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NATIONAL RURAL HEALTH ASSOCIATION**February 12, 2010**

Mirtha R. Beadle, MPA
Deputy Director, Office of Minority Health
United States Department of Health and Human Services
The Tower Building
1101 Wootton Parkway, Suite 600
Rockville, MD 20852

National Rural Health Association Comments to Office of Minority Health's National Plan for Action

Dear Ms. Beadle,

The National Rural Health Association (NRHA) is grateful for the opportunity to respond to the Office of Minority Health's (OMH) National Plan for Action. As the NRHA stated following our participation in your August 2009 National Health Disparities Plan (NHDP) Consensus Meeting, the NRHA and OMH share many parallel interests aimed at improving and protecting the lives of racial and ethnic minorities living in rural and underserved areas.

With 85 percent of high poverty counties classified as non-metropolitan, rural populations face health disparities not realized by their urban counterparts. Economic, cultural, educational, and social barriers, combined with a lack of attention from policymakers, serve to only exacerbate this population's lack of access to obtaining quality, affordable health care. Long travel distances, low population densities, lack of economies of scale, inaccessible providers, and lower reimbursement rates all compound their difficulties to staying healthy. Additionally, rural populations have on average more elderly and children, unemployment and underemployment, and uninsured or underinsured residents. Rural America is therefore more susceptible to economic downturns and any associated health problems.

Currently, multiracial and multicultural residents make up 18 percent of the rural American population. Though all rural residents face inherent health problems associated with financial status, rural multiracial and multicultural groups experience double or sometimes triple the poverty rates than rural white populations (13 percent for Whites, 34 percent for Blacks, 25 percent for Hispanics, and 34 percent for American Indians). The correlation between health and economic status is well-known. Problems with health care in rural America, then, are further compounded for multiracial and multicultural populations.

For these and many other reasons, the NRHA is pleased that the OMH seeks to lessen the burden imposed on rural multiracial and multicultural residents. Many of the details outlined in The National Plan for Action (NPA) directly correlate with past, present and future NRHA objectives and activities, and we look forward to our continued collaboration.

In reviewing the NPA, we have identified the following overlapping goals, policies or programs between the NRHA and the OMH necessitating continued collaboration:

NRHA Annual Rural Multiracial and Multicultural Health Conference, Annual Conference, and Policy Institute Conference (OMH Objective 1, Strategy 2, Action 7; Objective 2, Strategy 7, Measure 3; and Objective 5, Strategy 19, Potential Data Source 2)

The purpose of the **NRHA's Rural Multiracial and Multicultural Conference**, the only one of its kind in the nation, is to eliminate health disparities and improve access to quality health care services for rural multiracial and multicultural populations. This conference typically includes over 200 attendees from around the nation. Using educational and networking opportunities for rural health professionals and rural community-based programs, this conference has four areas of focus:

- 1) Developing workable approaches to rural multiracial and multicultural health care concerns to be implemented at community, state and national levels;
- 2) Opportunities for health professionals to learn from and collaborate with rural multiracial and multicultural communities to ensure the services provided are culturally and linguistically appropriate;
- 3) Increasing and improving communications, linkages and outreach via a forum to exchange and disseminate ideas, information, research and methods aimed at improving the health of rural multiracial and multicultural populations; and
- 4) Developing new, innovative strategies to combat health disparities.

Additionally, the **NRHA's Annual Conference** draws more than 1000 rural health providers and community members from across the country to improve and develop strategies aimed at identifying, addressing and improving the health care needs of rural America. As part of the conference, educational tracks include: clinical, hospital and health system, statewide health, clinic management, rural community and board member, educator, policy, learning lab workshops and research. Additionally, research topics related to community health centers, access to care issues for rural veterans, regulatory updates from Federal Agencies and other emerging rural health issues and events. The 2010 Annual Conference will take place in May in Savannah, Georgia.

The **NRHA's annual Policy Institute Conference**, held in Washington, D.C., focuses on legislation and policies relevant to topical rural health issues and trends. Its attendees include members of Congress, representatives from the Administration, state government and association representatives, hospital and clinic representatives, and many other rural health stakeholders. The conference includes a Capitol Hill day, in which over 400 hundred members meet with their individual House and Senate representatives to discuss issues important rural American health.

With the NPA's objectives to increase awareness, identify leadership, and support research and evaluation, the NRHA's annual Multiracial and Multicultural Conference and other conferences and meetings throughout the year serve as a useful platform to achieve these and other goals set forth. The NRHA looks forward to continued collaboration with the OMH to ensure these conferences meet the NPA's goals, and appreciates any feedback leading to an enhanced NRHA annual conference schedule.

NRHA Border Health Initiative (All Objectives)

In June of 2008, the NRHA convened the first meeting toward implementing an NRHA Border Health Initiative, a partnership for addressing the access needs of rural communities in this unique region of the country. The meeting, held in Tucson, Arizona, served as an environmental scan of the access barriers impacting rural communities residing along the U.S.-Mexico Border. Representatives from all four Border States (California, Arizona, New Mexico and Texas) along with U.S.-Mexico Border Health Commission and other border health partners attended and provided updates and perspectives on the status of these rural communities. The initial recommendations included contacting new partners to raise awareness of the NRHA's intentions to join in the partnership to address this population's needs and developing strategies to further encourage further educational programming. A second follow-up meeting was held in February 2009 in El Paso, Texas, to further build upon the primary goals of the initiative and continue dialogue amongst stakeholders. A third meeting is set for February 2010 in San Diego, California to finalize a 5-year strategic plan for this initiative.

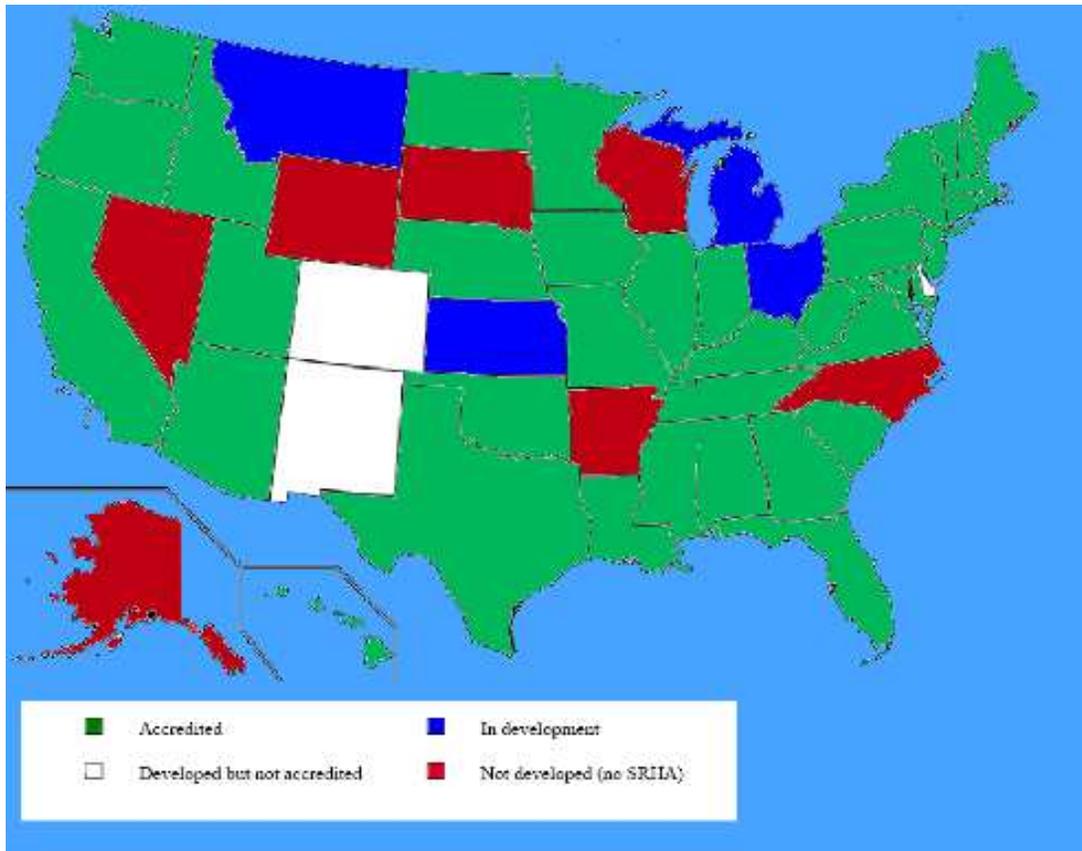
The U.S.-Mexico Border Region is defined as the area of land stretching 62.5 miles North and South of the international border, and 2000 miles from the Gulf of Mexico in Texas to the Pacific Ocean in California. The four states encompassing this region border six Mexican states (Tamaulipas, Nuevo Leon, Coahuila, Chihuahua, Sonora, and Baja California), 48 U.S. counties, and 88 Mexican municipios. Additionally, the area includes 25 Native American Nations, creating a tri-national region (Arizona, Mexico, and Tohono O'odham Tribal Nation). Demographically, the border region includes a 50 percent Hispanic population, with certain cities (Nogales, Arizona with 93.5 percent for instance), having much greater proportions. This point bolsters the need for the NPA's Fourth Objective, to promote cultural and linguistic competency.

Further strengthening the NRHA Border Health Initiative would mean greater emphasis on this region's unique needs, and ultimately developing strategies aimed at reducing barriers to health care services. The OMH plan includes many positive and parallel efforts to ensure this region is recognized in the national health care debate, and the NRHA looks forward to any continued collaboration to achieve our mutual goals.

State-Based Partnerships (All Objectives)

The NRHA's longstanding partnerships with the 50 State Offices of Rural Health (SORHs) and 42 State Rural Health Associations (SRHAs) constitute the framework upon which the nation's rural health system is built. SORHs, authorized by the Public Health Service Act, have been federally funded since 1999, and provide each state with an entity dedicated to collecting and disseminating rural health information and coordinating state rural health programs and activities. Unlike SORHs, SRHAs are nonprofit, grassroots organizations comprised of rural providers with on-the-ground experience in rural communities. As the NRHA leads national educational efforts and facilitates partnerships with states, SORHs and SRHAs form the link between our national endeavors, states and local rural health entities across the nation.

Through a partnership with the Office of Rural Health Policy (ORHP), the NRHA has helped to expand the number of SRHAs from 28 in 1997, to 42 currently. The figure below provides a view of all states currently operating a SRHA, as well as those yet to implement the one:



It is our goal to continue this collaboration with ORHP and other entities to bring a rural health association to every state in the U.S. We hope that NRHA collaboration with the OMH can facilitate broader efforts to strengthen each SRHA's emphasis on multiracial and multicultural outreach efforts. In doing so, SHRAs could serve as valuable policy partners with State Offices of Minority Health to reach agreement on successful state and local strategies.

Rural Health Fellows Program (Objective 5, Strategies 18, 19 and 20)

The NRHA Rural Health Fellows (RHF) program is a year-long, intensive development program designed to develop leaders who can articulate a clear and compelling vision for rural America's health care needs. Fellows both gain and offer valuable insight into three primary domains:

- 1) Personal, team and organizational leadership;
- 2) Health policy analysis and advocacy; and
- 3) National Rural Health Association governance and structure.

These skill development objectives are accomplished through a combination of best practices in experiential and action learning. Fellows come to the RHF program from a wide range of health professions, offering the NRHA a valuable expertise while at the same time broadening their own knowledge of the NRHA and rural health as a whole.

It is our hope that future NRHA fellows expand their expertise and participation into issues directly associated with the OMH to further build upon our mutual goals of increasing awareness, leadership and research aimed at reducing health disparities for multiracial and multicultural populations.

Emerging Policy Issue Meetings (All Objectives)

With constantly changing dynamics in health care policies and programs, the NRHA believes it important to stay apprised of critical issues. The NRHA partners with various interested rural health stakeholder groups to host forums on emerging issues. Previously, the NRHA has hosted meetings focused on rural pharmacy, quality, Medicare Advantage, Graduate Medical Education, health information technology, and healthcare reform. These meetings between NRHA staff and experts provide valuable insight into developing new policy, regulatory and research into individual issue areas.

We hope to engage in these emerging issue meetings for as many topics as possible, including any that would represent the shared goals between NRHA and the OMH.

NRHA RESPONSE TO FIVE NPA OBJECTIVES

Objective 1: Awareness

Raising awareness has long been one of the NRHA's main functions. The NRHA therefore appreciates the OMH's dedication to raising awareness of the unique health challenges multicultural and multiracial populations face. By pledging to build relationships with bi-partisan organizations and engage stakeholders in identifying strategies to end existing and prevent future health disparities, multiracial and multicultural populations will receive the recognition needed to implement broad policy and programmatic changes.

In rural America, lack of awareness from policymakers is probably the most significant hurdle to implementing broad policy changes. This problem is further exacerbated for rural minorities, and we therefore appreciate the OMH including specific provisions in Objective One focusing on geographic disparities. (Objective 1, Strategies 2, 3, and 4)

Objective 2: Leadership

Identifying and strengthening partnerships between entities with similar ideals is key to achieving the goals set forth in the NPA. By focusing on capacity building to promote multi-level collaboration, developing youth programs aimed at generating interest for future leaders in the area, and defining funding and research opportunities, the OMH will facilitate the partnerships necessary to achieving the NPA's goals.

As a leader in issues focusing on rural health disparities, specifically focusing on many of the efforts outlined in the NPA, the NRHA looks forward to any future collaboration with the OMH ensuring this objective's goals are reached and exceeded.

Objective 3: Health and Health System Experience

In rural America, access to a provider is the most significant barrier to health care services. With problems such as great distances between one's home and the nearest doctor, higher poverty rates, and older populations, the NRHA has long fought to reduce the rural workforce shortage.

The NRHA therefore believes this Third Objective is a core function to achieving the NPA's goals. Without ensuring access to care by bringing health care professionals to underserved areas, improving and expanding health information technology, focusing on prevention, adopting and adhering to quality standards, and the other actions outlined, none of the previous or future components of this effort will be realized. The NRHA is pleased that the OMH plans on developing strategies to ensure broad access to quality health care, and looks forward to any collaboration moving toward this objective.

Objective 4: Cultural and Linguistic Competency

Ensuring that health care professionals are sensitive to their individual patients' needs is of the utmost importance. Training the workforce by establishing best practice models, utilizing the latest technologies, and incorporating cultural and linguistic competency training during the early stages of one's education and career are all positive steps to ensuring this.

As stated above, 18 percent of rural America is classified as non-white. Recruiting and strengthening diversity amongst the health care profession will help bridge functional problems resulting from cultural and linguistic gaps, while at the same time strengthen the overall structure of rural America by ensuring diverse cultures, opinions, and attitudes. The NRHA looks forward to any continued collaboration to ensure this objective is met.

Objective 5: Research and Evaluation

NRHA membership consists of a broad array of health care professionals and researchers. Utilizing research and the data it provides is of the utmost importance to ensuring systematic program and policy changes. Developing programs and strategies focused on applying research into practical real world applications, then, is the obvious next step in achieving the original research's objectives.

We appreciate the OMH recognizing the importance of research and evaluation, and hope that you, in developing any research strategies and implementing the functional programs addressing its data, will turn to the NRHA for any assistance throughout this process.

IMPLEMENTING THE NATIONAL PLAN FOR ACTION

Implementing the NPA will require leadership and involvement from every level, and the NRHA shares the OMH's view that collaboration with individuals on local and community levels provides invaluable expertise. By allowing us to gain an on-the-ground perspective of important and emerging issues, while at the same time having our message spread across each state or Congressional district in the country, grassroots efforts are a key component to our legislative and policy agenda.

Board of Advisors

The NRHA appreciates the diverse membership proposed for the OMH Board of Advisors. By including leaders and experts with direct interests in improving health care for multiracial and multicultural individuals, this board will serve as a useful tool to strengthen the OMH and achieve its goals. The NRHA does, however, hope that the OMH will formally include geographic requirements on this board, such as proportional representation between urban and rural board membership. This will help facilitate a diverse agenda representing the health care needs of all multiracial and multicultural individuals, urban or rural.

Intermediaries and Partnerships

Creating and facilitating partnerships between federal, state, organizational and individual entities will serve as a valuable tool to implementing the NPA. Engaging multiple stakeholders ensures multiple perspectives are accounted for, and eliminates duplicative efforts. The NRHA would be grateful to provide any input necessary as part of the intermediary and partnership phases of the NPA. Our already-established network of health care providers, researchers and advocates, would prove valuable to implementing the NPA's stated objectives and goals.

In conclusion, I thank you for the opportunity to respond to this important plan. It is the NRHA's hope that each and every goal set forth in the NPA will be met and exceeded. Please consider this letter an assurance that the NRHA supports your efforts, and looks forward to our continued partnership to achieve our mutual goal of ending health disparities for all. Additionally, we have attached three NRHA documents specific to the goals set forth by the NPA. The first is an NRHA issue paper entitled "Racial and Ethnic Health Disparities," the second is the NRHA's Racial Multiracial and Multicultural Committee's Rural Economic Development Policy Brief, and the third is a recently approved NRHA Policy document on rural border health issues.

Thank you, and please do not hesitate to contact me or my staff for any additional background, materials or assistance.

Sincerely,

A handwritten signature in black ink that reads "Dennis Berens". The signature is written in a cursive style with a large, stylized initial "D".

Dennis Berens
President
National Rural Health Association