Virginia Department of Health – Office of Health Equity (VDH-OHE)

Incentive Programs

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Health Workforce Specialist
Health Workforce Overview

- VA- SLRP (Virginia State Loan Repayment Program)- Federal
- Virginia Conrad 30 Waiver Program- Federal
- National Interest Waiver (NIW)- Federal
- National Health Service Corp Programs- Federal
- ARC J-1 Waiver- Federal
- Technical Assistance
- Four (4) Nursing Scholarships- State
VA- SLRP

• **Purpose**: To improve and increase access to quality health care providers in Virginia’s *Health Professional Shortage Areas* (HPSAs)
  – Filling Primary Care Occupations

• **Incentive**: Offers loan repayment in exchange for service in a HPSA in Virginia

• **Community Match**: 1:1 cash match required

• **Who/What is considered “the community?”**: Any non-federal fund source to include:
  – Employer
  – Applicant
  – Foundation
  – State of Virginia
VA- SLRP

• **Advisory Committee**: To assist in the fair distribution of VA-SLRP monies.

• **Funding Source**: $500,000/yr. for four years- HRSA grant
  - $300,000-General Assembly (State of Virginia)
  - $1,965,000- Tobacco Commission
  - Former source-The Virginia Health Care Foundation

• **Eligible Site**: Required and must be located in a HPSA and be:
  - Non- Profit;
  - State/Public; or
  - For-Profit “operated by a non-profit” only

• **Eligible Applicant**: Required
## Who is eligible for VA-SLRP?

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physicians</strong></td>
<td>• Allopathic Medicine (MDs)</td>
</tr>
<tr>
<td></td>
<td>• Osteopathic Medicine (DOs)</td>
</tr>
<tr>
<td></td>
<td>Pediatrics, Geriatrics, Psychiatry, Family or Internal Medicine, Women’s Health</td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong></td>
<td>• Includes Certified Nurse Midwives</td>
</tr>
<tr>
<td></td>
<td>Adult, Family, Geriatric, Pediatric, Psychiatry/Mental Health and Women’s Health</td>
</tr>
<tr>
<td><strong>Physician Assistants</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult, Family, Geriatric, Pediatric, Psychiatry/Mental Health and Women’s Health</td>
</tr>
<tr>
<td><strong>Dental Professionals</strong></td>
<td>• Dentists</td>
</tr>
<tr>
<td></td>
<td>• Registered Dental Hygienists</td>
</tr>
<tr>
<td></td>
<td>General, Pediatric and Geriatric</td>
</tr>
<tr>
<td><strong>Mental Health Professionals</strong></td>
<td>• Health Service Psychologists</td>
</tr>
<tr>
<td></td>
<td>• Licensed Clinical Social Workers</td>
</tr>
<tr>
<td></td>
<td>• Marriage and Family Therapists</td>
</tr>
<tr>
<td></td>
<td>• Licensed Professional Counselors</td>
</tr>
<tr>
<td></td>
<td>• Alcohol &amp; Abuse Counselors (Masters level)</td>
</tr>
<tr>
<td></td>
<td>Adult, Family, Geriatric, Pediatric, Psychiatry/Mental Health and Women’s Health</td>
</tr>
<tr>
<td><strong>Registered Nurses</strong></td>
<td>• Includes Certified Nurse Midwives</td>
</tr>
<tr>
<td></td>
<td>Adult, Family, Geriatric, Pediatric, Psychiatry/Mental Health and Women’s Health</td>
</tr>
<tr>
<td><strong>Pharmacists</strong></td>
<td><em>Working at the following:</em></td>
</tr>
<tr>
<td></td>
<td>• Health Departments</td>
</tr>
<tr>
<td></td>
<td>• Clinics</td>
</tr>
<tr>
<td></td>
<td>• Health Centers</td>
</tr>
<tr>
<td></td>
<td>• Long-Term Care Facilities</td>
</tr>
<tr>
<td></td>
<td>• Penitentiaries</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Care, Hospital, Oncology, Pediatrics, Pharmacotherapy, Psychiatric, Critical Care, Nutrition Support, Nuclear and Community</td>
</tr>
</tbody>
</table>
Who is eligible for VA-SLRP?

• **Participant Eligibility**
  – All applicants must meet the following criteria to be eligible for VA-SLRP:
    • Must be citizens or nationals of the United States
    • Clinicians must have completed
      – Residency training
      – Be board eligible or Board certified in their specialty
      – Accredited program
      – No restrictions
Who is eligible for VA-SLRP?

- **Participant Eligibility Cont.**
  - Must completely satisfy any other contractual service obligation for health professional service prior to beginning the period of service under the VA-SLRP
    - Federal
    - State
    - Other entity
  - Must not have any federal or state obligations
    » Judgment liens
      » Against their property for a debt to the United States
    » No history
Who is eligible for VA-SLRP?

• **Participant Eligibility Cont.**
  • Must be eligible for federal employment
    • Must practice full-time at an approved and eligible practice site
      – Full-time service equates to 40 hours per week for a minimum of 45 weeks per year
      – No more than 4 hours of administrative duties per week
  • Must agree to use the VA-SLRP funds only to repay qualifying educational loan(s)
VA- SLRP/Tobacco Commission

- Applicants **must** Live in the Tobacco Region
  - *Note: Roanoke & Lynchburg are not Eligible*

- Applicants **must** Work in the Tobacco Region
  - *Note: Roanoke & Lynchburg are not Eligible*

- Applicants **must** have Eligible Loans
  - Award cannot exceed the loans owed

- Must meet VA-SLRP requirements
VA-SLRP/Tobacco Commission

The following are eligible to be approved as practice sites

1. Federally Qualified Health Centers (FQHCs)
2. FQHC Look-A-Likes
3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)

Note: The above listed Site types will be Tobacco Commission Region focus
Virginia Tobacco Region Primary Care Professional Shortage Areas (HPSA) **

- Geographical Primary Care HPSA
- Population Primary Care HPSA
- Part of Tobacco Region but Not HPSA
- Federally Qualified Health Center
- Rural Health Clinic

*Data Sources: Up-to-Date designation data obtained from HRSA Shortage Designation Data Portal: http://datawarehouse.hrsa.gov/tools/dataportal.aspx

** Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of Primary care and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federal qualified health center or other public facility). The Dark blue color on the map shows the HRSA shortage area of county or service area (Geographic) for Primary Care while the Red color shows the Low-income population areas (Population)
Virginia Tobacco Region Dental Care Professional Shortage Areas (HPSA) **

*Data Sources: Up-to-Date designation data obtained from HRSA Shortage Designation Data Portal: http://datawarehouse.hrsa.gov/tools/dataportal.aspx

** Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of Dental care and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federal qualified health center or other public facility). The Dark blue color on the map shows the HRSA shortage area of county or service area (Geographic) for Dental Care while the Red color shows the Low-income population areas (Population)
Virginia Tobacco Region Mental Care Professional Shortage Areas (HPSA) **

*Data Sources: Up-to-Date designation data obtained from HRSA Shortage Designation Data Portal: http://datawarehouse.hrsa.gov/tools/dataportal.aspx

** Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of Mental care and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federal qualified health center or other public facility. The Dark blue color on the map shows the HRSA shortage area of county or service area (Geographic) for Mental Care while the Red color shows the Low-income population areas (Population)
VA- SLRP/ Tobacco Commission

• **Practice Site Eligibility**
  – All health care professionals who participate in the VA-SLRP must fulfill their service obligation at an eligible site.
  
  – The eligible practice site must be a:
    • Primary Care
    • Mental Health Care
    • Dental Health Care
VA-SLRP/Tobacco Commission

Rubric/Process:

• Normal Process for VA-SLRP
  – Highest Scoring Applicants will be funded
  – Use Federal & State funds first

• Tobacco Funds are to Expand VA-SLRP
  – For Tobacco Region eligible applicants
    • Those with HPSA scores will be awarded first
    • All others-who otherwise would not be eligible would be considered second
      – Due to lack of funding
      – No HPSA score
VA-SLRP Award Distribution

- The amount of the Federal portion of the award will be determined partially by the amount provided by the community match portion.
- The total amount of awards for all four years cannot exceed $140,000.

<table>
<thead>
<tr>
<th>1st and 2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Match up to $50,000</td>
<td>Match up to $ 20,000</td>
<td>Match up to $ 20,000</td>
</tr>
<tr>
<td>With a $1 for $1 match</td>
<td>With a $1 for $1 match</td>
<td>With a $1 for $1 match</td>
</tr>
<tr>
<td>$50,000 from Federal &amp; $50,000 from Community</td>
<td>$20,000 from Federal &amp; $20,000 from Community</td>
<td>$20,000 from Federal &amp; $20,000 from Community</td>
</tr>
<tr>
<td>Maximum $100,000</td>
<td>Maximum $40,000</td>
<td>Maximum $40,000</td>
</tr>
</tbody>
</table>
VA-SLRP/Tobacco Commission Award Distribution

- The total amount of awards for cannot exceed $140,000. *all four years*

<table>
<thead>
<tr>
<th>1st and 2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No Match Required</td>
<td>• No Match Required</td>
<td>• No Match Required</td>
</tr>
<tr>
<td>• Max $100,000</td>
<td>• Max $40,000</td>
<td>• Max $40,000</td>
</tr>
</tbody>
</table>
Timeline

- Application Cycle: January 1 – March 31
- Advisory committee meeting convenes: between April 1 – April 15
- Generate Contracts etc.: April 15 – May 31
- Mail checks: June 1 – June 30
Need a job in a HPSA?

- Register at 3RNET.org
- HPSA find
  - https://data.hrsa.gov/tools/shortage-area/by-address
Healthcare’s Economic Impact in Rural Communities

Justin Crow
Office of Health Equity, Virginia Department of Health
SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM

STRATEGIES
- Improve Community Conditions

COMMUNITY IMPACT
- Laws, policies, and regulations that create community conditions supporting health for all people.

TACTICS
- Include patient screening questions about social factors like housing and food access; use data to inform care and provide referrals.

INDIVIDUAL IMPACT
- Addressing Individuals’ Social Needs

- Social workers, community health workers, and/or community-based organizations providing direct support/assistance to meet patients’ social needs

- Medical interventions

Providing Clinical Care

downstream

Created by the de Beaumont Foundation and Trust for America’s Health, 2019
Upstream Approach

<table>
<thead>
<tr>
<th>Community (total population)</th>
<th>Clinical (health care)</th>
<th>Nonclinical (health/wellness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td><strong>Expand access to health care</strong></td>
<td>6 <strong>Create opportunity</strong></td>
</tr>
<tr>
<td></td>
<td><em>Example:</em> Shift from in-patient to community-based services</td>
<td><em>Examples:</em> jobs, public transport</td>
</tr>
<tr>
<td>2</td>
<td><strong>Emphasize outreach; prevention, early detection</strong></td>
<td>5 <strong>Target nonclinical preventive actions</strong></td>
</tr>
<tr>
<td></td>
<td><em>Examples:</em> mobile mammogram screening vans, visiting nurses</td>
<td><em>Examples:</em> lead or mold remediation</td>
</tr>
<tr>
<td>1</td>
<td><strong>Reorganize care delivery</strong></td>
<td>4 <strong>Integrate social services</strong></td>
</tr>
<tr>
<td></td>
<td><em>Examples:</em> medical homes, health IT, care coordination, patient-centered care</td>
<td><em>Examples:</em> provide referrals or transit passes, write prescriptions for fresh food</td>
</tr>
</tbody>
</table>

Major industries with highest employment, by state 1990

Hover over a state to see information.

Major industries with highest employment, by state 2013

-35 States

Hover over a state to see information. 

Change in Median Age

–Luke Juday on StatCh@t, Weldon Cooper Center (http://statchatva.org/2014/08/27/virginia-retirees-headed-for-the-nearby-hills/ )
–Luke Juday on StatCh@t, Weldon Cooper Center (http://statchatva.org/2014/08/27/virginia-retirees-headed-for-the-nearby-hills/ )
## Rural Virginia's Top 5 Industries by Employment

<table>
<thead>
<tr>
<th>Rank</th>
<th>Industry</th>
<th>Employment</th>
<th>Earnings per Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>State &amp; Local Government</td>
<td>70,892</td>
<td>$51,067</td>
</tr>
<tr>
<td>2</td>
<td>Retail Trade</td>
<td>55,032</td>
<td>$23,674</td>
</tr>
<tr>
<td>3</td>
<td>Health Care &amp; Social Assistance</td>
<td>50,752</td>
<td>$40,744</td>
</tr>
<tr>
<td>4</td>
<td>Manufacturing</td>
<td>50,247</td>
<td>$53,949</td>
</tr>
<tr>
<td>5</td>
<td>Food &amp; Lodging</td>
<td>31,705</td>
<td>$18,205</td>
</tr>
</tbody>
</table>

Source: BEA CA25N 2015 Total Full-Time and Part-Time Employment by NAICS Industry/State Nonmetro Portion
CASE #1: STATE LOAN REPAYMENT PROGRAM

Tool: EIA with IMPLAN (modified inputs)
Target Audience: General Assembly, VDH
## Health Workforce Impact Case Study: VA-SLRP Recipients by Study Area

<table>
<thead>
<tr>
<th>Locality (Study Area)</th>
<th>Providers Supported by VA-SLRP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carroll County</td>
<td>Family Medicine Physician</td>
</tr>
<tr>
<td>Charlottesville Area</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Fredericksburg Area</td>
<td>Nurse Practitioners (2)</td>
</tr>
<tr>
<td>Halifax County</td>
<td>Nurse Practitioners (4), Family Medicine Physician, Registered Nurses (2)</td>
</tr>
<tr>
<td>Lee County</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Louisa County</td>
<td>Dentist</td>
</tr>
<tr>
<td>Martinsville Area</td>
<td>Family Medicine Physician</td>
</tr>
<tr>
<td>Mecklenburg County</td>
<td>Nurse Practitioner, Family Medicine Physician</td>
</tr>
<tr>
<td>Norton Area</td>
<td>Nurse Midwife, Family Medicine Physician</td>
</tr>
<tr>
<td>Farmville Area</td>
<td>OB-GYN Physician, Nurse Practitioner</td>
</tr>
<tr>
<td>Smyth County</td>
<td>Psychiatrist, Nurse Practitioner</td>
</tr>
<tr>
<td>Staunton Area</td>
<td>Psychiatrists (4)</td>
</tr>
<tr>
<td><strong>Total VA-SLRP Recipients</strong></td>
<td><strong>26</strong></td>
</tr>
<tr>
<td><strong>Total Facility-Provided Employee Compensation</strong></td>
<td><strong>$4.41 million</strong></td>
</tr>
</tbody>
</table>
Health Workforce Impact Case Study: VA-SLRP Recipients by Study Area

Source: Tableau software, internal data
Health Workforce Impact Case Study: VA-SLRP Funding Loss Scenario

- VA-SLRP is not the sole driver of health care provider labor market decisions preference, but it is a powerful incentive.
- If the VA-SLRP disappeared due to lack of funding, practicing in a HPSA may be less desirable.
- Providers may leave high-need areas, impacting patient care.
- From an economic perspective, a provider leaving the area represents a change in industry supply.
Economic Impact Analysis with IMPLAN

• IMPLAN is an Input-Output (I-O) modeling and data system.
  – I-O models use industry linkages, production functions, and employment patterns to characterize regional economies.
  – Data are available at varying levels of aggregation.

• IMPLAN models are designed to measure shocks.
  – IMPLAN estimates changes in existing industry “production,” not the contribution of business-as-usual operations.

• The IMPLAN system calculates the total regional impact (of backward linkages only).
  – A change in a single industry causes a ripple (multiplier) effect on other industries through supply purchases, employee spending, etc.
Health Workforce Impact Case Study: VA-SLRP Funding Loss Scenario

- We estimate the economic impact on each region with current VA-SLRP providers if funding were to lapse and providers leave.
  - Each provider relocates out of a SLRP region; position goes unfilled (at least in the short-term).
- We use detailed information about each provider’s specialty, salary, and practice location to derive inputs and model the regional “shock” of losing providers in these high-need areas.
  - Standard IMPLAN inputs are edited with additional information.
  - Loan amounts are NOT included as inputs.
Economic Impact Analysis with IMPLAN

Direct Effect:
initial industry change

Indirect Effect:
changes in industries within the region that supply the directly-affected industry

Induced Effect:
changes in consumer spending due to labor impact in directly and indirectly-affected industries

Total Regional Impact*
Measured by:
- Total Value Added (GRP)
- Employment (Average Annual Headcount)

*Less leakages
# Health Workforce Impact Case Study: The Ripple Effect of Eliminating VA-SLRP

<table>
<thead>
<tr>
<th>Impact</th>
<th>Mechanism</th>
<th>Example Industries Impacted in SLRP Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Effect</td>
<td>VA-SLRP recipient relocates (e.g., to Alexandria, North Carolina), reducing “production”/“sales” of health care services</td>
<td>Offices of physicians, (or hospitals, community health centers, dental offices)</td>
</tr>
<tr>
<td>Indirect Effect</td>
<td>Reduction in health care services → decrease in demand for inputs.</td>
<td>Services (administrative, maintenance, accounting, legal, medical assistant), medical and diagnostic labs</td>
</tr>
<tr>
<td>Induced Effect</td>
<td>Reduction in health care services + decrease in demand for inputs → reduction in labor demand and subsequent consumer spending.</td>
<td>Residential real estate services, restaurants, dry-cleaning, automotive repair</td>
</tr>
</tbody>
</table>
Health Workforce Impact Case Study: SLRP 2018 Total Value Added Results

Direct Impact: -$5.28 million
Indirect + Induced Impact: -$2.33 million
Total: -$7.61 million
Health Workforce Impact Case Study: SLRP 2018 Total Value Added Results

Potential Economic Loss, Healthcare v. Non-Healthcare Sectors

- Hospitals, -$1.85 million, 24% of total
- Ambulatory Health Care Services, -$3.71 million, 49% of total
- All other Industries, -$2.01 million, 27% of total
Health Workforce Impact Case Study: SLRP 2018 Employment Results

- Direct Impact: -26 FTE
- Indirect + Induced Impact: -33 FTE
- Total: -59 FTE
Health Workforce Impact Case Study: SLRP 2018 Employment Results


- All other industries, -29.2 FTE, 49% of total
- Ambulatory Health Care Services, -21.7 FTE, 37% of total
- Hospitals, -8.1 FTE, 14% of total
Health Workforce Impact Case Study: Impact v. GA Contribution

<table>
<thead>
<tr>
<th>Total VA-SLRP Loan Payments</th>
<th>Impact of VA-SLRP Elimination (12 Region Sum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.012 million</td>
<td>Total Value Added: -$7.61 million</td>
</tr>
<tr>
<td>General Assembly Contribution to VA-SLRP</td>
<td>Employment (FTE): -59</td>
</tr>
<tr>
<td>$300,000</td>
<td>State and Local Tax Revenues: -$443,000</td>
</tr>
</tbody>
</table>

**Funding Source:** $500,000/yr. for four years- HRSA grant
- $300,000-General Assembly (State of Virginia)
- $1,965,000- Tobacco Commission
Limitations of Economic Impact Analyses

- **IMPLAN** captures the within-region impact of a change in economic activity, but relies on assumptions.
  - Output-per-worker and broad industry structure patterns drive the models.
  - Marginal effect of each worker is constant.
  - Study area may obscure the overall net effect.

- **Economic Impact Analysis in IMPLAN does not capture:**
  - Population health effects and lost productivity.
  - Forward linkages, long-term impacts, and market adaptations.
  - The complexity of health care as a “product.”
Room for Improvement

- There is room for improvement here; better inputs yield better outputs.
  - Accurate data on practice locations, purchasing patterns, provider productivity, patient location.
  - Spousal effects?
  - Population health and long-term economic impacts.

Still, with adequate framing, this analysis sends the right value message to the target audience.
Financial Impact of Currently Obligated Nebraska Loan Repayment Program and Nebraska Student Loan Program Providers on Nebraska

Legend
Financial Impact (Dollars)
- 100,000
- 500,000
- 1,000,000
- 5,000,000
- 10,000,000

85 Providers
CASE #2: CRITICAL ACCESS HOSPITAL CLOSURE

Tool: Economic Impact Analysis, TBD
Patrick County, Virginia

- Population ~18,000
  - Town of Stuart: ~1,400
- Median Age: 50
- Median Household Income: $52,990
- Biggest Employer: Patrick County Schools
- RWJF County Health Rankings:
  - Health Factors: 100/133
  - Health Outcomes: 98/133

Sources: RWJF 2019 County Health Rankings, VEDP
Pioneer Community Hospital of Patrick County, VA: A Very Abbreviated Timeline

- 2009: Pioneer Health Services (PHS) leased and opened Pioneer Community Hospital of Patrick
- 2016: PHS declares bankruptcy
- 2017: Hospital closes (September); building sold at auction (December)
- 2018: Numerous state and local attempts to build path towards reopening (licensure, purchase/lease offers, health system inquiries, etc.)
- **Currently:** Hospital remains closed; building vacant; no indication of interested operator.

Sources: TheEnterprise.net, Richmond Times Dispatch, Martinsville Bulletin, Longwood SBDC, VCC Social Impact Report
Hospital Closure: Standard Economic Impact Analysis with IMPLAN

<table>
<thead>
<tr>
<th>Patrick County, VA</th>
<th>Jobs (FTE)</th>
<th>Economic Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Effect</td>
<td>-133</td>
<td>-$6,089,666</td>
</tr>
<tr>
<td>Indirect Effect</td>
<td>-36</td>
<td>-$1,647,684</td>
</tr>
<tr>
<td>Induced Effect</td>
<td>-17</td>
<td>-$983,574</td>
</tr>
<tr>
<td>Total Effect</td>
<td>-186</td>
<td>-$8,720,925</td>
</tr>
</tbody>
</table>

State and Local Tax Impact: -$555,096

Source: IMPLAN
Simple Economic Impact Analysis is NOT a Good Fit

• Without additional detailed information specific to the hospital, the results are likely inaccurate.
  – Data are from 2016, and may not represent hospital employment and operations at the closure.
  – Rural is different.

• Even if correct, the standard IMPLAN-based analysis is incomplete.
  – Net impacts are unclear (workforce relocation, patient care redistribution/loss).
  – Results mask the broader impacts of the closure (long-term, amenity effect, population health).
Refining the Inputs

- Reviewed news coverage and available data to improve hospital operation/purchasing patterns.
  - Deep dive into IMPLAN data/balance sheets
  - Bankruptcy filings
  - VHI hospital industry data
  - Financial documents/Stroudwater report
- Pulled internal and external data sources to better assess net impacts.
  - Local economic and demographic data (e.g., CBP, Census, QCEW, Virginia LMI and VDEP)
  - Previous CHNA, internal data, CHR
Reassessing: Telling the right story

• There has been significant research on the trend in rural hospital closures (causes and consequences).
• Each community has unique attributes, but without changes in the underlying causal factors, reopening a hospital may be a short-term fix.
• Given that the hospital has already closed, what analyses will tell the “right” story to appeal to the “right” audience?
  – Comprehensive economic impact is important, but how will that help the community now?
Patrick County: Qualitative Research

- Reached out to OHE contact in nearby city
- Introductory information-gathering visit (June 2019)
- Met with local stakeholders to understand the impact of the closure (and how we might help) in Stuart, VA
Patrick County: Qualitative Research

- Economic and health consequences of the closure are already evident.
- EDA and county officials have exhausted options on reopening the hospital.
- EMS and local clinic have adapted to fill some of the gaps in care, but are under tremendous strain.
- Preexisting and ongoing challenges have been exacerbated by hospital closure.
Patrick County: Surrounding Hospitals

Source: VHHA Data, Tableau software, Google Maps
Patrick County: Value of Visit

• Developed appreciation for the geography of the area and the dedication of the community members.
• Started a genuine dialogue about community needs and VDH resources.
• Learned some surprising things about the population, workforce, and healthcare landscape.
• Gathered ideas for programs and potential entities with economic interests in the area.
Patrick County: Next Steps

• Return to the data with new context, shifted focus, and ideas to generate meaningful economic analysis.
  – Emphasize population health impacts, along with economic costs, of the closure—in an actionable way.
  – Focus on targeted CBA/ROI of potential programs, grant opportunities, and private investments.
• Build sustainable relationships with local health district, EDA, health care workforce, and community members.
  – Talk to EMS director, free clinics, county officials.
  – Collect data to improve impact analysis.
• Evaluate state, agency, and local policies.
Goals for Economic Analysis with SORH

• Enhance economic impact analysis by:
  – Improving data accuracy and model structure
  – Adding medium- and long-term population health and productivity impacts.

• Work with communities to focus on analyses that:
  • demonstrate the value of local initiatives,
  • leverage and highlight community strengths, and
  • target the right audience.

• Synthesize lessons learned from different communities to inform broader agency policies and programs.
Summary

• Economic analyses can help tell the story of the health care industry in rural communities.
• Analyses should be guided by asking the right questions to understand the specific challenges and leverage the strengths of each community.
• Adapting models and analyses to represent and benefit rural communities requires direct outreach.
Got Questions?

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