

## Why Rural Health Matters-A Perspective from the Field



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Rural America is a place where culture, race, economic opportunity, and politics often clash. However, “place” matters when it comes to healthcare access, health disparities, health outcomes and general quality of life issues. In 2010, the Mississippi Health Policy Center reports, “Mississippi is a state that has had a long, sad history with health outcomes. The confluence of historical racial and economic baggage, indifferent and sometimes hostile leadership, and long-standing, suffocating poverty has created a seemingly untenable environment for change.” It is within the context of this environment that many rural healthcare systems must work to make sustainable improvements in the health of rural populations. Rural residents have high prevalence of chronic conditions, high disability rates, high mortality rates, and high rates of preventable hospitalizations. Rural residents are also more likely to be obese, less likely to be physically active, more likely to report diabetes, and more likely to be uninsured.



Darius Davis, Exercise Therapist, works with a patient

For close to 40 years, the Aaron E. Henry Community Health Services Center (AEH) has provided healthcare to residents of the rural six county region of the Mississippi Delta. As a federally qualified health center, our mission is to improve the health of people in targeted areas by increasing access to comprehensive primary and preventative healthcare services while promoting economic development. To accomplish this mission, we take an annual assessment to look at the needs of the community and craft our services to address any gaps. We understand that health is not shaped solely by access to healthcare and standards of care, which are important. We believe that the social and economic conditions in which people live are the factors that greatly influence health outcomes. Consideration is given to the social determinants of health like housing, transportation, food insecurity, and joblessness, which are drivers of health status in rural America.



Rural General Public Transportation System (DARTS)

The Mississippi Delta region has long suffered a shortage of culturally competent primary care providers. Other concerns include the high cost of prescription medications, untreated and poorly treated chronic diseases (especially hypertension and diabetes), high rates of uninsured, under performing schools and lack of adequate transportation modalities for healthcare access. The local hospital has changed ownership several times over the years and struggles to remain profitable with a poorer declining population base and few specialists willing to relocate to our area. These issues exacerbate an already unstable local healthcare delivery infrastructure.



AEH Community Health Center Mobile Medical Unit

To address the many challenges of working to improve healthcare in rural Mississippi, AEH starts each day with the “mission to matter.” This is demonstrated by establishing ten healthcare sites in remote communities. The sites include four fixed clinical sites, three school-based clinical sites, two mobile medical clinics linked to more than 20 schools, and an administrative site that supports the

Delta Area Rural Transit System (DARTS). Transit services are provided so that residents can get to jobs, training programs, healthcare appointments, and other human services needs. Our healthcare program also includes access to physicians, dentists, optometrists, nurse practitioners, dietitians, nurses, social workers, mental health services, and community health workers. Our staff works in interdisciplinary teams to increase the integration of services in the primary care setting. However, recruiting and retaining professionals to practice in a rural area, in any discipline, has been challenging. The U.S. Health Resources and Services Administration's (HRSA) National Health Service Corp placements are vital to sustaining healthcare access in rural areas. This program offers tax-free loan repayment assistance to support qualified healthcare providers who choose to take their skills areas of need. Other programs to address health disparities include health education on prevention, exercise therapy, screening for early identification of disease, and interventions to address issues that affect them.



Dr. Bettye Baptist-Wilson works with a patient

It is clear that the rural economy built on low-wage labor and small businesses will have high levels of uninsured. Rural people also have high rates of “underinsurance,” or health benefit coverage that provides less coverage at higher cost. To address these issues, AEH provides our patients services on a sliding fee basis and regardless of their ability to pay. The federal government’s 340B program also provides low cost prescription medication for health center patients to offset the high cost of prescription medication. It should also be noted that rural residents are more likely to be covered by public assistance like Medicaid, the Children’s Health Insurance Program (CHIP), and Medicare than urban residents. Of greatest concern is the impact that the potential loss of these programs could have on the more than 60 million people living in rural areas.

Now, we are entering an era where issues faced by our healthcare systems are systemic in nature. Even more challenging is meeting Meaningful Use Standards, Use of Electronic Health Records, Pay for Performance requirements all while balancing a poor instructional technology infrastructure and workforce issues. Ultimately, the consequences of these issues on the health of rural residents are in inadequate healthcare, which leads to poorer health and worse health outcomes.