Rural Health Research Gateway

Maternal and Child Health and the U.S. Drug Crisis:

Data and Resources from the Rural Health Research Gateway

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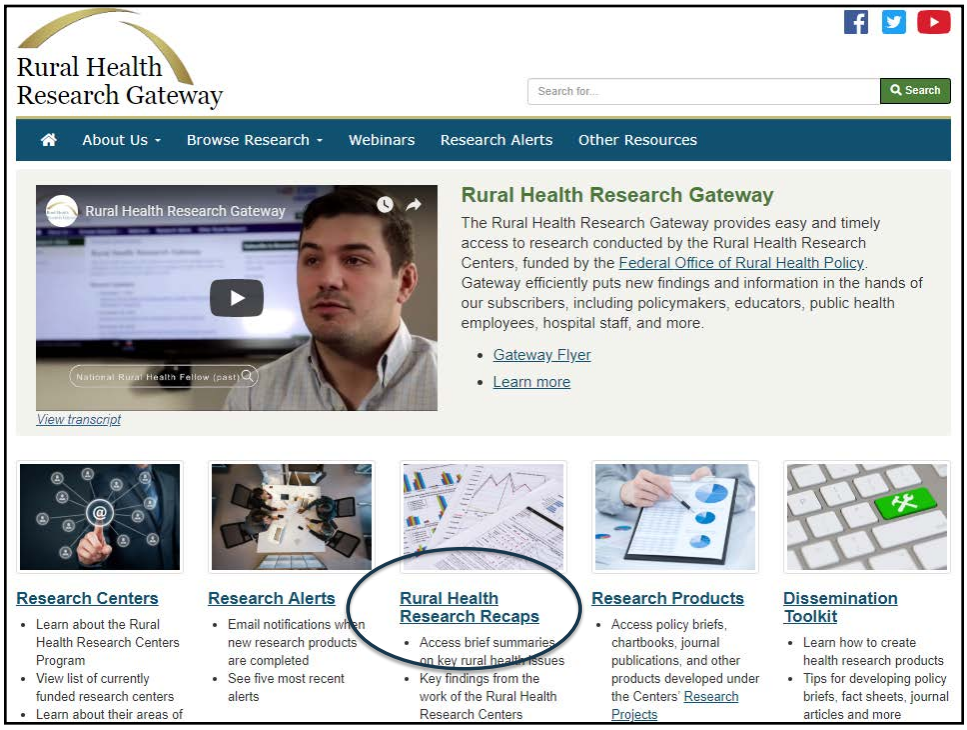
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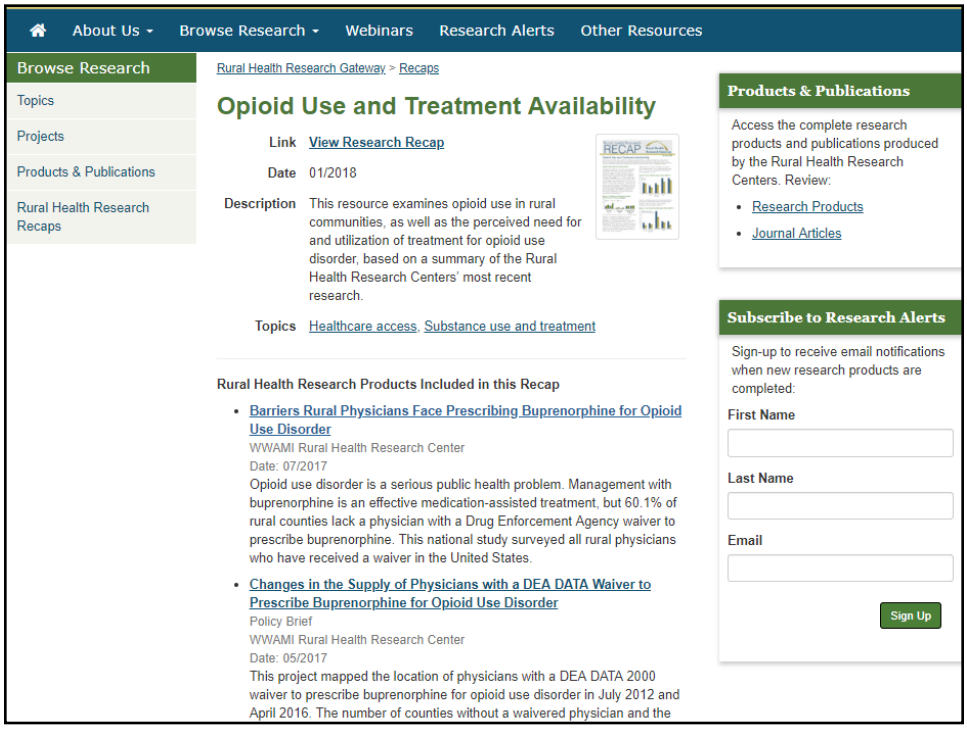
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Opioid Use and Treatment Availability
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Date 01/2018
Description This resource examines opioid use in rural communities, as well as the perceived need for and utilization of treatment for opioid use disorder, based on a summary of the Rural Health Research Centers' most recent research.
Topics Healthcare access, Substance use and treatment
Rural Health Research Products Included in this Recap
Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder
WWAMI Rural Health Research Center
Date: 07/2017
Opioid use disorder is a serious public health problem. Management with buprenorphine is an effective medication-assisted treatment, but 60.1% of rural counties lack a physician with a Drug Enforcement Agency waiver to prescribe buprenorphine. This national study surveyed all rural physicians who have received a waiver in the United States.
Changes in the Supply of Physicians with a DEA DATA Waiver to Prescribe Buprenorphine for Opioid Use Disorder
Policy Brief
WWAMI Rural Health Research Center
Date: 05/2017
This project mapped the location of physicians with a DEA DATA 2000 waiver to prescribe buprenorphine for opioid use disorder in July 2012 and April 2016. The number of counties without a waivered physician and the
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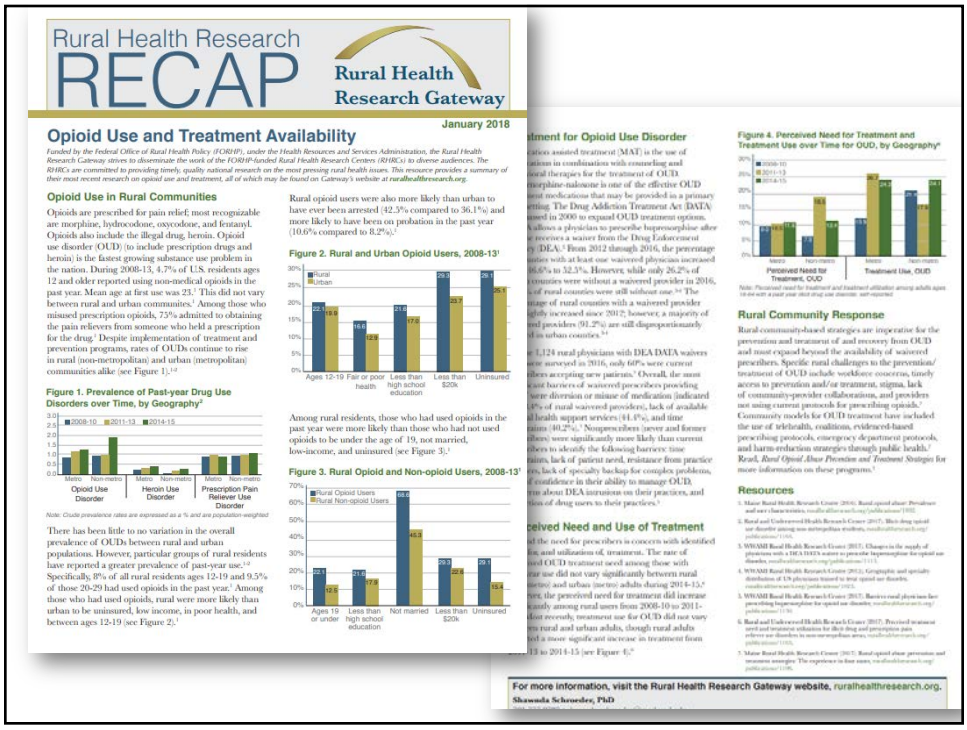


Today's Presentation

- All data presented today come from the work of the Rural Health Research Centers, funded by the Federal Office of Rural Health Policy
- These data come from more than two dozen different policy briefs
- Outline:
  - Recent rural data and trends around opioid use/misuse
  - Recent rural data and trends around women's healthcare utilization and health status
  - Rural data on rural maternal health and access

Rural Opioid Use and Treatment Availability

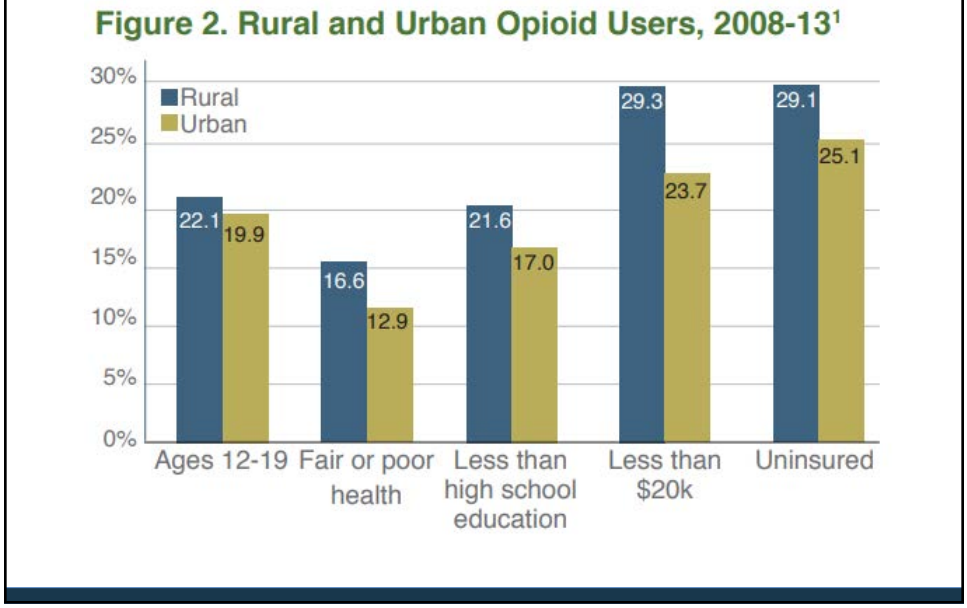
- Rates of OUDs continue to rise in rural (non-metropolitan) and urban (metropolitan) communities alike
- 2008-13, 4.7% of U.S. residents ages 12 and older reported using non-medical opioids in the past year. Mean age at first use was 23
  - This did not vary between rural and urban communities
- Important to identify groups within rural communities at greater risk of OUD for program development, prevention, and intervention

Rural Opioid Use

- 42.5% of rural opioid users had ever been arrested compared to 36.1% of urban
- 10.6% of rural opioid users had ever been on probation compared to 8.2% of urban

Among those who had used opioids, rural were more likely than urban to be:

- Uninsured
- Low-income
- In poor health
- Between ages 12-19

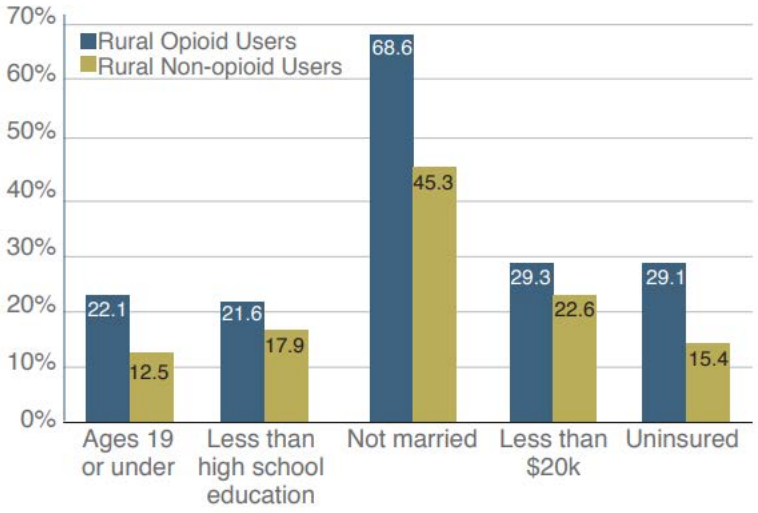


Rural Opioid Use

Among rural residents, those who had used opioids in the past year were more likely than rural residents who had not used opioids in the last year to:

- Be under the age of 19
- Hold less than a high school education
- Be unmarried
- Lower-income (less than $20,000)
- Be Uninsured

Figure 3. Rural Opioid and Non-opioid Users, 2008-13[1]



Rural OUD Treatment

- 26.2% of urban counties were without a waivered provider in 2016 compared to 60.1% of rural counties
- A majority of waivered providers (91.2%) are located in urban counties
- Of the 1,124 rural physicians with DEA DATA waivers who were surveyed in 2016, only 60% were current prescribers accepting new patients

Rural Women's Healthcare

- A significantly smaller proportion of rural women reported receiving a cholesterol check (68%) compared to urban women (72%)
- Rural women ages 40-74 had significantly lower odds of receiving a mammogram in the past year compared to urban women in that age group
- Compared to urban women, rural women had significantly lower odds of ever being vaccinated against HPV

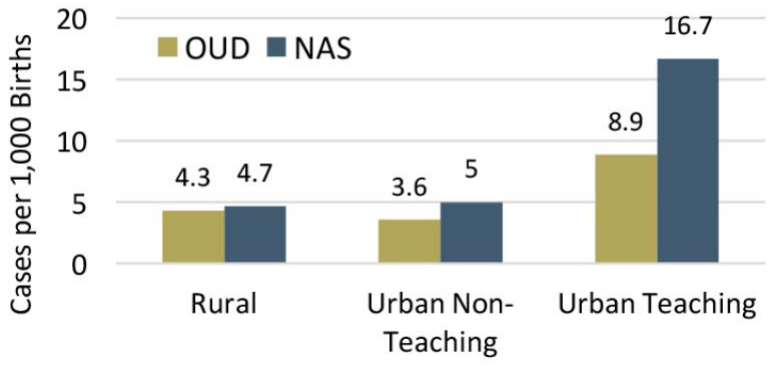
Rural Women's Healthcare

- A significantly greater proportion of rural women were defined as obese (41%) compared to urban (32%%)
- A smaller proportion of rural women reported their health status as "Excellent/Very Good" (51%) compared to urban women (61%)
- Rural women ages 40-74 had significantly lower odds of receiving a mammogram in the past year
- Compared to urban women, rural women had significantly lower odds of ever being vaccinated against HPV
- Greater proportions of rural women use tobacco than urban

Maternal Substance Use

- 2008 through 2013, rural mothers were significantly more likely to smoke than urban
  - 26% indicated past-month daily smoking compared to 12% of urban mothers
- 7% of rural pregnant women reported non-medical opioid use compared to 5% of urban
- Having a high school education or less increased the odds of opioid use among rural pregnant women
- Other substance use and diagnosis of anxiety or depression increased the odds of opioid use for urban and rural pregnant women

Figure 2: Prevalence of Maternal OUD and Infant NAS among Rural Women by Hospital Type[11]



Rural Obstetric Services

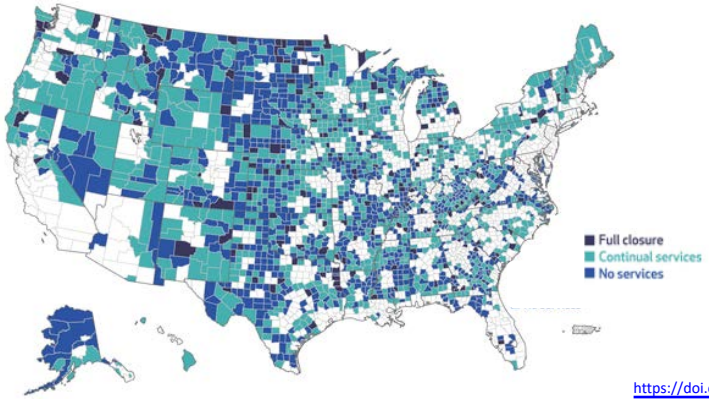
Between 2004 and 2014, 179 rural counties lost hospital-based obstetric (OB) services. By 2014:

- 54% of rural counties lacked hospital-based OB services (up from 45% in 2004)
- Only 30% of rural noncore counties had in-county, hospital-based OB care compared to 78% of micropolitan counties
- More than half of rural counties had no hospital-based OB services
- The most rural areas (noncore counties) had fewer hospitals providing OB care and experienced the greatest reduction in services

Rural Obstetric Services: State Variability

78% of rural counties in Florida (78%) reported no in-county hospital OB services compared to only 9% of rural counties in Vermont (2014).

Exhibit 3 Hospital obstetric services in US counties, 2004–14



https://doi.org/10.1377/hlthaff.2017.0338

No Hospital-Based OB Services

Counties with greater odds of having no hospital-based OB services in 2014 were those with:

- Fewer OBs per women of reproductive age
- Fewer family physicians (FP) per capita
- Lower birthrates
- A higher percentage of non-Hispanic Black women of reproductive age
- Lower median household incomes
- More restrictive Medicaid income eligibility thresholds

Rural OB Unit Closures

Factors associated with a rural OB unit closure included:

- Limited supply of OBs and/or FPs
- Private hospital ownership
- Located in a lower income community
- Smaller hospital size

Rural OB unit closures were *not* related to:

- System affiliation
- Distance to nearest hospital providing OB services
- Proportion of women reporting Medicaid as primary payer

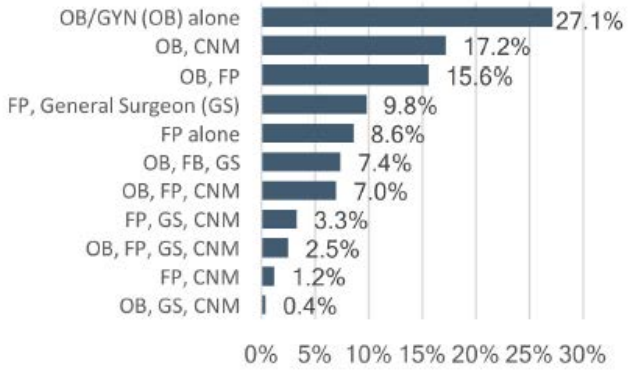
Rural OB Workforce

- OB and family physician (FP) workforce shortages
- Smaller rural hospitals rely more heavily on FPs to provide OB care

2013-2014 survey of rural hospitals providing OB services in 9 states found:

- 77% had obstetricians attending deliveries
- 55.3% reported FPs doing deliveries
- 23.4% relied on general surgeons to perform cesarean deliveries
- 31.6% had certified nurse midwives (CNMs) attend deliveries

Figure 2. Percentage of Rural Hospitals by Type(s) of Clinicians Attending Deliveries, 2013-14[7]



OB: Obstetrician
CNM: Certified Nurse Midwife
FP: Family Physician
GS: General Surgeon

Impact of Limited OB Services

Compared to rural counties with continual OB services, loss of services in rural counties not adjacent to urban areas was associated with significant increases in:

- Out of hospital births
- Births in a hospital without an OB unit
- Preterm births

Loss of hospital-based OB services among rural counties that were adjacent to urban areas was associated with low prenatal care use and an increase in births in hospitals without OB services although this gap declined over time

Rural Health Research Gateway Recaps

- Opioid Use and Treatment Availability
- State of Rural Women's Healthcare Utilization and Health Indicators
- Rural Obstetric Services: Access, Workforce, and Impact

https://www.ruralhealthresearch.org/recaps

Opioid Use and Treatment Availability

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Rural Obstetric Services: Access, Workforce, and Impact

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2. North Dakota and NORC RHRPRC (2017). Use of the Emergency Department for Mental Health and Substance Abuse among Women, ruralhealthresearch.org/publications/1120.
3. Minnesota RHRC (2016). Ensuring Access to High-Quality Maternity Care in Rural America, ruralhealthresearch.org/publications/1083.
4. Minnesota RHRC (2017). Closure of Hospital Obstetric Services Disproportionately Affects Less Populated Counties, ruralhealthresearch. org/publications/1106.
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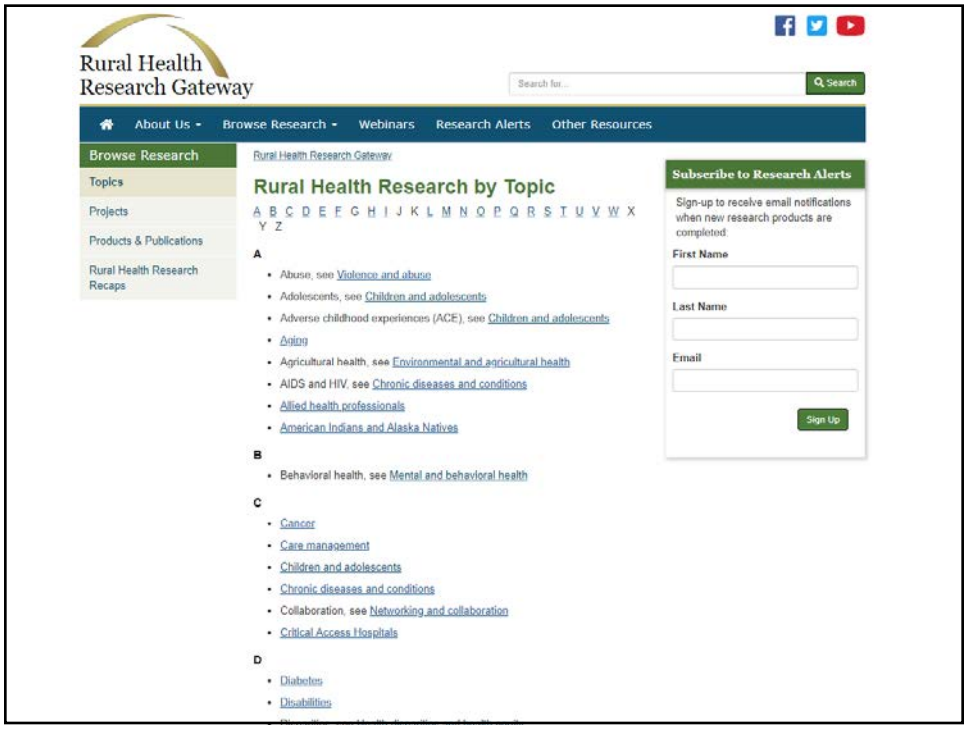

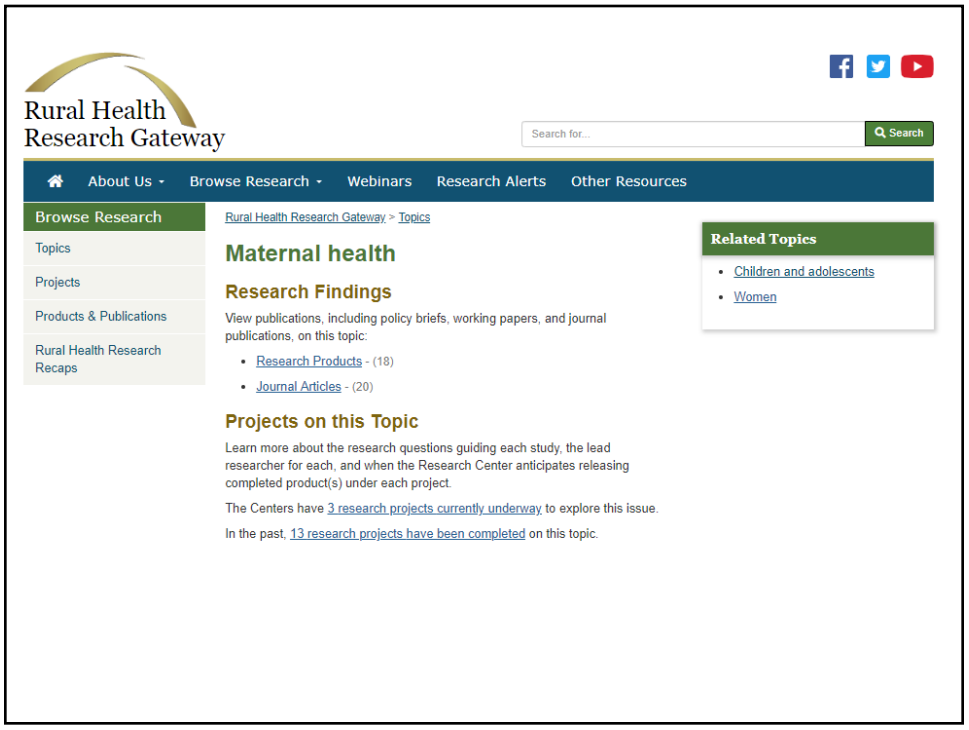
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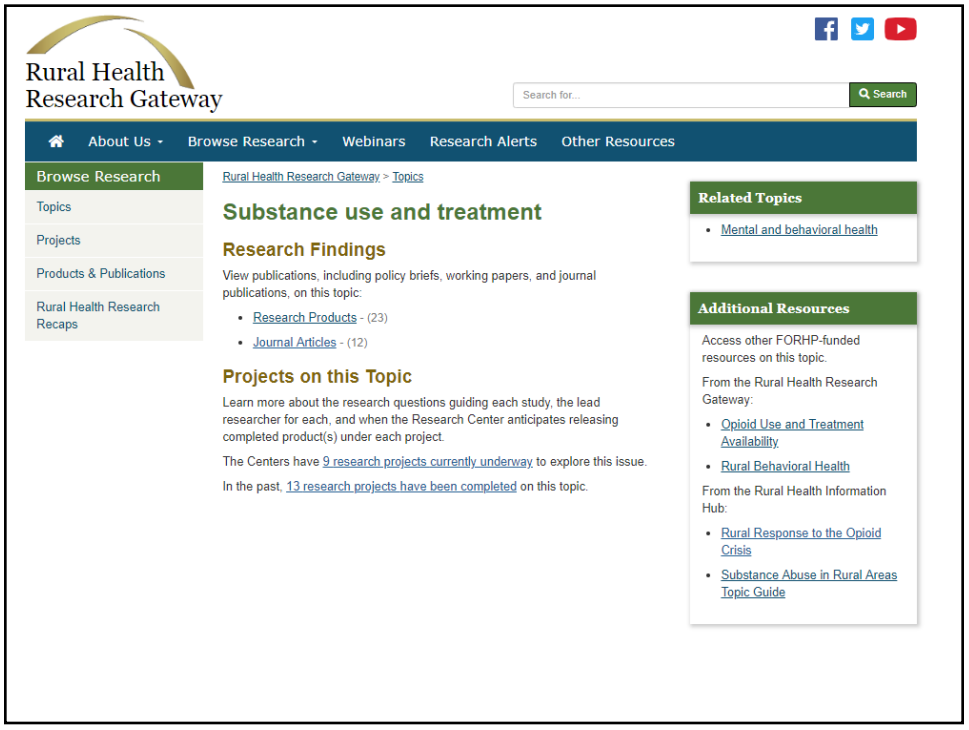
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For more than 30 years, the Rural Health Research Centers have been conducting policy-relevant research on healthcare in rural areas and providing a voice for rural communities in the policy process.

The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

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