Responding to Behavioral Health Needs in Rural America

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Objectives of this Overview

- Review the current context of behavioral health issues in rural places
- Present challenges to efforts to serve behavioral health needs of rural Americans
- Discuss approaches to enhancing service delivery
- Discuss implications for public policy action
Specific data in this presentation are reported in a document disseminated by the RUPRI Health Panel.

- “Behavioral Health in Rural America: Challenges and Opportunities”
- Principal authors: John Gale, Jaclyn Janis, Andrew Coburn, and Hanna Rochford
- December 2019
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Context: Prevalence of Behavioral Health and Substance Use Disorders

- Higher rates of suicide among rural residents: 19.7 per 100,000 compared to 12.7 per 100,000 among urban residents – deaths of despair
- Higher rates of alcohol-related behavior among rural youth, including binge drinking and driving under the influence of alcohol
- Prevalence of drug use higher – opioids, heroin, prescription medications, and methamphetamines (meth)
Consequences of Higher Prevalence

- Increased risk of substance use disorder because of underlying behavioral health issues
- Impacts on families
- Exacerbating other chronic conditions
- Demand for services on systems with limited capacity
- SUD and overdose leading to death, exposure to HIV and hepatitis C virus
Context: Subpopulations at High Risk

- Women: double rates of depressive symptoms compared to urban women; higher rates of illicit opiate use
- Children and adolescents: ages 2-8 with higher prevalence of mental, behavioral, or developmental disabilities (18.6 percent vs. 15.2 percent; more likely to exhibit high-risk behaviors
- Veterans: experience mental health issues than general population
Context: Subpopulations at High Risk

- Minority, Ethnic, American Indian, and Alaska Native Populations
- Older Adults dealing with issues in transportation, social isolation, shortages of geriatric behavioral health specialists
- Individuals with Co-occurring conditions
Context: Challenging Times

- Ongoing Opioid and Meth crises
- Economic Dislocation (predates COVID-19) and associated stress levels
- COVID-19 and associated uncertainty clouding immediate and near term future
Service Needs: Access Challenges

1. Accessibility and Availability: personnel, facilities, technology
2. Acceptability: culturally appropriate care
3. Affordability: inclusion in insurance coverage; costs of deductibles; cost of medication
4. Stigma: stereotypes and visibility of seeking services
Services: Element of Comprehensive and Continuous Care

- Community engagement in comprehensive approaches
- Addressing emergent needs
  - Early identification from a variety of organizations including law enforcement, schools, churches, local businesses
  - Collaborations across community organizations to address underlying economics, quality of life in the community (alternatives for personal activities)
  - Counseling (discrete)
  - Longer term needs: support alternative delivery modalities, including peer-to-peer
Prevention

- Addressing harmful alcohol use through legal means and community education
- Reducing access to lethal means of suicide
- School-based social and emotional learning programs
- Community-based parenting programs
- Training programs to help identify people with mental illness

An ounce of prevention is worth a pound of cure.
- Benjamin Franklin
Treatment and Recovery

- Integration of behavioral health and general medical care
- Regionalizing services; including use of tele-behavioral health
- Self-help groups in recovery
- Peer recovery services
Policy: Promote Rural Community Engagement

- Leverage federal and state incentives, technical assistance, and funding for education programs and service development

- Support rural community education aimed at reducing stigma and promote awareness that behavioral health conditions are preventable and treatable
Policy: Development of Local and Regional Behavioral Health Services

→ Require needs assessments that include assessment of service system and available resources

→ Use federal and state programs to create incentives to develop regional systems of care

→ State investment in regional evidence-based prevention, treatment, harm reduction, and recovery programs
Policy: Reform Behavioral Health Regulatory and Payment Policies

→ Encourage integration of behavioral health and primary care
→ Expand use of telehealth technology
→ Fund use of peer recovery workers
→ Improve functioning of state health insurance markets, reduce regulatory burdens, effectively use Medicaid program
Policy: Expand BH Workforce and Create Incentives for Rural Practice

→ Federal and state reimbursement and scope-of-practice changes to expand pool of reimbursable providers
→ Encourage use of peer recovery and community health workers through training programs and payment policies
→ Develop and fund rural recruitment and pipeline programs
→ Use technology to support supervision and collaboration among rural providers to reduce isolation and burnout
Conclusion

- No higher priority in service delivery for rural residents
- Times accentuate need to address behavioral health needs
- There are policy and program choices that will make a difference
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→ The RUPRI Center for Rural Health Policy Analysis [http://cph.uiowa.edu/rupri]

→ The RUPRI Health Panel - [http://www.rupri.org]

→ Rural Telehealth Research Center - [http://ruraltelehealth.org/]

→ The Rural Health Value Program - [http://www.ruralhealthvalue.org]
Collaborations to Share and Spread Innovation

- The National Rural Health Resource Center
  https://www.ruralcenter.org/
- The Rural Health Information Hub
  https://www.ruralhealthinfo.org/
- The National Rural Health Association
  https://www.ruralhealthweb.org/
- The National Organization of State Offices of Rural Health
  https://nosorh.org/
- The American Hospital Association
  http://www.aha.org/