



National Advisory Committee On Rural Health and Human Services



February 4, 2016

The Honorable Sylvia Burwell, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Burwell,

On behalf of the National Advisory Committee on Rural Health and Human Services, I am sending you two policy briefs with their accompanying recommendations. The first examines issues of child poverty in rural America. The second examines delivery system reform in rural areas. In preparing these briefs, the Committee met at the White Earth Nation in Minnesota and conducted site visits in rural communities in the region.

The Human Services Subcommittee visited the local Indian Health Service Clinic, the Mahnomen Child Care & Learning Center, and the White Earth Nation Tribal Council. The members heard directly from those experiencing the unique needs and challenges of children and families living in poverty in rural America. Mahnomen County, entirely contained within the White Earth Nation, has a larger proportion of its children living in poverty than any other county in Minnesota. The Policy Brief and its recommendations were informed by what we saw and heard in the White Earth Nation.

The Health Subcommittee visited two health care providers in rural Minnesota. One group traveled to the Lake Region Healthcare Hospital in Fergus Falls and met with a wide range of community stakeholders to hear about their efforts to improve population health. Lake Region participates in the Integrated Health Partnership (IHP) demonstration, Minnesota's Medicaid ACO, agreeing to deliver the full scope of primary care services, coordinate with specialty providers and hospitals and demonstrating how they will partner with community organizations and social service agencies and integrate their services into care delivery.

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Another group went to Sanford Health Clinic in Detroit Lakes. Sanford Health System is headquartered in Fargo, ND and Sioux Falls, SD. Local staff and corporate leadership demonstrated to the sub-committee an organized system of care, with a high degree of integration and communication among its providers. One notable issue raised by a local physician was the importance of addressing the patient's broader socio-economic and behavioral issues so that the patient is better at handling healthcare issues, and the need for increasing behavioral health workforce integration into primary care.

In addition to the two policy briefs, the Committee also discussed ongoing concerns rural providers are facing related to interoperability of different electronic health record systems (EHR) and access to affordable broadband services. These issues are essential to the HHS goals related to Delivery System Reform. I am sharing with you a summary of the Committee's perspective on this issue.

Our next meeting will be in Beaufort, South Carolina, and will be held from April 18th -20th, 2016. We would welcome participation by you or your representative in the meeting where we will be taking on two important topics: 1) the surge in use of opioid drugs in rural areas and the impact this is having on families and communities, and 2) possible alternatives for timely access to primary and emergency care in communities across rural America experiencing or at risk of a hospital closure. As always, we welcome your participation in our meeting or the participation of your representatives.

Sincerely,

The Honorable Ronnie Musgrove

Chair

Enclosed:

Child Poverty in Rural America Policy Brief Nov. 2015

Delivery System Reform and Implications for Rural Communities Policy Brief Nov. 2015

Interoperability and Broadband: Challenges to Rural Information Exchange Nov. 2015