National Advisory Committee On Rural Health and Human Services

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November 28, 2018

Dear Secretary Azar,

On behalf of the National Advisory Committee on Rural Health and Human Services, I am pleased to send you two policy briefs and accompanying recommendations from our most recent meeting in Charlotte, North Carolina in September. The Committee's policy briefs focus on two important rural health issues: chronic obstructive pulmonary disease (COPD) and oral health care.

The Committee chose to focus on COPD because although it is a national health concern as a leading cause of mortality, the burden of this disease is disproportionately felt in rural areas. According to recent findings from the Centers for Disease Control and Prevention, the percent of rural adults who have been diagnosed with COPD is nearly double the percent of those living in urban centers. Moreover, compared to their urban counterparts, rural populations also experience higher Medicare hospitalizations and deaths due to COPD.

During its meeting, the Committee discussed a number of issues, including the delivery and quality of COPD care and treatment, provider and patient education, payment for pulmonary rehabilitation services, and COPD surveillance. The subcommittee tasked with examining this issue visited one of 11 Grace Anne Dorney Pulmonary Rehabilitation Center's located in Lenoir, North Carolina. In addition to touring the facility, members of the Committee heard from community stakeholders, including COPD patients and health care providers. The COPD patients noted they had benefited significantly from the pulmonary rehabilitation program.

In addition to rural COPD, the Committee decided to revisit oral health care, building on its findings from a 2004 Committee report, as this issue continues to be a largely unmet need for rural Americans. In particular, access to dental providers is one of the most common factors that contribute to rural oral health disparities.

Moreover, approximately 34 million Americans reside in rural or partially rural areas that have been designated as a dental health professional shortage area. As part of its re-examination, the Committee heard from national and state level experts on existing barriers to care and HHS programs that provide grant funding and services related to oral health. The subcommittee charged with this issue also traveled to Winnsboro, South Carolina, where they visited a rural dental clinic. There, Committee members heard from an array of local community stakeholders, including practicing dentists, all of whom provided a community-level perspective on ways to improve the quality of and access to rural oral health care services.

We welcome the opportunity to work with you to address access-to-care challenges in rural areas for those with COPD symptoms and to improve rural oral health care services. Our goal is to continue to respond to our charge to advise you on rural health and human services' issues. Toward that end, we will continue our work to assess the impact of HHS' programs and resources on rural communities and to offer our collective perspective on other key policy issues that affect the health and well-being of rural Americans.

Our next meeting will be in Sacramento, California, and will be held from April 3rd -5th, 2019. We will focus on two important issues: 1) rural cancer prevention and control and 2) aging support services in rural America. We welcome your participation or the participation of your representatives in our meeting.

Sincerely,

The Honorable Ronnie Musgrove
Chair