WHAT KIND OF IMPACT WILL THE AFFORDABLE CARE ACT AND OTHER FEDERAL LEGISLATION HAVE ON RURAL MINORITY AND BORDER POPULATIONS?

Rural Multiracial & Multicultural Health Conference
Tucson, Arizona
December 3, 2010
Frank Cantu & Kathleen Spencer

Overview

• Minority & border health issues
• Health reform provisions
• Workforce development
• Grant opportunities
38% fall below 200% of poverty

Unemployment rate is 2.5 - 3 times higher than U.S. average

3 of the 5 poorest cities and 4 of the 10 poorest counties in the U.S. are located in this area

37 of 45 counties in immediate border area are HPSAs
If the Border were a Separate State, it would Rank...

- **Last** in access to health care
- **Second** in death rates due to hepatitis
- **Third** in deaths related to diabetes
- **First** in the number of TB cases
- **First** in school children living in poverty
- **Last** in per capita income

**Rural America**

- **Total U.S. Population:** 307 million (2009 estimate).
- **50 million live in nonmetro (rural) areas.**
- **Unemployment rose from 5.2% in 2008 to 9.2% in 2009.**
- **Rural poverty rate 15.4% (national rate 12.5%)**
- **Poverty rate for rural children under 18:** 22.5%

The highest child poverty rates were found in counties in the Mississippi Delta, counties containing Native American reservations, and counties along the U.S.-Mexico Border.” (source: *Rural America at a Glance*, 2009 Edition).
**Rural America**

- Growth rates from aging-in-place will triple among the rural elder population (projection: 6% to 18% in the 2010s).
- 82% of rural population is White; 13% African-American; 8% Hispanic; and nearly half are Native Americans.
- The Southern and Western rural counties are experiencing the greatest population growth.
- Between 2001 – 2004, the Hispanic population increased by 10%.  
  Source: USDA 2007 (www.ers.usda.gov)

**Rural Issues**

Older Americans living in rural areas have:
- Less income
- Lower educational attainment
- Higher rates of poverty
- High dependence on social security income, creating a greater demand for medical, social, and financial assistance.

Service delivery is more difficult due to:
- Fewer service providers per capita
- Higher per capita costs in sparsely populated, remote areas

All rural areas in the U.S. are unique with extensive geographic and economic variation. These issues create challenges and opportunities to improve the health and a role in understanding underlying causes.
Rural Challenges and Issues

**RURAL CHALLENGES**
- Access to care: Preventative Oral and Behavioral
- Lack of Health Information Technology
- Medical Service
- Recruitment and Retention
- Uninsured Population
- Lack of tertiary Care
- Transportation Services

**RURAL HEALTH ISSUES**
- Chronic Disease
- Dental Issues (No Fluoridation)
- Suicide
- Smoking
- Hepatitis B
- Water Pollution (Wells)
- Substance Abuse
- Death from Unintentional Injuries (Farming)
- Motor Vehicle Accidents
- Diabetes (Lack of Proper Nutrition)

---

**Per capita income in nonmetro counties (2008)**

Per capita income in nonmetropolitan counties, 2008

Source: Calculated by ERS using data from the Bureau of Economic Analysis.
The Office of Minority Health (OMH) is dedicated to improving the health status of racial and ethnic minorities, eliminating health disparities, and achieving health equity in the U.S. Poor health outcomes for African Americans, Hispanic Americans, American Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders are apparent when comparing health indicators against those of the rest of the U.S. population.

Source: DHHS/OMH

The United States-Mexico border region is a unique and dynamic area where various cultures come together and interrelate across geopolitical boundaries. Though the residents may possess different economies and politics, they share a common culture, language, environment, and health disparities.

Source: Border Health Research, National Latino Research Center, 2004
USMBHC: Border Lives – Health Status in the U.S.-Mexico Border Region, April 2010

---

**Minority Health Issues**

- Heart disease and Stroke
- Specific cancers
- Diabetes
- HIV/AIDS
- Asthma
- Hepatitis B
- Obesity
Minority Health Initiatives

Funding effective September 1, 2010 for the following Initiatives:

- The National Umbrella Cooperative Agreement (NUCA) Program ($2,275,000) (A 5 year program to support projects, strategies, and interventions on improving access to care for targeted minority populations, address social determinants of health, projects of national significance, reduce youth and gang violence, increase diversity of health workforce, increase knowledge base and enhance data)
- Partnerships Active in Communities to Achieve Health Equity ($4M) (A 3 year program to address barriers to healthcare access, increase access to and utilization of preventive health care, medical treatment, and supportive services through integrated community-based networks).
- State Partnership Grant Program to Improve Minority Health ($6,450,000)
- Minority Community HIV/AIDS Partnership: Preventing Risky Behaviors Among Minority College Students ($1M)
- The Linkage to Life (L2L) Program: Rebuilding Broken Bridges for Minority Families Impacted by HIV/AIDS ($2,840,000)

For additional information: [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)  [www.borderhealth.gov](http://www.borderhealth.gov)

Minority Health Challenges along the U.S. – Mexico Border

- The border population is disproportionately affected by diabetes mellitus, cervical cancer, certain communicable diseases including tuberculosis, and certain unintentional injuries including unintentional poisonings.
- The rapid growth of the border population poses multiple challenges to development of a sufficient health workforce in the border region and access to primary, preventive, and specialty care.
- In the border region, socioeconomic factors, linguistic and cultural barriers, low population densities, and lack of health insurance combine to impede residents' ability to access health care. Barriers to access are particularly acute for Hispanic border residents.
- There is a critical need for increased surveillance and tracking of communicable diseases, environmental factors, and other influences on health.
There is a need for standardization of data to ensure compatibility with data being collected by border states on both sides of the U.S.-Mexico border, as well as by both nations.

Public health infrastructure is sorely needed throughout the border region, including educational and research institutions that can train culturally competent health care providers.

While many successful public health programs have been implemented in the border region, these programs are rarely replicated.

In addition, lack of coordination between programs, funded from a variety of sources, presents challenges to public health professionals and the communities they serve.

Source: USMBHC: Border Lives – Health Status in the U.S.-Mexico Border Region
April 2010
Expands Medicaid - 2014
Mandates health coverage - 2014
Health insurance exchange - 2014
Strengthens Office of Minority Health
Mandatory data collection & analysis
And more…

• Reauthorizes Indian Health Care Improvement Act
• Promotes culturally & linguistically appropriate services
• Improved access to preventive services
• Investment in community health centers

Strengthen Workforce & Workforce Diversity

• Rural physician training grants
• Expands area health education centers (AHECs)
• Graduate medical education improvements
• Teaching health centers (THCs)
More Workforce...

• National Health Service Corps (NHSC)
• Funding & scholarships
• Grants for community health workers
• National Health Care Workforce Commission

Health Reform Info

HealthCare.gov
http://www.healthcare.gov/index.html

CuidadoDeSalud.gov
http://www.cuidadodesalud.gov/enes/index.html

Regional Outreach Specialists
http://www.hhs.gov/about/
DHHS Operating & Staff Divisions
Contact Regional Director
Federal Grants

Office of Rural Health Policy (ORHP)
• Rural Health Network Planning
• Rural Health Network Development
• Rural Health Outreach

More Federal Grants...

U.S. Department of Agriculture Rural Development
• Community Facilities Loans & Grants
• Rural Housing Guaranteed & Direct Loans
• Rural Repair & Rehabilitation Loans and Grants
• Individual Water & Waste Water Grants (Colonias)

Contact your local USDA RD Service Center for programs in your area
More Federal Grants…

U.S. Department of Housing & Urban Development – HUD

Office of Community Planning & Development
  • Community Development Block Grants - CDBG
  • HOME grants
  • Continuum of Care grants

Federal Housing Administration – FHA
  • Mortgage Insurance

Office of Native American Programs

http://www.hud.gov/offices/pih/ih/

For info about HUD programs in your state, see HUD’s local office directory

---

HRSA Contact Information

HRSA Information Center
General information, publications & shortage designation
ask@hrsa.gov
888-ASK-HRSA (888-275-4772, TTY: 877-489-4772)

HRSA Call Center
Grants information
CallCenter@hrsa.gov
877-464-4772 (TTY: 877-897-9910)

Clinician Recruitment and Service Call Center
National Health Service Corps, Loan Repayment & Scholarship Programs
CallCenter@hrsa.gov
800-221-9393 (TTY: 877-897-9910)
Rural Assistance Center

to find resources supporting health and human services for minority and border health populations

1-800-270-1898
info@raconline.org
M-F 8am-5pm Central
http://www.raconline.org/

WHAT KIND OF IMPACT WILL THE AFFORDABLE CARE ACT AND OTHER FEDERAL LEGISLATION HAVE ON RURAL MINORITY AND BORDER POPULATIONS?

Rural Multiracial & Multicultural Health Conference
Tucson, Arizona
December 3, 2010
Frank Cantu & Kathleen Spencer