

Healthcare disparities & barriers to healthcare



Rural residents experience many difficulties in accessing health care services. These disadvantages result in higher morbidity and mortality rates compared to those of their urban counterparts.

Lack of healthcare professionals in rural areas

Even though rural communities contain about 20% of America's population, less than 10% of physicians practice in these communities. Likewise, fewer dentists practice in rural areas. Even the majority of EMS first responders in rural areas are volunteers.

Geographic barriers

In rural areas residents need to travel greater distances to access different points of the health care delivery system. Health care facilities in these areas are small and often provide limited services. Often, due to geographic distance, extreme weather conditions, environmental and climatic barriers, lack of public transportation, and challenging roads, rural residents may be limited/prohibited from accessing health care services.

Access to healthcare services and benefits

Timely access to emergency care is a major issue for rural residents. Response times by emergency medical personnel and transport times via ambulance to the hospital are notably greater than in urban areas.¹

The difficulties of access to health care facilities may impair outcomes by increasing patients' physical and emotional stress, reducing the likelihood of seeking follow-up care, and limiting proximate family support.²

Rural people are less likely to be covered by Medicaid benefit. Rural residents are less likely to have employer- provided health care coverage or prescription drug coverage. The Medicare Payment Advisory Commission documented lower average Medicare costs and lower likelihood of using Medicare hospice benefits for rural beneficiaries in the last year of life.



Rural area residents need to travel greater distances for healthcare. "Birtha", the VA Palo Alto's mobile healthcare van brings medical services to patients in rural areas.

Five categories of barriers to health care include:³

- Transportation difficulties
- Limited health care supply
- Lack of quality health care
- Social isolation
- Financial constraints

Six diverse strategies for coping with the costs of prescription drugs include:³

- Reducing dosage or doing without
- Limiting other expenses
- Relying on family assistance
- Supplementing with alternative medicine
- Shopping around for lowest prices
- Using the Veterans Administration (for those who qualify)

For references and a national rural health snapshot, see page 2.

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Motor vehicle accident rates

One-third of all motor vehicle accidents occur in rural areas; however, two-thirds of motor vehicle deaths occur on rural roads. Rural residents are also nearly twice as likely as urban residents to die from unintentional injuries other than motor vehicle accidents.³

National rural health snapshot⁴

	Rural	Urban
Percentage of USA Population**	20%	79% +
Percentage of USA Physicians**	10%	90%
Num. of Specialists per 100,000 population**	40.1	134.1
Population aged 65 and older	18%	15%
Population below the poverty level	14%	11%
Average per capita income	\$19K	\$26K
Population who are non-Hispanic Whites	83%	69%
Adults who describe health status as fair/poor	28%	21%
Adolescents (Aged 12-17) who smoke	19%	11%
Male death rate per 100,000 (Ages 1-24)	80	60
Female death rate per 100,000 (Ages 1-24)	40	30
Population covered by private insurance	64%	69%
Population who are Medicare beneficiaries	23%	20%
Medicare beneficiaries without drug coverage	45%	31%
Medicare spends per capita compared to USA average	85%	106%
Medicare hospital payment-to-cost ratio	90%	100%
Percentage of poor covered by Medicaid	45%	49%

Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article entitled "Rural Health Can Lead the Way," by former NRHA President, Tim Size: Executive Director of the Rural Wisconsin Health Cooperative

REFERENCES

1. Institute Of Medicine of the National Academies. *Quality through Collaboration: the future of rural health*. Washington, DC: National Academies Press, 2005. p. 35. <http://www.nap.edu/openbook.php?isbn=0309094399>
2. Institute Of Medicine of the National Academies. *Quality through Collaboration: the future of rural health*. Washington, DC: National Academies Press, 2005. p. 27. <http://www.nap.edu/openbook.php?isbn=0309094399>
3. Goins, R. T., Williams, K. A., Carter, M. W., Spencer, M., & Solovieva, T. (2005). Perceived barriers to health care access among rural older adults: a qualitative study. *J Rural Health*, 21(3), 206–213
4. http://www.wisconsinmedicalsociety.org/wms/publications/wmj/issues/wmj_v10i1n5/GE-size.pdf