



# National Advisory Committee On Rural Health and Human Services



## CHAIR

Ronnie Musgrove, JD  
Jackson, MS

August 14, 2018

## MEMBERS

Steve Barnett, DHA, CRNA, FACHE  
Lake Orion, MI

Kathleen Belanger, PhD  
Nacogdoches, TX

Ty Borders, PhD  
Lexington, KY

Kathleen Dalton, PhD  
Chapel Hill, NC

Molly Dodge  
Madison, IN

Carolyn Emanuel-McClain, MPH  
Clearwater, SC

Kelley Evans  
Red Lodge, MT

Barbara Fabre  
White Earth, MN

Constance Greer  
St. Paul, MN

Joe Lupica  
Phoenix, AZ

Octavio Martinez, Jr., MD  
Austin, TX

Carolyn Montoya, PhD, CPNP  
Albuquerque, NM

Maria Sallie Poepsel, PhD, MSN,  
CRNA  
Columbia, MO

Chester Robinson, DPA  
Jackson, MS

Mary Kate Rolf, MBA, FACHE  
Syracuse, NY

John Sheehan, MBA, CPA  
Chesterfield, MO

Mary Sheridan, RN, MBA  
Boise, ID

Benjamin Taylor, PhD, DFAAPA,  
PA-C  
Martinez, GA

Robert L. Wergin, MD, FFAFP  
Milford, NE

Peggy Wheeler, MPH  
Sacramento, CA

## EXECUTIVE SECRETARY

Paul Moore, DPh  
Rockville, MD

Dear Secretary Azar,

On behalf of the National Advisory Committee on Rural Health and Human Services I am sending you two policy briefs with their accompanying recommendations. In April, 2018 the Committee met in Saratoga Springs, New York to examine two topics. The first brief examines the challenges faced by health insurance markets in covering rural Americans. The second examines the rural context of adverse childhood experiences (ACEs) and the role that human services play in mitigating the impact of and risk for ACEs among children and adolescents (young people) and adults residing in rural communities.

During the meeting one subcommittee traveled to Cobleskill, New York, visited the Head Start program there and met with early childhood experts, home visiting professionals, school-based providers, local law enforcement and community, social, and human services' staff. The subcommittee was especially impressed with the Schoharie County ACEs Team, which is a community-driven initiative whose aim is to "promote community awareness and capacity in order to help children and caregivers."

The other subcommittee traveled to Glens Falls, New York and met with representatives from eight different organizations including the Adirondack Health Institute, Chautauqua County Health Network and several local health care providers. While the primary focus was rural health insurance market challenges, many of the individuals we spoke with at the site visit also mentioned other challenges they face practicing in rural areas.

The two policy briefs included with this letter offer our recommendations on both ACEs and the rural health insurance market. On ensuring accessibility and availability of insurance in rural markets, the Committee believes there must be a way to expand the risk pool and expand access to providers in rural networks. The topic of ACEs provides another way of examining rural health disparities and presents a focal point of analysis and

attention on much of the Committee's previous work. This brief emphasizes the importance of prevention, education, and awareness at the local, state, and federal levels of health and human service delivery.

Our next meeting will be in Charlotte, North Carolina, and will be held from September 10-12, 2018. We would welcome participation by you or your representative in the meeting where we will be taking on two important topics: 1) chronic obstructive pulmonary disease (COPD), which is one of the leading causes of death in rural areas, and 2) improving access to oral health services in rural areas.

Sincerely,

The Honorable Ronnie Musgrove  
Chair