



*Center for Rural Health, Univ
North Dakota -*

All across America, access to healthcare providers, even family physicians, is a huge problem. According to experts at the North Dakota School of Medicine, if you want to go to an OB/GYN, depending on where you live in the country, you may have to travel as much as 200 miles.¹ In 2014, researchers at the University of Minnesota School of Public Health determined that 54% of the rural counties in this country did not have a hospital with obstetric services.¹

*American Hospital Association -
Solutions to Preserve Care in
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Rural hospitals and health systems provide much needed access to affordable, quality health care for patients close to home, and operate as economic anchors in their local communities, supporting good paying jobs and infusing the local economy with spending on goods and services. In 2020, rural hospitals supported one in every 12 rural jobs in the U.S. as well as \$220 billion in economic activity in rural communities.

What Does Healthy Aging in Place Look Like? Part Four: Access to Healthcare

By Lilly Anderson, MPH, DAFH Director, FebMar 2023



Hello Grangers and welcome back to our discussion on what it takes to age in place in a healthy way. The factors that we have examined so far are: (1) housing; (2) income; and (3) social connectedness. Our fourth and final area in this series, is **access to health care**.

One component of health care is preventative care. Regular use of preventative health care is critical for:

- Avoiding exposure to disease
- Timely diagnosis
- Effective disease management
- Reducing the need for aggressive treatment
- Lowering health care costs
- Improving health overall

Due to the multiple layers of barriers to access, rural residents use preventative care far less often than urban populations.²

Barriers to accessing rural health care exist across the board, at the system, provider and individual basis. **System level barriers** to health care access include financial barriers, distance needed to travel to health care facilities, lack of health

care facilities (clinics, hospitals and assisted living facilities) and the lack of physicians and other medical professionals in rural practice. According to *Rural Health Inequities by the Numbers*, there are 55 primary care physicians per 100,000 rural residents vs. 79 physicians per 100,000 urban residents, and there are only 30 specialists per 100,000 people in rural areas, as compared to 263 specialists per 100,000 people in urban areas.³

At the **provider level**, barriers include low satisfaction with and lack of confidence or trust in overworked providers and/or the healthcare system, and concerns about confidentiality in close rural communities. Additionally, rural health care should be a specialty in itself. Factors involved with rural health disparities are not something that all new physicians have traditionally been trained to deal with. New medical programs are deliberately preparing medical students to meet the needs of rural populations, by developing curriculums that build students' cultural sensitivity to rural patients. For example, when a rural patient presents with gastrointestinal pain, doctors are trained to ask if the patient uses well water, and if the well is drilled or hand dug (greater risk of contamination).

Individual level barriers include concerns about the stigma associated with certain health care needs, resistance to medical interventions, conflicts with child or older adult care, general confusion about where to go and what is covered by various insurance policies, and/or what action to take if they under- or uninsured. Rural residents are also more likely to be uninsured or underinsured for longer periods of time due to a lack of steady local employment.¹ All of these barriers are associated with a greater likelihood of delaying or going without care.²

So, what methods are available for us to leverage into a better umbrella of care? Telehealth is an appointment with a doctor, nurse, or other health professional by video or phone. Telehealth is a way for health care providers to deliver clinical health care to patients remotely and has demonstrated benefits including improved access to care, convenience, and slowing spread of infectious disease.

In 2021, 37.0% of adults used telemedicine at least once.⁴ During the COVID-19 pandemic, legislation expanded coverage for telemedicine health care services, and reimbursements for telehealth have continued to evolve with the federal government, state Medicaid programs, and private insurers expanding coverage for virtual health care services⁴. This was a game changer

and has the potential to significantly increase rural exposure to health care physicians and specialists.

Increasing Telehealth usage has the most immediate potential to quickly ramp up access to health care for rural residents and that can be accomplished by supporting broadband expansion. Broadband access remains a challenge for rural residents in large part due to geography. Additionally, housing in rural areas is often spread out across great distances and this increases the cost of building out the infrastructure needed to provide internet access.⁶ Internet service providers don't see a favorable return on investment and often require federal or state subsidies to begin development.

Unfortunately, broadband access is only one part of the equation, many rural residents report financial difficulties as well. According to a recent survey conducted by the National Telecommunications and Information Administration, the majority of rural households said the most they could afford to pay for internet services was \$10 per month, while most internet companies charge between \$50 and \$80 per month. Without subsidies, such as those offered by the *Connect America* fund, internet access could still remain out of reach for many rural households.

As we close this discussion, I am reminded of what I know about our humble beginnings. One of the primary reasons for forming the Grange was to decrease rural isolation and increase education and communication to rural areas. In 1867, Grange founder Oliver Kelley, on an official fact-finding mission for the Secretary of Agriculture, described the rural South as a land devastated by war and a people burdened with distrust, debt and depression.⁵ In particular, he was struck by the farmer's lack of social life. It was his hope that the Grange's fraternal focus would lay a foundation of education and social well-being for rural residents. Expanding broadband access to all rural homes does exactly that.

As Grangers, we can take steps to further those initial hopes and goals of Oliver Kelley. One step we can take to help increase rural access to health care, is make sure our elected officials know that we are one voice in this matter and encourage them to pass policy that expands broadband in rural areas.

References

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