



Stability of the Rural Health Safety Net: Policy Institute

February 2019



THE CHARTIS GROUP
CHARTIS CENTER FOR RURAL HEALTH

On the vanguard of thought. The future of healthcare requires nothing less.

Convergence of Multiple Pressure Points

Local and national pressure points creating downward pressure on rural providers.



Older, Less Healthy, Less Affluent and Limited Access to Multiple Types of Care

Rural populations are more socioeconomically disadvantaged and impacted by health disparities.



Child Poverty



Opioid Addiction



Diabetes



PCP Access



65+

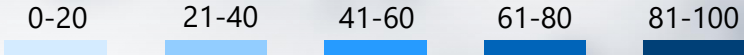


Mental Health Access

46% of all Rural Providers have a Negative Operating Margin



State-level percentage of rural hospitals with negative operating margin.



Source: The Chartis Center for Rural Health, 2019.

The New York Times

THE NEW HEALTH CARE

A Sense of Alarm as Rural Hospitals Keep Closing

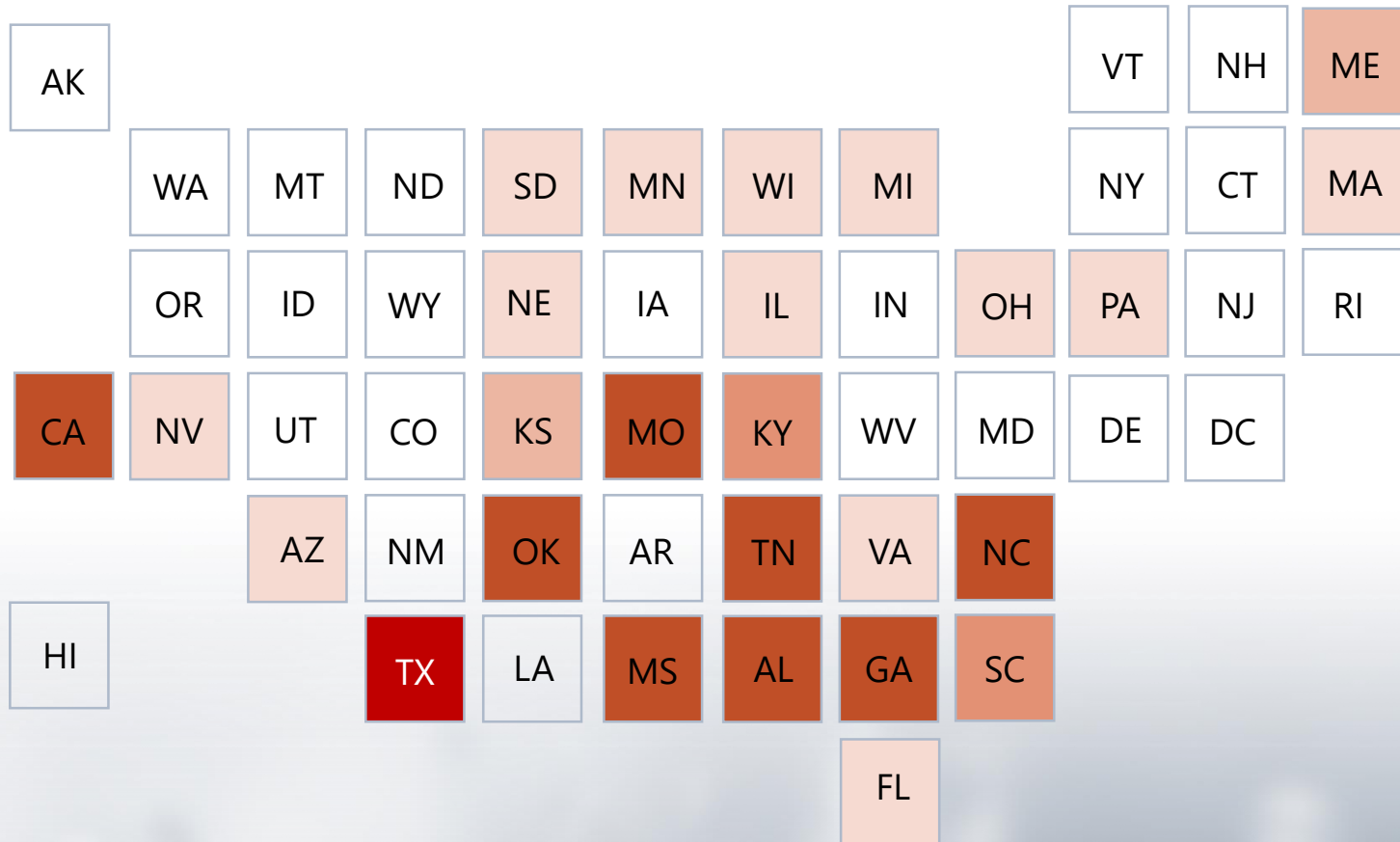
The potential health and economic consequences of a trend associated with states that have turned down Medicaid expansion.

By AUSTIN FRAKT

Oct. 29, 2018



Hospital Closures – 95 and counting



Number of rural hospitals closed since 2010.



Source: Sheps Center, UNC 1/14/19.

Rural Closures and Impact on Access to Care



One-year Impact of Current and Pending Policies (National)



Sequester

Bad Debt



Hospital Revenue

\$371.3M

\$127M



Potential Job Loss

8,032

2,879

Offsetting Revenue Pressure: *The Decline of Access to OB Services in Rural America*



➤ Rural hospitals dropping OB since 2011:

134

➤ Rural hospitals offering OB that have closed:

18

Rural communities that have lost access to OB since 2011.

152

Rural Health Safety Net Stability

and loss of vital services

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Amid Hospital Closures, Who Is Caring For Rural Americans?

f t e +

A photograph showing medical staff in scrubs attending to a patient in a clinical setting. The staff members are focused on the patient, who is lying down. The scene is brightly lit, typical of a hospital or clinic.

Thank You

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