Almost 40% of Arizonans live in ‘health care shortage’ areas

By Jerod MacDonald-Evoy | April 15, 2020

About 2.8 million Arizonans – nearly two in every five – live in an area that the federal government says has a health care shortage. For many of those people, particularly in rural Arizona, that lack of care could complicate treatment in the COVID-19 pandemic.

Arizona ranks No. 9 in the nation for the most Healthcare Provider Shortage Areas, or HPSAs. The state needs more than 550 new practitioners in those areas in order for the designation to be removed, according to an analysis by the Kaiser Family Foundation.

“This can really create some barriers to ready access to high quality care,” Dr. Daniel Derksen, a public health expert and an associate vice president for University of Arizona Health Sciences, told Arizona Mirror. Derksen is also the director of the Arizona Center for Rural Health.

“In this coronavirus pandemic, we are seeing a real strain on these areas that don’t have these healthcare providers,” Derksen said. “When you have a small hospital, or maybe there is only an outpatient clinic, it is very hard to handle a rapid increase in acute care when you have a transmissible virus that can cause the moderate to severe infections that require supplemental oxygen.”
HPSAs are a designation given to a geographic area, population or facility that has a shortage of primary care, dental or mental health providers or services. Some portions of Arizona have 100% of their population living within one.

The designation is determined by the Health Resources and Services Administration, the primary agency that helps with improving access to healthcare for people who are uninsured or in isolated areas.

Some money has been spent to address these issues amid the outbreak of COVID-19.

Twenty-three health centers across Arizona within these designated areas split $1.7 million in COVID-19 aid money, with the largest amount going to the El Rio Santa Cruz Neighborhood Healthcare Center in Tucson, which has been on the list since 2003. It received $143,577 and has one of the highest HPSA ratings in the state. Adelante Healthcare Inc., which also has one of the highest HPSA scores of all the hospital groups in Arizona and also has been on the list since 2003, received $111,674.

However, areas that have been designated HPSAs have already been feeling the impact, regardless of the financial support from the federal government.

Recently, the Arizona National Guard had to fly in two Black Hawk helicopters to set up a field hospital near Chinle with 50 hospital beds.

Resources on the Navajo Nation continue to be stretched thin. The Tuba City Regional Healthcare Corporation, one of the hospitals that split the $1.7 million, has recently used social media to ask for donations and homemade personal protective equipment, like masks and gowns.

Efforts to address shortage killed last year

Before the COVID-19 pandemic hit, Arizona was already facing a shortage of doctors and nurses – its ratio of primary care physicians to residents is among the worst in the nation – but policymakers had made little headway during the prior two decades addressing the lack of money for graduate medical education funding, or GME.

More money would mean more residency slots at Arizona hospitals for medical students. Studies have shown that doctors are likely to establish their careers near where they have their residency, and health care leaders have said Arizona could make headway on the shortage of doctors by increasing the number of residencies at hospitals here.

Since 1997, the number of GME positions funded by the federal government has been capped, despite Arizona’s rapid population growth.

Two measures passed last year by Arizona’s state Senate aimed at increasing funding for GME and designed to increase the number of health care providers in rural Arizona died before they could reach a vote in the House of Representatives.

A bipartisan bill that would have directed the Arizona Board of Regents to establish an area health education center around Native American Health last session was also killed before it could reach the floor for a house vote. Some of the longest running and most impacted HPSAs are in the Navajo Nation.

All of those bills died when Rep. Anthony Kern, R-Glendale, refused to hear them in the House Rules Committee. That meant they couldn’t advance to a debate and vote by the full House.
So what parts of the state might see the most impact according to the data?

**Rural Arizona has acute, severe shortages**

Maricopa County has 44 HPSAs, the most in the state. However, the severity of the shortages in the Phoenix area are less than in other parts of the state.

HPSAs are scored on a scale of 0 to 26, with a higher score meaning a worse shortage of health care services.

So, while Maricopa County has more HPSAs than any other county, its average score is about 14.9 – much less severe than in Apache County, where the average score is 19. That county has the highest average score in the state, followed closely by neighboring Navajo County at 18.6. Both have more HPSA designated areas that score 20 or higher than their other regional counterparts.

On top of having the second highest average HPSA score, Navajo County also has the highest number of people infected with COVID-19 per 100,000 people in the county, per the [COVID-19 data tracker](https://www david schnurr .org) built by [David Schnurr](https://www david schnurr .org).

In Navajo County, there are 302 cases per 100,000 people; in Maricopa County, there are only 43 cases per 100,000 people.

Both Yuma and Santa Cruz counties have their entire populations living in HPSAs, according to research by the University of Arizona’s Rural Health Center.

Cochise County isn’t far behind, with 98% living within a designated HPSA area.

HPSAs are also facing acute revenue problems because of strict measures taken to prepare hospitals and other health care facilities for a surge in COVID-19 cases.

Much of the lost revenue is due to a ban on elective surgeries, something Gov. Doug Ducey ordered last month to conserve needed protective equipment like masks and gowns. And many people are not coming in for preventive care or follow-up appointments, another significant source of revenue for rural hospitals and clinics, Derksen said.

“They are working on very tight fiscal margins,” Derksen said. “It can make it very hard for them to keep their doors open.”

Money from the federal government and the state can and should help, but it can also mean less available funds for things such as PPE or other supplies necessary to combat the pandemic, Derksen said.

“Everyone is trying to do their part, it is just a very anxious time,” Derksen said.