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.[1] For example, in rural areas, transportation creates barriers to accessing care,[2,3,4,5] and higher rates of unemployment make healthcare harder to afford.[6] Due in part to these unmet needs, rural Americans have high rates of obesity, cardiovascular disease, cancer, and unintentional injuries.[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.[9]

In both rural and urban settings, multi-generational racial discrimination is associated with worse health.[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.[12] Racial discrimination also contributes to educational segregation and fewer educational opportunities for people of color.[13]

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[1] Castrucci B, Auerbach J. Health Affairs: Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health. De Beaumont. January 16, 2019. Available at https://www.debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/

[2] JE. Telemedicine and primary care obesity management in rural areas - innovative approach for older adults? *BMC Geriatr*. 2017;17(1):x.

[3] Newell MC, Strauss CE, Freier T, et al. Design and initial results of the minneapolis heart institute TeleHeart program. *Circulation: Cardiovascular Quality and Outcomes*. 2017;10(10).

[4] Dracup K, Moser DK, Pelter MM, et al. Randomized, controlled trial to improve self-care in patients with heart failure living in rural areas. *Circulation*. 2014;130(3):256-264.

[5] National Center for Health Statistics. Health, United States, 2017: With special feature on mortality. Center for Disease Control and Prevention. 2018.

[6] 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. *Telemed J E Health*. 2015;21(1):16-23.

[7] Parks A, Hoegh A, Kuehl D. Rural ambulatory access for semi-urgent care and the relationship of distance to an emergency department. *West J Emerg Med*. 2015; 16(4):594-599.

[8] Bunnell BE, Davidson TM, Dewey D, Price M, Ruggiero KJ. Rural and urban/suburban families' use of a web-based mental health intervention. *Telemed J E Health*. 2017;23(5):390-396.

[9] The Health of America Report. Moody's Analytics for BCBSA. December 14, 2017. Available at https://www.bcbs.com/sites/default/files/file-attachments/health-of-america-report/BCBS.HealthOfAmericaReport.Moodys_02.pdf

[10] Koteki, J.A., et al. Separate and Sick: Residential Segregation and the Health of Children and Youth in Metropolitan Statistical Areas. *Journal of Urban Health*. 2018.

[11] Bower, K.M., et al. Racial Residential Segregation and Disparities in Obesity among Women. *Journal of Urban Health.* Oct 2015; 92(5):843-52.

[12] Fair Lending. *Office of the Comptroller of the Currency, U.S. Treasury.* Available at https://www.occ.treas.gov/topics/consumer-protection/fair-lending/index-fair-lending.html

[13] McArdle N, Acevedo-Garcia D. Consequences of Segregation for Children's Opportunity and Wellbeing. Joint Center for Housing Studies of Harvard University. April 2017. Available at https://www.jchs.harvard.edu/sites/default/files/a_shared_future_consequences_of_segregation_for_children.pdf

Social isolation, particularly common among seniors, also negatively impacts health.[14] Integrated neighborhoods with strong social networks are protective.[15,16,17,18,19,20,21,22]

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.[23] CMS could explore further ways to work with health departments to fulfill unmet social needs[24] 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.[25]

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[14] Social Isolation, Loneliness in Older People Pose Health Risks. National Institute on Aging. April 23, 2019. Available at https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

[15] Alcaraz KI, et al. Social isolation and mortality in us black and white men and women. *Am J Epidemiol*. 2019; 188(1):102-109.

[16] Hagstrom E, et al. Psychosocial stress and major cardiovascular events in patients with stable coronary heart disease. *J Intern Med*. 2018; 283(1):83-92.

[17] Xia NA, Li H. Loneliness, social isolation, and cardiovascular health. *Antioxidants and Redox Signaling*. 2018; 28(9): 837-851.

[18] Friedler B, Crasper J, McCullough L. One is the deadliest number: The detrimental effects of social isolation on cerebrovascular diseases and cognition. *Acta Neuropathol*. 2015; 129(4):493-509.

[19] Venna VR, McCullough LD. Role of social factors on cell death, cerebral plasticity and recovery after stroke. *Metab Brain Dis.* 2015;30(2):497-506.

[20] Henning-Smith C. Quality of life and psychological distress among older adults: The role of living arrangements. *J Appl Gerontol*. 2016;35(1):39-61.

[21] Theeke L, et al. Quality of life and loneliness in stroke survivors living in Appalachia. *J Neurosci Nurs*. 2014; 46(6):E3-E15.

[22] Cho HJ, Seeman TE, Kiefe CI, Lauderdale DS, Irwin MR. Sleep disturbance and longitudinal risk of inflammation: Moderating influences of social integration and social isolation in the coronary artery risk development in young adults (cardia) study. *Brain Behav Immun*. 2015; 46:319-326.

[23] CMS, "Accountable Health Communities Model" (updated Nov. 2019). Available at https://innovation.cms.gov/initiatives/ahcm

[24] McKillop M, Ilakkuvan V. The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2019. TFAH. April 2019. Available at https://www.tfah.org/report-details/2019-funding-report/

[25] Auerbach, J. Social Determinants of Health Can Only Be Addressed by a Multisector Spectrum of Activities. Journal of Public Health Management and Practice: November/December 2019 - Volume 25 - Issue 6 - p 525–528

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[26] and examples of partnership between health care and hospital systems,[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.[28] For example, suicide rates are highest among male, white, and rural populations; and vulnerable urban populations have high rates of synthetic opioid deaths.[29] People in many communities often struggle due to provider shortages, poor or non-existent public transportation, and longer distances to services.[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.[34]

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[26] Rhode Island Health Equity Zones Initiative. State of Rhode Island Department of Health. http://www.health.ri.gov/programs/detail.php?pgm_id=110

[27] Exemplars of Community Health Needs Assessment Collaboration. Action Collaborative on Bridging Public Health, Health Care & Community. Nov 2018. http://www.healthywilliamsoncounty.org/content/sites/wcchd/resources/Final_Bridging_11_30_18_last.pdf

[28] Pain in the Nation Update. Trust for America's Health and Well Being Trust. March 2019. Available at https://www.tfah.org/wp-content/uploads/2019/03/TFAH-2019-PainNationUpdateBrief-06.pdf

[29] *Id.*

[30] Mayer A. Energy transition and rural hospital closure: Leaving rural America behind? *Environmental Justice*. 2018; 11(2): 71-76.

[31] Burkey ML, Bhadury J, Eiselt HA, Toyoglu H. The impact of hospital closures on geographical access: Evidence from four southern states in the united states. *Operations Research Perspectives*. 2017; 4:56-66.

[32] McGrail MR, Humphreys JS, Ward B. Accessing doctors at times of need-measuring the distance tolerance of rural residents for health-related travel. *BMC Health Serv Res.* 2015;15:212.

[33] Douthit N, Kiv S, Biswas S. Exposing some important barriers to health care access in the rural USA. *Public Health.* 2015; 129(6): 611-620.

[34] Komaromy M, et al. Project ECHO (Extension for Community Healthcare Outcomes): A New Model for Educating Primary Care Providers About Treatment of Substance Use Disorders. *Substance Abuse*. 37, no. 1 .2016.: 20-4.

CMS should also promote approaches to connecting people and communities to screening and prevention services.[35] For example, integrating suicide prevention into primary care by screening for depression can help individuals access care early.[36] Increased universal screening for substance use disorder has also helped high-risk rural individuals get proper services.[37,38,39,40,41,42]

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.[43] Home visits by community health workers,[44] "food as medicine,"[45] 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.[46] Similarly, oral health is positively impacted not only by providing essential oral health services but also by promoting access to healthy foods.[47]

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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[35] Trust for America's Health, Pain in the Nation (November 2017). Available at https://www.tfah.org/report-details/pain-in-the-nation/

[36] Pain in the Nation Update. Trust for America's Health and Well Being Trust. March 2019. Available at https://www.tfah.org/wp-content/uploads/2019/03/TFAH-2019-PainNationUpdateBrief-06.pdf

[37] Venner KL, Sánchez V, Garcia J, Williams RL, Sussman AL. Moving away from the tip of the pyramid: Screening and brief intervention for risky alcohol and opioid use in underserved patients. *Journal of the American Board of Family Medicine*. 2018;31(2):243-251.

[38] McCann KS, Barker S, Cousins R, et al. Structured management of chronic nonmalignant pain with opioids in a rural primary care office. *Journal of the American Board of Family Medicine*. 2018;31(1):57-63.

[39] Schuster J, Nikolajski C, Kogan J, et al. A payer-guided approach to widespread diffusion of behavioral health homes in real-world settings. *Health Aff*. 2018;37(2):248-256.

[40] Mitchell SA, Kneipp SM, Giscombe CW. Social factors related to smoking among rural, low-income women: Findings from a systematic review. *Public Health Nurs.* 2016;33(3):214-223.

[41] Fullerton CA, Henke RM, Crable EL, Hohlbauch A, Cummings N. The impact of Medicare ACOs on improving integration and coordination of physical and behavioral health care. *Health Aff.* 2016;35(7):1257-1265.

[42] CMS, "Accountable Health Communities Model" (updated Nov. 2019). Available at https://innovation.cms.gov/initiatives/ahcm

[43] *Id.*

[44] AHRQ, "Addressing Social Isolation To Improve the Health of Older Adults: A Rapid Review" (2019). Available at https://www.ncbi.nlm.nih.gov/books/NBK537909/; citing Savitz L. Medicare Sustainability Operational Model. Presentation at Kaiser Permanente Northwest (KPNW) Winter Senior Leadership Summit. Jan 2018.

[45] Gorin D. Food as Medicine: It's Not Just a Fringe Idea Anymore. NPR. January 17, 2017. https://www.npr.org/sections/thesalt/2017/01/17/509520895/food-as-medicine-it-s-not-just-a-fringe-idea-anymore

[46] Veazie S, Gilbert J, Winchell K, Paynter R, Guise J-M. Addressing Social Isolation To Improve the Health of Older Adults: A Rapid Review. Rapid Evidence Product. (Prepared by Scientific Resource Center under Contract No. 290-2017-00003-C.) AHRQ Publication No. 19-EHC009-EF. Rockville, MD: Agency for Healthcare Research and Quality; February 2019. Posted final reports are located on the Effective Health Care Program search page.

[47] Chi DL, Masterson EE, Carle AC, Manci LA, Coldwell SE. Socioeconomic status, food security, and dental caries in US children: mediation analyses of data from the National Health and Nutrition Examination Survey, 2007-2008. *Am J Public Health.* 2014 May;104(5):860-4.

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,

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Trust for America's Health