Issue: VA Rural Poverty/Healthcare

Poverty and Health Care in Rural Virginia

Virginia is one of the wealthiest states in the country. That wealth, however, is concentrated in the suburbs and cities of northern Virginia, where there are good schools, stable jobs, accessible and affordable health care, family and community support, and safe neighborhoods.[1] By contrast, the state's rural areas—Appalachia, Southside and the Eastern Shore—trail in such measures of community and personal wellbeing.[2] In addition, in rural areas, the population is dispersed across vast geographic areas, often with difficult terrain, raising the per-person cost of providing most basic services.[3] Rural Virginia extends across 19,755 square miles, or 46 percent of the state. According to rural advocate and author August Wallmeyer, "there really are two Virginias—a growing, affluent one in the urban crescent and a shrinking, poorer one everywhere else."[4]

President Lyndon Johnson announced his War on Poverty in 1964 when the federal government significantly expanded social welfare and anti-poverty programs. Conservatives claim that despite spending over $22 trillion since that time, the national poverty rate remains unchanged.[5] That's a misleading statement, however, since the official poverty rate is a measure of cash income and does not account for much of that historical investment which includes noncash benefits for food, housing, and health programs. When accounting for poverty-related government resources, one study found "poverty actually declined from 26 percent in 1967 to 16 percent in 2012."[6] Suffice it to say: tackling and measuring poverty metrics is complex, as are potential solutions.

The Extremes of Virginia

Appalachia, Southside, and the Eastern Shore, named the "Extremes" by Wallmeyer, are separated from the rest of the state by distance, culture, economics, and unequal opportunity. People who live in these areas are extremely pessimistic about the future, believing that conditions for themselves and their families will worsen in the near and longer term future.[7]

Appalachia

Southwest Virginia is rich in natural resources and drowning in poverty. Coal mining, once the region's primary industry, is no longer viable, thanks to decreased demand—natural gas and renewables are replacing coal—and thanks to stricter regulations and environmental awareness. Beginning in 1989, Virginia tried to stimulate the industry with tax credits, which expired at the end of 2016.[8] The General Assembly voted to extend them, but then-Governor Terry McAuliffe vetoed the legislation, citing a $610 million loss of revenue and a steep decrease in the number of coal jobs from 11,100 to 2,900. According to McAuliffe, such revenue would have been better spent by subsidizing renewable energy to build more manufacturing jobs in the green economy.[9]

Southside

Southside was where the Northern industrialists came in the early 1900s to build their textile factories; where tobacco flourished as the major cash crop; and where furniture manufacturing once prospered. In a single century, as a result of de-emphasizing the need for education, failing to foresee changes in global commerce, and discounting the effects of reduced tobacco consumption, Southside changed from an economic powerhouse and slid into decline, where it is today.

The Eastern Shore

The Eastern Shore suffers from many of the same economic, educational, social, and cultural problems as other rural Virginia areas. There are, however, a couple of bright spots. One is aquaculture—

the raising and selling of oysters and clams—which could bring more commerce and jobs to the shore, although the startup costs might be prohibitive for many young people.

Another potential area for growth and jobs is NASA's Wallops Flight Facility,[10] which conducts space and earth science research to support NASA's orbital space programs and other federal agencies.[11]

The Overall Picture

The following statistics provide a clear picture of life for many rural Virginians:

- Incomes are about two-thirds of what Virginians statewide earn.
- The average poverty rate is 67 percent higher than that for the state.
- The population is aging as lack of jobs has forced young people to leave the area.
- The population is shrinking while that of Virginia, as a whole, is growing and prosperous.
- 54 percent are in the civilian labor force compared to 65 percent for the entire state.
- Compared to the statewide average, fewer people graduate from high school, fewer still from college, where matriculation rates are less than half the statewide average.
- Suicide rates in some rural pockets are double — some more than triple — the statewide average.
- The rate of fatal prescription opioid drug overdoses is 56 percent higher than the state average.[12]
- Nine percent of Virginians statewide lack medical insurance. Given growing rural unemployment with the loss of coal and tobacco-related industries and associated healthcare coverage, this number will inevitably worsen for rural populations.[13] [14]

THE EXTREMES OF VIRGINIA BY THE NUMBERS

	SOUTHWEST	SOUTHSIDE	EASTERN SHORE	TOTAL VIRGINIA
Population change 2010-2014	-2.3%	-1.2%	-1.3%	+4.1%
High School Graduation rate	77.2%	76.9%	78.1%	87.5%
College Graduation rate	13.3%	14.9%	18.7%	35.2%
Per Capita Income (2013 dollars)	$20,538	$20,883	$23,088	$33,493
Population in Poverty	18.2%	20.2%	20.9%	11.8%
Fatal Opioid Overdose rate, 2014, per 100,000	16.4	1.8	11.7	6.4

Sources: U.S. Census Bureau; Virginia Department of Health, Office of the Chief Medical Examiner's Annual Report, 2014.

Rural Health is Different

There is a direct link between poverty and health. Poverty impedes access to quality housing, healthy food, a good education, and living wage employment, which in turn increases stress.[15]

Disparities in health care between rural and urban Virginians stem from multiple factors, including cultural, social, and educational differences, as well as lack of recognition on the part of state legislators. In more urban areas, the needy have access to low-cost or free health care and related services.

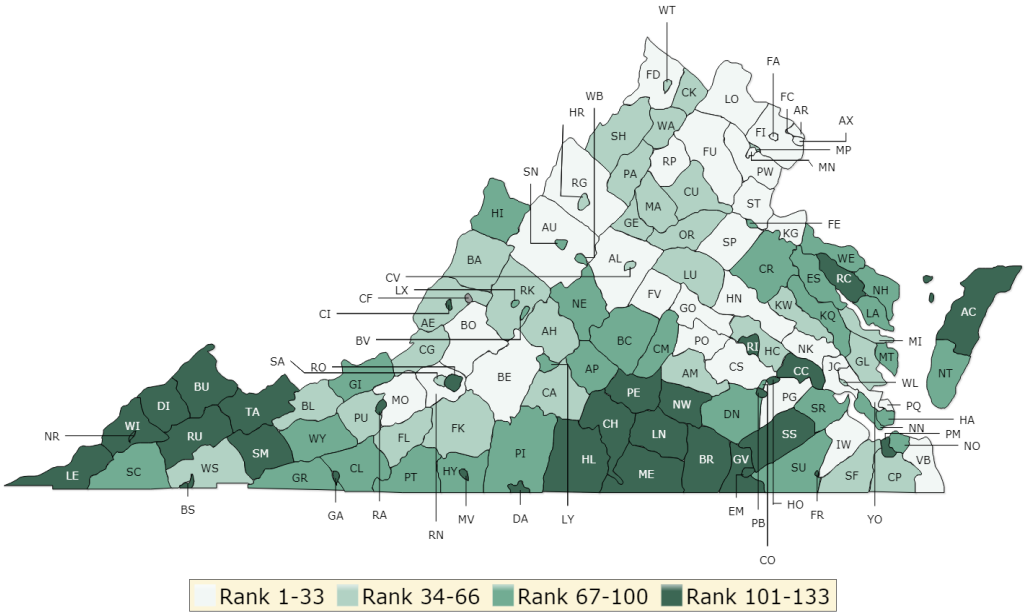
The health care delivery system in rural Virginia, is largely fragmented. According to the National Conference of State Legislatures, "Rural areas often have a small number of providers who cover wide geographic areas, and the nearest medical specialist or hospital may be hours away. The result is a system that often costs more and is less effective at meeting the needs of its patients." Due to this dysfunctional system, death, disability, and chronic disease are all more prevalent among individuals living in rural areas.[16]

Health data show the impact. The lives of rural mountain residents in southwestern Virginia end eight years sooner than those of Virginians in the Washington suburbs (75.6 years as opposed to about 83.6 years). In southern and south-central Virginia, life expectancy is about five years less than in the Washington suburbs. The statewide average life expectancy is 80.3 years. The picture is similar with regard to maternal mortality in childbirth. In the 10-year period from 2004 through 2013, the statewide average for maternal mortality was 30 deaths per 100,000 births. In a swath of rural Virginia, from the southwest and south-central regions to the Eastern Shore, the rate was nearly double that — 59.96 women died in childbirth for every 100,000 deliveries, In the Appalachian Southwest, the rate was 62.92 per 100,000 births.

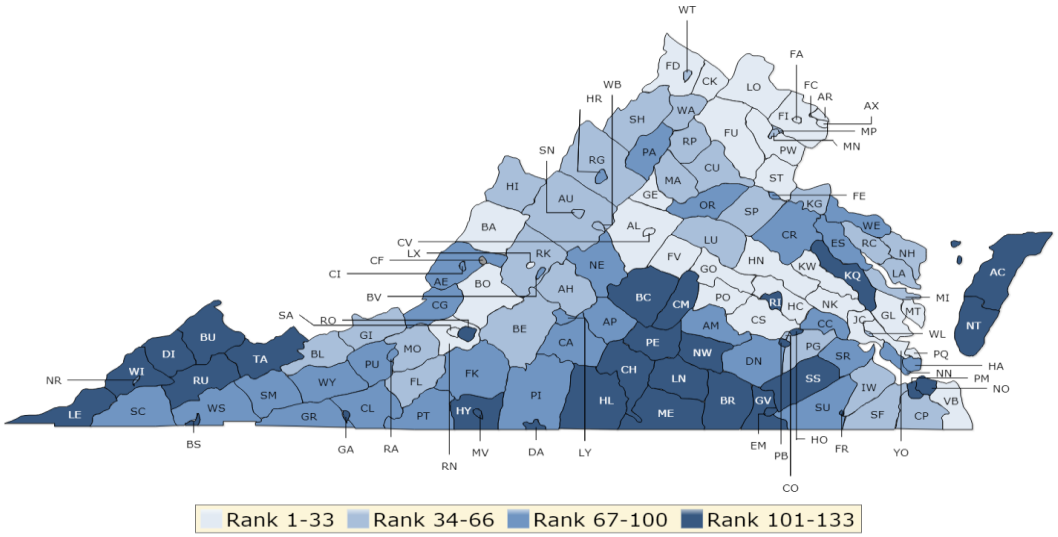
Ranking Health Outcomes and the Factors Involved

The County Health Rankings and Roadmaps program, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, builds awareness through yearly rankings by county of health outcomes and health factors for rural Americans.[17] Health outcomes are measured based on the length and quality of life. Health factors represent "health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit)."[18]

Mapping Health in Virginia



The map above shows the distribution of health outcomes. The map uses a four-part ranking system; the lighter the green, the better the area's health.[19]



The map above shows the distribution of health factors based on scores for health behaviors, clinical care, socio-economic factors and the physical environment. The lighter the blue color is on the map, the better a county's performance in the respective summary rankings.[20]

Based on these findings, rural Virginia ranks lowest for all health outcomes, as measured in 2019 throughout Virginia. The rankings indicate that 14 percent of Virginia's children live in poverty Counties ranged from 3 to 40 percent. The majority of poor children are concentrated in rural areas.[21] The data indicates a strong link between health and stable, affordable housing. The report notes, "As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs."[22]

Rural Healthcare Facilities

According to data from the Health Resources and Services Administration, Virginia has the following rural healthcare facilities (as of January 2019):

- 7 critical access hospitals
- 37 rural health clinics
- 85 federally qualified health center sites located outside of urbanized areas
- 30 short-term hospitals located outside of urbanized areas.[23]

The long distance between some of these medical facilities and residents' homes means it is difficult to care for patients who cannot easily visit distant doctors. Telemedicine offers a solution, and the House of Delegates in 2019 passed a bipartisan bill, later signed by the Governor,[24] to expand telemedicine and involve more doctors. HB 1970 was sponsored by Dels. Terry Kilgore (R-HD1, Gate City), and Elizabeth R. Guzman (D-HD31, Falls Church). Along with its companion bill, SB 1221, it ensures that doctors providing telemedicine are reimbursed equally with those providing in-patient care. In the past, reimbursements for telemedicine were lower. It also requires commercial health plans to cover remote patient monitoring services and ensures payment for medical assistance for medically necessary health care services provided through telemedicine services.[25]

Another measure that passed and was signed into law, HB 1975, was sponsored by Sam Rasoul (D-HD11, Blue Ridge) and ensures that elderly patients receive education about care providers and services available to them.[26] Specifically, the bill aims to provide eligible prospective PACE (Program of All-Inclusive Care for the Elderly) clients with adequate information regarding the PACE program.[27]

Current Healthcare Resources and Initiatives

Republicans have blocked creation of a new state group to define measurable outcomes for individuals' health status. Del. Dawn Adams (D-HD68, Richmond) sponsored HB 1847, to create the **Commission on Wellness and Opportunity.**[28] It died in the Republican-controlled Rules Committee.[29]

Six non-state or public/private organizations that focus on improving rural health care include:

- **Bay Rivers Telehealth Alliance** (BRTA) is a non-profit organization working to connect healthcare providers, patients, educators, and rural residents to a comprehensive continuum of care using telehealth technology for medically underserved communities in rural northeastern Virginia.[30]

- **Healthy Appalachia Institute** works to improve the health, education, and environment of central Appalachian residents by collaborating with community organizations and putting new ideas into practice, and engaging the social, economic, and scientific issues of the region.[31]

- **Federation of Virginia Food Banks** works with food banks and healthcare providers, increasing availability of nutritious meals in areas with significant food insecurity and diet-related diseases.[32]

- **Health Wagon** is a mobile clinic providing free health care for the medically underserved in Central Appalachia. Ninety-eight percent of its patients are uninsured, and 70 percent make too much to qualify for Medicaid, but not enough to pay for health insurance. [33]

- **LARC Initiative** provides long-acting reversible contraceptives to reduce the number of unintended pregnancies. According to Governor Ralph Northam, the initiative "will help ensure that the cost of long-acting contraceptives is not a barrier to low-income women."[34]

- **Virginia Health Care Foundation (VHCF),** a public/private partnership, "helps uninsured Virginians and those who live in underserved communities receive medical, dental and mental health care. VHCF support helps free clinics, community health centers and others to expand both the types of care offered and the number of patients cared for each year." In addition, "VHCF programs help make prescription medications available to those who cannot afford them."[35]

The state also has an office and a plan to improve rural health. The Virginia State Office of Rural Health supports quality and sustainable rural healthcare infrastructure. It addresses and rectifies health disparities affecting rural communities by connecting such communities with state and federal healthcare resources to help develop long-term solutions to rural health challenges.[36]

Published by the Virginia State Health Commissioner, the Virginia Plan for Well-Being (2016-2020) is a comprehensive five-year initiative that highlights strategies for improving health and well-being among urban and rural communities by 2020. Goals include:

- "Reducing poverty and maintaining economic stability are vital to keeping all Virginians well."
- "An education that prepares Virginians for today's job market provides increased opportunity for employment, which in turn improves access to stable housing, healthy food, transportation, and health care."
- "Strategic investments in the physical and social infrastructure as well as investments in educational resources are essential for sustained economic stability."[37]

Medicaid Expansion

While initially blocked by House Republicans, with the dramatic increase in Democratic Delegates in the 2017 elections, Democrats were able to lead the charge under the auspices of the Affordable Care Act (ACA), to expand Medicaid as part of its budget in May 2018. On June 7, Governor Ralph Northam signed the bill, which increased the number of residents eligible for Medicaid by 400,000.[38] While the expansion benefitted nearly half a million residents across the state, there is still work to be done to ease access under the new program,

Medicaid Expansion Challenges

- Applying for coverage is difficult, especially for those who lack a computer or the educational literacy needed to navigate complex forms and attachments.
- Families who do not know how to access health coverage require one-on-one assistance.
- Patients might misinterpret Medicaid statements and not return for treatment, assuming they have an unpaid bill.
- Clinics previously offering their services free of charge and wishing to see Medicaid patients, will be required to set up billing procedures.[39]

To make matters worse, Republicans want patients served by the expansion—primarily poorer sectors of the state—to pay an increased portion of the cost of health services. In HB2530, Christopher Head (R-HD17, Roanoke) proposed legislation which called for patients in the program to "pay cost sharing to the greatest extent possible." The bill would have required hospitals to tell patients using the emergency room for non-emergency care about the cost-sharing mandate.[40] It died in the Appropriations Committee.[41]

2019 Legislation Affecting Rural Virginians

HB 2006 School-based health centers joint task force: Lashrecse D. Aird –Chief Patron (D-HD63, Petersburg); subcommittee recommended laying on the table; vote was four Republicans in favor of tabling, three Democrats against tabling. The bill would have "assessed the current landscape of school-based services and mental health screening, evaluation, and treatment in school settings." Similarly, it would have "developed best practice recommendations for trauma-informed school-based health centers." Also, the bill directed the joint task force to create a Virginia affiliate member organization that would offer technical assistance to communities looking to enhance their school-based health centers.[42]

HB 2378 Reproductive health services: Marcia S. "Cia" Price – chief patron (D-HD95, Newport News); defeated by Republican majority in Committee on Commerce and Labor. The bill would have required health benefit plans to cover any services related to reproductive health.[43]

HB 2491 Abortion; eliminate certain requirements: Kathy K.L. Tran - chief patron (D-HD42, Springfield); Republican majority voted to table it in a Subcommittee of the Committee for Courts of Justice. The bill would have made it permissible for an abortion in the second trimester of pregnancy to be performed outside of a hospital. It would have preserved, however, the requirement that a woman's informed written consent be first obtained. Moreover, HB 2491 would have nullified the condition that "two other physicians certify that a third trimester abortion is necessary to prevent the woman's death or impairment of her mental or physical health, as well as the need to find that any such impairment to the woman's health would be substantial and irremediable." Lastly, it would have removed "language classifying facilities that perform five or more first-trimester abortions per month as hospitals."[44]

HJ 681 Study; JLARC; impact of changes in health care financing and delivery on charity care report: Kathy Byron – chief patron (R-HD22, Forest); tabled in a 7 – 0 vote in a Subcommittee of the House Committee on Rules. The bill would have directed the Joint Legislative Audit and Review Commission to examine the effects of recent changes in healthcare funding and delivery on the demand for charity care and the operation of medical care facilities subject to the Commonwealth's certificate of public need laws.[45]

Ways to Improve Health Care for Rural Virginians

As referenced above, the Virginia Plan for Wellbeing (2016-2020) is designed as a foundation for "giving everyone a chance to live a healthy life." Specific health-related goals include the following, all of which will improve health care for rural Virginians—and all of which will require the long-term support of our state legislators. Accomplishing even a portion of these life-sustaining goals could dramatically improve the physical- and long-term financial health of the Commonwealth:[46]

- **Virginia's Communities Collaborate to Improve the Population's Health** By 2020, the percent of Virginia health planning districts that have established an on-going collaborative community health planning process increases from 43% to 100%

- **Virginians Plan Their Pregnancies** By 2020, Virginia's teen pregnancy rate decreases from 27.9 to 25.1 pregnancies per 1,000 females ages 15 to 19 years

- **The Racial Disparity in Virginia's Infant Mortality Rate is Eliminated** By 2020, Virginia's Black Infant Mortality Rate equals the White Infant Mortality Rate

- **Virginians are Protected Against Vaccine-Preventable Diseases**

- **Cancers are Prevented or Diagnosed as the Earliest Stage Possible**

- **Virginians have Life-Long Wellness** By 2020, the average years of disability free life expectancy for Virginians increases from 66.1 years to 67.3 years

- **Virginia has a Strong Primary Care System Linked to Behavioral Health Care, Oral Health Care, and Community Support Systems** By 2020, the percentage of adults who have a regular health care provider increases from 69.3% to 85.0%

- **Virginia's Health IT System Connects People, Services, and Information to Support Optimal Health Outcomes**

- **Health Care-associated Infections are Prevented and Controlled in Virginia**

In addition to the work conducted by public and private organizations, legislators can play a key role by paying closer attention to the unique needs of the rural population. Enacting laws that strengthen the challenging healthcare delivery systems in rural Virginia and expanding access to critical healthcare services will dramatically improve the well-being of rural communities.[47]

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