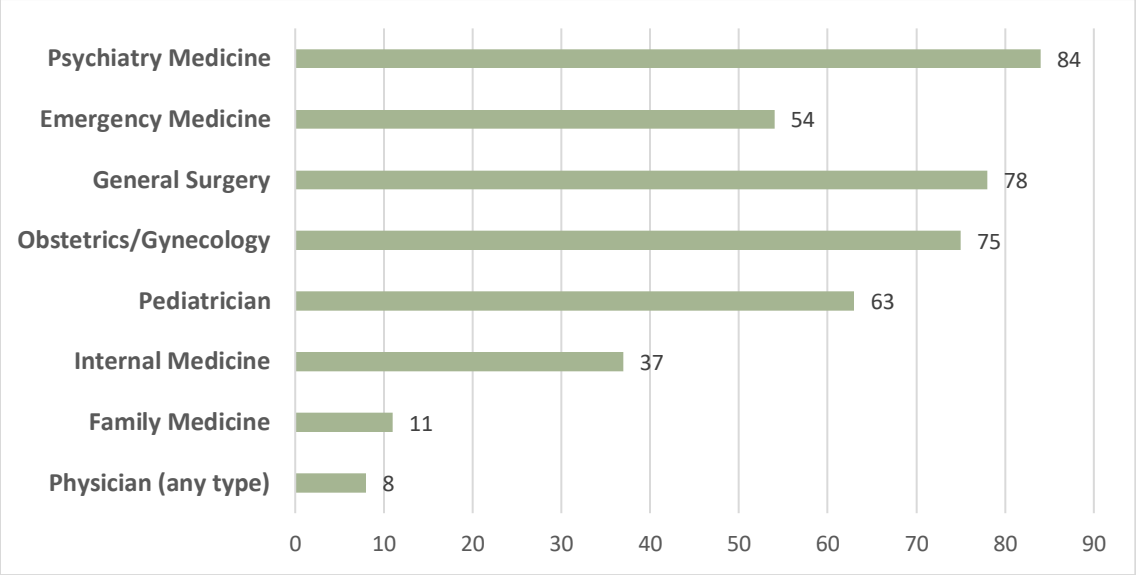
The state has taken steps to stabilize Georgia's rural hospitals, including establishing the Rural Hospital Grant Program. The program sends grant dollars to rural hospitals to invest in community-driven initiatives to enhance their financial health. Since its launch in Fiscal Year 2016, the state has allocated $3 million to the grant program. The General Assembly upped that amount to $12 million for FY 2021.

The General Assembly also established the Rural Hospital Tax Credit program. Through the program, individuals and corporations can contribute to financially stressed rural hospitals and receive a one-to-one credit on taxes owed.[19] The total available tax credit is $60 million annually. Responding to concerns that contributions were not going to the neediest hospitals, in 2019 the legislature directed the Georgia Department of Community Health to refine hospital eligibility criteria and rank eligible hospitals by need.

The Georgia Department of Audits reviewed the program and concluded that changes in federal tax code reduced the benefits of the program for many contributors, leading to a decline in contributions. They totaled $48.9 million in 2019, more than $10 million below the cap. The department also found gaps in the program's transparency and accountability.[20] It recommended creating a state nonprofit to manage the program, a shift from current practice of a private nonprofit managing it. An alternative recommendation is converting the tax credit program to a grant program.

Shortage of Health Care Providers. Health care practitioners are increasingly rare in Georgia's rural communities. This makes it harder for residents to access routine care as well as specialty or emergency care.

Number of Georgia Counties without a Physician 2017[21]



Physicians are not the only ones missing in rural communities. Health care providers in many roles are scarce.

- Thirty-four counties do not have a physician's assistant.[22]
- Twenty-three counties lack a dentist. [23]
- Twenty-two counties do not have an advanced practice registered nurse.[24]

The state's aging healthcare workforce may worsen the shortage. According to a 2015 survey, nearly 59 percent of Georgia's physicians were over 50, and twenty percent of that group reported that they would retire within five years.[25] More than 21 percent of those who reported they planned to retire work in rural areas.

Climbing Health Insurance Costs for School Districts. For many years, the state covered a portion of school districts' health insurance costs for non-certified staff including bus drivers, school nutrition workers, administrative support personnel and others who do not teach. In 2011 it eliminated this funding, shifting this expense onto districts. The monthly cost of health insurance for each non-certified staff member soared from $246 in Fiscal Year (FY) 2012 to $945 in FY 2018. This pushed the yearly cost for each non-certified employee from $2,952 to $11,340. For a district with 50 non-certified staff, this hike added nearly $420,000 to their annual budget.

Expenditures of this size affect districts' budgets and shape operating and personnel decisions. Some districts eliminate or freeze staff positions, including paraprofessionals, which can reduce instructional effectiveness.

COVID-19 and Rural Health Care

The COVID-19 pandemic has strained Georgia's rural health care systems. Like those in urban areas, rural hospitals are coping with revenue declines due to cancelled or deferred elective procedures.[26] They may spend more on personal protective equipment and may also incur additional costs to adhere with social distancing practices. These are circumstances that may persist for many months. Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the federal government allocated $100 billion to hospitals to provide fiscal relief including $10 billion targeted to rural providers. To help cover coronavirus-related testing and other expenses, they can also tap $225 million in federal funds through the Paycheck Protection Program and Health Care Enhancement Act. In addition, some Medicare payments were increased. It is not yet clear whether these added funds effectively ameliorate the effects of the pandemic on rural health care providers.

The pandemic has accelerated the use of telehealth. People's concern about exposure to the virus if they visit a health care provider is one reason. A second is significant changes in regulations about using and paying for telehealth. The federal government and many state governments increased Medicare and Medicaid payments for telehealth, bringing them on par with payments for in-person medical services. This made telehealth more financially feasible for providers. Policymakers also made it easier to use telehealth by waiving requirements, such as mandates that individuals seeking care via telehealth do so from a health care provider's facility.

To facilitate providers' adoption of telehealth in Georgia, the Georgia Partnership for Telehealth and the Georgia Rural Health Innovation Center collaborated to distribute GPT's web-based telehealth consultation software to rural physicians to use at no cost for six months.[27] Fostering buy-in and making supporting technology easy to use are important for providers to incorporate telehealth into their practice.

Best Practices

School-Based Health Centers

More than 20 school districts, including many rural ones,[†] have established school-based health centers to provide on-site medical care to students and, in some areas, community members. The centers eliminate the transportation barrier many families face. They provide students with wellness checks, immunizations, care for chronic conditions, sports physicals and other services. In Georgia, most centers are staffed by Federally Qualified Health Centers, which partner with districts to operate the centers. Like other healthcare providers, school health centers bill for

[†] Rural districts that have established school-based health centers include Catoosa County, Chattahoochee County, Coffee County, Crisp County, Dooly County, Evans County, Gordon County, Johnson County, Murray County, Randolph County, Taliaferro County, Taylor County, Terrell County, Thomas County, Turner County, and Walker County.

care to cover their costs, with Medicaid and Peachcare being primary sources of coverage for students. FQHCs receive a higher Medicaid reimbursement rate than other providers, which bolsters the financial sustainability of the school health centers. In addition, FQHCs cannot deny care even to those without health insurance. Many of Georgia's school health centers were launched with planning grants from PARTNERS for Equity in Child and Adolescent Health, which is based at Emory University, and can tap the Georgia School-Based Health Alliance for assistance with planning and implementation.

Telehealth

Telehealth is a resource some districts are using to help address the health care needs of their students. Over 140 schools in 31 districts across Georgia offer telehealth services.[28] Their benefits include reduced student absenteeism, fewer emergency room visits and hospitalizations, and reduced loss of parent wages from time off to care for a sick child.[29] In addition, students with diabetes and asthma have improved health with better management of these conditions provided through telehealth services. Voices for Georgia's Children, a nonprofit advocacy and research organization, has highlighted the benefits of telehealth and released a report identifying best practices for implementing it.

The University of Mississippi Medical Center's Center for Telehealth has been a leader in the field. It offers non-emergency urgent care to all Mississippi residents and provides a comprehensive array of services in all of the state's counties. They include:

- Access to medical specialties: pulmonology, radiology, trauma, psychiatry and psychology, infectious diseases, dementia and Alzheimer's care, and more
- UMMC 2 U: enables any Mississippi public school teacher or state employee covered by the state insurance plan to receive urgent care from the medical center via the UMMC 2 U app. Private companies also participate.
- CSpire Health: The center partnered with a wireless communication service to develop a free mobile telehealth app that enables anyone in Mississippi to access non-emergency urgent care.
- Mississippi Diabetes Telehealth Network: The center launched the network to improve care and outcomes for patients with diabetes. Patients receive home monitoring kits, which enables physicians to better track and support their management of diabetes.

Mississippi residents can access telehealth in clinics, hospitals, schools, businesses and, through the CSpire Health app, on their personal electronic devices. Using the center's telehealth services have yielded benefits for the state's rural hospitals including keeping patients in their facilities and closer to home, improving their operating margins, and bolstering recruitment and retention of rural health care practitioners.[30]

Transportation

Nonprofit organizations have taken the lead in providing transportation in some rural communities. Examples include:

- SMiles is a volunteer transportation service for individuals who are 60 and older in Blount County, TN. Interested riders pay an annual membership fee of $49, which includes their first four rides. Rides can be up to three hours long. Drivers are volunteers, who select rides they will provide using a web-base program. Additional information is available here.

- Kid One Transport is a nonprofit that provides transportation to medical appointments for children and pregnant women in 35 of Alabama's 67 counties. Most of the program's costs are covered by corporate and community partners. Contributions include 11 of the program's 23 vehicles. Clients pay what they can afford. Additional information is available here.

Recruit and Retain Healthcare Professionals

The Georgia Board of Health Care Workforce offers service-cancelable loan programs for physicians, dentists, physician assistants, and advanced practice nurse practitioners who work in rural areas.

Service-Cancelable Loan Recipients FY 2019

Program	Recipients
Physicians for Rural Areas Assistance	37
Georgia Physician Loan Repayment	3
Dentists for Rural Areas Assistance	12
Physician Assistant Loan Repayment	20
Advanced Practice Nurse Practitioner Loan Repayment	21

The state has taken other steps to increase Georgia's healthcare workforce though they are not exclusive to rural areas. They include providing a tax credit for physicians, advanced practice nurse practitioners, and physician assistants who provide unpaid preceptorship training for students. The state has also expanded funding for physician residencies in primary care fields.

The Foundation for Community Health in Sharon, CT, led the community-driven creation of Health Profession Rural Summer Immersion Program, which brings medical students and physician assistant students to rural communities in Connecticut and New York for a two-week summer immersion program. Program components include shadowing practitioners, reviewing case studies, attending lectures, participating in a local community service project, and social events.

Recommendations

School District Recommendations

- **The GSBA Rural Task Force recommends school districts work with city and county governments to explore the use of telemedicine in their community to fill some of the unmet needs.**

Telehealth can expand access to care for rural residents who may not be have transportation or face another barrier that limits their ability to see a healthcare provider. It is also an effective strategy for linking residents to specialty care, which may not be available in their community.

- **The GSBA Rural Task Force supports initiatives led by the healthcare profession to recruit and retain personnel to provide access to care and treatment to students and adults in rural areas.**

Innovative and effective strategies are needed to recruit and retain healthcare professionals in Georgia's rural communities, which are experiencing a significant shortage.

- **The GSBA Rural Task Force recommends providing funding for low-cost or subsidized transportation to healthcare facilities for those who cannot easily get to them.**

Lack of transportation is a barrier to accessing healthcare for many rural residents. This can result in delayed and lack of care, which contribute to poor health outcomes.

Legislative Recommendations

- **The GSBA Rural Task Force recommends a refinement and clarification of rural hospital tax credits to ensure the funds are maximized to bolster the financial stability of rural hospitals.**

Georgia's rural hospitals continue to face significant financial pressures, which could be reduced with additional resources. Enhancing their financial health would aid their continued operation.

- **The GSBA Rural Task Force recommends the cost of providing health insurance to rural classified school employees be reviewed and partially funded at the state level. The Task Force also recommends the state continue to explore less expensive ways to provide this employment benefit.**

Ensuring classified employees are able to access healthcare through the provision of health insurance is critical to their well-being and that of the community. The cost of providing insurance for these employees has soared, requiring significantly more local funds than in

previous years. If the state resumed covering a portion of this cost, more local dollars could be invested in teaching and learning.

This report was prepared by Claire Handley Suggs and Welch Suggs. Welch Suggs is an associate professor of journalism and sports media at the University of Georgia and has written extensively on issues in higher education, including gender equity and athletics. Claire Suggs has worked in education policy for the Georgia Budget and Policy Institute, the Southern Education Foundation, and currently the Professional Association of Georgia Educators. Her areas of expertise include school funding, teacher quality, and equity.

End Notes

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