

Health care and rural counties

Of all the non-farm-bill issues affecting rural communities, access to health care is certain to be near the top, along with non-farm employment opportunities. Having grown up in or lived in rural communities, we understand the importance of hospital and health care access to rural residents.

Living in Knoxville, TN, we have access to 8 hospitals each with 86 or more beds within a 20 or 30-minute drive of our homes. By way of contrast, as of 2009, 15 percent of US counties were without a single hospital or a surgeon. Another 15 percent had a hospital but no surgeon. Since 2010, 80 rural hospitals have closed. In addition, 54 percent of rural counties are without hospital-based obstetric services.

In a study, “Rural Healthy People 2010,” by the Texas A&M Health Science Center and The Florida State University College of Medicine (<https://tinyurl.com/y8eah5e>), researchers conducted a nationwide survey to identify the top ten health priorities of a survey of rural residents.

The top item, identified by 76.3 percent of respondents, was access to quality health care services: a) access to quality health insurance, b) access to primary care, and c) access to quality emergency services.

Rural counties have fewer general practitioners per capita and specialists are primarily located in larger cities. As a result, people need to drive further to access most basic health care services.

Compounding the problem, the residents of rural counties are poorer and older than those living in urban areas. Farmers and other rural residents are less likely to have access to full or partial employer paid health insurance plans.

The consequence of these challenges in accessing health care services is people living in medically underserved areas are more likely to delay access to health care services, often with long-term consequences that increase eventual costs. Even though most rural residents 65 and older have health care insurance through either Medicare or Medicaid, they are still negatively affected by the long drives.

Nutrition and weight status in rural areas was the second priority, followed by 3) diabetes, 4) mental health and mental disorders, 5) substance abuse, 6) heart disease and stroke, 7) physical activity and health, 8) older adults, 9) maternal, infant, and child health, and 10) tobacco use.

While at the time the survey was conducted, the Affordable Care Act was just in the process of being rolled out, preliminary data indicated that the number of rural residents with health insurance increased, particularly in those states that expanded Medicaid access. The ultimate goal set by the study is for 100 percent of the population to be covered by health insurance.

The study covers, in some detail, many of the critical health care issues faced by rural residents. The challenges have been documented and most of them fall outside the purview of the farm bill.

As a result, even after the farm bill is passed, the need for members of Congress to pay attention to rural health care issues is just as pressing as ever. Congress in cooperation with state and local officials needs to develop and help fund policies and programs to address the specific health care challenges facing rural communities.

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