

# GEORGIA'S STATE OFFICE OF RURAL HEALTH

Presentation to:  
Georgia Southern University  
Jiann-Ping Hsu College of Public Health  
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# DCH Mission

## ACCESS



Access  
to affordable,  
quality health  
care in our  
communities

## RESPONSIBLE



Responsible  
health planning  
and use of  
health care  
resources

## HEALTHY



Healthy  
behaviors and  
improved  
health  
outcomes

# DCH Initiatives

## FY 2008 and FY 2009

### FY 2008

**Medicaid Transformation**  
**Health Care Consumerism**  
**Financial Integrity**  
**Health Improvement**  
**Solutions for the Uninsured**  
**Medicaid Program Integrity**  
**Workforce Development**  
**PeachCare for Kids™ Program**  
**Stability**  
**SHBP Evolution**  
**Consumer Service and**  
**Communication**

### FY 2009

**Medicaid Transformation**  
**Health Care Consumerism**  
**Financial & Program Integrity**  
**Health Improvement**  
**Solutions for the Uninsured**  
**Workforce Development**  
**PeachCare for Kids™ Program**  
**Stability**  
**Customer Service**

# State Office of Rural Health Mission

To optimize the health status  
and eliminate the health disparities  
of persons in rural and urban  
underserved areas of Georgia  
through the development  
of regional systems of quality health care

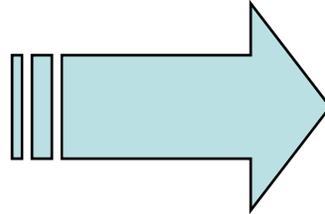
# State Office of Rural Health

The **State Office of Rural (SORH)** works to improve access to health care in Georgia's 109 rural areas and to reduce health disparities in Georgia's diverse populations by:

- Empowering communities to strengthen and maintain the best possible health care delivery system;
- Building strong partnerships to meet local and regional needs;
- Providing incentives to local areas to implement integrated service delivery systems; and
- Acting as principal point of contact for issues related to health care for rural and urban underserved communities

# GEORGIA RURAL HEALTH CARE

Of Georgia's  
**159** counties



**109** are Rural

- Georgia supports a population of 8,186,453
- 135 Health Professional Shortage Area (HPSA) designations
- 93 Dental Shortage Area (DHPSA) designations
- 125 Mental Shortage Area (MHPSA) designations
- 144 counties are ranked as Medically Underserved Areas (MUA)

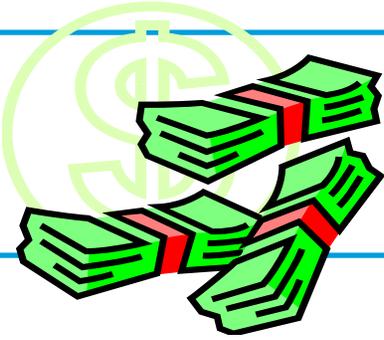
# State Office of Rural Health

## Georgians served:

- 158 counties participate in SORH programs representing 8,116,332 Georgians
- 144 counties participate in three or more programs representing 7,145,778 Georgians

## Outcome Highlights:

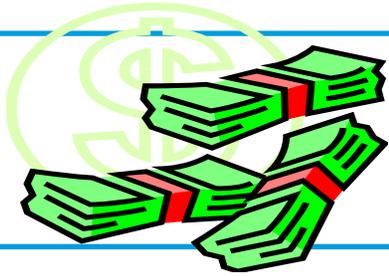
- \$8.6M federal funds leveraged from State investment
- \$4,513,027 additional federal funds leveraged to assist communities develop health centers
- 51 National Health Service Corps health care providers to serve the underserved currently serving Georgia's underserved
- 218 J1 Visa Waiver Physicians to serve the underserved since 2000



# Federal Grant Resources

## Creating a Healthy Georgia

State Office of Rural Health	\$ 147,700
Primary Care Office	\$ 176,928
Small Hospital Improvement Program	\$ 462,068
Medicare FLEX Grant	\$ 485,000
Migrant Health Centers	\$ 2,461,977
ER Diversion (CMS Alternative ER Grant)	<u>\$ 2,500,000</u>
<b>TOTAL</b>	<b>\$ 6,233,673</b>



# State Grant Resources

## Creating a Healthy Georgia

Migrant State	\$ 321,224
Homeless	\$ 406,846
AHEC-MCG	\$1,965,000
GRHA	\$ 30,000
SE Firefighters Fund	\$ 100,000
State SORH Match	<u>\$ 605,000</u>
<b>Total</b>	<b>\$ 3,428,070</b>

# FOCUS ON HEALTH IMPROVEMENT

Primary focus areas for health improvement are:



**Low Birth Weight**

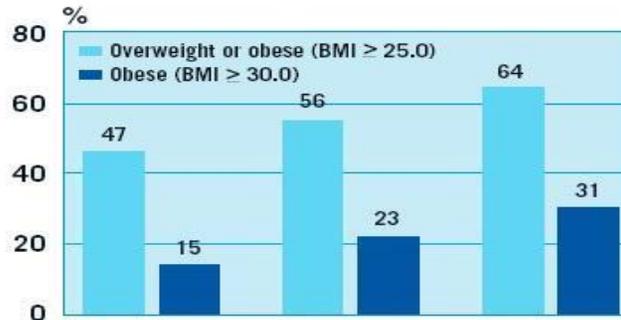


**Hypertension**



**Cancer**

Age-adjusted\* prevalence of overweight and obesity among U.S. adults, age 20–74 years



**Obesity**



**Cardiovascular Disease**

# Guides and Evidence

Rural Health Plan

Primary Care Access Plan

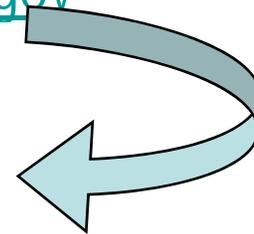


Plans available via web:

<http://dch.georgia.gov/ruralhealthpublications>

[www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)

Numerous other independent sources



# Hospital Services Program

The Hospital Services Program provides technical assistance and resources to rural hospitals through a variety of initiatives to aid in the continuation of health care services for rural residents.

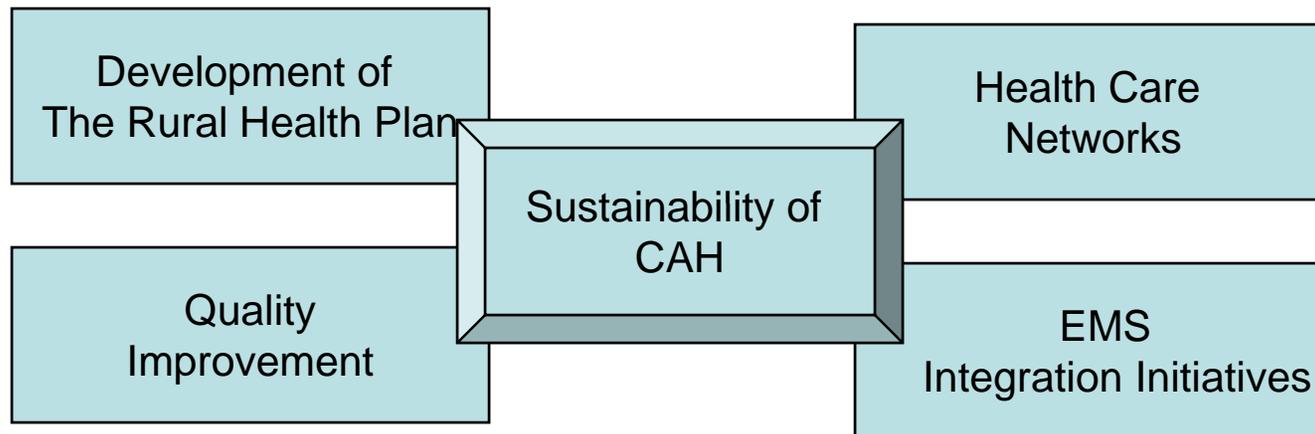
It is evident that Georgia's rural hospitals must have outside funding sources to create sustainable health care delivery systems.

# Hospital Services Program

## Medicare Rural Hospital Flexibility Program (FLEX)

Since 1999, Georgia has received more than \$4.5M dollars in FLEX grant funding resulting in the conversion and sustainability of 34 rural Georgia hospitals. The FLEX program helps to sustain the rural health care infrastructure of our rural communities.

Key Program Areas include:



# Rural Health Networks

The **Rural Health Networks** are designed to help rural providers and community leaders build health care systems which are:

- Clinically relevant
- Financially viable
- Improving the care seeking experiences of rural residents
- Providing access to care for the uninsured
- Improving health status



# SMALL RURAL HOSPITAL IMPROVEMENT PROGRAM (SHIP)

Of Georgia's **66** rural hospitals, **53** are eligible. They:

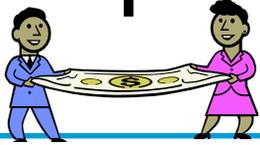
- Have 49 or less available beds
- Are outside a Metropolitan Statistical Area (MSA) or in a rural census tract of an MSA
- Are non-federal, short-term, general acute care facilities
- Possess Critical Access Hospital designation, or
- Are in areas State law designates as rural areas or hospitals

# SMALL RURAL HOSPITAL IMPROVEMENT PROGRAM (SHIP)

*SHIP is designed to:*

- Assist in the reduction of medical errors
- Support quality improvement
- Comply with the HIPAA regulations
- Function within Perspective Payment System guidelines

# Hospital and Federally Qualified Health Center Partnership Opportunities



- Medical Home for ER Non-emergent patients
- Provider recruitment
- Contract for lab services
- Referral sources
- Group purchasing
- Prescription drug assistance

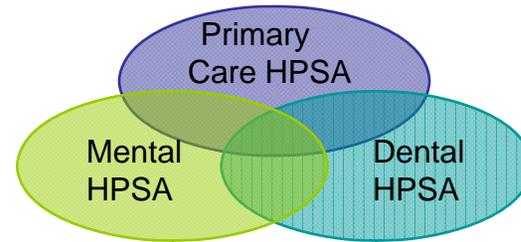
# Primary Care Office Program

## Major efforts:

- Development of Federally Qualified Health Centers and other primary care provider access points
- Health Professions Shortage Designations
- National Health Service Corps
- J1 Visa Waiver Physicians
- 3RNet
- ER Diversion Grant

# PRIMARY CARE OFFICE

## Health Professional Shortage Areas (HPSA)



HPSAs are areas that have a shortage of specific health care providers as indicated by the SORH and the U.S. Department of Health and Human Services (HRSA).

### PRIMARY CARE HPSA

Based on the number of primary care physicians in the area:

#### **Types include:**

Family Practice	Pediatrics
General Practice	OB/GYN
Internal Medicine	

### MENTAL HPSA

Based on the number of mental health care providers in the area, these designations are usually assigned to catchment areas that include multiple counties, as well as certain health clinics and correctional facilities.

### DENTAL HPSA

Based on the number of dentists, dental assistants and dental hygienist in the area, these designations can be assigned to counties, census tracts, certain health clinics and correctional facilities.

# NATIONAL HEALTH SERVICE CORPS (NHSC)

The **Scholarship Program** is available to full-time students enrolled in fully accredited U.S. Medical Schools who commit to practice in a HPSA upon completion of education or training.

The first step in applying for the **Loan Repayment Program** is to locate a community that needs medical professionals by finding a sponsor located in a HPSA.

Currently Georgia has **38 loan repayers** and **13 scholars** serving in Professional Shortage Areas.

# J-1 VISA WAIVER STATE CONRAD 30 PROGRAM

The purpose of the **Georgia J-1 Visa Waiver Program** is to improve access to quality health care in underserved communities of Georgia by sponsoring international medical graduates holding J-1 Visas.

Georgia Conrad State 30 Program accepts slots in three categories:

**20 Primary Care slots**

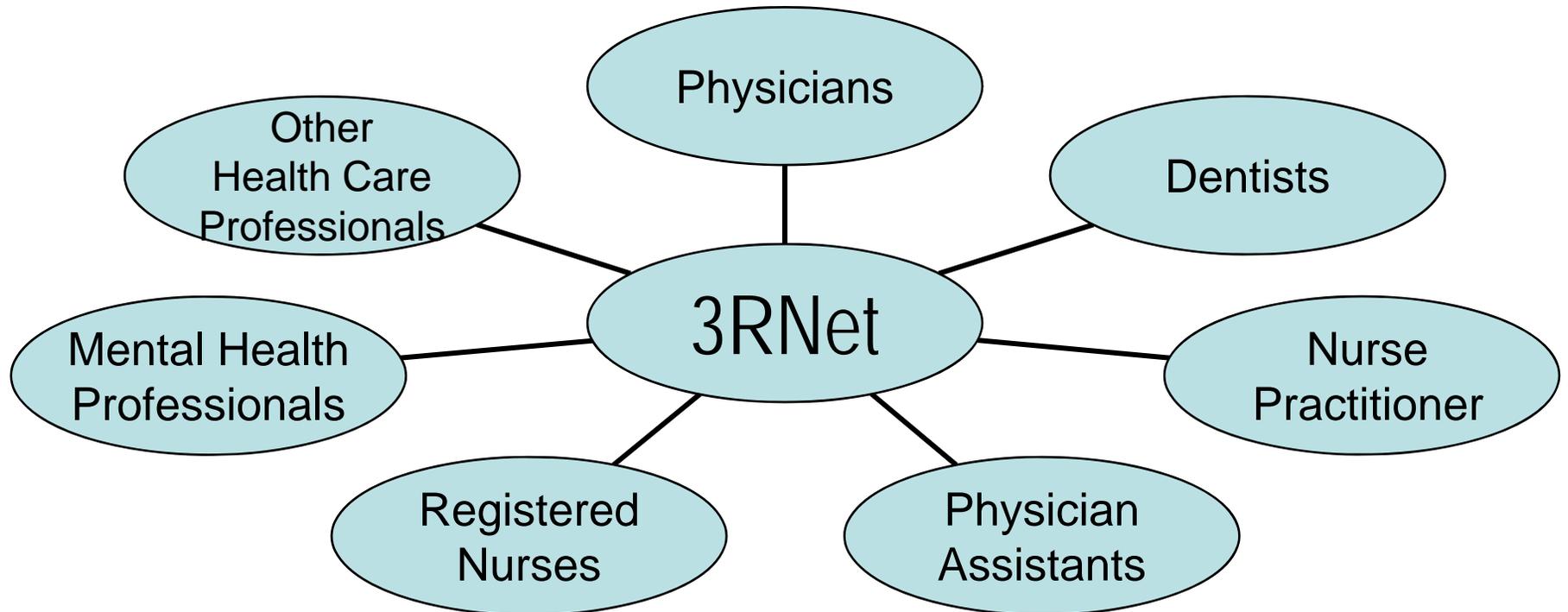
**Five Primary Care/sub-specialties split**

**Five sub-specialties only**

Currently Georgia has 46 J-1 Visa physicians serving in 51 HPSA and MUA Counties.

# National Rural Recruitment and Retention Network (3RNet)

Matching health care professionals with communities across the nation.....



# 3R Network Opportunity Profile

To post for a position through 3R Net:

- Profession sought (MD, DDS, NP, PA, etc.)
- Specialty (FP, Pediatrics, OB/GYN, etc.)
- Population (community population)
- Description (general description of facility/office)
- HPSA (whether in HPSA designated site or not)
- Available date (when position is available)

99 Job Opportunities  
42 Providers



# Emergency Room Diversion Program

The \$2.5M Centers for Medicare and Medicaid Services (CMS) Grant Program is an effort to provide Georgians with "*the Right Care at the Right Time in the Right Setting,*" to assist in the transitioning of non-emergent care from hospital ER to community-based primary care settings.



# Emergency Room Diversion Program

## Goals:

- Reduce non-emergent (ER) visits
- Improve patient outcomes
- Increase the number of Georgians with medical homes
- Reduce costs to Medicaid, Medicare, etc.
- Reduce hospital uncompensated care



# Georgia Farmworker Health Program

The **Georgia Farmworker Health Program (GFHP)** provides cost-effective, culturally appropriate primary health care, arranges for other levels of health care through advocacy and collaboration with local organizations and groups, and finds alternative funding sources to equip MSFWs to understand health care options in terms of their health status and accessing care.

# Georgia Farmworker Health Program



## PROJECT SITES:

- Decatur County Health Department – Bainbridge  
Decatur, Grady, Mitchell, Seminole and Thomas counties
- South Central Primary Care Services  
Atkinson and Coffee counties
- Ellaville Primary Medical Clinic – Ellaville  
Crisp, Macon, Schley, Sumter and Taylor counties
- Ellenton Clinic – Ellenton  
Brooks, Colquitt, Cook and Tift counties
- East Georgia Healthcare Center – Reidsville  
Candler, Tattnall and Toombs counties
- Migrant Farmworkers Clinic – LLC  
Echols and Lowndes counties



# State Office of Rural Health Georgia Farmworker Health Program

## STATISTICS for 2006

- Total Medical Users – 12,695
- Total Medical Encounters – 18,158
- Total Enabling Encounters – 20,408
- Average Cost per Medical User - \$160
- Dental Encounters – 836
- Total Farmworkers Registered – 18,977

# Health Care for the Homeless

The purpose of the **Health Care for the Homeless Program (HCHP)** is to provide primary health care services at sites where homeless people congregate such as shelters and soup kitchens. This is accomplished by:

- Providing cost effective health care
- Arranging for other levels of health care through collaboration and advocacy
- Working collaboratively with local organizations and groups
- Finding alternative funding sources and equipping homeless persons with skills, through health education and outreach, to better understand their health care options both in terms of health status and accessing care

# Health Care for the Homeless

## Project Sites:

St. Joseph's Mercy Care Services, Inc., Atlanta, Georgia

Estimated population – 11,847

Three Clinic locations: Mercy Clinic Downtown, St. Luke's, Mobile Unit

Chatham County Board of Health, Savannah, Georgia

Estimated population – 3,575

Clinic location: Union Mission

Total number of users for primary healthcare services in CY 2008:

St. Joseph's 5,550

Union Mission 2,563

# HIGH POVERTY COUNTIES

Georgia is the home to nineteen of the Top 200 Neediest Communities in the Nation based on Presidential Initiative 2 for FY 2007 High Poverty Counties listing.

## Top Three Neediest GA Counties

- **71 Clay County** - 31.3 percent in poverty
- **93 Hancock County** – 29.4 percent in poverty
- **96 Crisp County** – 29.3 percent in poverty

# Department of Community Affairs

## Job Tax Credit Tiers

Designation of Tiers 1, 2, 3 and 4 Counties and Less-Developed Census Tracts for the 2009 Job Tax Credit Program

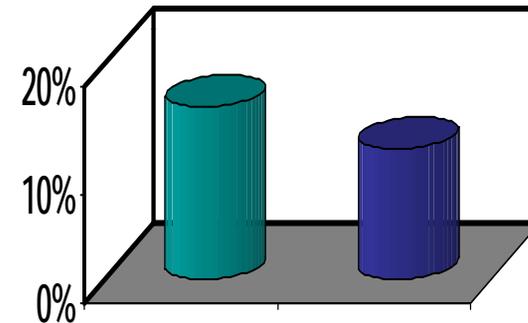
- Tier 1 – 71 Counties
- Tier 2 – 35 Counties
- Tier 3 – 35 Counties
- Tier 4 – 18 Counties

# POVERTY IN RURAL GEORGIA

- Poverty rates for rural counties exceed those in urban counties by 58 percent. Rural counties have approximately half as many physicians and dramatic shortages of nurses, therapists, and nutritionist (per capita) as metro counties
- Sixteen percent of rural Georgians live in poverty compared to twelve percent in urban areas

■ Poverty-Urban GA

■ Poverty-Rural GA



Poverty-Rural GA	16%	
Poverty-Urban GA		12%

# Georgia's Health Disparities

- The Office of Health Improvement published a report to look at county level health outcomes for minorities in the State entitled, "Georgia Health Equity Initiative"
- County Health Outcomes are measured by years of potential life lost due to premature death before age 75 (YPLL-75)



# Community Solutions

*Could New Insights and Solutions  
Come from the  
Wisdom of Communities Working  
Together to Achieve Equality?*

*– former House Speaker Tip O’Neill*

# Improving Health Care



"It is critically important that we lessen the impact and burden of illness on all people in our communities, regardless of race, gender, or religion. Working together we can execute plans that are thoughtful, strategic and responsive to the needs of our communities."

-Debbie Hall, Chief Operating Officer, Georgia Department of Community Health

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