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Bridging the Gap in Rural Healthcare

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Healthcare is a vital component of the rural economy. Not only is it an essential service to support a growing economy, but it also brings high-wage jobs to the communities it serves. In addition, a good healthcare system is an important indicator of an area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate. Nevertheless, the value of a good healthcare system is often overlooked when regions are crafting economic development plans and programs.

Providing access to healthcare has become extremely difficult for many rural areas. Such areas are often isolated and thinly populated, creating unique challenges for providing healthcare services in rural areas. Still, some innovative ways to enhance rural health have emerged in rural America. A common theme in these innovations is partnership—both geographically and across healthcare providers. State and federal

agencies are recognizing differences in rural healthcare needs, and as a result, have made significant strides toward crafting policies aimed specifically at rural areas. No longer are rural towns viewed simply as "small cities" that can be served by policies created with metro areas in mind.

The importance of healthcare in rural development

Rural regions cannot afford to overlook the role of healthcare in their quest for growing their region's economy. Healthcare is an important component of the rural economy. Strong healthcare systems make for a healthier work force, provide jobs for high-skill workers, and enhance a community's level of quality of life.

Studies have shown that 10 to 15 percent of workers in many rural counties are employed in the healthcare field. Typically, healthcare workers are some of the highest paid employees in rural areas. However, rural patients are increasingly traveling to metropolitan areas for their healthcare needs, thus exporting healthcare dollars out of their local community. As dollars drain out of rural areas, healthcare providers are taking new steps to boost confidence in their rural healthcare systems and create new efficiencies to make care more affordable.

Finally, healthcare is an important quality of life attribute that weighs heavily on the location decisions of businesses and workers. Business recruitment and retention are at the heart of many economic development efforts. Becoming a retirement destination has also become a rural development strategy for some areas. But communities that wish to cater to the wealthy generation of baby boomer retirees cannot ignore the need to provide quality healthcare. Some of the fastest growing rural communities in the last decade have been retirement destinations. And as the oldest of the baby boomers enter retirement, the demand for retirement communities swells.

The state of rural healthcare

Healthcare in many rural areas is in a critical state. Providing access to the broad spectrum of healthcare services can be especially challenging for rural communities. Geographic isolation and a lack of critical mass in rural places are the largest barriers to providing access to quality healthcare. These characteristics make it difficult to attract healthcare providers to live and practice in the area, to provide access to specialized healthcare services and the latest technologies, to maintain healthcare facilities, and to provide affordable insurance coverage for residents.

One of the biggest healthcare issues in rural America is the short supply of physicians, nurses, other medical personnel, and hospitals or clinics. In 2001, all or part of more than three-fourths of rural counties were designated as federal Health Professional Shortage Areas[1] based on criteria regarding need and availability of healthcare professionals. Higher compensation levels entice physicians to locate in metro areas rather than lower paying rural areas. Physicians in isolated areas often find it hard to maintain ties with the rest of the medical community, making it difficult to attract and retain rural physicians. Thus, physicians who choose to practice in rural areas often must go to greater lengths to stay informed on the latest medical advances or to engage colleagues to consult in special cases. The lack of critical mass in rural areas limits the availability of specialized healthcare services, and rural patients in need of such care often must travel long distances to the nation's cities to receive such care.

Access to healthcare in rural areas is also hindered by the inability of communities to financially justify a hospital or clinic. Some rural areas no longer have enough patients to support a medical practice or provider, let alone a hospital or clinic. As a result, many rural hospitals have closed in recent years.

Lack of health insurance coverage for rural residents also has implications for both healthcare access and quality. According to Census Bureau surveys, roughly 13 percent of rural residents did not have health insurance coverage in 2001, a level similar to urban areas. However, this figure jumps to 22 percent in remote rural counties. In addition, while rural and metro areas have similar shares of uninsured populations overall, there are clear differences in the *reasons* for the lack of insurance. Rural areas have trouble establishing managed care plans due to their small population leaving many rural residents without an affordable option for health insurance. Also, self-employment and small business are much more important to rural areas, and such firms often have greater financial difficulty providing health benefits to their employees. Thus many rural employees rely on individual plans for which they pay all of the cost, or they forego any health insurance coverage altogether. Those people without health insurance tend to postpone doctor visits until there is an emergency, sacrificing their overall quality of care and raising the final cost because they are not seeking preventative treatment.

Initiatives for bridging the gap in rural healthcare

Faced with all these challenges, rural areas are beginning to innovate their healthcare systems. Many state and federal assistance programs are available to rural communities. Some programs provide much needed equipment upgrades, while others help rural areas make long-term strategic changes in healthcare delivery. Looking beyond the funding sources, there are a few promising strategies that have emerged, all of which have the notion of regions and partnering embedded in them. Among the most promising innovations are forging networks and partnerships with other providers and institutions, a "grow-your-own" strategy to recruit and train future rural healthcare professionals, and the use of telemedicine to expand the services that are offered in rural communities.

Networks. Networks have become a popular strategy to help rural areas improve access to healthcare. Networks often allow healthcare facilities to share costs and achieve solvency. This was one of the goals of the Lac qui Parle Healthcare Network, which is made up of three hospital-based systems serving three counties in the southwest central region of Minnesota. The healthcare systems were challenged in maintaining essential healthcare services to an aging population in an agricultural-based rural community. The network started out by focusing on providing professional services for the three members. The group purchased technologies that were shared by the three institutions, which spread out costs, improved member's efficiency, and allowed each facility to offer additional services. The group also coordinated its efforts to recruit and retain physicians, nurses, and other staff.

After two years of realizing tangible results, the group received a grant to conduct feasibility studies of establishing satellite clinics and sharing emergency room call coverage. Given some positive feasibility indications, the network opened a satellite clinic that operates two days per week in a community that had been without a clinic for 50 years. Two additional satellite clinics have also opened in the network's service area.

Grow-your-own. Rural areas constantly struggle with attracting medical professionals to practice in their communities. A variety of state and federal programs provide incentives for rural physicians, including student loan repayment assistance. But these physicians have the option to leave the area when their obligation is fulfilled. Therefore rural communities must find new ways to recruit and retain medical professionals.

In the 1980s, the University of Nebraska Medical Center (UNMC) embarked on a quest to increase the number of rural healthcare providers in the state and train providers to meet the special needs and challenges of rural places. A "grow-your-own" approach to building local human capital resources is at the center of the UNMC initiatives. The Rural Health Opportunities Program is a partnership between UNMC and two state colleges that provides students from rural areas incentives to enter health sciences programs at UNMC after completing their undergraduate studies at a state college.

The Rural Health Education Network (RHEN) is made up of numerous programs and partnerships to spark interest in healthcare careers among rural Nebraska's youth and to conduct healthcare training in rural areas. Among the initiatives are rural rotations as part of UNMC students' clinical training; a UNMC career day, which allows students from rural schools to spend a day with students and faculty; a workshop for undergraduates in health-related fields across the state; and sponsorship of regional and state 8th grade science meets, which allows the university to begin a relationship with potential future students. The RHEN is complemented by a federally funded Area Health Education Center (AHEC) located in the state that has similar goals and objectives. The AHEC is valuable in that it provides infrastructure support to help reach more underserved areas. Partnerships among the university, state colleges, rural communities, and rural healthcare providers and institutions are critical for the success of these initiatives.

Telemedicine. Technology is making it possible for some rural communities to enhance the quality of healthcare and expand the range of healthcare services available to residents. But the key to capturing the full benefits of new technologies is broadband access, which is still not available in many rural areas. New, Internet-based technologies have reshaped telemedicine, allowing rural physicians and hospitals to quickly tap into the world of changing health information that could hold the key to making critical diagnostic decisions.

An example of a successful telemedicine network was initiated by a group of doctors at the University of Virginia (UVa) in Charlottesville in the mid-1990s. Recognizing the need for a broader range of healthcare services in the state's rural areas, they set off to tie the highly rated University of Virginia Hospital to rural hospitals and clinics across the state. The hospital raised funds for the central telemedicine facilities at UVa, but the participating hospitals and clinics were responsible for raising their own funds. The rural institutions tapped into numerous funding sources, including USDA Rural Development's Community Facilities and Rural Utilities programs. The telemedicine network now includes 41 rural facilities including hospitals, clinics, schools, prisons, and other UVa campuses.

Telemedicine provides other capabilities besides the ability to consult with top-rated physicians in distant metropolitan hospitals and research centers. Rural physicians are able to consult with a broad range of physicians and specialists—rural or urban. The Internet can also improve the administration and management of rural healthcare systems. Finally, Internet technology is serving as a means of educating rural healthcare professionals. The Internet allows professionals to stay up to date on the latest medical findings and provides a means of training other medical personnel, such as nurses and medical coders who are in short supply. But for telemedicine to have a profound impact on healthcare in rural America, broadband is a must, billing issues must be resolved, and telemedicine services must be more broadly recognized by insurance plans.

Policy's role in enhancing rural healthcare

While innovations are energizing rural healthcare, shifts in public policy will be critical in shaping the future course of the healthcare system. States will be an important arena for shifts in policy. All states have healthcare policies, but few have policies or programs that focus specifically on *rural* healthcare issues. Most policies center on various funding programs. And while many of the funding sources can be accessed by rural areas, determining which programs they are eligible for can be an overwhelming process. In addition, there must also be a strategy for targeting healthcare funds, because having more dollars alone is not sufficient to tackle rural healthcare issues.

One state that has moved aggressively on rural health issues is Georgia. In the late 1990s, the state of Georgia embarked on an effort to transform its struggling rural health delivery systems. The goal was to build new local and regional partnerships among healthcare providers and community leaders. The effort began by focusing on single-county health networks, but it ultimately led to the establishment of 19 regional networks that cover nearly two-thirds of Georgia's rural counties.

The state served as the catalyst for change, but the new partnerships were built at the grassroots level. The state organized a network of support by launching several partnerships to pool resources for development of rural healthcare networks. In partnership with the Georgia Health Policy Center (GHPC) at Georgia State University, a technical assistance program called Networks For Rural Health was implemented for communities to access. The program is funded by the state, but the GHPC develops program details and provides assistance to communities. In the early stages of the initiative, technical assistance in needs assessment, planning, and networking activities was available to individual counties.

The state took the initiative to another level by focusing on multicounty regional networks. The newly created Department of Community Health (DCH) reorganized the state's Office of Rural Health Services and committed to developing regional healthcare systems to ensure quality care. The state also allocated funds to establish rural health systems, supporting the formation of 11 regional networks. Recognizing the need for future funding and the uncertainty in further legislative funds, the DCH sought partnerships with foundations for additional financial support. Partnering was made easier due to the formation of the Philanthropic Collaborative for a Healthy Georgia which brings Georgia foundations together to understand and respond to healthcare challenges in the state. The GHPC provides staff and guidance to support the collaboration. As a result of the partnering process, the Access Georgia Rural Health Initiative was launched, funding nine regional rural health networks.

Healthcare is certainly no stranger to federal policies, but rural areas have not always been taken into consideration. Moreover, the labyrinth of federal healthcare policies can be difficult to navigate for rural healthcare organizations. In particular, it is often hard to find the best sources of funding for rural initiatives.

The Department of Health and Human Services (HHS) has recently tackled these very issues and is now taking steps to improve healthcare in rural areas. The department created a Rural Task Force in 2001 to explore issues in rural healthcare and social services. The task force identified three important issues related to how HHS programs are crafted and administered. First, there was no consistent definition of "rural" across all HHS agencies and programs, making it difficult to evaluate services, create and target programs, and quantify investments in rural communities. Second, the task force recognized that 225 HHS programs were available to serve rural communities, but communities had difficulty using the resources because of each programs' unique funding criteria. Finally, rural concerns are not automatically considered when policy decisions are made; therefore, some policies may actually hurt rural areas.

HHS has responded in a variety of ways. The initiatives geared to enhancing access to healthcare in rural areas include the following:[2]

- Continued funding or new funding to assist rural hospitals, especially in underserved areas
- Funding to assist state Offices of Rural Health located in all 50 states
- Enhanced access to HHS programs and information by creating a "single point of entry" in the department
- A commitment to keeping rural issues in mind when crafting policies and programs
- A new approach for identifying needy communities and for quantifying investments in rural areas

Access to quality healthcare is a critical component of the rural economy not only to ensure a healthy, productive population, but also to attract people and businesses to rural areas. In the past, the unique healthcare needs of rural areas have often been overlooked. But there are promising efforts at the community level as well as in state and federal policies to specifically address rural healthcare issues. Such efforts are important because a healthy rural America leads to a healthy rural economy.

Endnotes

[1]Counties are designated as a Health Professional Shortage Area if the following three criteria are met: 1) The area is a rational area for the delivery of primary medical care services. 2) Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the area. 3) One of the following conditions prevails in the area: The area's population to full-time-equivalent primary care physician ratio is at least 3,500:1, or the area's population to full-time-equivalent primary care physician ratio is at least 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers (*The U.S. Department of Health and Human Services Health Resources and Services Administration*).

[2]*One Department Serving Rural America,* HHS Rural Task Force Report to the Secretary, U.S. Department of Health and Human Services, July 2002.

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