



# WA FTCs Rural Access Roundtable

June 29<sup>th</sup> 11am

# Funding and Partners Acknowledgement

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# Accessibility and Information Equity

We are dedicated to having a meeting with equitable access to information, please give feedback if we can improve!

# Land Acknowledgement

The boundaries of the State of Washington includes the unceded occupied lands of numerous tribes that have lived along the coastal and inland areas of this continent since time immemorial.

Please take a moment to acknowledge the beauty of the land where we live and work, the many sacrifices, historic and current traumatic experiences that have brought us to the privileged place we come to currently, and the immense strength and resilience of the tribal peoples who are still here today.

While July 4<sup>th</sup> is a time to celebrate independence for many, it is also a time remembrance of great difficulty and loss for others.

# Health Professional Shortage Areas

## Explore HPSAs

Overview	Type	Score	Rural Status
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### HPSA Count by State/Territory

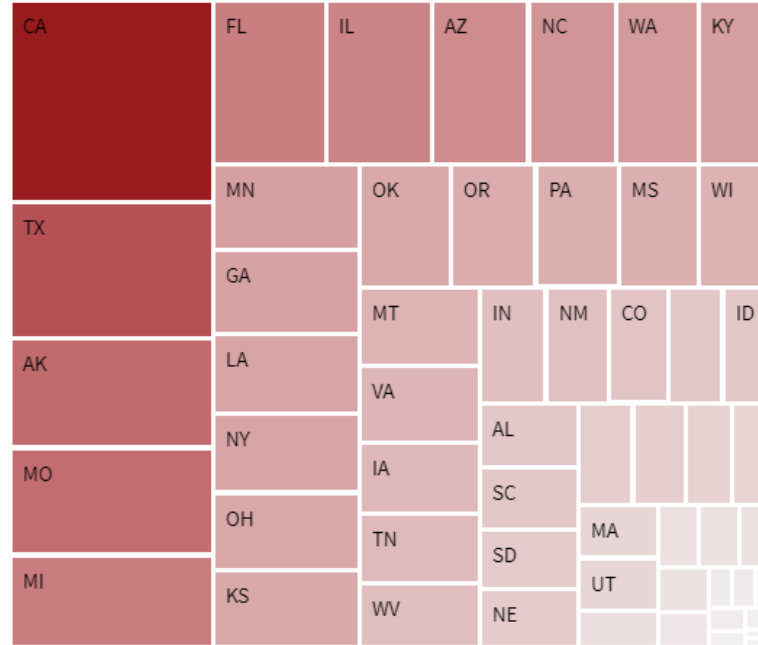
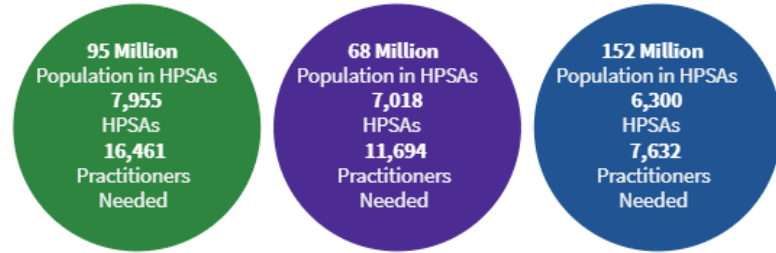
All

### National Summary

Primary Care

Dental Health

Mental Health



### HPSA Type by Discipline

Discipline	HPSA Type	Count
Primary Care	Facility	4,287
	Geographic Area	1,475
	Population Group	2,193
Dental Health	Facility	4,208
	Geographic Area	678
	Population Group	2,132
Mental Health	Facility	4,368
	Geographic Area	1,191
	Population Group	741

The Health Professional Shortage Areas (HPSA) Dashboard displays data on the geographic area, population, and facility shortage designations throughout the U.S. The criteria for shortage designation varies by discipline. For more information on what shortage designations are, the various types, and the application and scoring process, please visit:

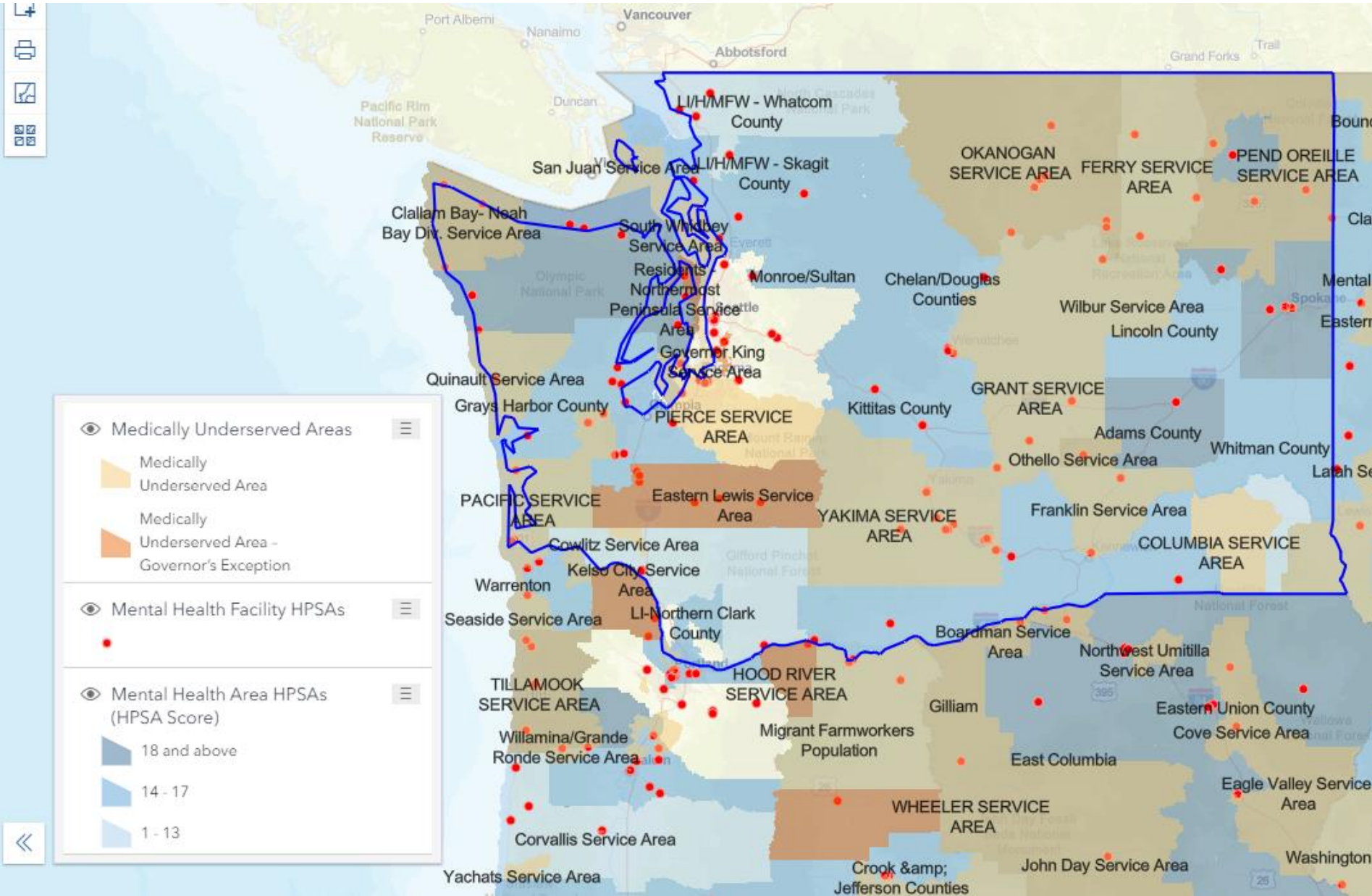
<https://bhwhrsa.gov/shortage-designation>.

#### Notes:

1. HPSAs with a status of "Designated" or "Proposed for Withdrawal" are included in the HPSA Count.
2. The Rural Status definitions are provided by Federal Office of Rural Health Policy (FORHP).
3. The dashboard data is updated on a daily basis.

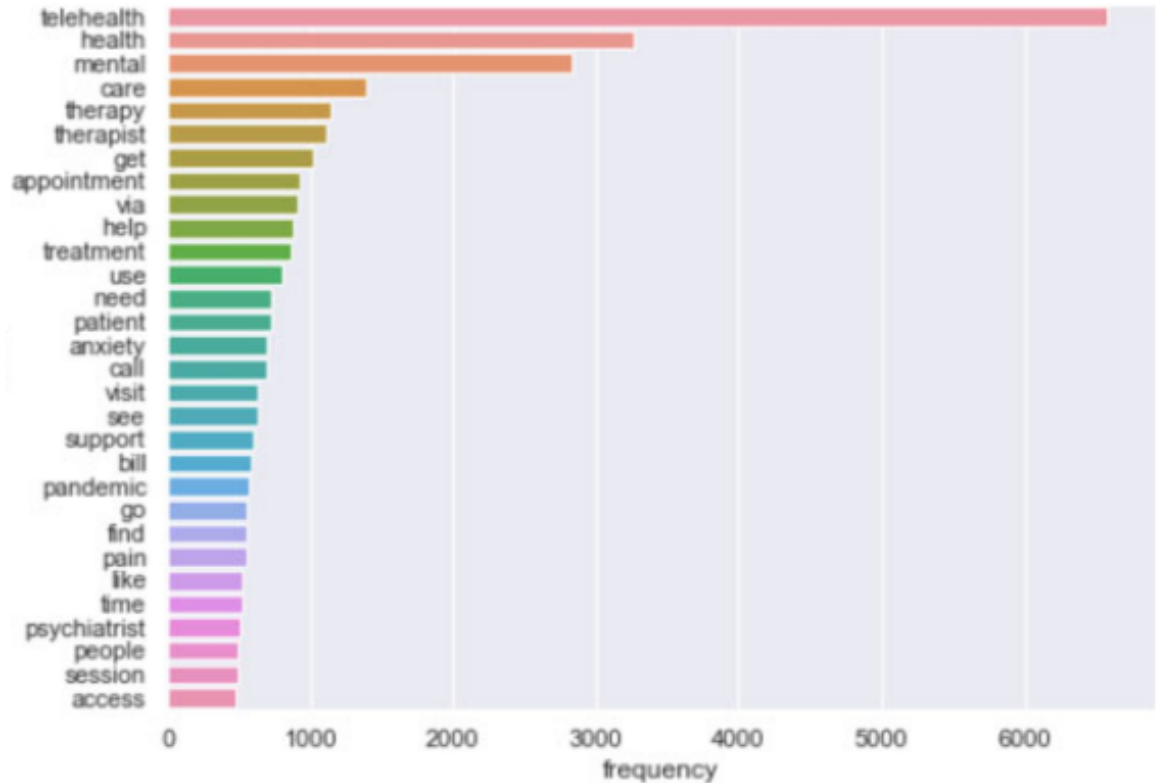
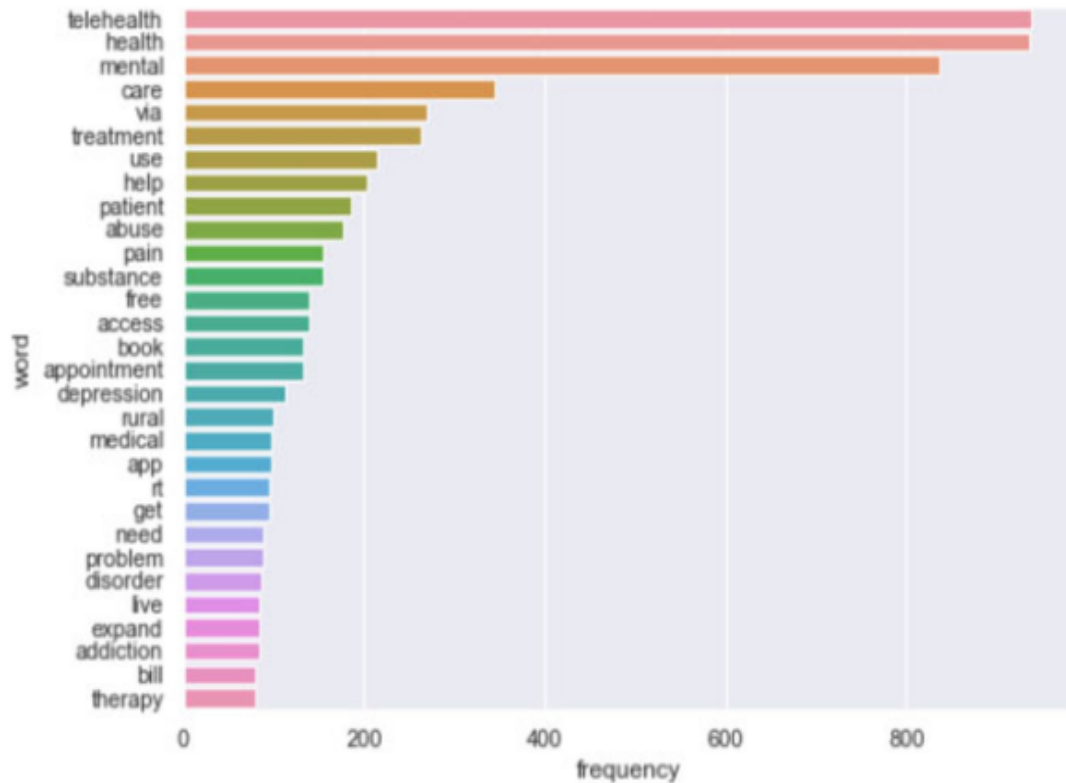
<https://data.hrsa.gov/>

# Health Professional Shortage Areas



<https://data.hrsa.gov/>

# People are talking about mental health now more than ever



Pre and Post Onset of the COVID- 19 Pandemic Tweets about mental health

(Baird et al 2022)

# There are differences in services between rural and non-rural areas

- Higher telemedicine use
- More Solo providers
- Less evidence based practices



# There are differences in services between rural and non-rural areas

## Rural-Nonrural Differences in Telemedicine Use for Mental and Substance Use Disorders Among Medicaid Beneficiaries.

-more contact means more fidelity to treatment?

**TABLE 2. Adjusted rural-nonrural differences in telemedicine and outpatient treatment for mental and substance use disorders among Medicaid beneficiaries, 2012–2017<sup>a</sup>**

Variable	Mental disorder	Substance use disorder
Telemedicine visits		
Rural-nonrural difference in visits		
Any (percentage point difference)	2.2***	.6***
Amount, if any (difference in N of visits)	.2***	.6***
Outpatient visits		
Telemedicine–no telemedicine difference in N of visits		
Among rural beneficiaries	11.2***	8.2***
Among nonrural beneficiaries	10.5***	7.6***
Difference (rural–nonrural)	.7***	.6

# How do we help families in rural areas receive equitable care?

Today we will:

- Provide research resources available on our website and via pdf
- Provide opportunities to discuss barriers we should bring forward to our steering committee or other stakeholders
- Provide opportunities to share innovative techniques and methods of helping rural families achieve stable recovery