RHQ
Rural Health Quarterly
Spring 2023

The Women's Healthcare Issue

A Crash Course in Substantive Due Process: What the Supreme Court Decided in *Roe, Casey,* and *Dobbs*

Inside: Updated Health Conference Calendar

A Publication of the F. Marie Hall Institute *for* Rural *and* Community Health

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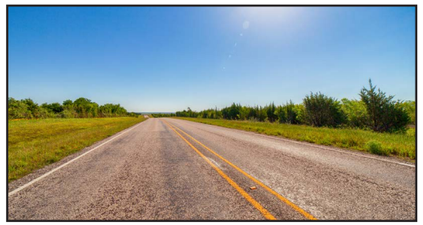
Spring 2023



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Rural Health Quarterly

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TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

The People We Serve: Women's Healthcare in Rural Texas

Dr. BILLY U. PHILIPS, Jr.

PUBLISHER
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There are many risks associated with living in rural Texas – scarcity of many kinds, social and physical isolation, long travel distances on many two-lane roads, poverty, and others that are commonly referred to as social determinants of health/disease. Many studies have documented extraordinary health disparities among populations that live and work in rural areas, including people of color, immigrants, and seasonal workers. One of my favorite colleagues has been quoted as saying that your zip code should not be a risk factor for your health status. It's a good aspiration, even a goal for us who work in rural health, but the sad reality is that if your zip code is rural then you are at an increased risk of poorer outcomes due in large part to a lack of practitioners and infrastructure. If your sex is female, the impact of these risks increases dramatically.

Let me give an example related to the lack of access to maternal and child health care. First, there is a shortage of obstetrics practitioners in rural Texas, making workforce a major hurdle to patients receiving expert care. Relative to urban areas, there are far fewer opportunities for sustained maternal and child care because rural areas tend to lack clinics and private practices. When considered as a continuum of care from prenatal to early childhood, a time of important developmental milestones for children, a direct line can be drawn from lack of access to care to adverse events in early life that persist into adulthood.

Access to care has profound impact on rural pregnant women, who are also at a higher risk of miscarriage due to a lack nutritional support, prevention services, and early periodic screenings that drive early interventions and prompt treatment. Rural pregnant women often seek prenatal care in emergency departments, whereas their urban counterparts seek care in clinics. Outcomes where a pregnant mother is at risk of miscarriage tend to be better in a clinic setting.

Just this week in JAMA, there was a report of a very large cohort-study of mischarges. The women who reported to emergency departments received less active surgical care such as dilatation and curettage, bleeding control, and after event mental health care compared to women who had a sustained clinic-based care. The reasons are related to personnel and staffing, insurance coverage, and provider shortages, among other things, but the point is the women in rural areas experienced much worse outcomes, especially in recovery services and mental health care. Urban living women are much more likely to experience better outcomes because they have more access and more options.

I will use a current example to illustrate. In the Big Bend Region of Texas which includes the largest county in the state in landmass. In that area, there are only three hospitals and they are each over a hundred miles apart. One of those hospitals has only five doctors and most of its care is emergency oriented. All of the hospitals have profound nursing shortages and all of them serve under insured or indigent populations. During the COVID-19 pandemic, most of the practitioners who were available were deployed to services other than labor and delivery. In fact, most of the nurses went to work for nursing staffing agencies, creating workforce strictures that ultimately limit the choice of a rural woman in labor to access care at an emergency room—where she is highly likely to be diverted to a larger hospital. Usually such cases would be transported by EMS, but almost all the women were driven in a car due to shortages of EMS personnel and trucks. The average trip was over 90 miles away to deliver a baby. That is far from optimal care!

I have used this example many times in talks to community groups, legislators, and EMS personnel. I can tell you this is distressing to every type of audience because it is an immediate crisis. Yet, the solutions are many because the factors are many and the interplay between them is complex.

Whatever the solution is it will be a combination of more practitioners, better pay, better quality of living, a better work culture, and interprofessional respect to name just a few. Please do not hear desperation in these words. We are finding solutions and we are working our way to success. One bright spot in the future is the commitment of Texas Tech University Health Sciences Center to recruit, train and retain more health professionals, and to innovate through the newly founded Telehealth Technology and Innovations Institute. TTUHSC is also committed to creative programming such as a rural health clinical education center, which teaches students about how rural practice must be conducted and will be located in the Big Bend.

West Texans have always been innovators because innovation is a means of survival. Out here, our mission is to find solutions, and to do that we need leaders, innovators, and entrepreneurs. Those folks come from all genders, races, and creeds and their diversity serves our cause by bringing to the forefront the need for socially, racially, and gender sensitive care. In West Texas, our driving force is finding what works and the best example of that is found in the F. Marie Hall Institute for Rural and Community Health.

Next month, Ms. Hall will be inducted posthumously into the Texas Petroleum Hall of Fame because she was a leader that applied her heart, her mind, and her treasure to finding solutions. She was my friend and once said to me, "it's not what we try and succeed at that teaches us the most valuable lessons, it's what we fail at that does that…as long as we learn and keep our commitment to improve and succeed…the people we serve are more than worth that calling." God rest your soul Marie; we're still at it! ●

TEXAS TECH UNIVERSITY
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COVER
STORY

A Crash Course in Substantive Due Process: What the Supreme Court Decided in *Roe*, *Casey*, and *Dobbs*

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On June 24, 2022, the Supreme Court of the United States (SCOTUS) released its decision in *Dobbs v. Jackson Health Organization*, 597 U.S. ___ (2022), overturning *Roe v. Wade*, 410 U.S. 113 (1973) and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992). The purpose of this article is to analyze the legal principles these decisions rest on and how they have impacted substantive due process jurisprudence in the United States.

What is Substantive Due Process?

The Due Process Clause of the 14th Amendment of the U.S. Constitution reads, ". . . nor shall any State deprive any person of life, liberty, or property **without due process of law**. . ." U.S. Const. amend. XIV § 1 (emphasis added). According to precedent[1], there are two kinds of due process—procedural due process and substantive due process. This article, and the decisions discussed in it, deal with substantive due process, which is broadly defined as a principle of law that allows the protection of fundamental rights that are not expressly mentioned by the Constitution.

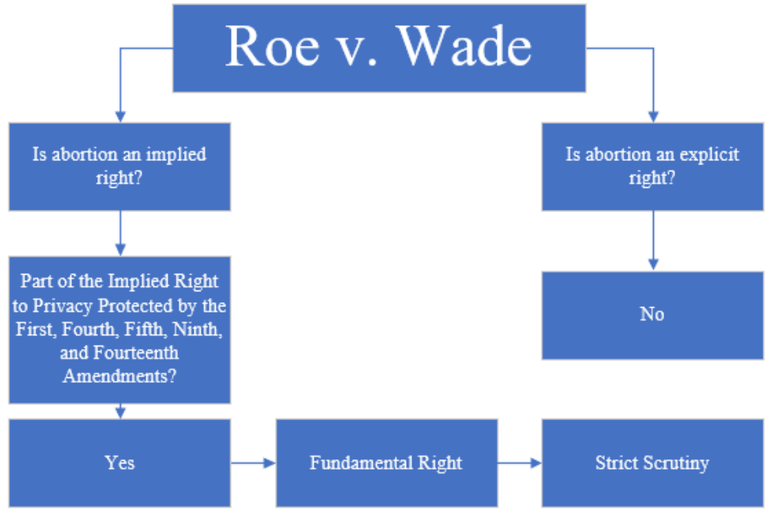
Supreme Court precedent holds that there are certain unenumerated fundamental rights protected by the Constitution. The importance of defining a right or interest as fundamental has to do with the standard of review a court will apply to a government action that limits that right or interest. To be upheld, a state limitation on an explicit or implied fundamental right must withstand strict scrutiny[2], *Adarand Constructors v. Pena*, 515 U.S. 200 (1995); a state action that does not limit a fundamental right must withstand the rational basis test.[3] *United States v. Carolene Products Company,* 304 U.S. 144 (1938). To withstand strict scrutiny, a law or act must be narrowly tailored and the least restrictive means of furthering a compelling government interest. *Pena*, 515 U.S. at 350. To withstand the rational basis test, a law or act must be rationally related to a legitimate government interest. *Carolene Products Company,* 304 U.S. at 152.

1 Precedent is a principle or rule established in a previous legal case that is either binding on or persuasive for a court or other tribunal when deciding cases with similar facts or issues.

Roe v. Wade, 410 U.S. 113 (1973) & the Right to Privacy

Roe is the seminal Supreme Court case that found abortion to be encompassed by the fundamental right to privacy guaranteed by the U.S. Constitution. The case was initially filed by Jane Roe[4], a pregnant, single woman who alleged that a Texas statute outlawing abortion was unconstitutional on its face because it curtailed her right to personal privacy guaranteed by the First, Fourth, Fifth, Ninth, and Fourteenth Amendments. *Id.*

In its analysis, the Court recognizes that the Constitution does not explicitly mention a right to privacy, but acknowledges an implicit right to personal privacy in the First Amendment, *Stanley v. Georgia*, 394 U.S. 557, 564 (1969); the Fourth and Fifth Amendments, *Terry v. Ohio*, 392 U.S. 1, 8-9 (1968); the Ninth Amendment, *Griswold v. Connecticut*, 381 U.S. 479, 484-85 (1965); and the Fourteenth Amendment, *Meyer v. Nebraska*, 262 U.S. 390, 399 (1923).



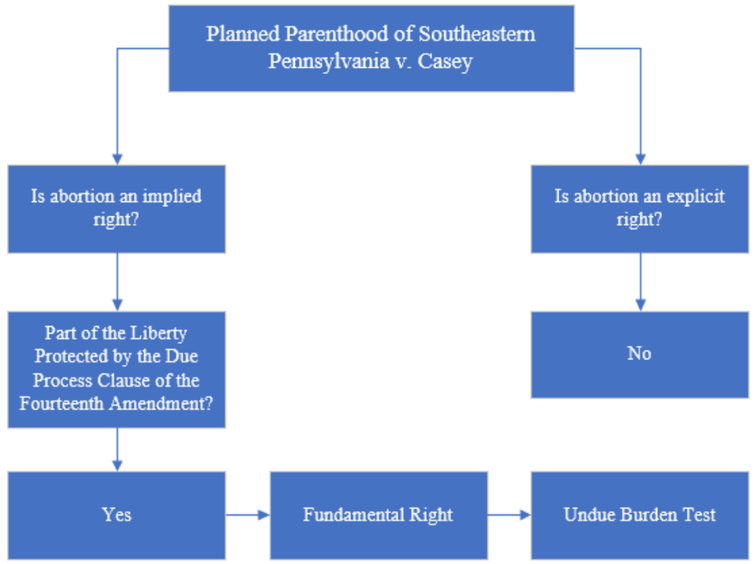
The Court in *Roe* finds that the right to personal privacy includes a woman's right to abortion, 410 U.S. at 153, holding that any restriction on abortion must withstand strict scrutiny and ultimately requiring that any limitation on abortion be narrowly tailored to further a compelling state interest. *Id.* at 155. The Court found that two compelling state interests exist in the case of abortion: (1) the health of the pregnant mother, *Id.* at 162; and (2) the potentiality of human life. *Id.* These two compelling interests inform the trimester framework laid out in *Roe*, which allowed regulation of the abortion procedure to the extent that the regulation reasonably related to the preservation of maternal health during the first trimester,[5] *Id.* at 163, and regulation of abortion generally once the fetus reached the stage of viability.[6] *Id.* at 164. The Court finds the state has a compelling interest in protecting maternal health beginning in the second trimester because that is when the risks associated with abortion surpass the risks associated with childbirth. *Id.* at 163. The basis for the finding that a state has a compelling interest in the potentiality of human life at the point of viability is that the fetus then has the "capability of meaningful life outside the womb." *Id.*

2 Strict Scrutiny is the most protective level of analysis applied by courts to determine a law's constitutionality.
3 The rational basis test is a much lower standard of review than strict scrutiny.
4 Jane Roe is a pseudonym.
5 Permissible, narrowly tailored statutes would regulate the qualifications of the doctor performing the abortion, his or her licensure, and where he or she performed the abortion.
6 State statutes may regulate and even proscribe abortion during the period following viability, except where it is necessary to preserve the life or health of the mother.

Ultimately, the Court in *Roe* found the Texas statute at issue to be unconstitutional and abortion to be included in the fundamental right to privacy protected by the First, Fourth, Fifth, Ninth, and Fourteenth Amendments, which could be limited by the state only to the extent that the limitation was narrowly tailored and the least restrictive means of furthering a compelling state interest.

Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992) & the Right to Personal Liberty

Between *Roe* and *Dobbs*, the Court decided *Casey*, a substantive due process case that challenged a Pennsylvania statute that placed certain restraints on abortion. Ultimately, the Court upheld *Roe*'s central holding that abortion is protected, but rejected the "rigid trimester framework" applied in *Roe* and replaced it with the undue burden standard.[7] *Id.* *Casey* narrowed the basis for the right to abortion, specifically finding that the "constitutional protection of the woman's decision to terminate her pregnancy derives from the Due Process Clause of the Fourteenth Amendment," *Id.* at 846, finding "it is a promise of the Constitution that there is a realm of personal liberty which the government may not enter." *Id.* at 847. In its analysis of whether abortion is part of that personal liberty, the Court finds that neither the practices at the time the Fourteenth Amendment was adopted nor the specific rights enumerated by the Bill of Rights "mark the outer limits of the substantive sphere of liberty which the Fourteenth Amendment protects." *Id.* 848. Ultimately the Court finds that abortion is a choice "central to personal dignity and autonomy," which is an essential component of the liberty described in and protected by the Fourteenth Amendment. *Id.* at 851.



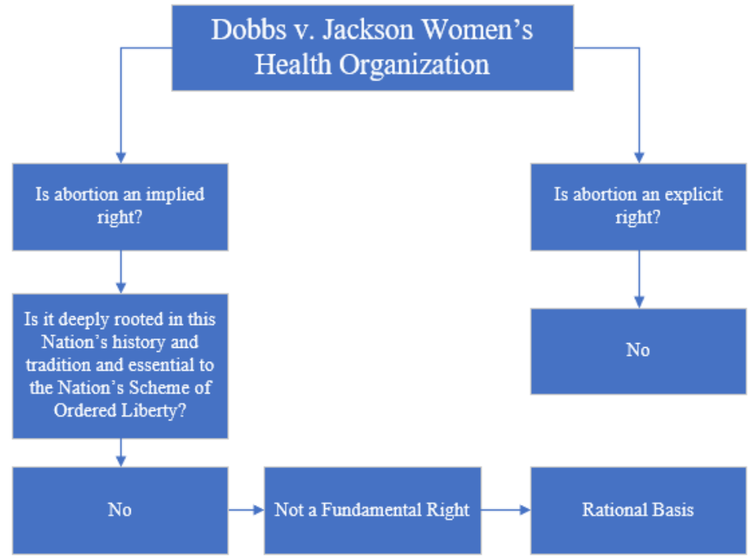
In its analysis, the Court takes up the doctrine of *stare decisis*. *Stare decisis*, a Latin phrase that translates to "stand by the thing decided," is a fundamental principal of U.S. law that requires the determination of points in litigation according to precedent. In *Casey*, the Court was asked to overrule *Roe*, but declined to do so, finding that any reservations regarding the reaffirmation of *Roe*'s central holding were outweighed by the individual liberty at stake and the force of *stare decisis*. *Id.* at 853. Ultimately, the central holding of *Roe* is upheld by *Casey* and abortion remained protected via the broader fundamental right to personal liberty, which the government could not place an undue burden on prior to viability. *Id.* at 869. *Casey* remained the law of land until 2022 when the Court released its opinion in *Dobbs*.

Dobbs v. Jackson Women's Health Organization, 597 U.S. ___ (2022) & National History/Ordered Liberty

Forty-nine years after *Roe* was decided, SCOTUS took up *Dobbs*, which had as its central issue Mississippi's Gestational Age Act, a statute that banned abortion after fifteen weeks except to protect the health of the mother. Jackson Women's Health Organization and one of its physicians filed suit, alleging that the statute was inconsistent with the Court's rulings in *Roe* and *Casey*. The *Dobbs* Court criticizes *Roe* and *Casey* for finding that the right to abortion was part of a broader entrenched right. *Id.* at 30. For *Roe*, that was the right to privacy, 410 U.S. at 153; for *Casey*, it was the liberty to make "intimate and personal choices" that are "central to personal dignity and autonomy." 505 U.S. at 851. Finding that abortion is not protected by either of these implied rights, the Court concludes that the right to abortion itself must be protected by the Constitution. *Dobbs*, 597 U.S. at 5. In order to determine whether abortion is an implied fundamental right, the Court inquires as to whether it is "deeply rooted in this Nation's history and tradition" and "implicit in the concept of ordered liberty." *Id.* In its analysis of these points, the Court turns to the history of abortion.

In its opinion, the Court states that there was no legal support for a constitutional right to abortion until the late 20th century. *Id.* After a historical analysis, which focused largely on the 19th century, the Court concluded that the right to abortion is not deeply rooted in the history and tradition of the United States and that it is not essential to this Nation's scheme of ordered liberty. *Id.* at 25. Coupled with this analysis, the Court considers whether a right to abortion is part of a broader entrenched right that is supported by other precedents, ultimately finding that the precedent relied on in *Roe* is not applicable to abortion and is therefore irrelevant. *Id.* at 9.

In its decision, the Court again grapples with *stare decisis*—this time with different results. *Id.* at 39. As justification for its decision to overturn *Roe* and *Casey*, the Court states that *stare decisis* is



not an inexorable command, citing *Pearson v. Callahan*, 555 U.S. 223, 233 (2009), and after reviewing five factors, the Court finds that *Roe* and *Casey* should be overturned. *Dobbs*, 597 U.S. at 69. After briefly considering that its decision may be perceived as being swayed by political considerations or public opinion, *Id.*, the Court cites *Heller v. Doe,* 509 U.S. 312, 319 (1993) finding that health and welfare laws are entitled to a "strong presumption of validity." *Dobbs*, 597 U.S. at 77. Ultimately, the Court finds that Mississippi's law survives the rational basis test and is constitutional.

Practical Considerations & Potential Implications

The effect of the Court's decision in *Dobbs* was to allow states to regulate abortion to the extent that those regulations are rationally related to a legitimate government interest.The net result has been a flood of legislation at the state level that seeks to either limit or protect abortion in the post-*Dobbs* landscape.

7 A statute places an undue burden and is therefore invalid if its purpose or effect is to place substantial obstacles in the path of a woman seeking an abortion before the fetus attains viability. The undue burden test is a lower standard of review than strict scrutiny.

While the *Dobbs* decision deals directly with abortion, the opinion calls *Roe*'s reasoning "egregiously wrong from the start," *Dobbs*, 597 U.S. at 6, calling into question the foundation on which the fundamental rights protecting abortion rested for nearly fifty years.

An *amicus curiae* brief[8] filed by the Solicitor General raises this concern. Brief for Solicitor General as Amicus Curiae, p. 25-26, *Dobbs v. Jackson Women's Health Organization*, 597 U.S. ___ (2022). The Solicitor General warns that a reversal of *Roe* and *Casey* would threaten other Supreme Court precedent that guarantees the protection of unenumerated rights via the Due Process Clause. *Id.* What other implied rights are presently guaranteed by the Due Process Clause? The right to same-sex marriage and intimacy, see *Obergefell v. Hodges*, 576 U.S. 644 (2015); *Lawrence v. Texas*, 539 U.S. 558 (2003), the right to "interracial marriage," see *Loving v. Virginia*, 388 U.S. 1 (1967), and the right to use contraceptives, *Griswold v. Connecticut*, 381 U.S. 479 (1965) to name a few.

To address this concern, the Court in *Dobbs* states that its decision "concerns the constitutional right to abortion and no other right." *Dobbs*, 597 U.S. at 66. In a concurring opinion, however, Justice Thomas, who dissented in *Casey*, quoted his opinion from *Johnson v. United States*, 576 U.S. 591 (2015), stating "substantive due process is an oxymoron that lacks any basis in the constitution." *Dobbs*, 597 U.S. at 2 (Thomas, J., concurring) (internal quotation marks omitted). Referencing *Griswold*, *Lawrence*, and *Obergefell*, Justice Thomas states that procedural due process should be reconsidered in the future. *Id.* Though the Court states that *Dobbs* deals only with the constitutional right of abortion, the decision, at a minimum, raises questions about the future of substantive due process and the rights it protects. Answers to those questions will come if and when the Supreme Court takes up the issues that underpin them. •

8 A Latin phrase meaning "friend of the court," an *amicus curiae* is an organization or person that offers the court additional information or perspective relating to a case.

HEALTH

EDUCATION

Growing the Future Rural Healthcare Workforce: Innovation through Collaboration

SUSAN GREENWOOD

VICE PRESIDENT

Susan Greenwood, BSN, RN, MBA, FACHE, is the vice president and chief nursing officer for Hendrick Health, located in Abilene, TX.

The availability of obstetrical services in rural communities is declining in the United States, with less than 50% of rural hospitals providing such care. Shortfalls in hospital nursing staff due to market demand with an aging population and the effects of COVID-19 on healthcare delivery systems have compounded the challenge in rural communities with medical facilities.

While the root causes of withering obstetrics care in rural regions are complex and potentially compartmentalized in some circumstances, Abilene-based Hendrick Health is driven to strengthen healthcare access, including mitigating the decline in rural maternity care in its service region. The healthcare system is building on its partnerships with Texas Tech University Health Sciences Center-Abilene (TTUHSC-Abilene) and Cisco College (CC) to launch new initiatives to grow the West Texas healthcare workforce.

One Rural Region's Healthcare Challenges

In rural areas of the United States, hospitals are a vanishing institution. About 35% of the nation's hospitals are classified as rural, the American Hospital Association estimated in its September 2022 report "Rural Hospital Closures Threaten Access." According to the Texas Organization of Rural and Community Hospitals (TORCH), 136 rural hospitals closed between 2010 and 2021. Texas led the nation in closures, with 26 shuttered in 22 rural communities between 2010 and January 2022.

The presence of a rural hospital is not a guarantee of obstetrical services. In a report released in October 2022, the U.S. Government Accountability Office (GAO) noted that about 44% of rural hospitals provided labor-and-delivery services in 2018, reflecting a steady decline since 2004. TORCH estimates that only 40% of rural Texas hospitals offer maternity care.

Two primary factors contributing to the decline, as cited in the GAO report, are Medicaid reimbursement rates that fall short of the full cost of providing obstetrical services and recruiting and retaining providers, such as physicians and nurses.

Hendrick Health is a locally owned, governed, and managed nonprofit healthcare system affiliated with the Baptist General Convention of Texas and is guided by a Christian mission to serve all. It operates three tertiary-care facilities – Hendrick Medical Center and Hendrick Medical Center South in Abilene and Hendrick Medical Center in Brownwood – and Hendrick Clinic, a multi-specialty medical group of physicians and other advanced professional providers. Since the first patient was treated in 1924, Hendrick Health has transformed the area's healthcare and today employs approximately 5,100 to serve 380,000 residents in 24 counties, a landmass representing 9% of the state.

Hendrick Health operates without the financial support of a hospital district tax. Based on an average tax rate of 0.21507% for the 127 Texas counties with a hospital taxing district, Hendrick Health saves Taylor County residents $26 million annually by providing charity care without a public funding mechanism.

While Abilene is the anchoring city of a three-county metropolitan statistical area, much of its surrounding region is rural, with vast stretches of obstetrics deserts. Within the Hendrick Health 24-county service area are 18 rural hospitals, of which only three offer labor-and-delivery care.

In such an environment, Hendrick provides maternal and fetal services at all three hospital campuses, including Neonatal Intensive Care Units (NICU) at Hendrick Medical Center in north Abilene and Hendrick Medical Center South in south Abilene. The multidisciplinary team of neonatal-trained medical professionals utilizes technology specific for newborns to micro-preemies needing additional care due to prematurity, low weight, and other medical issues.

Hendrick also addresses the obstetrics desert by providing a NICU transport team. In the event an infant born at a rural facility needs transfer for a higher level of care, the NICU transport team, including a neonatologist and nurse, will travel by a specially equipped ground ambulance to the rural hospital to stabilize and care for the distressed newborn during transit.

Impact of Nursing Shortage

As the demand for healthcare grows with the aging baby boomers, a shortage of registered nurses (RN) is anticipated for years to come, according to the American Association of Colleges of Nursing. The COVID-19 pandemic accelerated that trend, with more nurses leaving the field than projected due to burnout or early retirement and fewer young nurses joining their ranks.

At Hendrick Health, the RN turnover rate was 15% for the five-year average pre-pandemic. In 2022, the number reached 23% – and was 28% for the subgroup of bedside and procedural RNs. In the labor-and-delivery department, there were four RN vacancies in January 2023, a great improvement to the 25 experienced at one point during the pandemic.

Some of the staffing shortage has been met with traveling nurses, but the higher cost directly impacts overall healthcare prices. From 2019 to 2022, the health system's annual RN labor dollars increased 49.6% due to average hourly rate increases and high contract labor costs.

Prior to the COVID-19 pandemic, Hendrick Health sought to fortify its partnerships with educational institutions to build a wider pipeline for nurses and other allied health professionals to support access to healthcare, including obstetric services. The pandemic and its effects amplified the need for exploring innovative workforce development solutions. In the fall of 2022, Hendrick Health projected a need for 2,120 RNs and licensed vocational nurses (LVNs) during the next five years (based on vacancies, agency staffing, and turnover rate).

One stricture on expanding the workforce pipeline is enrollment limits. According to the Texas Center for Nursing Workforce Studies, 15,709 qualified applicants were not admitted to nursing school in 2021. Traditional nursing education requires 10-to-1 ratio with faculty for clinical rotations, and clinical slots are limited.

To alleviate this bottleneck, Hendrick Health collaborated with the TTUHSC-Abilene School of Nursing and CC on innovative educational solutions.

Creating Solutions: Partnerships That Support Education

For 15 years, the TTUHSC-Abilene School of Nursing has educated new nurses, strengthened the careers of experienced nurses, and prepared innovative providers to become leaders in healthcare. The TTUHSC School of Nursing was named the best nursing school in Texas and the Southwest Region for 2022 by Nursing Schools Almanac.

CC offers pathways to a career in nursing, including bridge programs in partnership with the TTUHSC-Abilene School of Nursing. The college, started in 1940 in Cisco, Texas, has offered workforce training and higher education in Abilene since 1973.

In an effort to combat the nursing shortage, the chief nursing officer of Hendrick Health partnered with the regional dean of the TTUHSC-Abilene School of Nursing to develop the Academic Practice Partnership pilot program, which provides students clinical credit for work at its hospitals. Specific components of the program include:

• Students who are selected to participate in the program are offered employment as nurse techs at Hendrick Health while in nursing school.

• Nurse techs in the program work a minimum of 48 hours each month, with some hours qualifying for clinical credit with TTUHSC-Abilene.

• Compensation from Hendrick Health, which pays for all shifts worked and grants scholarships for shifts that count toward clinical credit.

• Opportunities for advancement as training and skill are acquired in nursing school.

Students obtain training and experience working in the healthcare field while providing support to bedside nursing staff and receive school credit for work experience.

Further strengthening the pool of potential nursing school candidates for the Academic Practice Partnership is the Healthcare Academy launching in the fall of 2023 in partnership with CC.

The Academy is a dual-credit structured program for high school students to obtain most prerequisites for nursing school, with the opportunity to earn a bachelor of science in nursing (BSN) in three years.

Details of the Academy include:

• Hendrick provides a scholarship fund to be allocated to low-income high school students taking healthcare-related dual-credit courses.

• During their senior year, students may apply to the Hendrick Health Nurse Tech program to enter the summer after graduation.

• Students complete a certified nurse aide (CNA) class the summer after graduation, an LVN in the first year at CC, and an associate's degree RN by the end of the second year and are then auto-accepted to TTUHSC-Abilene online RN-to-BSN program (which is 30 semester credit hours).

• Hendrick offers a pay-as-you-go option to support nurse techs pursuing an RN degree, or student loan reimbursement after the degree is earned.

Hendrick is supporting the first year of the Healthcare Academy through a subsidy to CC.

These innovative, collaborative educational endeavors reflect the Hendrick vision to be the leading healthcare provider of choice in its region and beyond; recognized for enhancing quality, expanding access, and excelling in patient engagement. They also hearken to Hendrick Health's founding in 1924 as the West Texas Baptist Sanitarium, with the community pitching in to fund and open a local hospital.

While the health system prepares to mark its centennial by celebrating decades of healing and service, it also forges ahead with its community partners in new initiatives to ensure another century of meeting the region's healthcare needs. ●

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HENDRICK HEALTH

Hendrick Medical Center

Hendrick Medical Center South

Hendrick Medical Center Brownwood

Images: Hendrick Health, Texas Baptists

Women Healthcare Workers and COVID-19: Disparities in Rural Communities for Women's Mental Health

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Introduction

The COVID-19 pandemic did more than disrupt and end the lives of millions; it exacerbated disparities in rural American women's communities by negatively impacting their livelihoods, mental well-being, and overall health.

While the heart of the pandemic will forever be remembered for the overwhelming number of cases and the collapse of our current health systems, the authors predict the prevalence of persistent illness and lasting morbidity will further result in an insidious mental health fallout if not given the appropriate attention, policy, and funding to bridge the chasm that COVID-19 widened, especially for essential workers in rural areas, and especially for women.

The authors represent physician scientists in acute mental health care with a focus on the unique health needs of women. Through this expert review of the advanced evidence, we have discovered that women, who are more likely to serve as essential workers in careers in health care and education and are also more likely to be family caregivers, have experienced compounded mental health stressors as the pandemic exacerbated limited resources in rural communities.

Mental Health Disparities: Rural vs. Urban

Rural communities are disproportionately affected by many health-related issues, including mental health and substance use disorders (Summers-Gahr 2020). Approximately 20% of the population living in rural areas have a mental health diagnosis (SAMHSA 2017, United States Census Bureau, 2016, Morales et al, 2020).

During 2001-2015, the suicide rate alone in rural populations was 1.5 times higher than in urban populations (Ivey-Stephenson et al., 2017). Disparities in mental health outcomes in rural populations are linked to limited access to essential health care resources and limited availability of specified mental health providers in rural areas (CDC 2020). Higher proportions of rural counties lack the very presence of a general psychiatrist (CDC 2020). During the COVID-19 pandemic, these disparities were exacerbated in rural populations, with higher proportions of individuals citing the pandemic as harming their mental health (Mueller et al, 2021).

During the COVID-19 pandemic, higher rates of mental health disorders led to what was referred to as "the second pandemic" in the U.S. Many people experienced increased social isolation, anxiety, and depression, and the ongoing economic crisis has further exacerbated mental health concerns.

Up to 20% of patients experienced a mental health problem during the pandemic (Taquet et al., 2020). Given the high rates of premorbid mental health concerns and lack of access to mental health resources, the problem was further compounded in rural populations (Summers-Gahr 2020).

Women have a higher incidence of psychological distress at baseline due to the heavier incumbrance of work in the home and the greater responsibility to be the caregiver for family members (Hall Kelli et al., 2020).

Amidst the COVID-19 pandemic, essential workers were those whose jobs were critical to maintaining the core functions of public health, society, and the economy, which are estimated to include nearly a third of the American workforce - 50 million people.

We learned that essential workers are more likely to be women, people of color, and immigrants serving as teachers, doctors, nurses, and home care and food service workers (Phillipson, 2020).

Similar trends are demonstrated outside the U.S. One study examined more than 3,000 rural women respondents in China, finding that they were at high risk of anxiety, boredom, and frustration resulting in an overall loss of confidence during lockdown (Jia, 2021).

Women were at disproportionate risk of mental health outcomes compared to men in those same rural communities (Jia, 2021).

In communities where they were considered 'close knit' by helping and supporting each other, women may have experienced increased resilience if those community ties buffered them; however, if the infrastructure was not well reinforced before the pandemic, they were less likely to meet their demands in crisis as the pandemic progressed.

Rural Essential Healthcare Workers and Women's Mental Health

While much attention was paid to large urban areas at the pandemic's beginning, by mid-2021 essential healthcare workers (HCWs) in rural areas began to witness doubling mortality from COVID-19 exacerbated by lagging vaccination rates and deteriorating chronic health conditions (Oster, 2022).

Rural Americans became sicker and more neglected, as 25% of rural households reported being unable to access essential medical care for a severe problem during the pandemic, and 56% experienced adverse health consequences (Harvard T.H. Chan School of Public Health, 2020).

There is a dearth of research comparing urban to rural HCWs' experience during the pandemic and even less analyzing the mental health effects for essential workers that are uncategorized or prioritized to receive treatment.

Oster et al. attempted to outline the issues facing the rural workforce during the COVID-19 pandemic, summarizing the pressures on the workforce, hospital closures, factors involved in HCWs' mental health, and how the federal government should prioritize its response (2022).

However, its scope does not focus on women in rural communities or those who exited the workforce. The mental and physical stress that many essential HCWs faced led to many withdrawing from the work force.

In contrast, the remaining workers continued to witness and absorb the critical health strain, tending to their communities and their families.

Unsurprisingly, the result of a contracting workforce and patient caseloads increasing in volume and severity is that mental health further deteriorated.

In 2021, hospital administrators reported that nearly 96% of rural hospitals had difficulty filling open positions. (The Chartis Group, 2021).

Rural hospitals with negative operating margins have closed at even higher rates. Many closed specialty services once offered, especially OB-GYN and maternity services, further stressing women's and children's health in rural areas (Henke, 2021).

Interestingly, visits for mental health either remained stable or decreased in these rural hospitals after subsequent mergers with larger health care enterprises (Henke, 2021). It is still being determined whether these patients were diverted to a less rural hospital farther away or put off seeking care.

Few studies focus on the female HCW's experience, at home or work, during the pandemic or if this insult persists in their lives and community. Li et al. studied 5,317 HCWs in Wuhan, China, finding that 71.8% of the HCWs identified as women at the outset of the pandemic. These women experienced higher rates of depression, anxiety, and acute stress syndrome (14.2%, 25.2%, and 31.6%, respectively) (2020).

Those working more than ten years, having two or more children at home, or personally suffering from a chronic medical problem fared the worst. These women were also at greater risk for developing depression when a household family member or relative had suspected or confirmed COVID-19.

Many studies around the globe have corroborated an increased level of stress, anxiety, sleep disorders, and burnout in HCWs during the pandemic. Those HCWs identified as women suffered the most frequent or intense symptoms of distress (Danet, 2021).

Women HCWs, especially at younger ages, and those with pre-existing anxiety reported more stress and persistent burnout than their male counterparts, which led to increased anxiety and overall depersonalization symptoms (Miguel-Puga, 2021). The substantially different effect on young women and nurses was redemonstrated in a pooled systematic review of 13 other studies (Pappa, 2020).

Systemic Approaches for Change

UCLA researchers, expecting that the pandemic would likely further exacerbate role strain, work-life balance, medical maternal health issues, gender bias, discrimination, and imposter syndrome in women HCWs, proposed institutional and individual levels of emotional support.

Historically, this was a critical action as HCWs are often reluctant to engage in mental health treatment for fear of negative stigma and job consequences (Sanford, 2021).

Their approach involves disaster behavioral health models, the development of support services from a screening program, and qualitative needs assessment, followed by individual and institutional-level support services, with longitudinal support predicted for years in the fallout of the pandemic (Sanford, 2021). It is a comprehensive approach with expected success.

Primary care providers and rural women's health providers have the opportunity and obligation to enhance knowledge and skill with mental health screening and treatment. We now know this will be particularly critical for women. In particular, primary providers of mental health care in rural communities are considered the front line for the ongoing consequences of the pandemic.

Additionally, consultative services to psychiatric providers should be enhanced, as well as other creative solutions such as peer networks, community-based support systems, and enhanced education programs for primary care providers and other medical staff (Colon-Gonzalez et al., 2013).

Social community-based initiatives that include familial aspects are culturally informed and address economic, social, and educational disparities in addition to health disparities, which may have the most effective outcomes (Ka'apu & Burnette, 2019). Similar programs have been successfully implemented in rural Indigenous communities (Ka'apu & Burnette, 2019, Burnette et al., 2018).

Virtual resources can and should be leveraged to enhance training opportunities and access to mental health care through virtual and telehealth platforms (Godden & Aaraas, 2006).

Health care systems and federal funding must pay heed to the physical and mental health burdens weathered by rural communities, especially in HCWs and women. They will not simply disappear as the pandemic winds down.

As disparities in care have widened, rural medical and mental health care systems need continued support, protections against hospital closures, and funding to support their patients and employees.

Chartis National Leader, Michael Topchik, aptly described this in the 2023 Chartis report exploring which at-risk rural hospitals stand to benefit from the new federal Rural Emergency Hospital designation and urged, "…the return of policy-driven reimbursement cuts, population health disparities, and the nurse staffing crisis will apply renewed pressure to the rural health safety net" (The Chartis Group, 2023).

The CARES Act, passed by Congress in 2020, included funding to help rural health care systems, while the American Rescue Plan Act of 2021 designated $8.7 billion to rural health workforce issues in grants, payments, training, and roughly $100 million allocated for enhanced mental health and reduced burnout in underserved communities (Oster, 2022).

Whether this funding did or did not address the issues of the rural health workforce has yet to be thoroughly studied nor how it has affected women in rural areas.

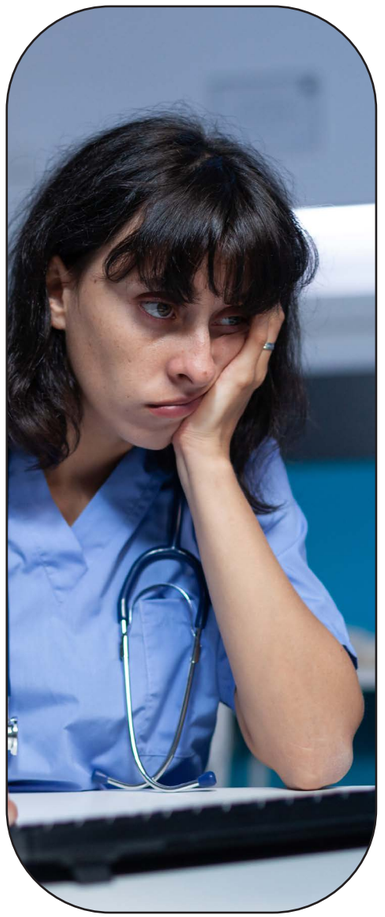
Conclusion

The COVID-19 pandemic widened the disparity in mental health outcomes and care for rural populations, particularly for women who work as essential HCWs.

Factors include an exacerbation of limited mental health resources, increased caregiving burden, and the mental health outcomes of COVID-19 itself that everyone shared. It has been associated with economic and social fallout.

To mitigate the impact, strategic solutions for mental health care targeting rural women and especially women HCWs are critical to decreasing the projected mental health burden that is anticipated long term.

The lack of current research dedicated to the resulting detriment in mental health issues for this population deserves immediate attention and action by regional, local, and national stakeholders to address the needs of this population in post-pandemic life. •



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RURAL REPORTS

RURAL HEALTH REPORTING
FROM ACROSS THE NATION
AND AROUND THE WORLD

What's news in your neck of the woods? Let us know!

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ALABAMA //

According to the Alabama Hospital Association, over a dozen rural hospitals in the state are on the brink of closure.

Despite the federal money received during the COVID-19 pandemic, 15 facilities could close immediately, with another two dozen at risk.

apr.org | 02.08.23

ALASKA //

The Alaska Division of Public Assistance has fallen behind on processing food stamp applications, leading to thousands of rural Alaskans waiting for benefits. The backlog has led to many villages requesting assistance from the state to feed their communities, with reports of malnutrition on the rise.

adn.com | 02.26.23

ARKANSAS //

In Arkansas, state representative Lee Johnson has sponsored a bill that would help struggling rural hospitals in the state. HB1127, the Rural Emergency Hospital Act, would grant the Arkansas Department of Health the ability to reclassify facilities in order to get higher reimbursement rates.

kait8.com | 01.21.23

CALIFORNIA //

Mee Memorial Hospital in King City has been called a "success story" for rural hospitals. After suspending services and cutting staff, the hospital was able to survive thanks to federal funds. Mee Memorial is now flourishing, even expanding departments and clinics in the service area.

montereycountyweekly.com | 01.05.23

COLORADO //

Memorial Regional Health in Craig is another success story. The only hospital in rural Moffat County, the facility was on the edge of closing in 2019. After numerous staff and department cuts, Memorial was able to devise a plan to stay in the black and continue providing care to its rural patients.
New contracts and federal relief funds allowed Memorial to continue operating, but they still face the same issues as every other rural facility in the state. Lack of reimbursement and rising costs could lead to numerous closures in the next few years for rural Colorado.

coloradosun.com | 02.14.23

CONNECTICUT //

In Connecticut, Governor Ned Lamont announced a new $18 million grant received from the U.S. Department of Housing and Urban Development, which will be used to address homelessness in rural communities around the state.

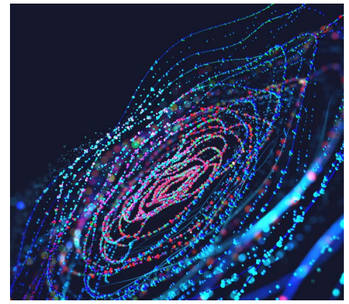
portal.ct.gov | 02.03.23

DELAWARE //

In Sussex County, PAM Health and Bayhealth have opened a new rehabilitation hospital in Georgetown, expanding acute care services in the community.

Bayhealth's in-patient rehab services were transferred to PAM earlier this year, and both have a 50-50 partnership in order to provide care across the state.

delawarebusinesstimes.com | 02.27.23



FLORIDA //

At the University of Florida, researchers have created a system that uses artificial intelligence (AI) to predict Alzheimer's disease through screening patient records.

Published this year, their study reported that the two AI models were able to predict with 'excellent' accuracy the patients most likely to develop Alzheimer's.

news.ufl.edu | 02.27.23

GEORGIA //

Ten rural hospitals in Georgia have received donations this year through the state's Heart Hospital Program. Created specifically to help rural hospitals stay open by increasing their funding, each hospital received $50,000.

walb.com | 01.05.23

HAWAI'I //

On Molokai, the deaths of two longtime physicians has widened the gap to healthcare access for the island's rural residents. With no one to replace them, the island only has four full-time doctors, and half of those are at retirement age. The three healthcare facilities on the island are taking in the doctors' old patients, but many have not established care since the deaths.

civilbeat.org | 01.20.23

CANADA

The province of Alberta has signed a $24 billion agreement package with the Canadian federal government to expand healthcare services in the province over the next ten years.

$2.9 billion will go to shared health priorities, with $233 million in immediate funds to help emergency rooms and pediatric hospitals throughout Alberta.

globalnews.ca | 02.27.23

PORTUGAL

The Healthcare Information and Management System Society (HIMSS) will host the HIMSS23 Europe conference in Lisbon from June 7 through June 9.

As Europe's healthcare crisis reaches its peak through lack of workers and up-to-date technology, HIMSS is hopeful that the conference will bring people together from all over the continent to explore new tech, learn about digital transformation, and discuss population health.

healthcareitnews.com | 02.24.23

KAZAKHSTAN

In Kazakhstan, the COVID-19 pandemic affected children living in rural and urban areas differently. According to the World Health Organization's Health Behaviour in School-aged Children (HBSC) study, rural children reported a higher negative impact on pandemic measures that restricted their lives. 42% reported a decline in academic performance.

However, rural children were more committed to preventing the spread of COVID-19, compared to their urban peers.

who.int | 02.27.23

MOLDOVA

In the Republic of Moldova, thousands of refugees from Ukraine have been granted mental health support and access.

With support from the World Health Organization, the Moldovan government has granted 'temporary protection' status to displaced Ukrainians in the country, which will allow them to access healthcare as Moldovan citizens. The legislation will take effect on March 1 of this year.

who.int | 02.22.23

JERSEY

The Bailiwick of Jersey has appointed a full-time consultant for sexual health, HIV, and viral hepatitis, a first for the island. Dr. Rajesh Hembrom will lead a sexual health team and develop a service that will integrate with Jersey General Hospital. Screenings that used to take five weeks can now be done same-day.

bbc.com | 02.27.23

IRELAND

Wine producers across Europe are offended at Ireland's new bill concerning health warnings on wine labels. Alcoholic products sold in the country will feature detailed warnings of liver disease and cancers, prompting claims of an insult of the Mediterranean diet.

thedrinksbusiness.com | 02.28.23

IDAHO //

The state of Idaho has dropped thousands of residents from the federal Medicaid program, sparking general outcry. Federal law usually bans states from dropping those that can't be reached, but Idaho officials claim disenrollments were meant for those who didn't qualify.

npr.org | 02.27.23

ILLINOIS //

All 59 Republican members of the state's General Assembly are demanding a state investigation into Choate Mental Health and Development Center in rural southern Illinois, where an investigative series has revealed stories of patient abuse and poor care by staff. In-person hearings and access to state Department of Human Services officials are part of the demands from legislators.

propublica.org | 02.23.23

INDIANA //

In the state legislature, the House Ways and Means Committee cut $75 million out of the $300 million budget proposal from Governor Holcomb, leaving $225 million to go towards local health departments.

It's good news for local health administrators, who were concerned over their budgets, but there is still more to be done in the state, which ranks 35th overall in health, according to the Centers for Disease Control and Prevention.

Legislators and admins agree that a long-term funding goal needs to be reached that will improve programs over a longer stretch of time.
washtimesherald.com | 02.22.23

IOWA //

In Iowa, 13 of the 15 nursing homes that closed in the state last year were located in rural areas, forcing long-time residents to leave their hometowns to access open nursing home beds.

The problem extends to other states as well, with Montana seeing the closing of 11 nursing homes and most of Colorado's homes going bankrupt in 2022 alone.

nbcnews.com | 01.22.23

KANSAS //

The University of Kansas' Area Health Education Center has more high school students showing up to events than ever before. Promoting healthcare careers to teenagers across the state, the AHEC's programs could expand into multiple sessions of health care topics ranging from women's health to career exploration and healthcare curricula.
kumc.edu | 01.31.23

LOUISIANA //

Blue Cross and Blue Shield of Louisiana has been purchased by Elevance Health Inc for $2.5 billion.

A large portion of the money will go to a foundation set in Louisiana after BCBSL is converted to a for-profit subsidiary.

reuters.com | 02.27.23

MAINE //

In rural Washington County, a shortage of providers and beds leaves residents with a three to four hour drive to access care. Transfers to other facilities are also difficult, as space is limited and staffing is a constant worry due to budgeting.

themainemonitor.org | 02.11.23

MARYLAND //

The state's Department of Health has launched the Medicaid Check-In campaign, intended to reach out to enrollees to update contact info and make sure they understand their coverage under the federal program.

Partnering with HealthChoice Managed Care Organizations, the state encourages enrollees to log on to MarylandHealthConnection.gov and update their information.

cbsnews.com | 02.28.23

MICHIGAN //

Sturgis Hospital is getting a makeover. The 97-year-old hospital is converting to a Rural Emergency Hospital, a model that will bring the facility back into the black financially.

The transition process is already underway, with plans to apply through the state licensing board by March 1 of this year.

sturgisjournal.com | 01.27.23

MISSISSIPPI //

At the University of Mississippi Medical Center in Jackson, doctors are training nurses and providers from rural hospitals to prepare them for emergency labor and delivery procedures. Called STORK, the program uses simulations to create real-life situations these providers will respond to.
denver7.com | 01.24.23

MISSOURI //

Clark County Pharmacy in rural Kahoka is celebrating 35 years in business, a milestone as other rural pharmacies close across the country.

The staff's dedication to their customers is cited as the reason the pharmacy is still going, with pivots to providing shots and assisting the local health department as strategies to stay open.

wgem.com | 01.04.23

MONTANA //

State lawmakers are considering a new bill that could increase access to care.

HB313 would allow physician assistants to practice without a supervision agreement with a doctor, granting PAs more independence and the ability to practice anywhere in the state.

khn.org | 02.10.23

NEW MEXICO //

Governor Lujan Grisham has announced a bipartisan bill that will create new funds for delivery of healthcare in rural New Mexico. SB7 would create the Rural Health Care Delivery Fund, designed to support rural healthcare in parts of the state that are usually underserved. The funds would be used to expand services such as dialysis and rehab.
governor.state.nm.us | 01.30.23

TENNESSEE //

In rural parts of the state, the Youth Villages Intercept Program has stepped in to help teenagers with their mental health. Available to adoptive children as well as children who have been abused or neglected, the national organization serves almost 100 families in the Cookeville area.

newschannel5.com | 01.06.23

TEXAS //

At Texas A&M University's School of Nursing, students are using virtual reality (VR) simulations in class, to better prepare for practicing medicine in a rural area.

The simulations allow students to learn how to manage many patient issues, including chronic conditions. The VR program can actually talk to the students, promoting active "on the job" learning.

wtkr.com | 02.13.23

VIRGINIA //

The new Virginia Consortium to Advance Healthcare in Appalachia will use $5.1 million in federal grant money to launch and expand programs that will improve access to healthcare in rural southwestern Virginia. The funds come from the USDA, with the intention to expand telehealth services and start a Project ECHO.

healthleadersmedia.com | 01.31.23

WASHINGTON //

A new program at Washington State University's College of Pharmacy and Pharmaceutical Sciences wants to address the challenges rural pharmacies face in the state by offering the Rural Health Initiative. Funded by donations, RHI will train pharmacy students in rural healthcare specializations, with a commitment to practice in rural Washington after graduation.

spokesman.com | 01.31.23

WISCONSIN //

In a Wisconsin Office of Rural Health survey, 41% of respondents did not have enough volunteers to staff their rural ambulance services, leaving many unable to respond to calls. 21% of respondents only have a staff of two to three people that are available to respond around the clock.

wpr.org | 02.15.23

WYOMING //

According to a University of Wyoming survey of its medical alumni, more than half started practices in rural locations thanks to the Rural Underserved Opportunities Program (RUOP), which offers a four-week rotation in rural areas of the state for students to practice in.

newsroom.uw.edu | 02.27.23

RHQ CONFERENCE CALENDAR

Check out our list of rural health conferences, and let us know if you're hosting one so we can help spread the word. Email us at RHQ@ttuhsc.edu.

2023 Rural Training Track Collaborative Annual Meeting
April 5 - 7, Missoula, MT
Holiday Inn Missoula Downtown

2023 TORCH Spring Conference and Trade Show April 10 - 13, Dallas, TX, Hyatt Regency

2023 Annual Tribal Public Health Conference April 11 - 13
Durant, OK, Choctaw Casino & Resort

2023 NCHN Annual Educational Conference April 11 - 13
Albuquerque, NM, Hotel Andaluz

22nd Annual Institute for Rural Health Research Conference
April 12 - 13, Tuscaloosa, AL
Bryant Conference Center

2023 Wyoming Power of Rural Healthcare Conference
April 17 - 19, Laramie, WY
University of Wyoming Conference Center

HIMSS23 Global Conference & Exhibition April 17 - 21, Chicago, IL McCormick Place Convention Center

2023 Annual National Rural EMS & Care Conference April 18 - 20, Virtual

2023 Critical Access Hospital Conference
April 19 - 21, Omaha, NE
Kimpton Cottonwood Hotel

2023 Missouri Rural Health Workforce Conference
April 20 - 21, Columbia, MO
Courtyard Marriott

2023 Annual Midwest Stream Forum for Agricultural Worker Health April 24 - 26, Austin, TX
Sheraton Austin Hotel at the Capitol

2023 JEMS Conference and Expo
April 24 - 29, Indianapolis, IN
Indiana Convention Center & Lucas Oil Stadium

2023 New York State Annual Public Health Partnership Conference
April 26 - 28, White Plains, NY
Sonesta White Plains

2023 Appalachian Health Leadership Forum April 28 - 29,
Roanoke, WV Stonewall Resort & Conference Center

2023 Conference for Agricultural Worker Health May 2 - 4, Seattle, WA Grand Hyatt Seattle

2023 Annual National Network of Public Health Institutes Conference
May 9 - 11, Washington, D.C.

7th Annual Forum on Aging in Rural Oregon May 15 - 17, Seaside, OR Seaside Civic and Convention Center

28th Annual NRHA Health Equity Conference May 16 - May 19
San Diego, CA
Sheraton San Diego Hotel & Marina

Rural Medical Education Conference May 16, San Diego, CA
Sheraton San Diego Hotel & Marina

2023 Accelerating Health Equity Conference May 16 - 18,
Minneapolis, MN
Hilton Minneapolis

46th Annual Rural Health Conference May 16 - 19
San Diego, CA
Sheraton San Diego Hotel & Marina

8th Rural Hospital Innovation Summit May 16 - 19, San Diego, CA
Sheraton San Diego Hotel & Marina

2023 Annual gpTRAC Regional Telehealth Conference May 23 - 24,
Bloomington, MN
Radisson Blu - Mall of America

2023 National PACE Association Summer Conference June 2 - 4,
Colorado Springs, CO
Antlers Hotel

2023 Annual Arizona Rural Health Conference
June 6 - 7, Flagstaff, AZ
High Country Conference Center

2023 Annual NASEMSO Meeting
June 11 - 15, Reno, NV
Silver Legacy Resort Casino

2023 Annual Minnesota Rural Health Conference June 12 - 13,
Duluth, MN Duluth Entertainment Convention Center

25th Annual Indiana Rural Health Conference June 13 - 14, French Lick, IN French Lick Resort and Conference Center

2023 Annual Dakota Conference on Rural and Public Health
June 14 - 16, Bismarck, ND
Bismarck Event Center

2023 Annual Council for Affordable and Rural Housing Meeting & Legislative Conference
June 26 - 28, Arlington, VA
Ritz-Carlton, Pentagon City

2023 Biennial National AHEC Organization Conference
June 27 - 30, Salt Lake City, UT
Little America Hotel

2023 AHA Leadership Summit
July 16 - 18, Seattle, WA

48th Annual USAging Conference & Tradeshow July 16 - 19, Salt Lake City, UT
Hyatt Regency Salt Lake City

2023 Annual NACo Conference
July 21 - 24, Austin, TX
Austin Convention Center

2023 NTCA Summer Symposium
July 23 - 26, Ponte Verde Beach, FL
Sawgrass Marriott Golf Resort & Spa

2023 Bi-Annual International Rural Nursing Conference
July 26 - 28, Johnson City, TN
Carnegie Hotel

2023 Annual NALBOH Conference
July 31 - August 2, Tacoma, WA
Hotel Murano

2023 Ohio Rural Health Conference
August 3 - 4, Ada, OH
Raabe College of Pharmacy
Ohio Northern University

34th Annual Illinois Rural Health Association Educational Conference
August 9 - 10, Champaign, IL
I-Hotel

2023 Annual National Rural ITS Conference
August 13 - 16, Portland, OR
Oregon Convention Center

2023 Annual 3RNET Conference
Sept. 12 - 14, Catoosa, OK
Hard Rock Hotel & Casino Tulsa

2023 MetaECHO Conference
Sept. 18 - 21, Albuquerque, NM

24th Biennial NICOA American Indian Elders Conference
Sept. 25 - 29, Cherokee, NC
Harrah's Cherokee Casino Resort

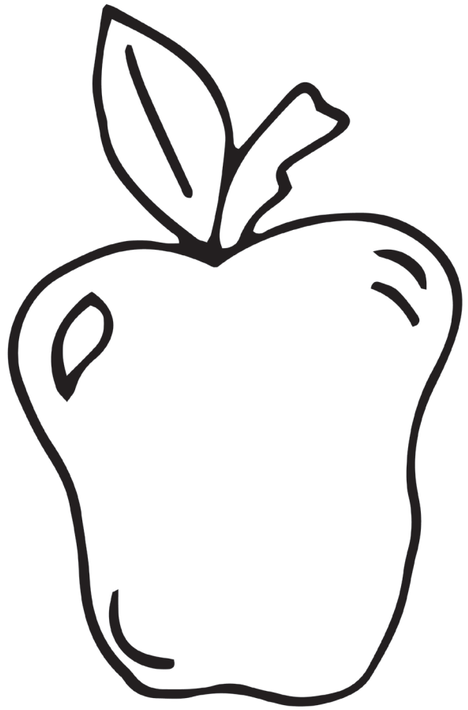
21st Rural Health Clinic Conference
Sept. 26 - 27, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

22nd Critical Access Hospital Conference
Sept. 27 - 29, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

2023 National HAC Rural Housing Conference
Oct. 24 - 27, Washington, D.C.
Capitol Hilton

2023 National Conference on EMS
Nov. 2 - 4, Atlantic City, NJ
Harrah's Waterfront Conference Center

2023 Annual Rural Health Voice Conference
Nov. 15 - 16, Blacksburg, VA
The Inn at Virginia Tech & Skelton Conference Center



Did we miss one? Let us know at RHQ@ttuhsc.edu

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

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Rural *and* Community Health

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