

# HARD TIMES IN THE HEARTLAND

## Health Care in Rural America

### **Introduction**

Throughout rural America, there are nearly 50 million people who face challenges in accessing health care. The past several decades have consistently shown higher rates of poverty, mortality, uninsurance, and limited access to a primary health care provider in rural areas. With the recent economic downturn, there is potential for an increase in many of the health disparities and access concerns that are already elevated in rural communities. Hard Times in the Heartland provides insight into the current state of health care in rural areas and the critical need for health care reform.

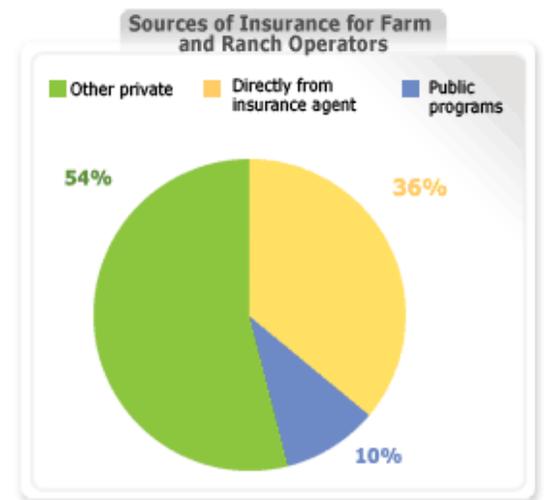
### **Health Care and the Rural Economy**

**High poverty rates and job loss in the current economic recession highlight the challenges of accessing health care and rising health care costs in rural areas.**

Rates of poverty are higher, with 15% of people in rural areas living below the poverty level compared to 12% of people in urban areas.<sup>1</sup>

The rural economy is dominated by small businesses, which are struggling as the cost of health care continues to skyrocket.<sup>2</sup>

In the current recession, the rural economy is losing jobs at a faster rate than the rest of the nation, and loss of jobs can lead to loss of health coverage. In particular, rural communities dependent on manufacturing have lost nearly 5% of their jobs since the recession began – and these are jobs that offer some of the best benefits.<sup>3</sup>



Source<sup>4</sup>



Source<sup>9</sup>

## ***Limited Coverage and Burdensome Costs***

Many rural residents work part-time, seasonally, or for themselves, making them less likely to have private, employer-sponsored health care benefits.

A multi-state survey of farm and ranch operators found that while 90% of farmers have insurance coverage, one-third purchased it directly through an insurance agent (compared to the national average of 8%).<sup>4</sup>

Nearly one in five of the uninsured – 8.5 million people – live in rural areas. This problem is worse for rural minority populations, the rural poor, and those with less than a high school education.<sup>5</sup>

Rural residents spend more on health care out of pocket than their urban counterparts. Indeed, one in five rural residents spends more than \$1,000 out of pocket in a year,<sup>6</sup> and rural residents pay on average for 40% of their health care costs out of their own pocket, compared with the urban share of one-third.<sup>7</sup>

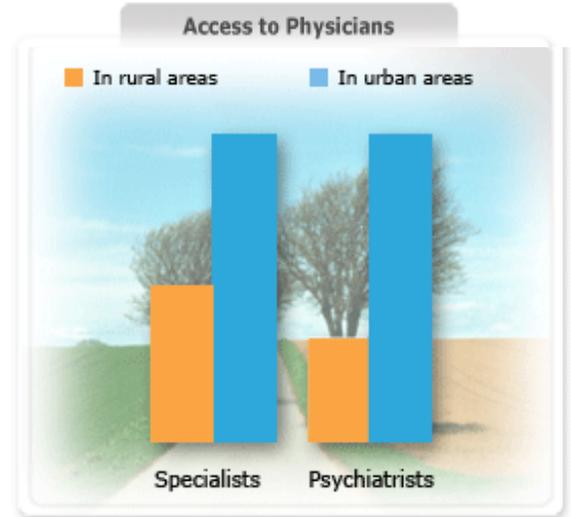
The high costs of health care hit farmers particularly hard. In a multi-state survey, one in five insured farmers had medical debt,<sup>8</sup> and in one state, farmers who purchased an individual health plan spent an average of \$2,117 more than their colleagues who were able to purchase through a group plan.<sup>9</sup>

As a result, rural adults are more likely than urban adults to report having deferred care because of cost (15% versus 13%). This problem is worse among rural minority populations, who are twice as likely to have deferred care in the past year as rural whites.<sup>10</sup>

## ***The Need for More Health Care Providers***

**Along with comprehensive and affordable coverage, access to high quality providers is also a key component of obtaining high quality care. Rural areas continue to suffer from a lack of diverse providers for their communities' health care needs.**

There were 55 primary care physicians per 100,000 residents in rural areas in 2005, compared with 72 per 100,000 in urban areas. This decreases to 36 per 100,000 in isolated, small rural areas.<sup>11</sup>



Source<sup>12</sup>

There were half as many specialists per 100,000 residents in rural areas compared with urban areas, and a third as many psychiatrists.<sup>12</sup>

For persons of all ages who visited their usual care provider, travel time was longer for rural than for urban patients. Fourteen percent of rural patients traveled more than 30 minutes, while only 10% of urban patients did so.<sup>13</sup>

The problems of a thin provider workforce can be expected to worsen if action is not taken. Rural areas have a higher percent of physician generalists nearing retirement than urban areas, and recruitment and retention continue to be a challenge.<sup>14</sup>

### ***Disparities in Health Need To Be Addressed***

**A scant provider network, lack of adequate and affordable health coverage, and difficulty accessing high-quality care can lead to worse health among rural populations.**

The percentage of diabetes patients who received all three recommended exams for diabetes is lower for patients in rural areas than in metropolitan areas (32% versus 42%). Perhaps as a result, rates of admissions for uncontrolled diabetes are higher among residents of rural areas.<sup>15</sup>

Rural women are less likely than urban women to be in compliance with mammogram screening guidelines (71% versus 78%), and are less likely to have had a pap smear done within the past three years (86% versus 91%).<sup>16</sup>

Rural residents are more likely to report fair to poor health status than urban residents,<sup>17</sup> and are more likely to have experienced a limitation of activity caused by chronic conditions than urban residents.<sup>18</sup>

Obesity is more common among rural residents (27%) than urban residents (24%), as are diabetes,<sup>19</sup> heart disease, and high blood pressure.<sup>20</sup>

**Comprehensive health reform is needed to bring affordable, high quality health care to these populations that need it most.**



Source<sup>15</sup>

## Sources

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- 1 DeNavas-Walt, C., Proctor, B. D., and Smith, J. C. (2008.) U.S. Census Bureau. "Current Population Reports, P60-235, Income, Poverty, and Health Insurance Coverage in the United States: 2007." Washington, DC: U.S. Government Printing Office.
- 2 Ziller, E. C., Coburn, A. F., & Yousefian, A. E. "Out-of-pocket health spending and the rural underinsured." *Health Affairs*, Nov/Dec 2006; 25(6), 1688-1699. See also "Helping the Bottom Line: Health Reform and Small Business" (2009). U.S. Department of Health and Human Services. <http://www.healthreform.gov/reports/helpbottomline/>
- 3 Drabenstott, Mark and Moore, Sean. (March 2009). "Rural America in Deep Downturn: A RUPRI Rural Economic Update." RUPRI Center for Regional Competitiveness: Kansas City, MO.
- 4 The Access Project. (Sept. 2007). "Issue Brief: 2007 Health Insurance Survey of Farm and Ranch Operators." [http://www.accessproject.org/adobe/issue\\_brief\\_no\\_1.pdf](http://www.accessproject.org/adobe/issue_brief_no_1.pdf)
- 5 Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2006.
- 6 Ziller, E. C., Coburn, A. F., & Yousefian, A. E. "Out-of-pocket health spending and the rural underinsured." *Health Affairs*, Nov/Dec 2006; 25(6), 1688-1699.
- 7 Ziller, E. C., Coburn, A. F., & Yousefian, A. E. "Out-of-pocket health spending and the rural underinsured." *Health Affairs*, Nov/Dec 2006; 25(6), 1688-1699.
- 8 The Access Project. (Sept. 2007). "Issue Brief: 2007 Health Insurance Survey of Farm and Ranch Operators." [http://www.accessproject.org/adobe/issue\\_brief\\_no\\_1.pdf](http://www.accessproject.org/adobe/issue_brief_no_1.pdf)

- 9 Dohogne, Aaron. (Sept. 2008). "Survey recommends remedies for farmers' high insurance rates." The Missourian. <http://www.columbiamissourian.com/stories/2008/09/26/missouri-farmers-paying-more-individual-healthcare-insurance/>
- 10 Bennett, K. J., Olatosi, B., & Probst, J.C. (2008). "Health Disparities: A Rural – Urban Chartbook." South Carolina Rural Health Research Center.
- 11 Fordyce MA, Chen FM, Doescher MP, Hart LG. (2007). 2005 physician supply and distribution in rural areas of the United States. Final Report #116. Seattle, WA: WWAMI Rural Health Research Center, University of Washington.
- 12 Fordyce MA, Chen FM, Doescher MP, Hart LG. (2007). 2005 physician supply and distribution in rural areas of the United States. Final Report #116. Seattle, WA: WWAMI Rural Health Research Center, University of Washington.
- 13 Agency for Healthcare Research and Quality, 2006 Medical Expenditure Panel Survey. Calculations By Maine Rural Health Research Center.
- 14 WWAMI Rural Health Research Center. Aging of the rural generalist workforce. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; in press.
- 15 Health Care in Urban and Rural Areas, Combined Years 2004-2006. Update of Content in MEPS Chartbook No. 13. Agency for Health Care Policy and Research, Rockville, MD. <http://www.ahrq.gov/data/meps/chbook13up.htm>
- 16 Bennett, K. J., Olatosi, B., & Probst, J.C. (2008). "Health Disparities: A Rural – Urban Chartbook." South Carolina Rural Health Research Center.
- 17 Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2006.
- 18 Bennett, K. J., Olatosi, B., & Probst, J.C. (2008). "Health Disparities: A Rural – Urban Chartbook." South Carolina Rural Health Research Center.
- 19 Bennett, K. J., Olatosi, B., & Probst, J.C. (2008). "Health Disparities: A Rural – Urban Chartbook." South Carolina Rural Health Research Center.
- 20 Pleis JR, Lethbridge-Çejku M. Summary health statistics for U.S. adults: National Health Interview Survey, 2006. National Center for Health Statistics. Vital Health Stat 10(235). 2007.