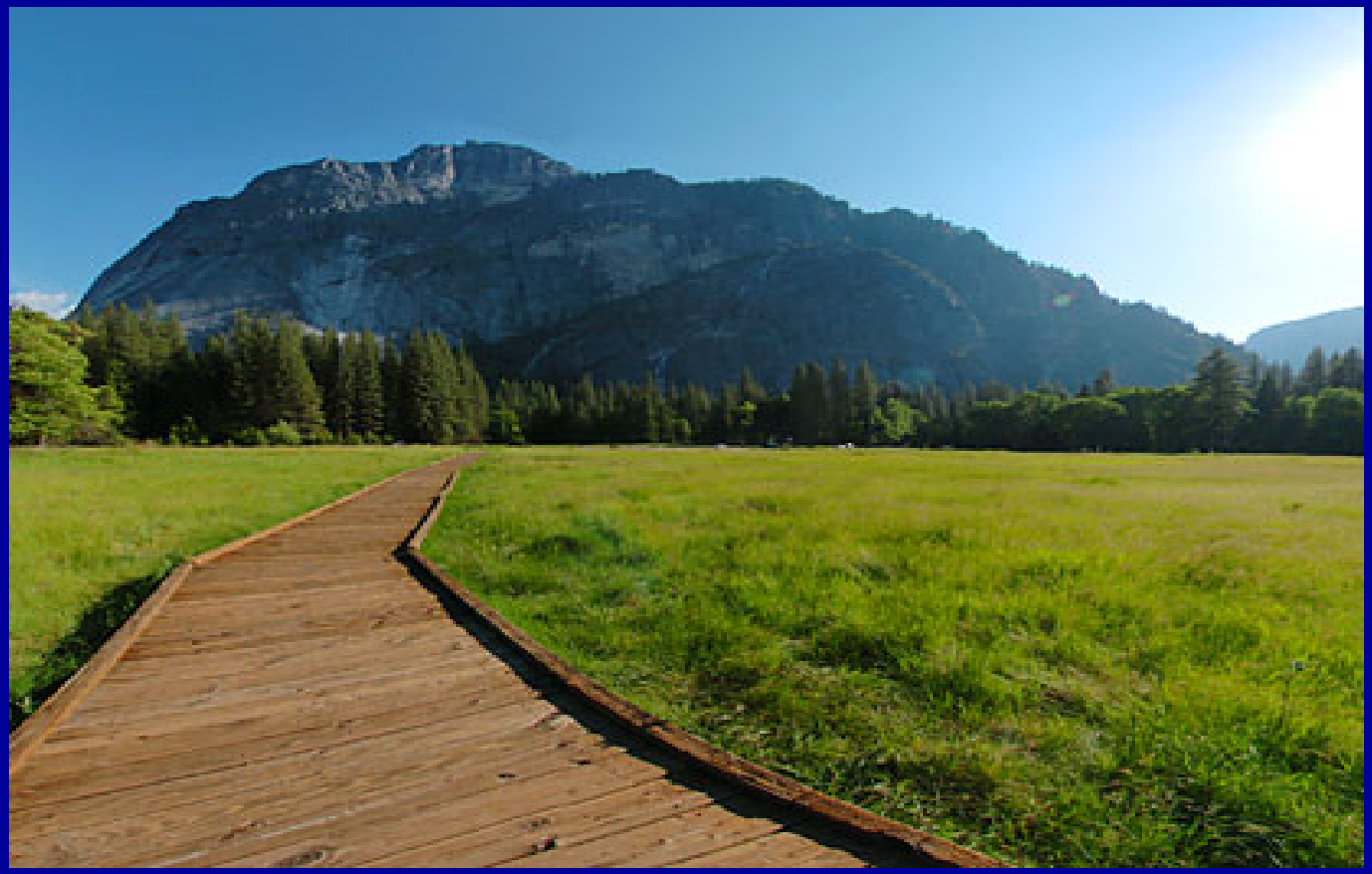
Department of Health Care Services
Primary and Rural Health Division
State Office of Rural Health



California State Rural Health Association

Embracing Change for the Future of Rural Health

November 15, 2011

DHCS
California Department of HealthCareServices

State Rural Demographics

- **Rural Definition**

  Rural counties are counties with more than 80% of their land mass defined as a rural or frontier. There are 44 rural counties in California which represents about 80% of the State's 156,000 square miles.

- **Population**

  Between 2010 and 2011, the overall State and rural counties population increased. The rural population in California is 5.2M in 2011 representing a .79% growth from 2010. The rural population is 14% of the total State population. (Source: Department of Finance)

- **Age, Gender, and Education**

  Rural counties have a higher population of residents age 55 and over (53.3%) as compared to 51.4% in urban counties. Conversely, rural counties have a lower percent of residents ages 35 to 44 years (13.2%) as compared to 16.1% in urban counties. (Source: 2009 Behavioral Risk Factor Survey (BRFS))

  Males represent 50.2% and females represent 49.8% of the rural population. (Source: Dept of Finance – Table 1: Population, Age and Sex Characteristics, April 1, 2010)

  While rural counties proportionately have more high school graduates than urban counties (24.4% vs. 17.7%), there are fewer college graduates (18.1% vs. 25.1%) and post-graduate (14.0% vs. 20.6%) degrees in rural counties compared to urban counties. (Source: 2010 BRFS)

Rural Areas Definition

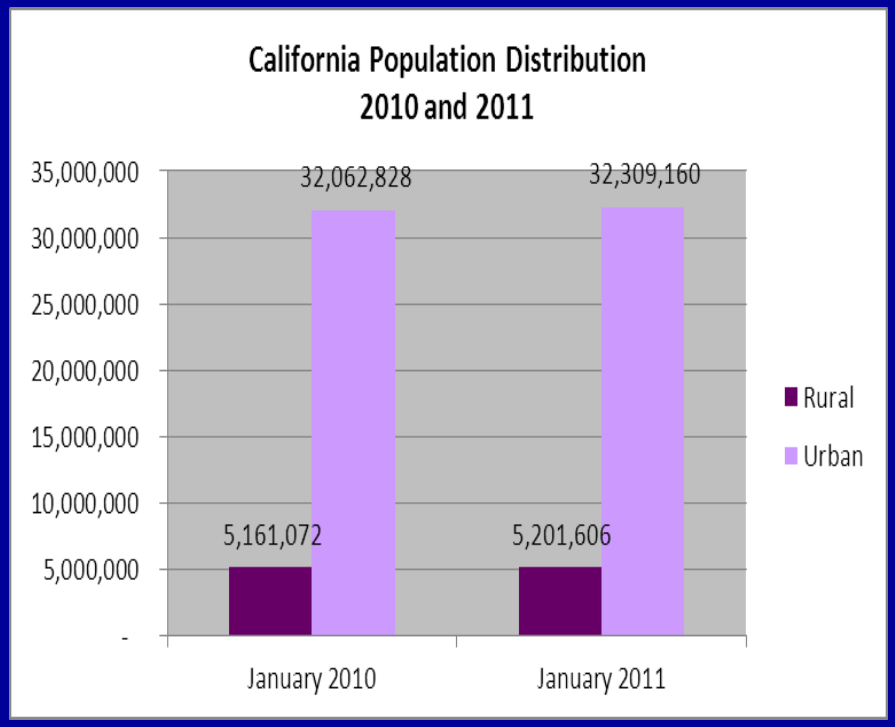
State Definition

The State definition designates approximately 80% of the total land mass of 156,000 square miles as rural. The Rural and Urban County comparison in this presentation defines Rural Counties as Counties with a MSSA Rural Land Mass 80% or Greater.

- **Medical Service Study Area (MSSA) are sub-county designations and where all population centers within the MSSA are within 30 minutes travel time to the largest population center as defined by the California Health Manpower Policy Commission. There are 541 MSSAs in California.**
- **Rural MSSAs have 250 persons or less per square mile and no Township of more than 50,000: Total Rural MSSAs 186**
- **Frontier MSSAs have less than 11 persons per square mile: Total Frontier MSSAs 56**

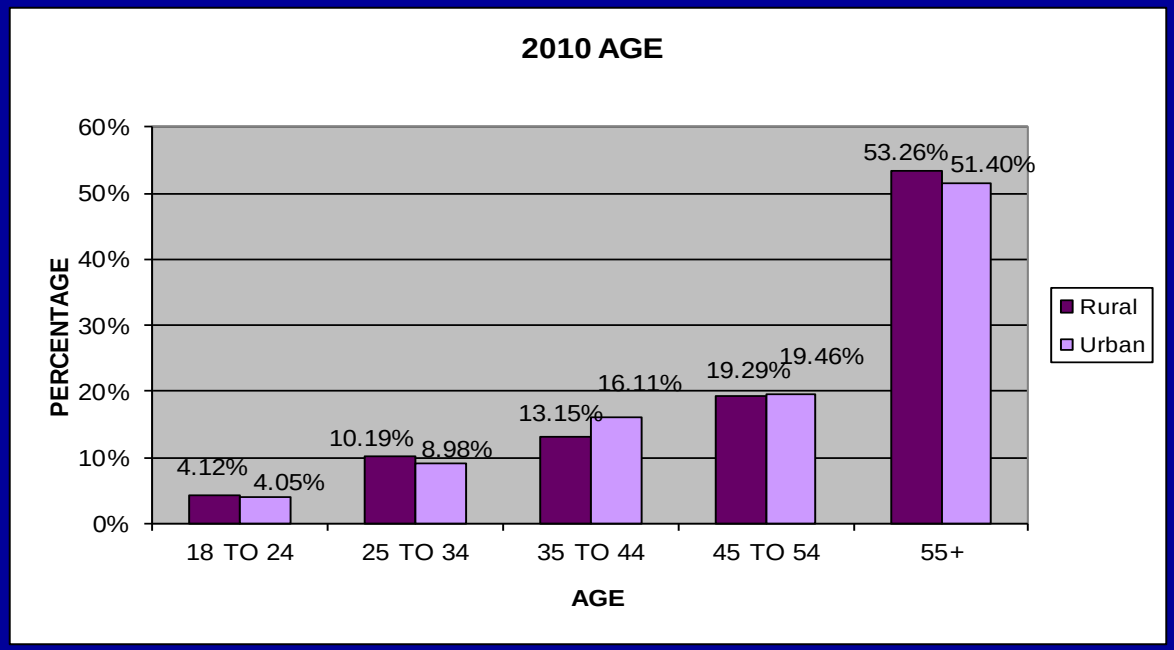
Rural and Urban County Comparison
California Population Trends
Between January 2010 and 2011

- **The State population increased from 37,223,900 to 37,510,766 representing a .77% growth.**
- **The urban counties population increased from 32,062,828 to 32,309,160 representing a .77% growth.**
- **The rural counties population increased from 5,161,072 to 5,201,606 representing a .79% growth.**
- **The distribution of the population in 2011:**
  - **Rural Counties: 14%**
  - **Urban Counties: 86%**



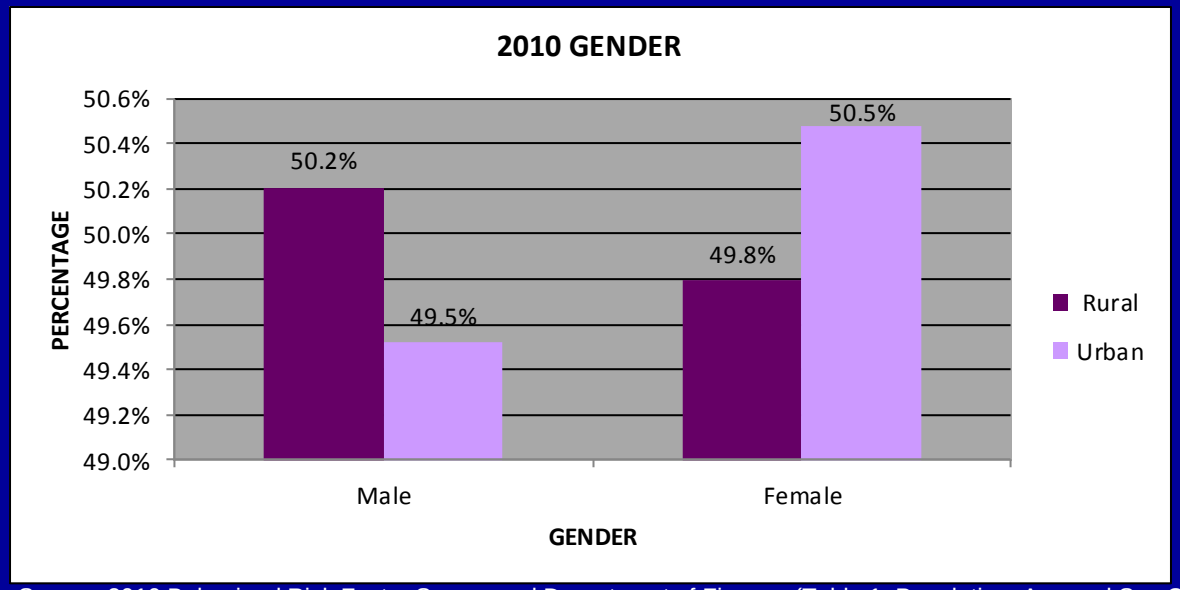
Source: State of California, Department of Finance, E-1 Population Estimates for Cities, Counties and the State with Annual Percent Change — January 1, 2010 and 2011. Sacramento, California, May 2011

Demographics
Rural and Urban County Comparison
Age and Gender



In 2010, rural counties have higher population of residents age 55 and over (53.3%) as compared to 51.4% in urban counties.

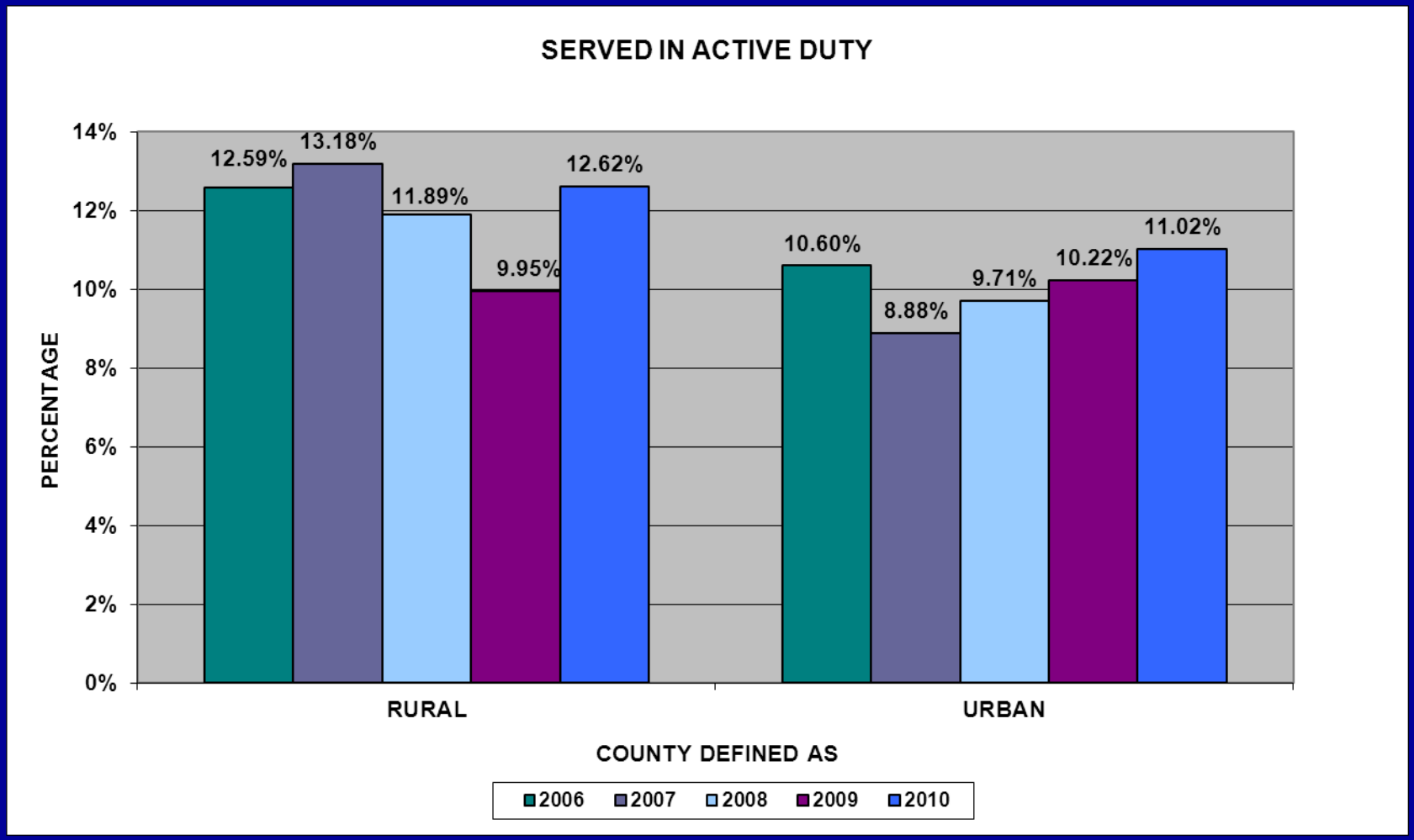
Conversely, a lower percent of residents ages 35 to 44 years (13.2%) as compared to 16.1% in urban counties.



There are more males (50.2%) than females (49.8%) in rural counties.

Source: 2010 Behavioral Risk Factor Survey and Department of Finance (Table 1: Population, Age and Sex Characteristics, April 1, 2010)

Demographics
Rural and Urban County Comparison
Veteran Status Served in Active Duty
Calendar Year 2006 thru 2010



In calendar year 2010, a larger proportion of residents of rural counties have served in active duty compared to residents of urban counties.

Source: 2006 to 2010 Behavioral Risk Factor Survey

Demographics
Rural and Urban County Comparison
Education Levels
Calendar Year 2010

Proportionately more residents of rural counties have received high school diplomas compared to residents of urban counties:

Rural: 24.38% vs. Urban: 17.67%

Proportionately fewer residents of rural counties are college graduates compared to residents of urban counties:

Rural: 18.10% vs. Urban: 25.13%

Proportionately fewer residents of rural counties have completed post-graduate degrees compared to residents of urban counties:

Rural: 13.99 % vs. Urban: 20.60%

Source: 2010 Behavioral Risk Factor Survey

SOCIO-ECONOMIC

Banner Peak and Thousand Island Lake, National Forest

Socio-Economic Status

- **Poverty-** The nation's official poverty rate in 2010 is at 15.1% versus 15.9% for rural counties in California. (sources: US Census Bureau and 2010 BRFS)

- **Household Income-** From calendar year 2009 to 2010, the percentage of rural incomes between 0 to $49,000 has increased by 1.8% and the percentage of rural residents with incomes over $75,000 annually increased by 0.2%. (Source: 2009 and 2010 BRFS)

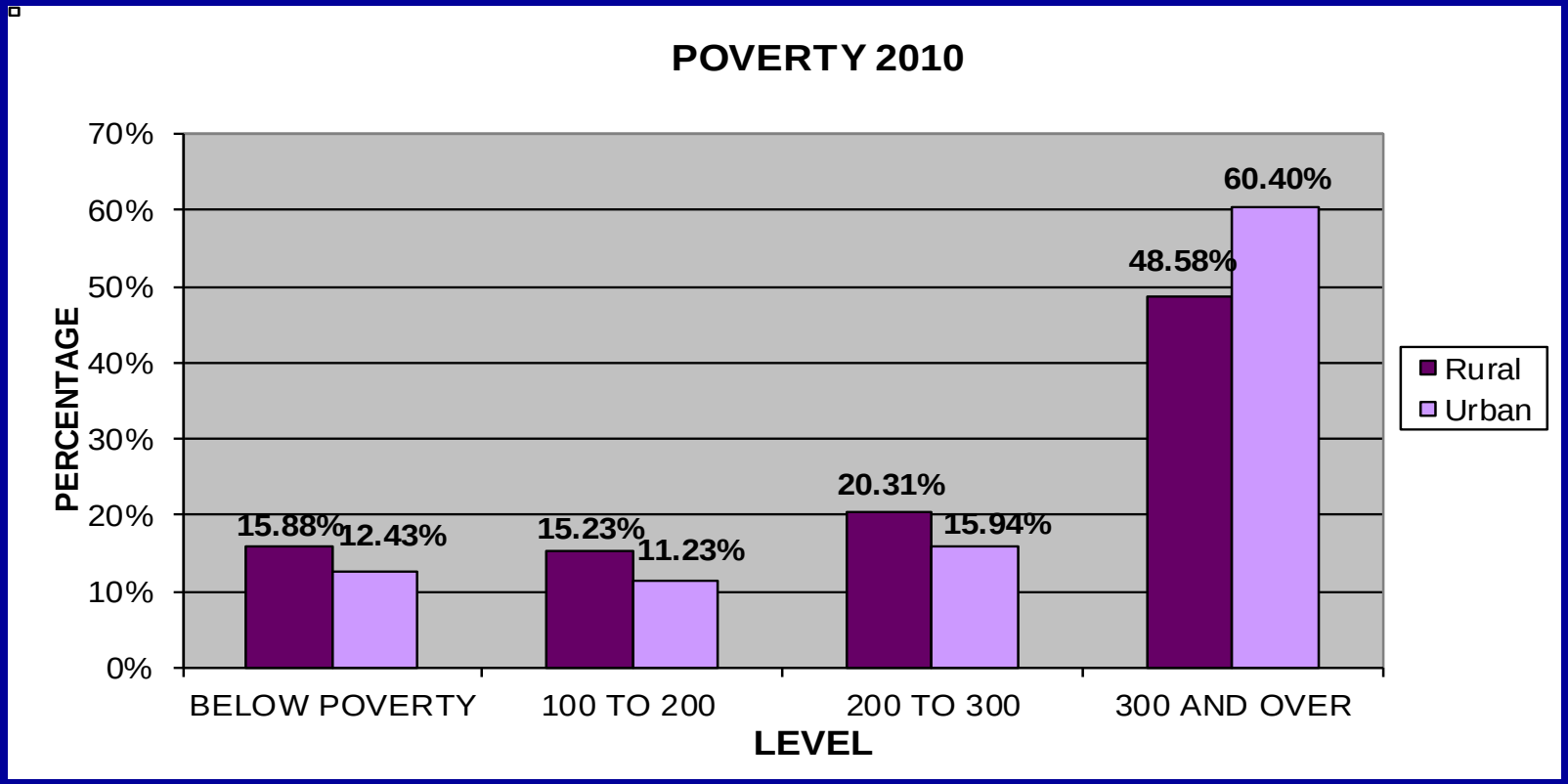
- **Food Adequacy-** 15.4% women in rural counties eat less than they felt because there wasn't enough money to buy food. Also, 8.03% women in rural counties were hungry but didn't eat because they couldn't afford enough food. (2010 California Women's Health Survey (Telephone Survey of 4,000 women))

  Note of Interest: One in five low-income older adults in rural settings report that they cannot consistently afford enough food to last the month. This rate is about twice that of low-income suburban adults. (2007 California Health Interview Survey)

- **Employment-** In calendar year 2010, a smaller proportion of residents of rural counties is employed (35% vs. 38.8%), homemaker (9.6% vs. 9.7%), self-employed (8.6% vs. 9.8%), or students (2.3% vs. 2.8%) compared to residents of urban counties. (Source: 2010 BRFS)

- **Unemployment**- In August 2011, the nation's unemployment rate was 9.1%. This compares to California rural county rate of 13.7% and urban county rate of 11.3%. (Source: www.bls.gov/opub/ted/ and http://www.edd.ca.gov)

Economic
Rural and Urban County Comparison
Poverty Level

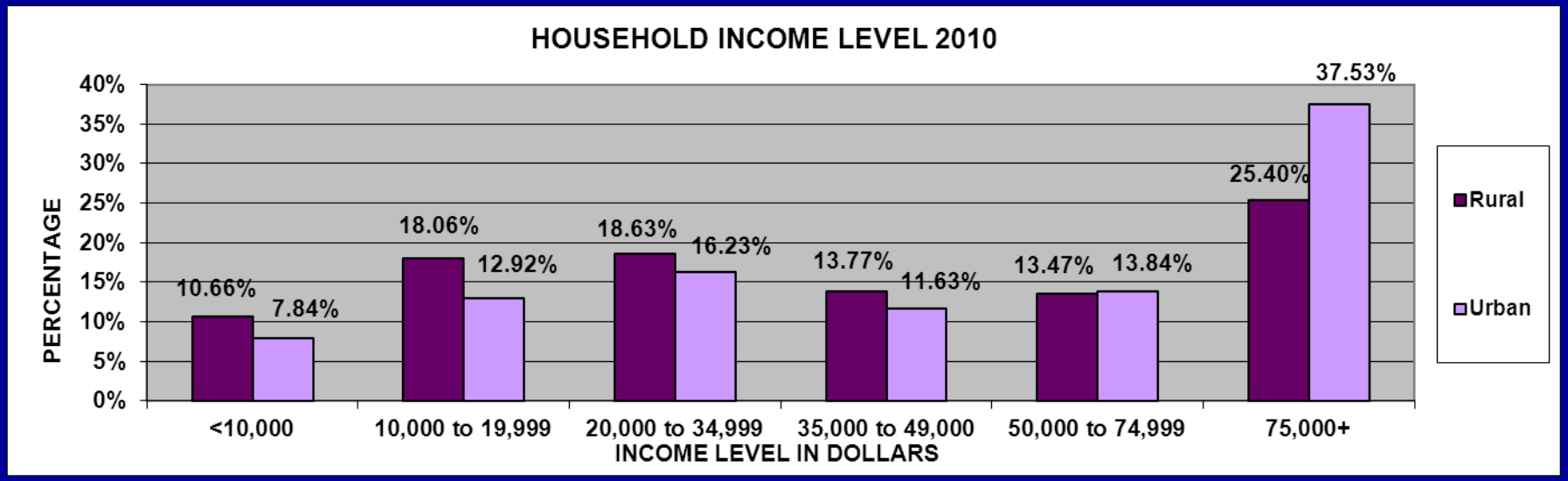


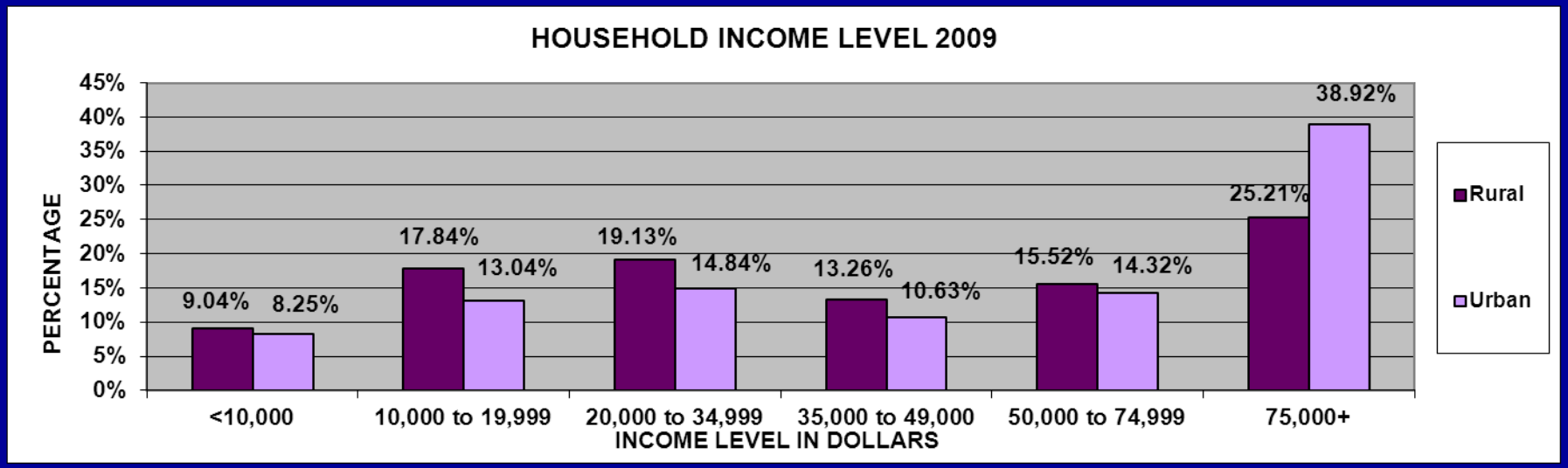
- **In calendar year 2010, there was a greater proportion residents of rural counties compared to residents of urban counties that fall below the Federal poverty level (FPL).**

- **The nation's official poverty rate in 2010 was 15.1%, up from 14.3% in 2009.**

Source: 2010 Behavioral Risk Factor Survey and US Census Bureau Issued September 2011 (http://www.census.gov/prod/2011pubs/p60-239.pdf)

Economic
Rural and Urban County Comparison
Household Income
Calendar Year 2009 and 2010

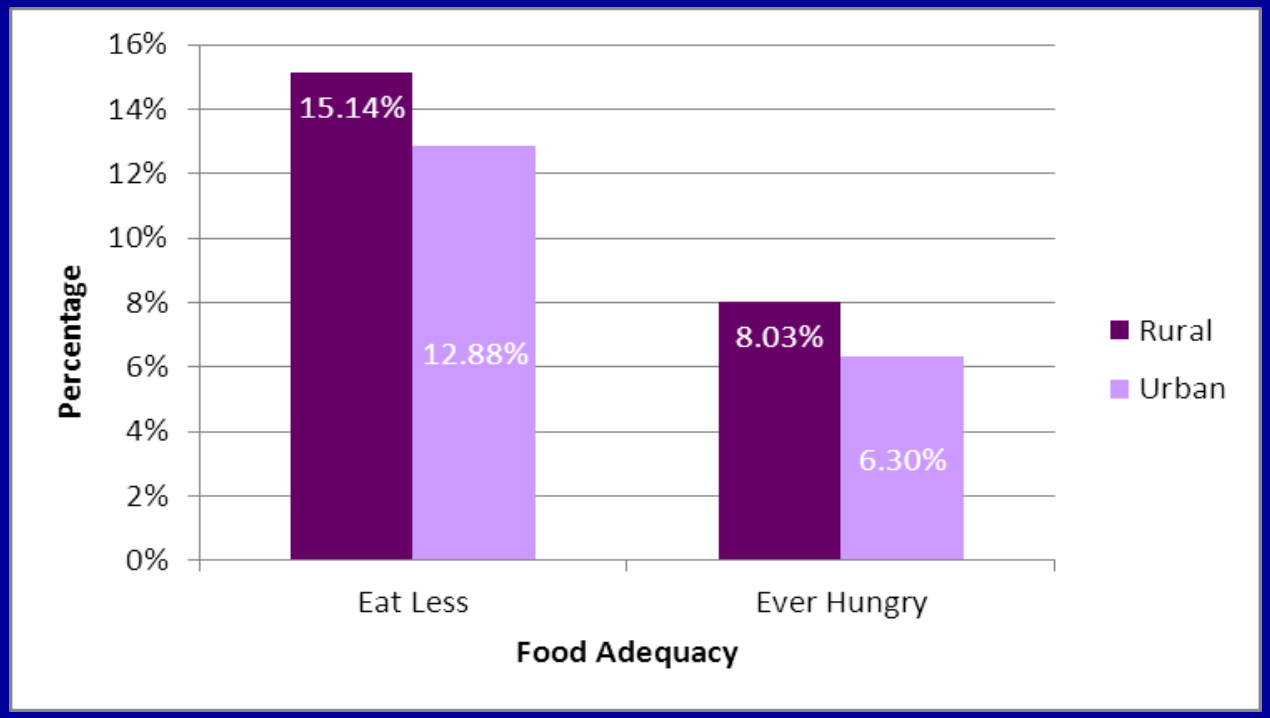




From 2009 to 2010, the percentage of rural residents with incomes between 0 and $19,999 increased by 1.8% and the percentage of rural residents with incomes over $75,000 increased by 0.2%.

Source: 2009 and 2010 Behavioral Risk Factor Survey

Economic
Rural and Urban County Comparison of Food Adequacy as Reported by Women

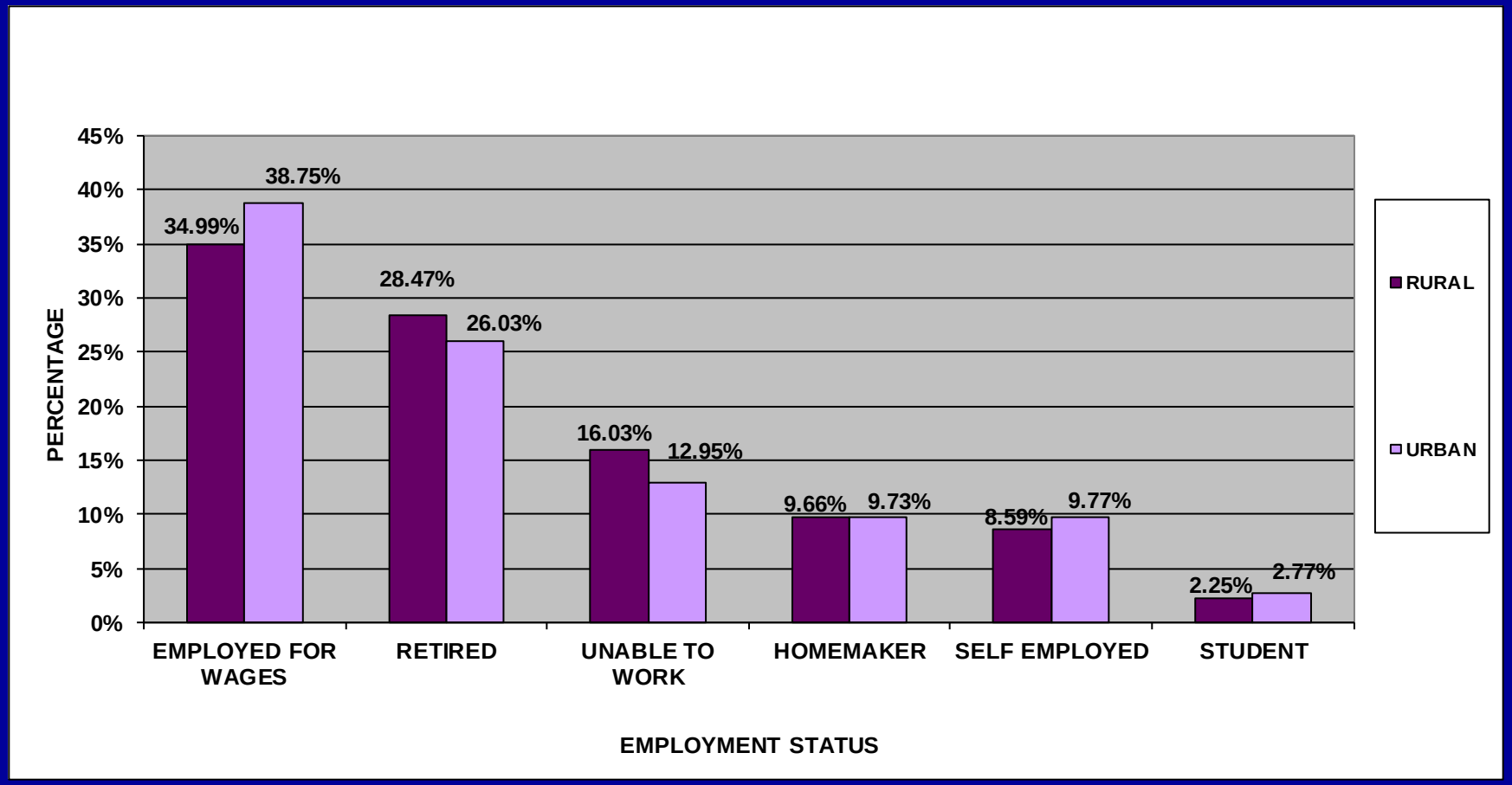


- **15.14% women in rural counties eat less than they felt because there wasn't enough money to buy food.**
- **8.03% women in rural counties were hungry but didn't eat because they couldn't afford enough food.**

❖ **<u>Note of Interest</u>: One in five low-income older adults in rural settings report that they cannot consistently afford enough food to last the month. This rate is about twice that of low-income suburban adults. (2007 California Health Interview Survey)**

Source: Office of Women's Health – 2010 California Women's Health Survey (Telephone Survey of 4,000 women)
❖ www.healthpolicy.ucla.edu/NewsReleaseDetails.aspx?id=86

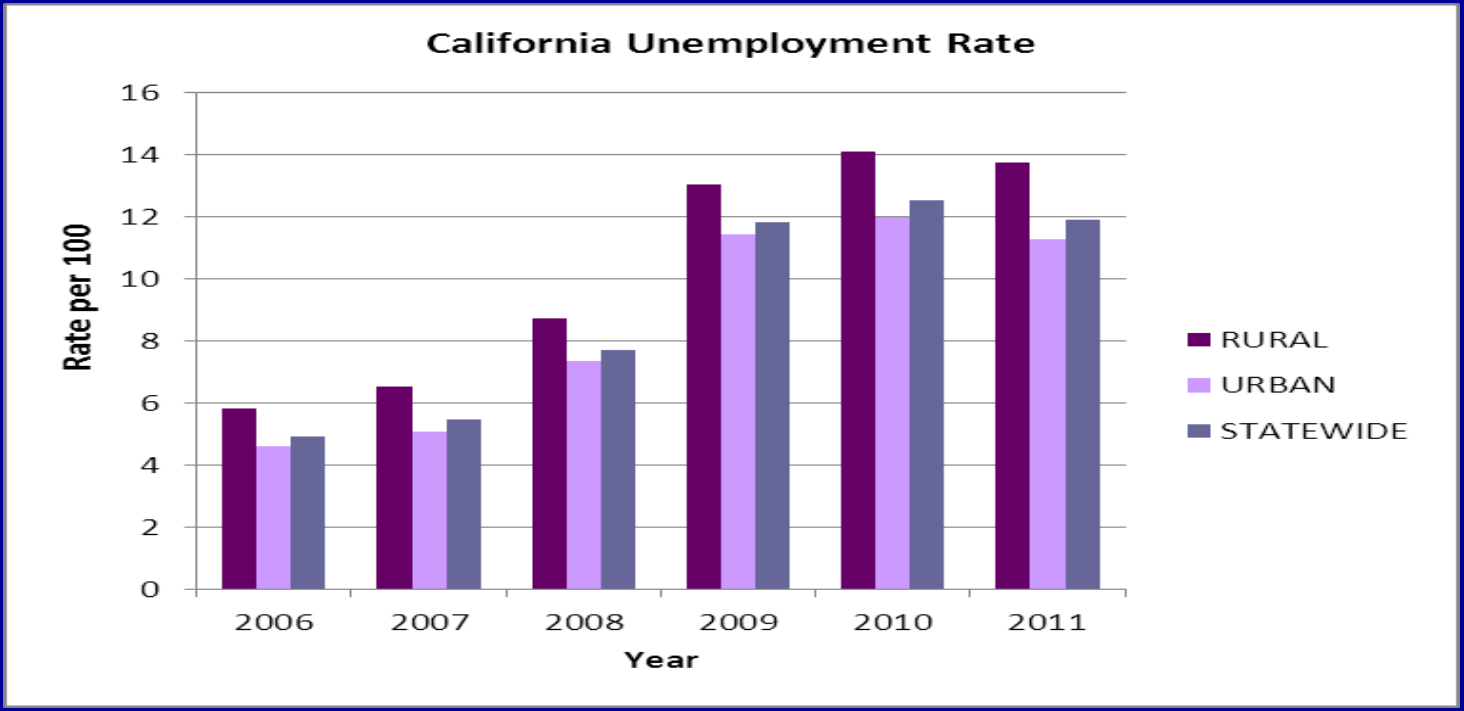
Economic
Rural and Urban County Comparison
Employment Status
Calendar Year 2010



A smaller proportion of residents of rural counties are employed, homemaker, self employed, or students compared to residents of urban counties. Also, a greater proportion of residents of rural counties are retired or unable to work/out of work compared to residents of urban counties.

Source: 2010 Behavioral Risk Factor Survey

Economic
Rural and Urban County Comparison
Unemployment Rate per Labor Force of 100
August of 2006 to 2011



County Rate per 100	2006	2007	2008	2009	2010	2011
RURAL	5.8	6.5	8.7	13.0	14.1	13.7
URBAN	4.6	5.1	7.3	11.4	12.0	11.3
STATEWIDE	4.9	5.4	7.7	11.8	12.5	11.9

- **<u>Note of Interest</u>: National unemployment rate in August 2011 is 9.1 percent.**

Source: Employment Development Department (EDD) http://www.edd.ca.gov, http://www.labormarketinfo.edd.ca.gov/article.asp?articleid=179, and http://www.bls.gov/opub/ted/

HEALTH INSURANCE

California Big Sur River Gorge

Health Insurance

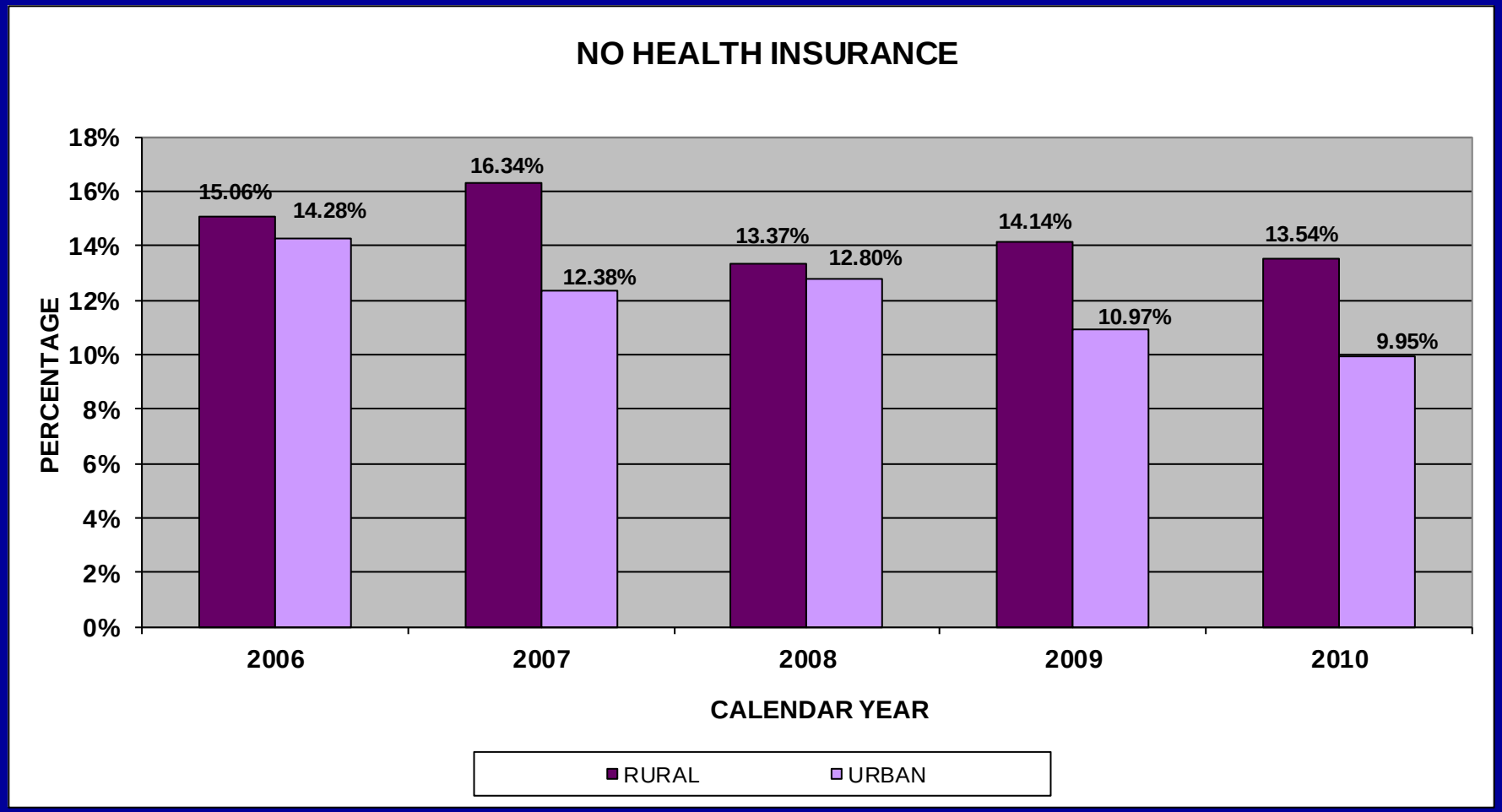
- In 2010, a greater proportion of residents of rural counties (13.5%) report no health insurance compared to residents of urban counties (10%). (Source: 2010 BRFS)

- Type of Coverage- a greater portion of residents of rural counties are covered by Medicare (34.4% vs. 32.2%), Medi-Cal (14.1% vs. 10.5%) and Military (6.2% vs. 4.6%) compared to residents of urban counties. (Source: 2010 BRFS)

- Medi-Cal enrollment increased statewide and in rural counties, covering 7.5 million people. Rural counties represent 32% of all Medi-Cal enrollees.
  (Source: Beneficiary Profiles by County http://www.dhs.ca.gov/MCSS/RequestedData/Profiles/profiles.htm)

<u>Note of Interest:</u> In 2010, 48.7% of rural Medi-Cal enrollees were in Fee For Service program and 51.3% of rural enrollees were in Managed Care plans.
(Source: DHCS - Research Analytical Studies Section)

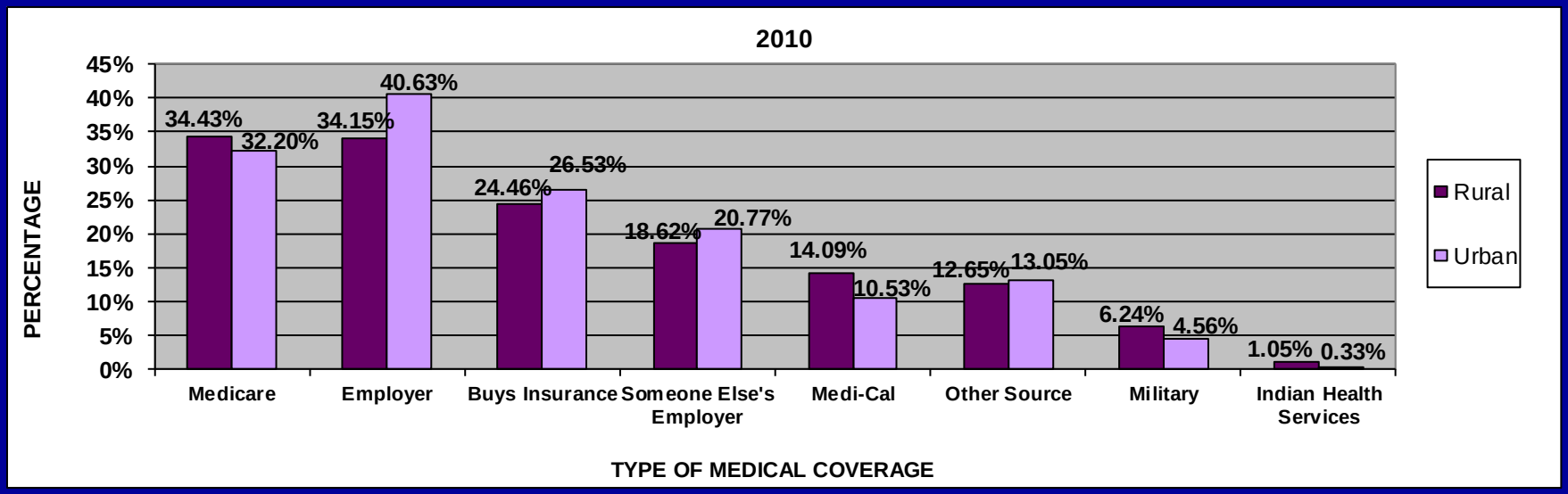
Health Insurance
Rural and Urban County Comparison
Respondents Reporting No Health Insurance
Calendar Years 2006 - 2010

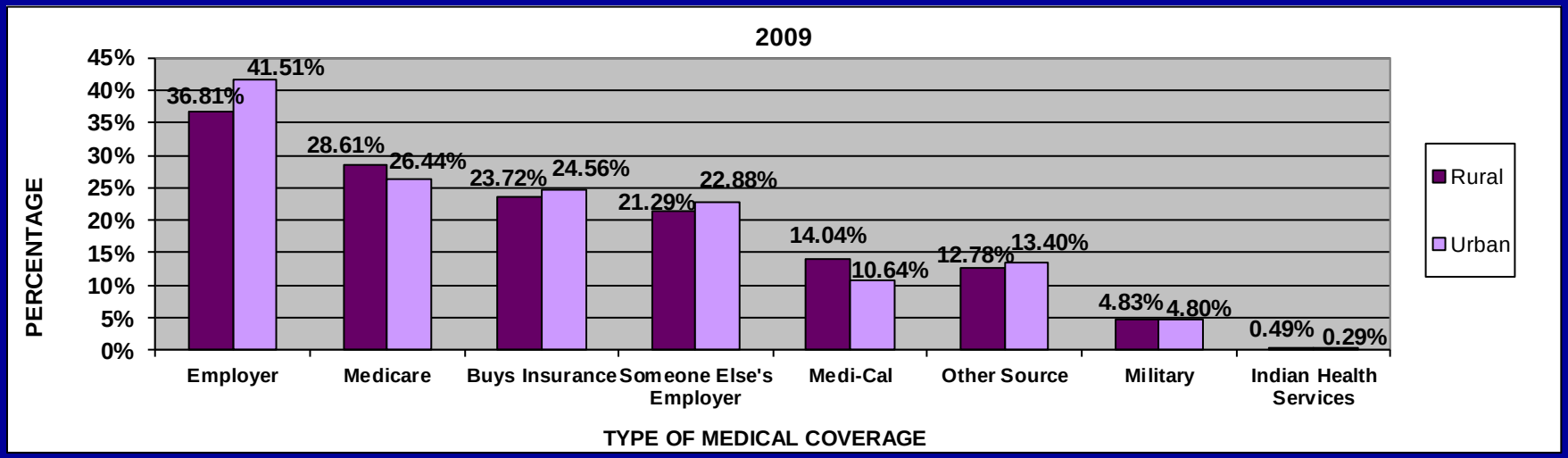


Between calendar years 2006 and 2010, a greater proportion of residents of rural counties report no health insurance compared to residents of urban counties.

Source: 2006 - 2010 Behavioral Risk Factor Survey

Health Insurance
Rural and Urban County Comparison
Type of Coverage of Respondents that have Medical Insurance
Calendar Year 2009 vs. 2010

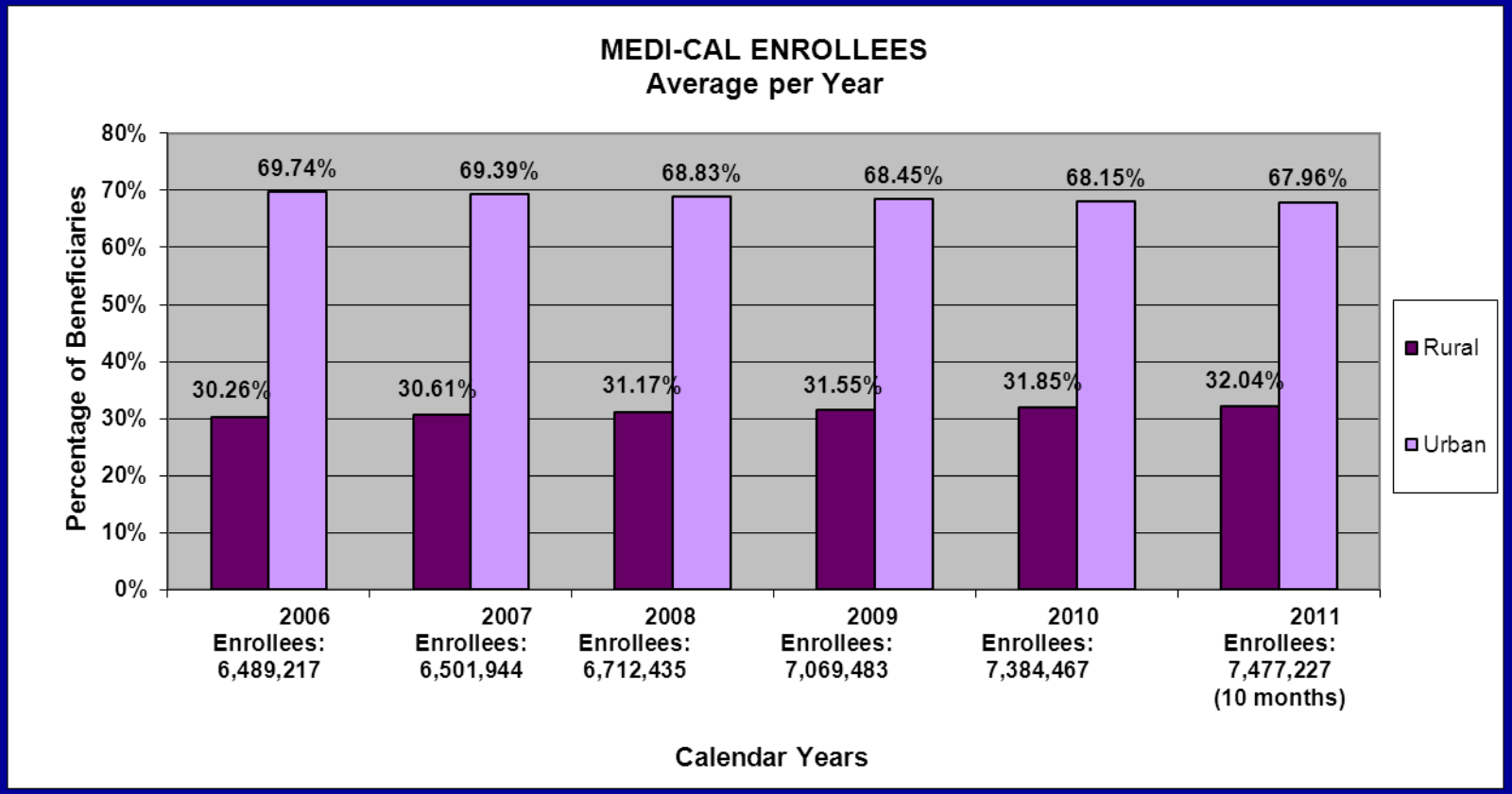




In rural counties, coverage by employers decreased and coverage by Medi-Cal and Medicare increased statewide between 2009 and 2010. Also, a greater portion of residents of rural counties are covered by Medicare, Medi-Cal and Military compared to residents of urban counties.

Source: 2009 and 2010 Behavioral Risk Factor Survey

Health Insurance
Rural and Urban County Comparison
Medi-Cal Enrollees
Calendar Years 2006 - 2011



Between calendar years 2006 and 2011, the number of Medi-Cal enrollees has increased. The percentage of Medi-Cal Enrollees in rural counties has been increasing steadily, with a corresponding decrease in urban counties.

- **<u>Note of Interest:</u> In 2010, 48.7% of rural Medi-Cal enrollees were in Fee For Service program and 51.3% of rural enrollees were in Managed Care plans.**

Source: Beneficiary Profiles by County http://www.dhs.ca.gov/MCSS/RequestedData/Profiles/profiles.htm and DHCS - Research and Analytical Studies Section

HEALTH STATUS

California Redwoods National Park by ratestogo.com

Health Status

- In 2010, a higher percentage (6.4% vs. 4.9%) of rural residents consistently rated their health as poor compared to their urban counterparts. This is consistent with data from 2006 to 2010. (Source: 2006 to 2010 BRFS)

- A greater proportion of residents of rural counties have been told by a health professional that they have had a Heart Attack (5.7% vs. 4.7%), Stroke (3.7% vs. 3.2%), and Diabetes (12.1% vs. 10.8%) as compared to urban counties. Notably, these proportions have increased from calendar year 2009 to 2010 for both rural and urban counties. (Source: 2009 and 2010 BRFS)

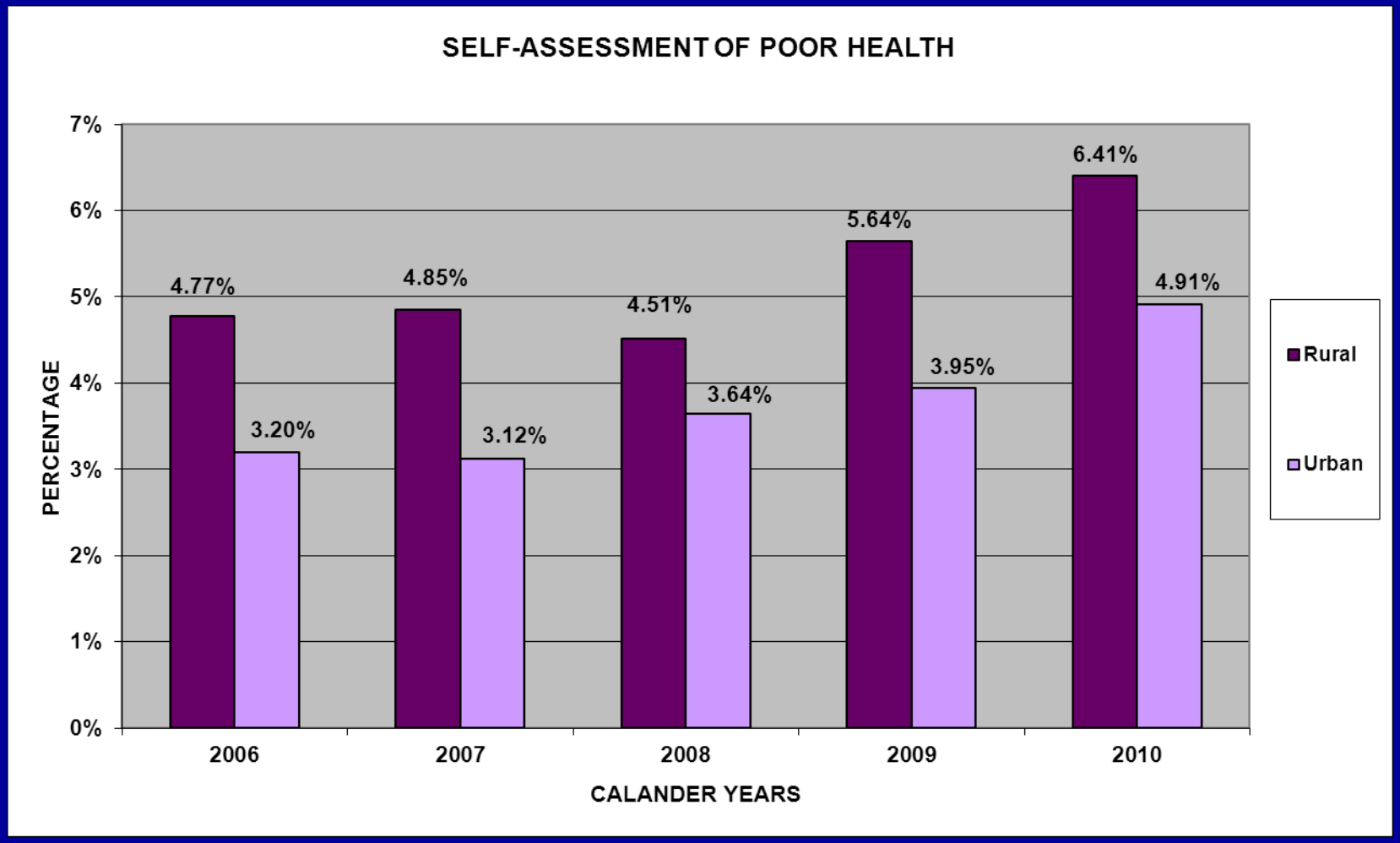
  Note of Interest:
  - Chronic conditions were identified as one of the most pressing challenges by rural consumers and health care providers in a national survey conducted May 2011.
  - Rural elders have higher rates of obesity, diabetes, heart disease than their suburban counterparts. (2007 California Health Interview Survey)

- A higher proportion of residents of rural counties are smokers (13.5% vs. 9.8%) and are at chronic risk of alcoholism (4.6% vs. 4.3%) compared to residents of urban counties. (Source: 2010 BRFS)

- A higher proportion of rural residents (9.4%) self declared that they had a mental health issue (stress, depression and other emotional problems) for 8 to 21 days compared with residents of urban counties (8.2%). (Source: 2010 BRFS)

- An increased proportion of rural residents (12.8%) report a physical or mental health condition prevented them from working, attend education or training activities for 8 to 31 days compared with residents of urban counties (10.3%). (Source: 2010 BRFS)

Health Status
Rural and Urban County Comparison
Self-Assessment of Poor Health
Calendar Years 2006 thru 2010



A higher percentage of Rural residents consistently rated their health as poor compared to their Urban counterparts.

Source: 2006 thru 2010 Behavioral Risk Factor Survey

Health Status
Rural and Urban County Comparison
Health Conditions
Calendar Years 2009 and 2010

The proportion of residents that have been told by a health professional that they had a Heart Attack has increased for rural and urban counties:

2010 Rural: 5.68% vs. Urban: 4.69%
2009 Rural: 4.64% vs. Urban: 3.86%

Consistently a greater proportion of residents of rural counties have been told by a health professional that they had a Stroke compared to residents of urban counties:

2010 Rural: 3.69% vs. Urban: 3.23%
2009 Rural: 3.19% vs. Urban: 2.97%

Consistently a greater proportion of residents of rural counties have been told by a health professional that they have Diabetes compared to residents of urban counties:

2010 Rural: 12.05% vs. Urban: 10.78%
2009 Rural: 11.63% vs. Urban: 10.13%

- **<u>Note of Interest</u>:**
  - **A national survey of physicians and consumers rank chronic health conditions as the most pressing health challenges in their communities.**
  - **California rural elders have highest rate of obesity, diabetes, heart disease (2007 California Health Interview Survey)**

Source: 2009 and 2010 Behavioral Risk Factor Survey, United Health-Modernizing Rural Health Care: Coverage, quality and innovation July 2011 and 2007CHIS

Health Status
Rural and Urban County Comparison of Risk Behaviors
Calendar Years 2009 and 2010

A higher proportion of residents of rural counties compared to residents of urban counties indicate that they are current smokers:

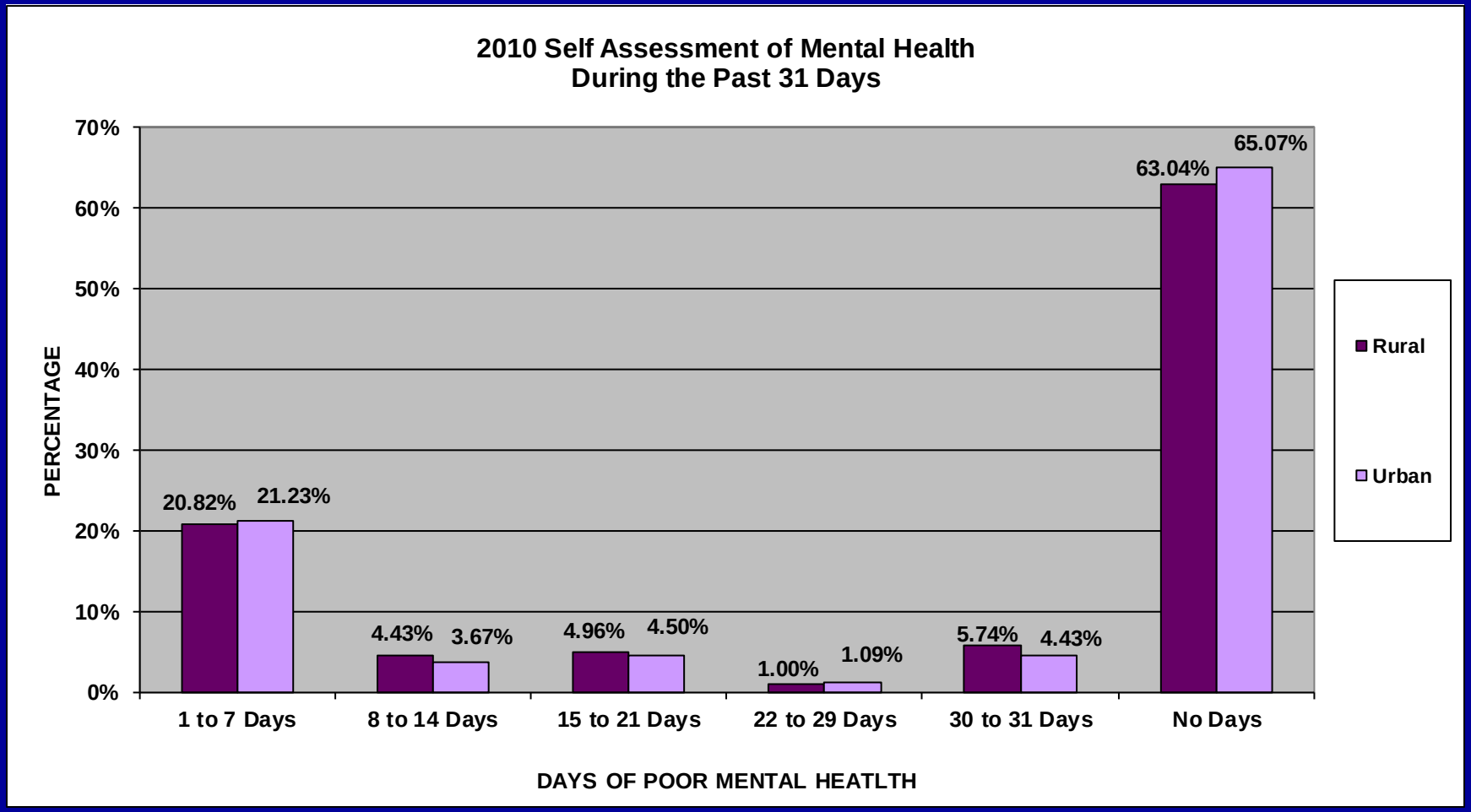
2010 Rural: 13.47% vs. Urban: 9.83%
2009 Rural: 14.75% vs. Urban: 10.33%

A higher proportion of residents of rural counties are at chronic risk of alcoholism compared to residents of urban counties:

2010 Rural: 4.58% vs. Urban: 4.26%
2009 Rural: 5.24% vs. Urban: 4.56%

Source: 2009 and 2010 Behavioral Risk Factor Survey

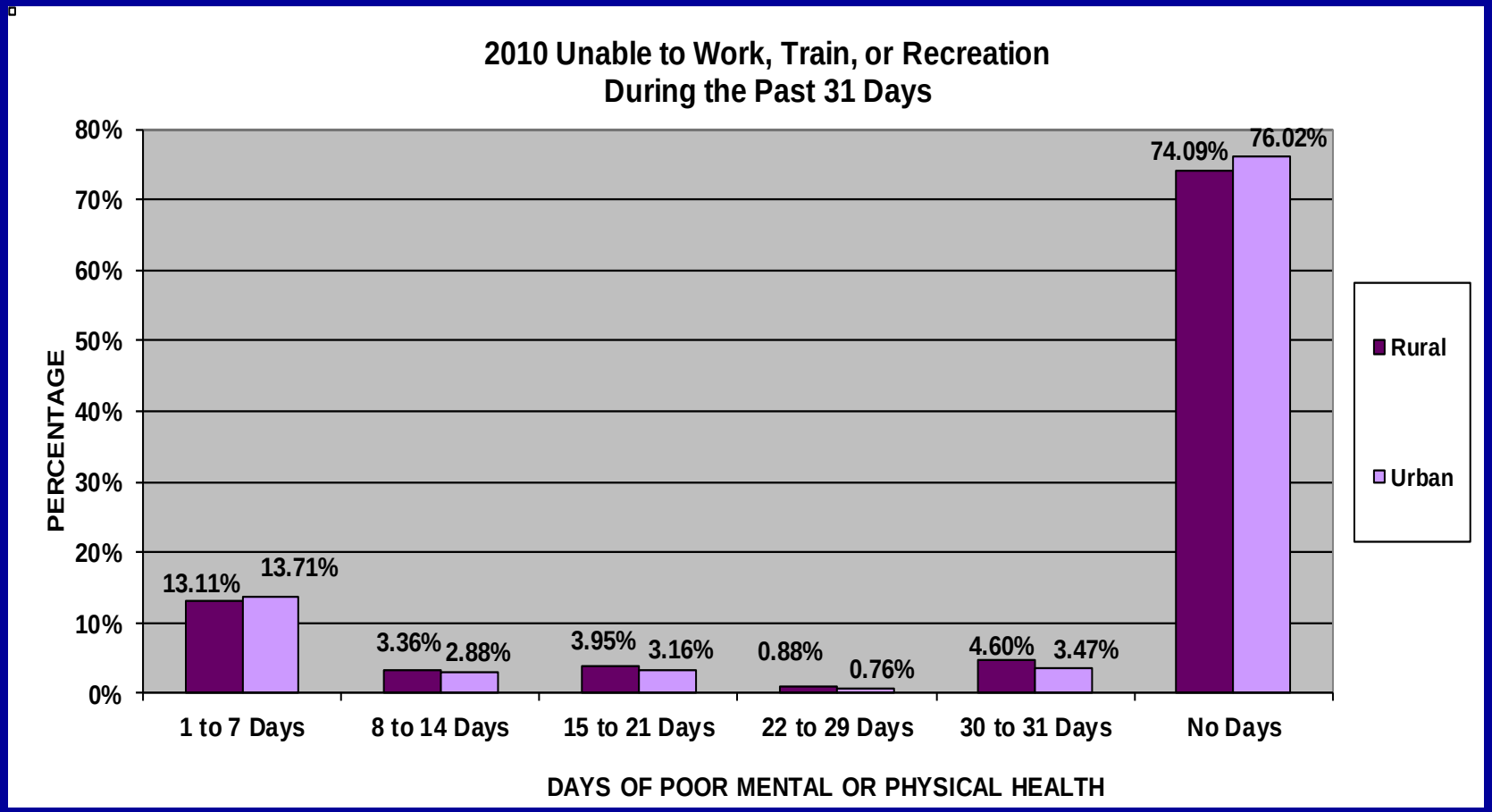
Health Status
Rural and Urban County Comparison
Self Assessment of Days of Poor Mental Health Status
Calendar Year 2010



A higher proportion of rural residents have self declared that they had a mental health issue (stress, depression and other emotional problems) for 15 to 31 days compared with residents of urban counties.

Source: 2010 Behavioral Risk Factor Survey

Health Status
Rural and Urban County Comparison
Unable to Work due to Physical or Mental Health
Calendar Year 2010



A greater proportion of rural residents self declared that their poor mental and physical health prevented them from working or could not attend education or training activities for 8 to 31 days compared with residents of urban counties

Source: 2010 Behavioral Risk Factor Survey

BIRTH AND DEATH RATES

Yosemite National Park by ratestogo.com

Birth and Death Rates

- The live birth rate in rural counties (14.6 per 1,000) is slightly larger than birth rate in urban counties (13.4 per 1,000). (Source: Department of Public Health and Department of Finance)

- The crude death rate for rural counties was 685.82 per 100,000 compared to 605.10 per 100,000 in urban counties and 626.95 per 100,000 statewide in 2009. (Source: Department of Public Heath Vital Stat and Department of Finance E-4 Population January)

- For the leading causes of death in rural counties in descending order are Diseases of the Heart, Malignant Neoplasms, All Others, Cerebral-Vascular, Chronic Lower Respiratory, Alzheimer's Disease, Accidents, Diabetes Mellitus, Influenza/Pneumonia, Chronic Liver, and Suicide.

  The crude death rate was higher in rural counties for all leading causes except accidents and influenza/pneumonia. (Source: Department of Public Heath)

Birth Rates
Rural and Urban County Comparison
California Live Births Rates per 1000
Calendar Years 2005 - 2010

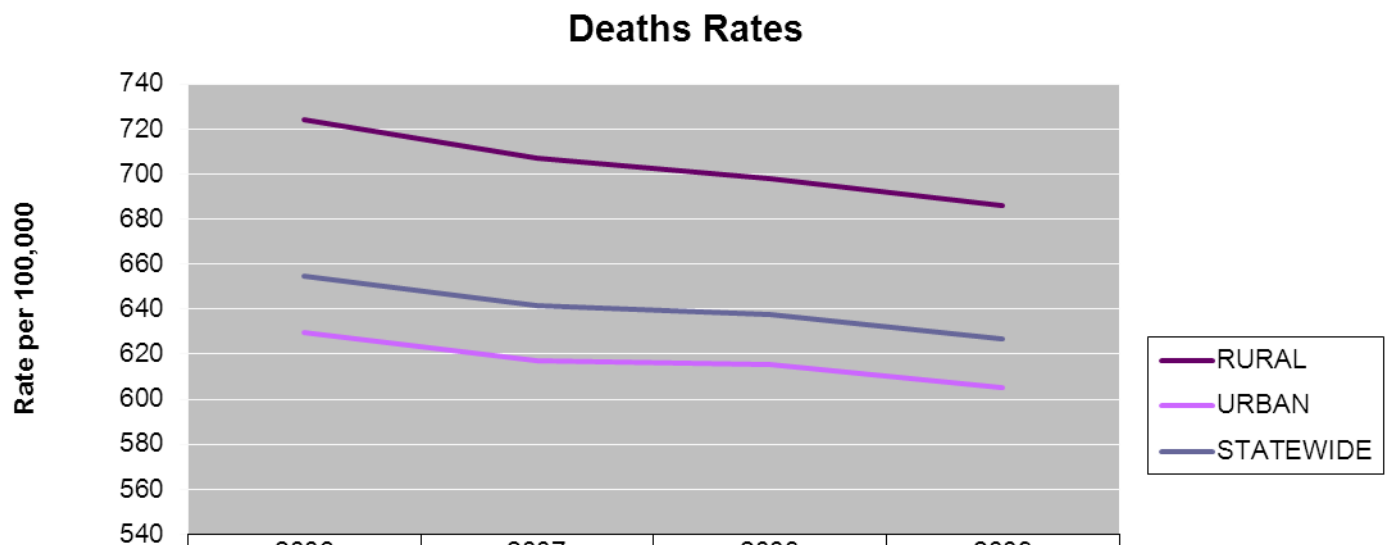
The live birth rate in rural counties is slightly larger than birth rate in urban counties:

2010: Rural: 14.63 vs. Urban: 13.35
2009: Rural: 15.06 vs. Urban: 13.95
2005 – 2008: Rural: 16.14 vs. Urban: 15.07

Yosemite Falls from a Merced River raft

Source: Department of Public Health and Department of Finance

Death Rates
Rural and Urban County Comparison
Crude Death Rates Per 100,000
Calendar Years 2006 – 2009



	2006	2007	2008	2009
RURAL	723.98	707.14	698.21	685.82
URBAN	629.35	617.15	615.31	605.10
STATEWIDE	654.70	641.40	637.72	626.95

Crude death rates for rural counties exceed the death rates for urban counties.

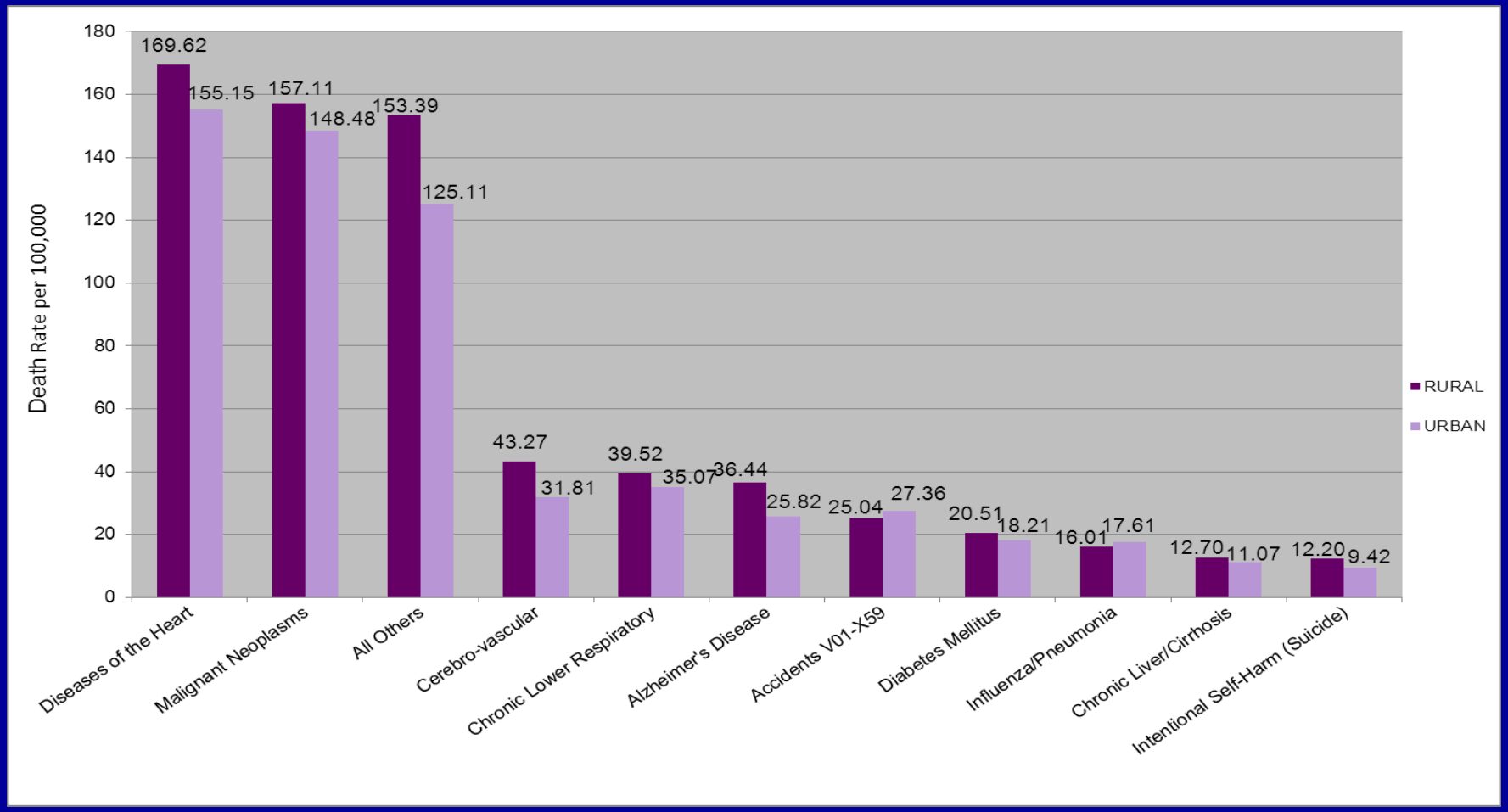
Source: Calendar Years: 2006 - 2009: Department of Public Heath Vital Stat and DOF E-4 Population January

A 2008 report in the American Journal of Public Health indicated Metropolitan vs. nonmetropolitan mortality disparities have steadily increased, the average annual excess death per 100,000 rates in nonmetropolitan counties are as follows:

- **2001 - 2004: 71.7 excess death per 100,000**
- **1990 - 2000: 49.5 excess deaths per 100,000**
- **Before 1990: 5.8 excess deaths per 100,000**

Source: American Journal of Public Health August 2008, Vol. 98, No. 8

Death Rates
Rural and Urban County Comparison
Crude Death Rates per 100,000
Leading Causes of Death
Calendar Year 2009



Residents of urban counties have higher crude death rates from Accidents and Influenza/Pneumonia than rural counties.

Source: Department of Public Heath Vital Stat

PREVENTIVE MEASURES

Big Sur, California

Preventive Measures

- A smaller proportion of residents of rural counties compared to residents of urban counties said they had participated in some form of exercise, recreation, or physical activities (other than their regular job duties) (77.91% vs. 80.55%).

- A slightly smaller proportion of residents of rural counties compared to residents of urban counties said they had participated in vigorous activities, running, aerobics, heavy yard work, or anything that causes large increases in breathing or heart rate (other than their regular job duties) (50.29% vs. 50.68%).

- A larger proportion of residents of rural counties are more likely to never have a Blood Stool Test, Colonoscopy or Sigmoidoscopy Exam, Digital Rectal Exam, and Mammogram.

- A larger proportion of residents of rural counties have had a Pneumonia and flu compared to residents of urban counties in 2010.

Source: 2007 to 2010 Behavioral Risk Factor Survey and www.healthpolicy.ucla.edu/NewsReleaseDetails.aspx?id=8

Preventive Measures
Rural and Urban County Comparison
Adult Immunizations
Calendar Years 2007 to 2010

A larger proportion of residents of rural counties have had Pneumonia shot than residents of urban counties:

2010 Rural: 33.49% vs. Urban: 32.89%
2009 Rural: 29.58% vs. Urban: 26.81%
2008 Rural: 26.55% vs. Urban: 26.14%
2007 Rural: 22.67% vs. Urban: 20.30%

A slightly larger proportion of residents of rural counties were likely to have had a flu shot than residents of urban counties except in 2010:

2010 Rural: 40.77% vs. Urban: 43.78%
2009 Rural: 38.94% vs. Urban: 38.43%
2008 Rural: 36.07% vs. Urban: 35.09%
2007 Rural: 33.54% vs. Urban: 34.28%

Source: 2007 to 2010 Behavioral Risk Factor Survey

Preventive Measures
Rural and Urban County Comparison
Exercise and Vigorous Activities
Calendar Year 2010

A smaller proportion of residents of rural counties compared to residents of urban counties said they had participated in some form of exercise, recreation, or physical activities (other than their regular job duties):

Rural: 77.91% vs. Urban: 80.55%

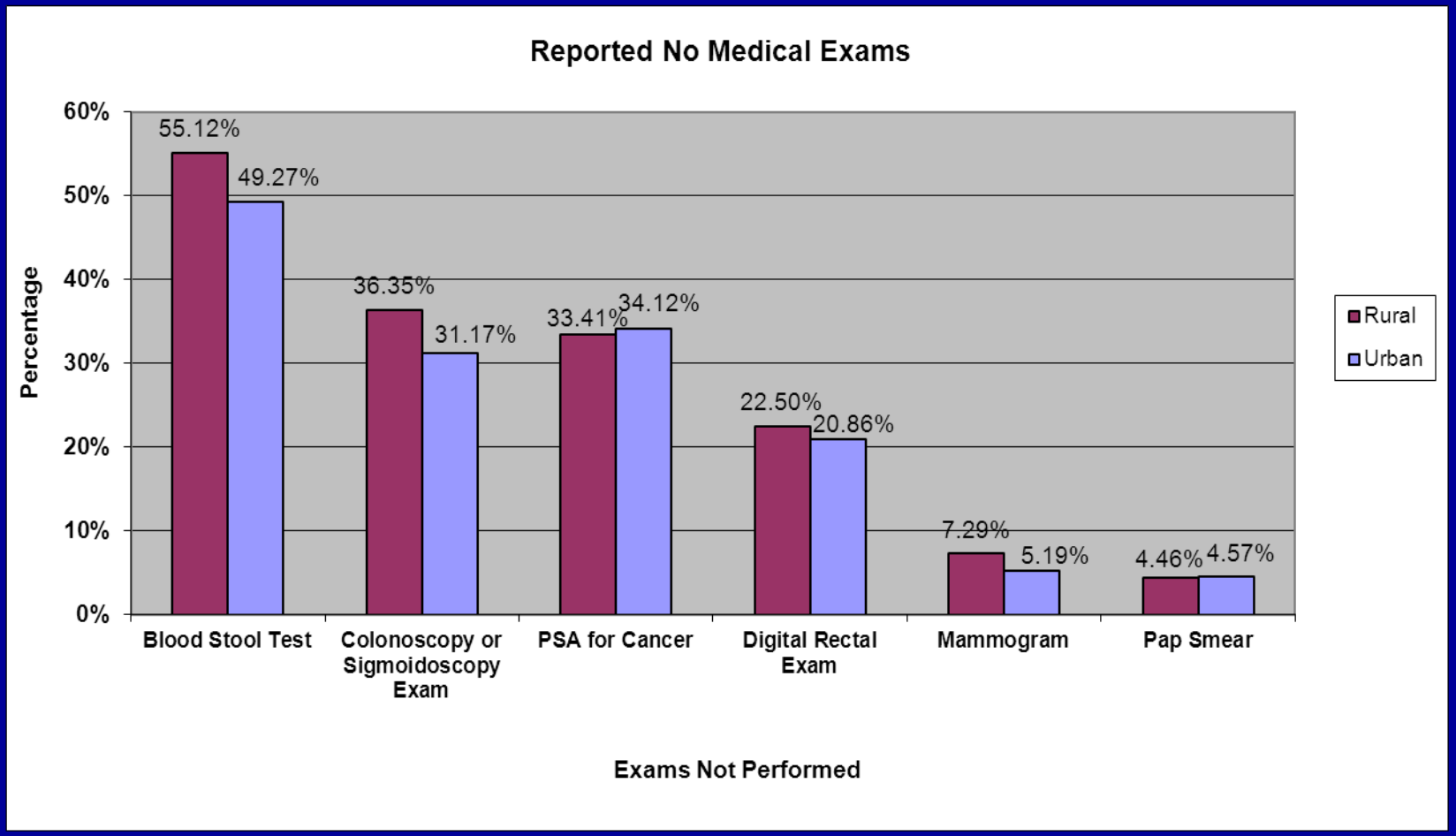
A slightly smaller proportion of residents of rural counties compared to residents of urban counties said they had participated in vigorous activities, running, aerobics, heavy yard work, or anything that causes large increases in breathing or heart rate (other than their regular job duties):

Rural: 50.29% vs. Urban: 50.68%

- **<u>Note of Interest</u>: One in five rural elders do not participate in either moderate or vigorous physical activity in their leisure time. (2007 California Health Interview Survey)**

Source: 2010 Behavioral Risk Factor Survey and www.healthpolicy.ucla.edu/NewsReleaseDetails.aspx?id=86

Preventative Measures
Rural and Urban County Comparison
Respondents never having the following Medical Exams
Calendar Year 2010



A larger proportion of residents of rural counties are more likely to never have a Blood Stool Test, Colonoscopy or Sigmoidoscopy Exam, Digital Rectal Exam, and Mammogram.

Source: 2010 Behavioral Risk Factor Survey

DELIVERY SYSTEMS

Mammoth Lake by grasscity.com

Primary Care Clinics

- There are 350 licensed primary care clinics in rural counties reported in 2010. This is a 3.6% decrease in the number of clinics in rural counties compared to .5% decrease in urban counties.
- There was a .9% increase in the number of clinic patients in rural counties compared to 2.7% increase in urban counties.
- There was a 1% increase in the number of clinic encounters in rural counties compared to 2% increase in urban counties.
- There was a .2% increase in the number of clinic encounters per patient in rural counties compared to a .7% decrease in urban counties.
- The top payer sources for rural clinic visits in descending order are: Medi-Cal/Medi-Cal Managed Care (40.5%), Self Pay (25.1%), Private (10.8%), All Other Payer (10.1%) and Medicare (6.4%).

  The top payer sources for urban clinic visits in descending order are: Medi-Cal/Medi-Cal Managed Care (33.2%), Self Pay (27.1%), All Other Payer (18.4%), Private (4.7%) and Medicare (3.1%).
- The top three rural clinic encounter diagnoses are: Factors Influencing Health Status and Contact with Health Services (31%), Dental Diagnoses (15%), and Family Planning (13%).

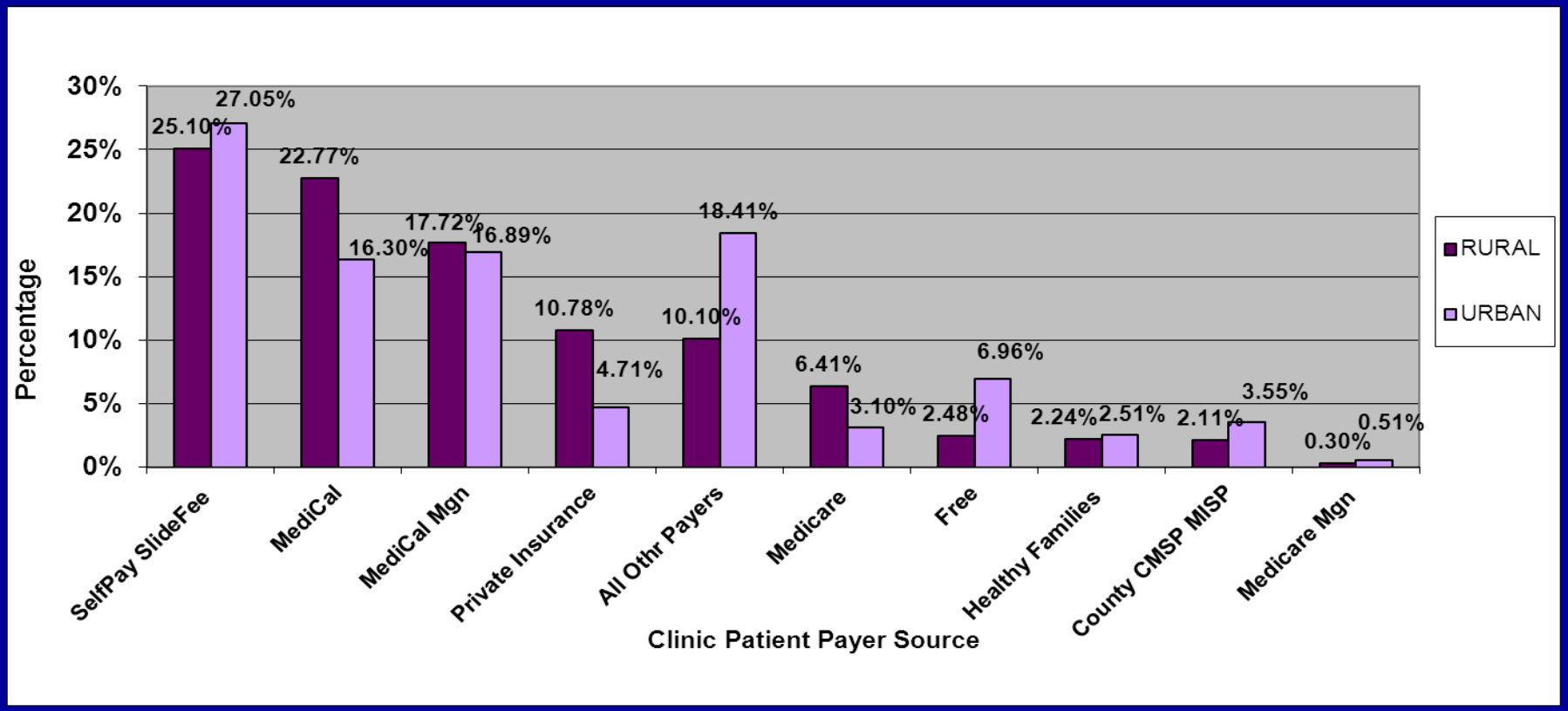
  The top three urban clinic encounter diagnoses are: Factors Influencing Health Status and Contact with Health Services (30%), Family Planning (19%), and Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders (12%).

(Source: OSHPD 2010 Final Primary Care Clinic s Annual Utilization Report)

Clinic Providers
Rural and Urban County Comparison
Primary Care Clinic and Rural Health Clinic (95.210) Growth
Calendar Years 2009 and 2010

CALENDAR YEARS = >	2009	2010	PERCENTAGE CHANGE BETWEEN 2008 AND 2009
Number of Clinics Reporting to OSHPD			
Rural:	363	350	-3.58%
Urban:	630	627	-0.48%
Statewide:	993	977	-1.61%
Number of Patients			
Rural:	1,756,597	1,771,754	0.86%
Urban:	3,009,754	3,090,465	2.68%
Statewide:	4,766,351	4,862,219	2.01%
Number of Encounters			
Rural:	5,704,233	5,763,183	1.03%
Urban:	9,014,847	9,190,607	1.95%
Statewide:	14,719,080	14,953,790	1.59%
Number of Encounters per Patient			
Rural:	3.247	3.253	0.17%
Urban:	2.995	2.974	-0.71%
Statewide:	3.088	3.076	-0.41%
Source: OSHPD 2009 and 2010 Final Annual Primary Clinic Report			
CALENDAR YEARS = >	2009	2010	PERCENTAGE INCREASE 2008 and 2009
Rural Health Clinics (95.210) Reimbursed by Medi-Cal			
Number of Clinics	290	291	0.34%
Number of Visits	2,068,555	2,150,761	3.97%
Number of Visits per Clinic	7,133	7,391	3.62%
Source: Department of Health Care Services (DHCS) - Research and Analytical Studies Section			

Clinic Providers
Rural and Urban County Comparison
Clinic Patients by Payer Source
Calendar Year 2010



In 2010 Clinics in Rural Counties have a greater proportion payments from the following payer sources compared to Clinics in Urban Counties:

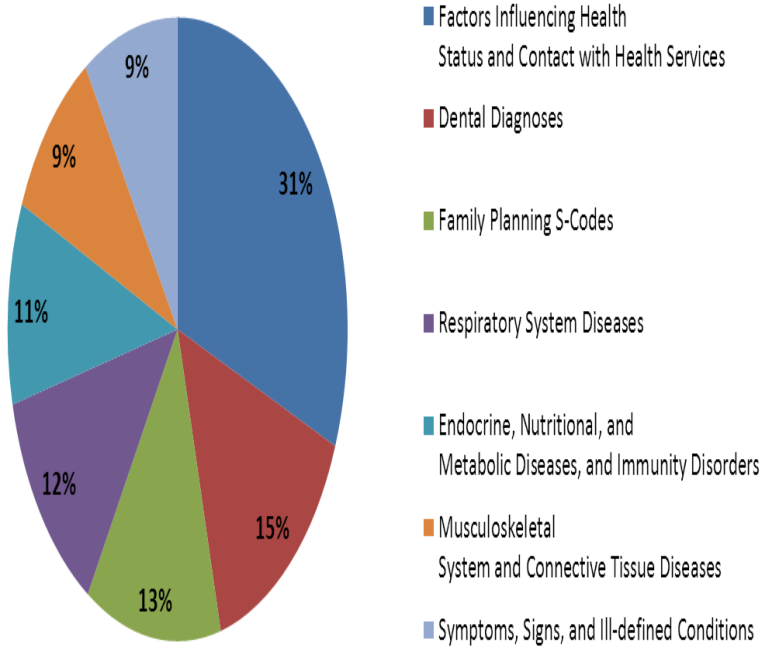
- **Medi-Cal**
- **Medi-Cal Mgn**
- **Private Insurance**
- **Medicare**

Source: Office of Statewide Health Planning and Development (OSHPD) 2010 Final Primary Care Clinic Annual Utilization Report

Clinic Providers
Rural and Urban County Comparison
Clinic Encounters by Principal Diagnosis (ICD-9-CM)
Calendar Year 2010 (Sorted High to Low)

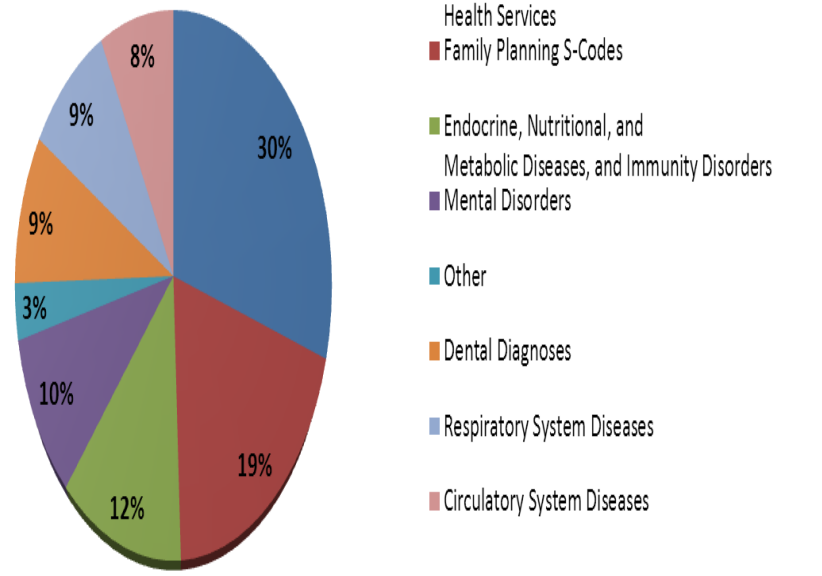
RURAL

TOP 70% OF THE COUNTY CLINIC DIAGNOSES



URBAN

TOP 70% OF THE COUNTY CLINIC DIAGNOSES



Source: Office of Statewide Health Planning and Development (OSHPD) 2010 Final Primary Care Clinic Annual Utilization Report

HOSPITAL & LICENSED HEALTH FACILITIES

Palms Springs California

Licensed Health Facilities

Hospitals

- There are 191 licensed general acute and psychiatric in rural counties in 2010. This represents an addition of five general acute hospitals and three psychiatric hospitals reporting to OSHPD. This includes 63 small rural hospitals defined by H&S Code 124840 and 31 critical access hospitals. (Source: OSHPD 2010 Final Hospital Annual Utilization Report and Annual Financial Data Report, data excludes non-responding facilities)
- Payer sources for rural hospital in descending order are: MediCare/MC (37.2%), Third Party Managed Care (29%), and Medi-Cal/MC (23.4%).

  This compares to urban hospital in descending order are: MediCare/MC (37.7%), Medi- Cal/MC (26.7%), and Third Party Managed Care (22.4%).
- The top three discharge diagnosis in rural and urban counties are: Medical-Surgical (66.7% vs. 67.1%), Perinatal (15.7%vs. 14.2%) , and Acute Psychiatric (7.9% vs. 7.9%).
- The average number of emergency room visits per reporting hospitals in rural counties increased from 17,831 in 2009 to 17,892 in 2010.

Home Health Agencies

There are 349 licensed home health agencies and hospices in rural counties reporting to OSHPD in 2010. This represents an increase of 52 home health agencies from 2009 to 2010. (Source: OSHPD 2010 Final Home Health Agencies and Hospice Facility Annual Utilization Report, data excludes non-responding facilities)

Long-Term Care Facilities

There are 327 long-term care facilities in rural counties reporting to OSHPD in 2010. This represents an increase of 21 skilled nursing facilities, 1congregate living health facility, and a decrease of 1 intermediate care facility. (Source: OSHPD 2010 Final Long-Term Care Facility Annual Utilization Report, data excludes non-responding facilities)

Rural Hospitals

- There are 63 “small rural” hospitals based on the Health and Safety Code 12840, which was established to adjust outpatient rates and to maintain services in rural areas in 1980.

- There are 31 critical access hospitals (CAHs) which were established to provide cost based reimbursement for Medicare inpatient services to maintain hospital and emergency services in remote areas.

Hospital Providers
Rural and Urban County Comparison
Number of Licensed Health Facilities

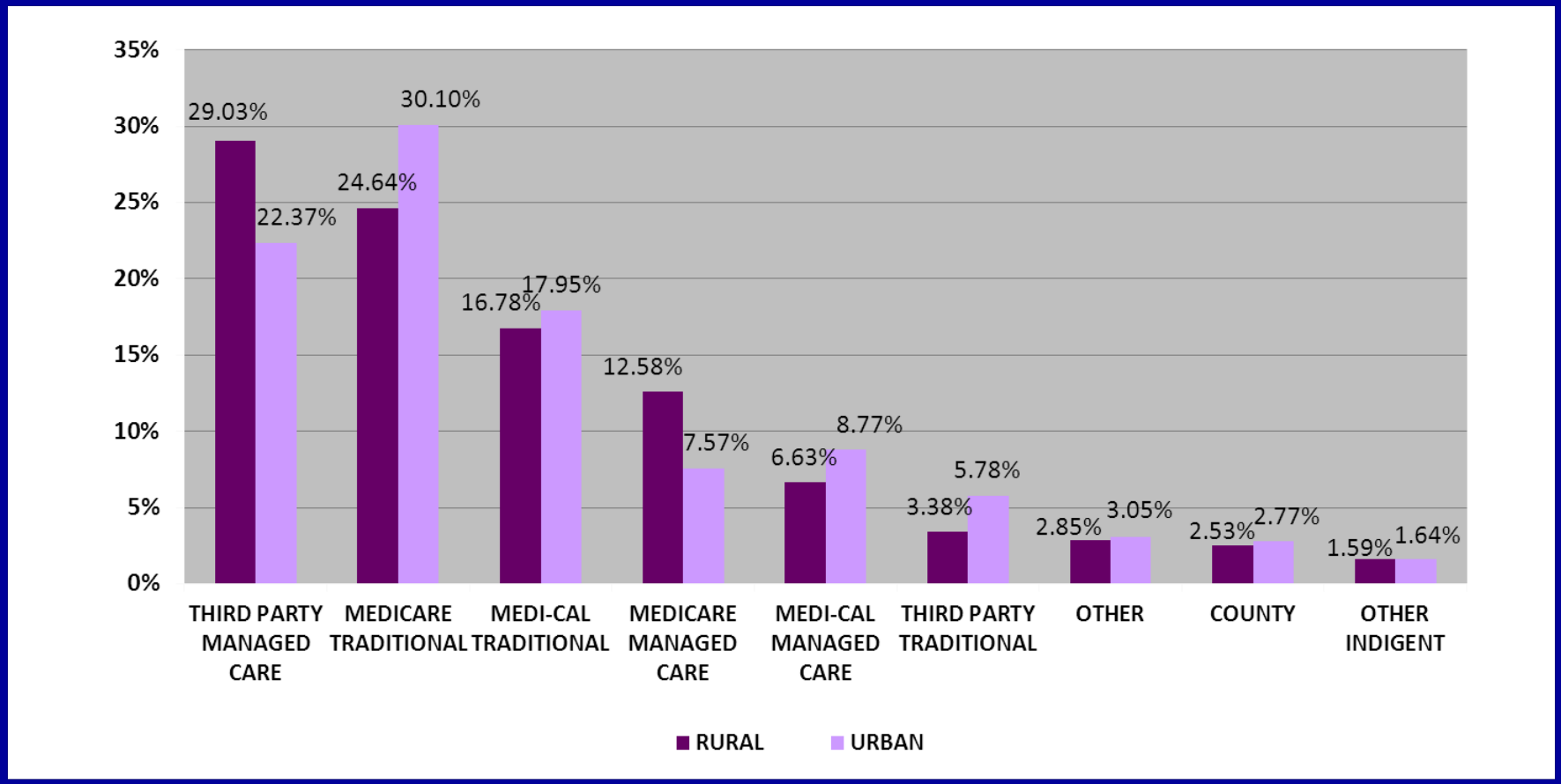
HOSPITALS	2009 Rural	2010 Rural	2009 Urban	2010 Urban
General Acute Care	163	168	281	298
Chemical Dependency Recovery	0	0	6	6
Psychiatric Health Facilitites	13	15	7	10
Acute Psychiatric Facilities	7	8	27	28
Speciality Hospitals	0	0	1	1
Total	183	191	322	343
Home-Health Agencies and Hospices				
Home Health Agencies	222	274	937	1082
Home Health Agencies with Hospice Program	19		28	
Hospice Only	73	75	196	225
Unknown Entity Type	3		15	
Total	317	349	1176	1307
Long-Term Care Facilities				
Congregate Living Health Facility	10	11	37	43
Intermediate Care Facility, Dev. Dis.	3	3	8	9
Intermediate Care Facility	1	0	5	5
Skilled Nursing Facility	292	313	789	831
Total	306	327	839	888

California State Tree: Giant Sequoia

The total number of Licensed Hospitals, Home-Health Agencies and Hospices and Long-Term Care Facilities increased in rural counties between 2009 and 2010

Source: OSHPD Annual Utilization Reports 2009 and 2010, data excludes non-responding facilities.

Hospital Providers
Rural and Urban County Comparison
Hospital Discharges by Payer Source
Calendar Year 2010

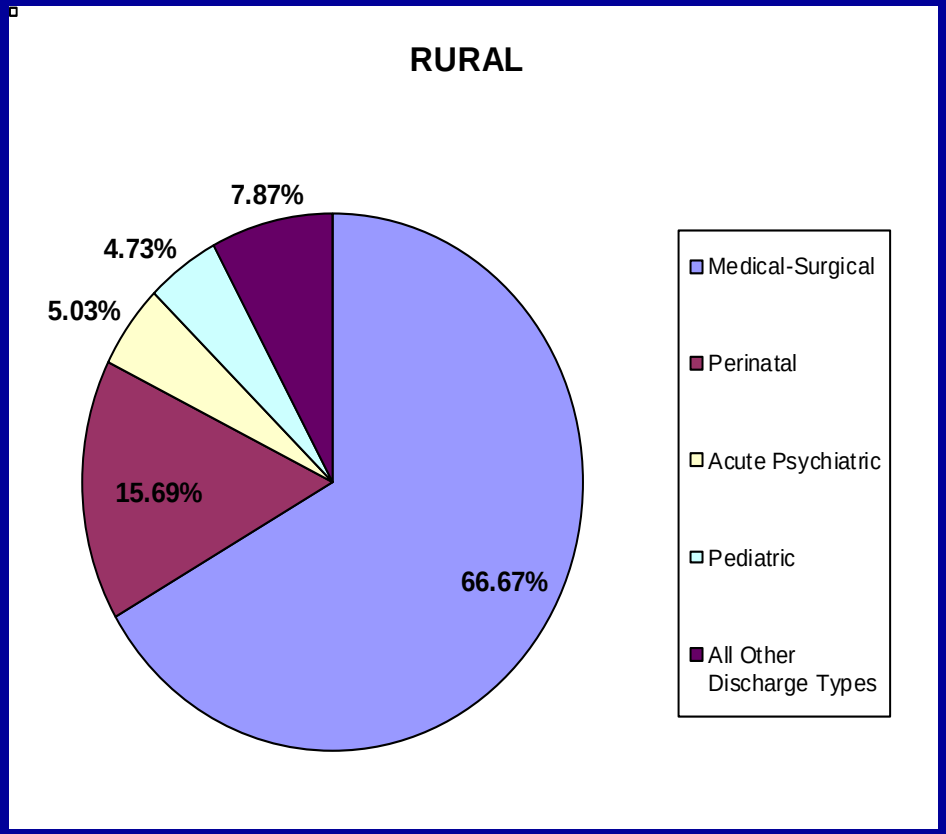


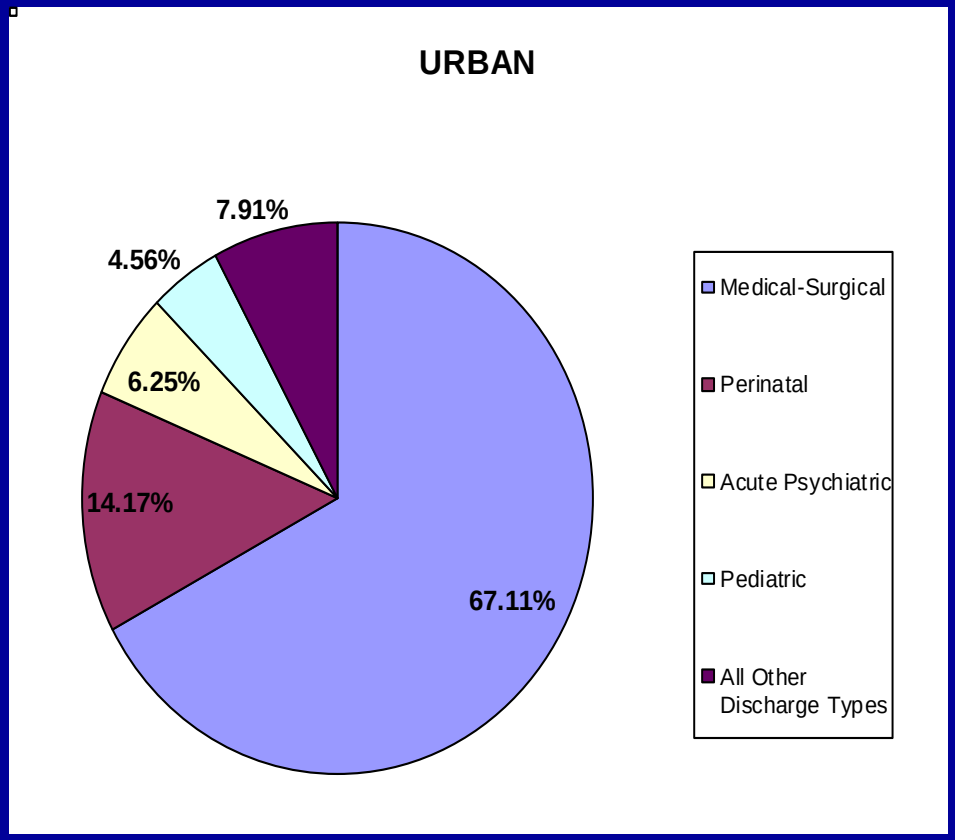
Hospitals in Rural Counties have greater proportion payments from the following payer sources compared to Hospitals in Urban Counties:

- **Third Party Managed Care**
- **Medicare Managed Care**

Source: Office of Statewide Health Planning and Development (OSHPD) 2010 Hospital Annual Financial Data Report

Hospital Providers
Rural and Urban County Comparison
Hospitals Patient Discharge by Type
Calendar Year 2010 (Sorted High to Low)





The two top 2010 hospital discharges types in Rural and Urban Counties are Medical–Surgical and Perinatal. The Third and Fourth discharge types are Acute Psychiatric and Pediatric and Acute Psychiatric.

Source: Office of Statewide Health Planning and Development (OSHPD) 2010 Utilization Data File of Hospitals

Hospital Providers
Rural and Urban County Comparison
Hospital Emergency Room Visit Trend
Calendar Years 2008 thru 2010

FISCAL YEAR	RURAL AND URBAN COUNTIES HOSPITALS	NUMBER OF HOSPITALS REPORTING	TOTAL EMERGENCY ROOM (ER) SERVICES VISITS	VISIT PER HOSPITAL
2010	RURAL	182	3,256,316	17,892
	URBAN	324	6,721,477	20,745
	STATEWIDE	506	9,977,793	19,719
2009	RURAL	183	3,263,088	17,831
	URBAN	322	6,637,054	20,612
	STATEWIDE	505	9,900,142	19,604
2008	RURAL	172	2,857,588	16,614
	URBAN	305	6,066,299	19,890
	STATEWIDE	477	8,923,887	18,708
2007	RURAL	178	3,260,432	18,317
	URBAN	319	7,142,256	22,390
	STATEWIDE	497	10,402,688	20,931

Emergency room visits per hospital increase from calendar year 2008 to 2010 for both rural and urban counties.

Source: Office of Statewide Health Planning and Development (OSHPD) 2008 thru 2010

DHCS STATE UPDATE

Heart Lake, John Muir Wilderness, **California by thewallpapers.org**

DHCS State Update

2011-2012 Budget Act , Enacted June 30, 2011

- State of California total budget: $129.5 billion
- State of California General Fund (G.F.) : $85.9 billion

DHCS $14.9 billion (17% of total G.F. budget)

- Included "trigger reductions" of $2.5 billion, including $15 million from DHCS
- Included several cost reduction proposals: Transfer of Medi-Cal related Medi-Cal mental health functions from the Department of Mental Health and Drug Medi-Cal Program from the Department of Alcohol and Drug Programs to DHCS; Pending Approval by Centers for Medicare and Medicaid (CMS)): "Soft Cap" of seven office visits, mandatory co-pays, eliminated coverage for over-the-counter cough/cold medicine; Approved by CMS: Eliminated Medi-Cal coverage of Adult Day Health Care (ADHC), 10% reduction in provider payments, cap of $1,510 on hearing aids ; Limited Medi-Cal coverage of enteral nutritional supplements via utilization controls

Fiscal Year (FY) 2012-2013 State Budget

- Current revenue shortfalls are $1.3 billion below the year-to-date forecast of $25.164 billion

Affordable Care Act (ACA): Provider Preventable Conditions Implementation

- Authorize States to identify other provider-preventable conditions for which Medicaid payment will be prohibited. DHCS submitted a SPA 11-029 in September 2011 to implement PPC for inpatient settings. For more information please visit: https://www.cms.gov/MedicaidCHIPQualPrac/25_Provider_Preventable_Conditions.asp

ACA: Medi-Cal Beneficiaries Smoking Cessation Program-

- The *Medicaid Incentives for Prevention of Chronic Diseases (MIPCD): Increasing* Quitting among Medi-Cal Smokers is expected to engage 20,497 beneficiaries; First Year DHCS Grant Award: $1,541,583 For more information: https://www.cms.gov/MIPCD/

Source: 2011-12 State Budget, www.dof.ca.gov, http://www.dof.ca.gov/finance_bulletins/, Assembly Bill 97, Chapter 3, Statutes of 2011, and AB 102 and 106.

DHCS State Update

ACA-CMS Proposed Rules for Medicaid Eligibility*: Implements sections of the ACA related to Medicaid and Childrens' Health Insurance Program eligibility, enrollment simplification, and coordination.

To view DHCS' comments:

http://www.healthexchange.ca.gov/FederalGuidance/Documents/CA-Joint-Comments-on-Medicaid-Eligibility-NPRM-10-31-11.pdf

American Recovery and Reinvestment Act of 2009, Medi-Cal Electronic Health Records (EHR) Incentive Program: Will reward providers and hospitals for adopting, implementing or upgrading to certified EHR technology in year one of the program and demonstrating meaningful use of the technology in the years thereafter.

- Enrollment: Hospitals begin in October; clinics & individual providers will begin December 15.

1115 Bridge to Health Care Reform Waiver Program

- Seniors and Persons with Disabilities: Mandatory Managed Care Enrollment in 16 counties
- California Children's Services (CCS) Demonstration Projects-expected to begin in January 2012
  - Focus on improving care provided to children in the CCS program through better and more efficient care coordination
  - Awardees included some children's hospitals and some county health plans
- Low Income Health Program (nearly all counties included)
  - Covers adults between 19 and 64 years of age with family incomes at or below 133% of federal poverty level (FPL)
  - Enrollment as of August 2011 is approximately 200,000

Source: *http://www.gpo.gov/fdsys/pkg/FR-2011-08-17/pdf/2011-20756.pdf

California State Office of Rural Health (CalSORH)

CalSORH links rural communities with state and federal resources and supports strengthening rural healthcare infrastructure.

- Supports the structure of Small Rural Hospital Improvement Program and Medicare Rural Hospital Flexibility Program
- Promotes Recruitment and Retention through the J-1 Visa Waiver Program, National Interest Waiver petitions, and 3 RNET. Since 2000 California has placed over 290 J-1 Visa Waiver Physicians, including 3 specialists
- Information dissemination: distribution of information through the CalSORH List Serve on potential funding sources, educational opportunities, national rural research data and statistics, and state annual rural health profile
- Techinical assistance and trainings sponsored in partnership with industry and stakeholder groups such as webinars (Prevention Strategies for the reduction of Childhood Obesity in Rural California and Health Information Technology – Achieving Meaningful Use), stakeholder work groups and meetings (rural workforce careers and California Tribal Health Workshop: Federal & State Resources for Health Centers), and support application for federal grants
- Participate in strengthening Federal, State, and local partnerships such as: Health Services Resources Administration, Indian Health Services, Office of Statewide Health Planning and Development (OSHPD) , Department of Public Health, Emergency Medical Services Authority (EMSA), California Primary Care Association, California Hospital Association, California Rural Health Indian Board, California State Rural Health Association (CSRHA), and the National Organization of State Offices of Rural Health
- Coordination of rural health resources & activities statewide: Serve as committee member with the state's primary care association, primary care organization, and the Area Health Education Center; partnered on activities with EMSA, California Workforce Investment Board, and CSRHA

Contact Person:

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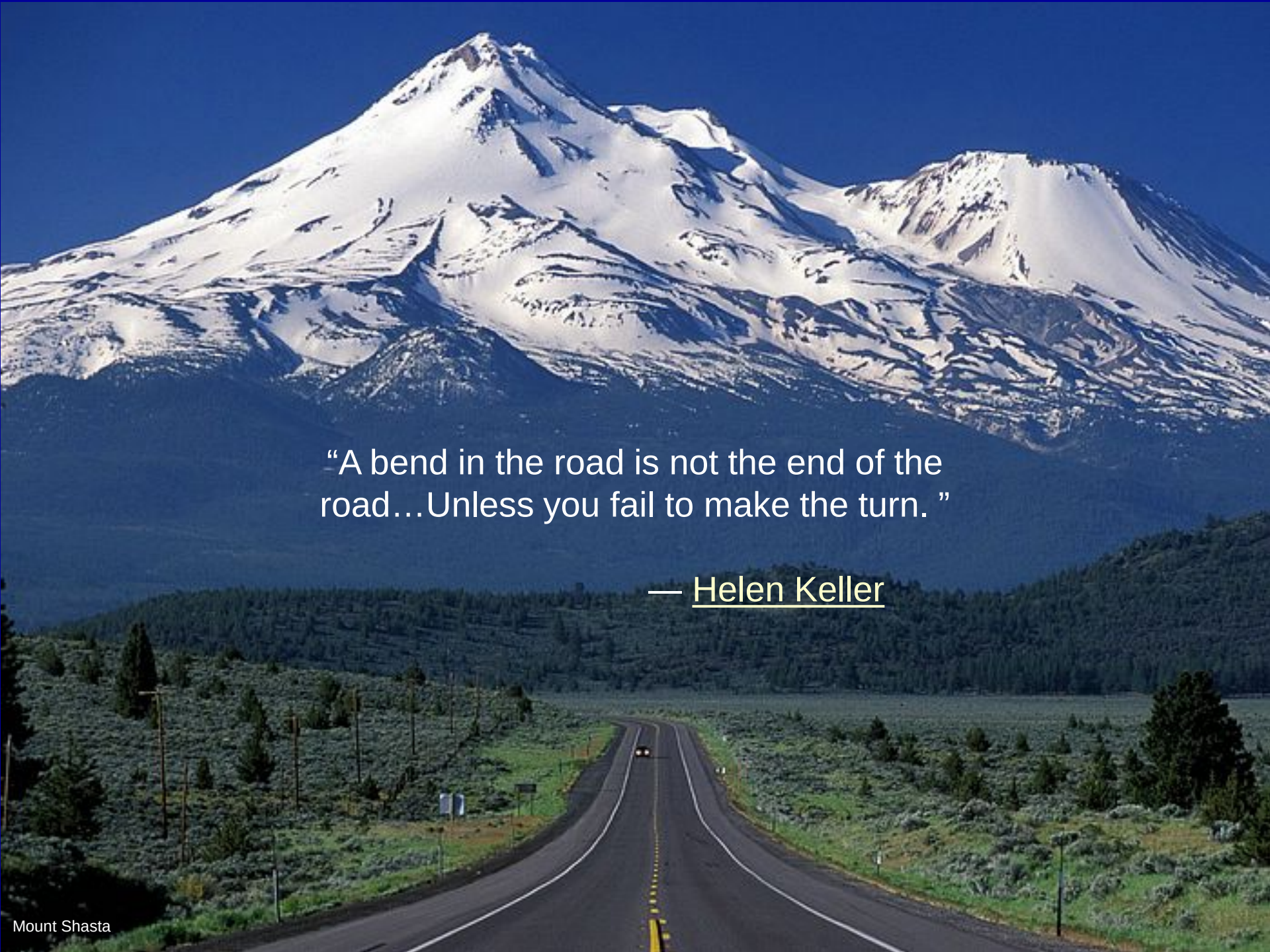
916-449-5770 - phone / Website: http://www.dhcs.ca.gov/services/rural/Pages/default.aspx

Opportunities

- High performance rural health care systems
  - Affordability, Accessibility, Community Health, High Quality Care, and Patient –Centeredness
- Medicare Beneficiary Quality Improvement Performance
- Patient Centered Medical Homes

"Do not let what you cannot do interfere with what you can do."

-John Wooden


“A bend in the road is not the end of the road…Unless you fail to make the turn. ”
— Helen Keller
Mount Shasta