National Advisory Committee
On Rural Health and Human Services

Reducing Health Disparities in Rural America: Key Provisions in the Affordable Care Act

Policy Brief December 2011

Editorial Note: *In 2011, the National Advisory Committee on Rural Health and Human Services focused on the rural implications of key provisions from the Patient Protection and Affordable Care Act through a series of policy briefs with policy recommendations that were sent to the Secretary of the U.S. Department of Health and Human Services.*

INTRODUCTION

Rural populations disproportionately suffer from chronic disease relative to the general public.[1] Access to quality health care in rural areas is restricted by poor infrastructure and a smaller health care workforce, hindering the utilization of preventative health services and compromising the implementation of wellness and healthy lifestyle programs.

A number of provisions in the Affordable Care Act (ACA) offer the potential to bring about meaningful reductions in health disparities among rural populations. The provisions addressed by the Committee include:

- Community Transformation Grants (Section 4201)
- Understanding Health Disparities: Data Collection and Analysis (Section 4302)
- Prevention and Public Health Fund (Section 4002)

These provisions not only provide support for chronic disease reduction efforts and preventative health services, but provide the resources required to build the infrastructure, institutions, and relationships necessary to facilitate the implementation of these initiatives and ensure their sustainability in rural communities.

[1] Bennett, K., Olatosi, B. and Probst, J. *Health Disparities: A Rural-Urban Chartbook.* South Carolina Rural Research Center. June 2008.

Recommendations

1. The Committee recommends that the Secretary instruct the CDC to conduct an assessment of the CTG program after one year to determine if rural communities received at least 20 percent of the available funds in the first funding cycle.

2. The Committee recommends that the Secretary requires any local or state government CTG applicant to formally partner with that state's respective State Office of Rural Health to administer and distribute funds.

3. The Committee recommends that the Secretary compiles an index of evidence-based strategies implemented under the CTG program to be distributed nationally to other health care professionals.

4. The Committee recommends that the Secretary implements comprehensive data collection efforts in rural communities, as outlined in Section 4302, and integrate key determinant variables associated with rural populations into all health services work that is funded by HHS.

5. The Committee recommends that the Secretary directs the relevant agencies to increase the sample size of data collected on rural populations, or, if needed, aggregate data across regions (e.g. "Delta region") with similar demographic characteristics.

6. The Committee recommends the Secretary evaluate the distribution of grants under the Public Health and Prevention Fund and implement data collection efforts similar to those in Section 4302.

Access to accurate, relevant data is needed to determine the success and efficacy of these new policy initiatives, and to identify the best evidence-based practices. Fittingly, the ACA mandates more comprehensive data collection and reporting efforts, especially among rural populations. Ensuring the integrity of data collection and reporting methods is essential to understanding and addressing health disparities in rural areas.

DISCUSSION AND RECOMMENDATIONS

Community Transformation Grants—ACA Section 4201

Community transformation grants (CTG) represent a unique approach to addressing health problems by seeking to create healthier communities by 1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructural changes and 2) supporting implementation of such interventions in key strategic areas that align with Healthy People 2020 focus areas. Accordingly, the program is comprised of two distinct categories: Capacity Building and Implementation. Grantees applied for and were awarded funding within one of the two categories.

The Committee believes that CTGs have the potential to have a significant impact in rural communities and may prove to be instrumental in establishing sustainable healthy lifestyle efforts that emphasize active living and preventative care services. The Committee is particularly supportive of the inclusion of a "20 percent" rural grant allocation set-aside in Section 4201, as supported by Congress and the Administration. The Committee also applauds the CDC's efforts to ensure this set-aside mandate is met by requiring that state entities receiving Implementation awards distribute either 20 percent of the funds they receive to local areas classified as rural according to 2009 U.S. Census data, or a percentage that is at least equivalent to the proportion of the state population classified as rural, whichever is higher (the latter proportion is calculated based on the state population when not including counties or county-equivalent jurisdictions with a population of 500,000 or greater—the population threshold requirement—since they were eligible to apply separately.) However, despite the CDC's efforts, the Committee is concerned that, in practice, rural communities may receive less than 20 percent of funds due to, in part, the funding structure under which the grants were initially awarded and later distributed.

Accordingly, the Committee recommends that the Secretary instruct the CDC to conduct an assessment of the CTG program after one year to determine if rural communities received at least 20 percent of the available funds in the first funding cycle. If it becomes clear that, under the current grant structure, rural communities have not received an adequate and equitable share of CTG funds, the Committee urges the Secretary to direct the CDC to issue a new "Request for Proposals" (RFP), specifically designed for entities only serving rural communities, where a participant's eligibility is not predicated on a population threshold criteria, as was specified in the original RFP. Further, to ensure that the unique needs of rural communities are addressed in future implementations of CTGs, the Committee recommends that the Secretary requires any local or state government applicant to formally partner with that state's respective State Office of Rural Health to administer and distribute the CTG funds.

The CDC has a unique opportunity to analyze the efficacy of the programs instituted under the CTG in communities around the country. The Committee believes that the findings from these analyses could be tremendously useful to other health care practitioners looking for innovative and successful methods to address the health needs of their communities. Therefore, the Committee recommends that the Secretary compile an "index" of evidence-based strategies to be distributed nationally to other health care professionals.

Understanding Health Disparities—Data Collection and Analysis (ACA Section 4302)
The Committee notes that, in the past, the ability to understand the causes of health disparities had been severely hampered by less than adequate data collection and reporting efforts. Section 4302 provides HHS with the capacity to vastly improve data collection and reporting efforts within marginalized and disadvantaged populations in order to help create policies that lead to a reduction in health disparities. For instance, HHS announced this past June 2011 the development of a data collection initiative that integrates sexual orientation and gender identity variables into Department sponsored national surveys, in an attempt to better understand health disparities within lesbian, gay, bisexual, and transgender (LGBT) communities.[2] More recently, HHS released data collection standards for race, ethnicity, primary language, sex, and disability status.[3] The Committee is concerned that rural populations were not included in the Federal Register notices announcing both actions, but is hopeful that HHS will proceed with a similar notice focusing on the rural portions of this part of the ACA.

The Committee strongly believes the identification and examination of key determinant variables of health disparities is essential to formulating policies appropriate for rural populations. The Committee recommends that the Secretary implement comprehensive data collection efforts in rural communities, as outlined in Section 4302, and integrate key determinant variables associated with rural populations into all health services work that is funded by HHS. Implementing Section 4302 is the most fundamental step to take in order to improve rural data collection.

To further improve data collection efforts in rural communities, the Committee believes that impediments to acquiring and analyzing current datasets should be removed. Academic researchers have limited access to federal datasets, largely due to concerns over privacy and patient confidentiality, which limits the progress of research on rural populations. HHS should take much stronger measures to provide access to raw data to researchers with legitimate interests in the datasets, especially when the researchers are federally funded. Preventing access to these datasets severely hinders the ability to analyze and determine the success of different policies, and to identify the best evidence-based health practices. HHS should develop a data-use agreement that allows full access to this data for its own rural health research programs.

Additionally, these datasets do not have sufficiently large sample sizes to permit an examination of rural issues due to respondent privacy concerns.[4] The Committee recommends that the Secretary direct the relevant agencies to increase the sample size of data collected on rural populations, or, if needed, aggregate data across regions (e.g. "Delta region") with similar demographic characteristics. An increase in or aggregation of the rural sample size is one way to protect the identification of individual patients.

Prevention and Public Health Fund—ACA Section 4002
The purpose of the Prevention and Public Health Fund ("Fund") aligns with the intent of the CTG program, yet it lacks any "rural" focus or consideration. The Committee believes it is important that the CDC, as the implementing agency, continues to acknowledge and account for the unique circumstances faced by rural populations. Rural populations disproportionately suffer from higher rates of chronic disease than the general population, and in many areas experience a poorer quality of life.

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[2] Department of Health and Human Services. Press Release. June 29, 2011. "Affordable Care Act to improve data collection, reduce health disparities."
Available at: http://www.hhs.gov/news/press/2011pres/06/20110629a.html
[3] Department of Health and Human Services. Press Release. October 31, 2011. "HHS announces refined survey standards to examine and help eliminate differences in care based on race, ethnicity, sex, primary language, or disability."
Available at: http://www.hhs.gov/news/press/2011pres/10/20111031b.html
[4] Formal remarks presented by panelists at the 2011 NACRHHS in Hattiesburg, MS

The Committee understands that the Department is faced with a policy dilemma: to fund programs that affect the *most people*, or to fund programs that affect the people with the *greatest need*, such as those in rural. The Committee recognizes this difficulty, but believes there should be a greater balance between these priorities. With the creation of the White House Rural Council, the Committee finds that it is a particularly advantageous time to propose and implement policies that can have substantial impacts on the health status of rural populations.

The Committee recommends the Secretary evaluate the distribution of grants under the Fund to ensure rural communities receive a proportional share of grants. Likewise, the Committee recommends the Secretary mandate similar data collection measures articulated in Section 4302 of the ACA to determine whether funded activities have caused a measurable improvement in the health status of rural populations.

CONCLUSION

The ACA provides the Secretary with a number of resources to promote healthy lifestyle and active living in rural communities while emphasizing the use of preventative care services, in an effort to mitigate chronic disease incidence and reduce health disparities. The ACA also allows the Secretary the opportunity to examine the efficacy of rural health care policy initiatives in order to identify the best evidence-based practices. However, the Secretary must ensure that rural communities remain a focus at funding agencies such as the CDC. The implementation of the CTG program, as well as the Fund, come at a time when the Administration has placed a renewed focus on rural communities with the establishment of the White House Rural Council. This opportunity allows HHS to distribute its resources to people in desperate need of assistance, such as those in rural.