November 26, 2019

Rural and Underserved Communities Health Task Force
Committee on Ways and Means
U.S. House of Representatives
Rural_Urban@mail.house.gov

Dear Representatives Davis, Sewell, Wenstrup and Arrington:

On behalf of Trust for America’s Health (TFAH), I am pleased to offer the following comments in response to the Rural and Underserved Communities Health Task Force Request for Information. TFAH is a nonprofit, nonpartisan public health policy, research and advocacy organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority.

TFAH shares the Task Force’s concerns regarding health problems and inequities in rural and underserved communities, and applauds the Request for Information’s focus on those social determinants of health that underlie these challenges. As you know, a major portion of people’s health status is determined not by clinical care, but by the circumstances in which people live, work, learn and play. TFAH is committed to supporting the public health community by working across sectors – with education, transportation, housing and other partners – to address unmet social needs and to improving individual and population health. These social determinants are crucial considerations for Medicare policy, not only because they influence Medicare beneficiaries but because the health of people entering the Medicare program reflects the conditions in which they have lived.

Based on TFAH’s recent work on public health responses to social determinants and on the concurrent epidemics of suicide, substance use, and mental illness that are plaguing all regions of our nation today, we focus our responses on questions 1 and 7.

**Question 1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional systems or factors outside of the health care industry that influence health outcomes within these communities?**
Americans in urban and rural areas have unmet social needs that directly impact health.\textsuperscript{1} For example, in rural areas, transportation creates barriers to accessing care,\textsuperscript{2,3,4,5} and higher rates of unemployment make healthcare harder to afford.\textsuperscript{6} Due in part to these unmet needs, rural Americans have high rates of obesity, cardiovascular disease, cancer, and unintentional injuries.\textsuperscript{7,8} In urban areas, social determinants also greatly impact health; for example, residents of urban neighborhoods with high population density, noise and pollution may experience poorer health outcomes.\textsuperscript{9}

In both rural and urban settings, multi-generational racial discrimination is associated with worse health.\textsuperscript{10,11} For example, biased lending practices and the legacy of “redlining” have hindered home ownership, and have led to many people of color living in poor housing conditions and underserved neighborhoods.\textsuperscript{12} Racial discrimination also contributes to educational segregation and fewer educational opportunities for people of color.\textsuperscript{13}

\begin{itemize}
\item[JE. Telemedicine and primary care obesity management in rural areas - innovative approach for older adults? \textit{BMC Geriatr.} 2017;17(1):x.]
\item[Newell MC, Strauss CE, Freier T, et al. Design and initial results of the minneapolis heart institute TeleHeart program. \textit{Circulation: Cardiovascular Quality and Outcomes.} 2017;10(10).]
\item[Dracup K, Moser DK, Pelter MM, et al. Randomized, controlled trial to improve self-care in patients with heart failure living in rural areas. \textit{Circulation.} 2014;130(3):256-264.]
\item[Kurti AN, Logan H, Manini T, Dallery J. Physical activity behavior, barriers to activity, and opinions about a smartphone-based physical activity intervention among rural residents. \textit{Telemed J E Health.} 2015;21(1):16-23.]
\item[Bunnell BE, Davidson TM, Dewey D, Price M, Ruggiero KJ. Rural and urban/suburban families' use of a web-based mental health intervention. \textit{Telemed J E Health.} 2017;23(5):390-396.]
\end{itemize}
Social isolation, particularly common among seniors, also negatively impacts health. Integrated neighborhoods with strong social networks are protective. CMS could work with CDC to explore investments in public health efforts that could significantly address these root social causes of health disparities. TFAH strongly supports existing efforts at CMS to support identification of the social needs of Medicaid and Medicare beneficiaries, including the Accountable Health Communities initiative. CMS could explore further ways to work with health departments to fulfill unmet social needs and to address broader systemic barriers such as poverty and racism.

**Question 2:** What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

Although there has been an increasing focus within healthcare and payment space in addressing nonmedical social needs of patients, particularly those individuals with higher healthcare costs, these approaches have not addressed the upstream, community factors that underlie the social determinants of health. For example, screening for housing instability and referring for housing assistance is helpful for an individual patient; yet the state and local policies and economic factors that impact the availability of healthy housing remains a major barrier to the patient finding housing. Without a focus on the root causes and community-wide supply of services to address social determinants, the excellent work happening in the health care sector may fail.

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Social determinants of health can only be addressed by a multisector response. There are innovative examples of public health and other sectors working together in Rhode Island\textsuperscript{26} and examples of partnership between health care and hospital systems,\textsuperscript{27} yet for the most part, addressing social determinants has occurred on an ad hoc basis, focused on individual needs. TFAH’s proposal for a public health approach to addressing social determinants would bring together data, resources, and innovations across health care systems, social services, and community-based and other relevant organizations. Public Health tends to be funded in categorical, disease-specific funding lines, so addressing cross-cutting issues, such as housing and nutrition, which would have impact in multiple health areas, is very difficult without dedicated funding. This proposal would complement initiatives within the healthcare space by providing sustainable convening, data sharing and planning tools.

**Question 7: Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?**

“Diseases of despair” - mental illness, substance use, and suicide - , are epidemic in rural and urban settings.\textsuperscript{28} For example, suicide rates are highest among male, white, and rural populations; and vulnerable urban populations have high rates of synthetic opioid deaths.\textsuperscript{29} People in many communities often struggle due to provider shortages, poor or non-existent public transportation, and longer distances to services.\textsuperscript{30,31,32,33} CMS can promote the use of telehealth and telecommunication among providers to increase access, particularly for Medicare beneficiaries in rural areas. For example, Project ECHO, for specialist communication with primary care providers via telecommunications, contributed to a significant increase in authorized buprenorphine prescribers in the mostly rural state of New Mexico.\textsuperscript{34}


\textsuperscript{29}Id.


CMS should also promote approaches to connecting people and communities to screening and prevention services. For example, integrating suicide prevention into primary care by screening for depression can help individuals access care early. Increased universal screening for substance use disorder has also helped high-risk rural individuals get proper services.

CMS should also focus attention on linking clinical and community services. This can be accomplished not only by screening and referring individuals for unmet social needs, but also by collaborating with local policymakers and representatives of other sectors to ensure that there are sufficient community services to address the identified needs. Home visits by community health workers, “food as medicine,” transportation, and programs to address social isolation are a few of the ways to serve people with or at risk of mental health or substance use disorders. Similarly, oral health is positively impacted not only by providing essential oral health services but also by promoting access to healthy foods.

Conclusion and Additional Resources

Thank you very much for the opportunity to provide preliminary input into the Task Force’s important work. In exploring solutions to health challenges and disparities that affect rural and underserved populations, we urge you to maintain a focus on unmet social needs and cross-sector

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43 Id.


responses. Our recent reports on the State of Obesity, alcohol, drug and suicide epidemics, and Promoting Health and Cost Control in States are available as resources, and our staff would be happy to meet with you if we can be helpful in future stages of your efforts. If you have any questions, please contact Director of Government Relations Dara Lieberman at dlieberman@tfah.org.

Sincerely,

John Auerbach, MBA
President & CEO
Trust for America’s Health