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Inequities in Access to Care in Rural Areas

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National Rural Health Association
Policy Institute
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RHRC
Rural Health Research & Policy Centers
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www.ruralhealthresearch.org

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Agenda

- Addressing access within a changing environment
- Access to obstetric care
- Within-rural disparities in access to care by race and ethnicity
- Access to care for Medicare beneficiaries
- Implications for rural health policy and service delivery

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Access in Changing Rural Environment

- Access to timely, high-quality care is necessary for maintaining good health across the lifespan
- In rural areas, access compounded by hospital and unit closures, transportation barriers, economic barriers, etc.
- All within changing environment of rural areas – aging; increasing diversity

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Access to Obstetric Care in Rural Areas

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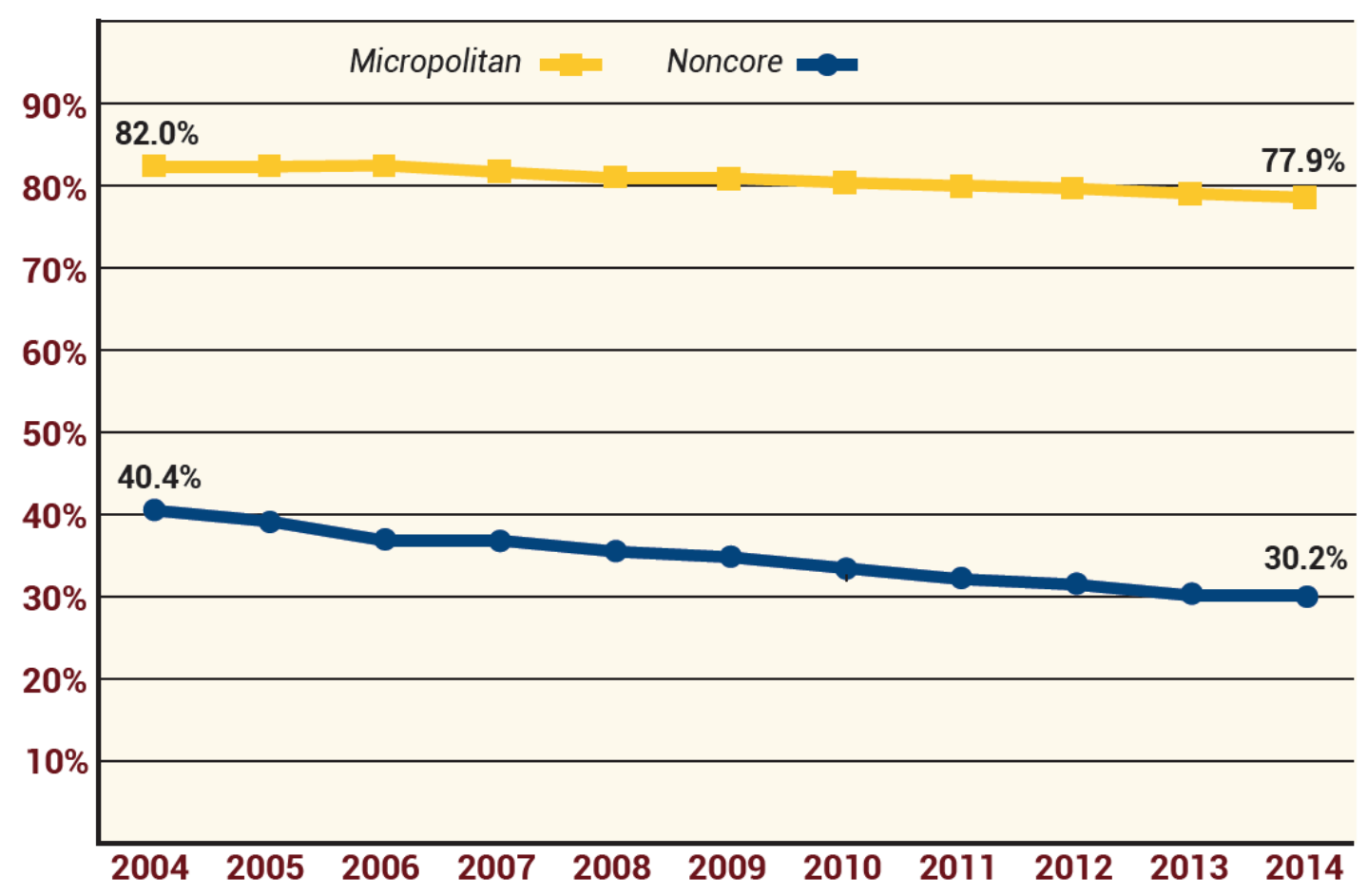
Percent of Rural Counties with Hospital OB Services, 2004-2014



Source: Hung, Kozhimannil, Henning-Smith, & Casey (2017).
https://rhrc.umn.edu/publication/closure-of-hospital-ob-services/

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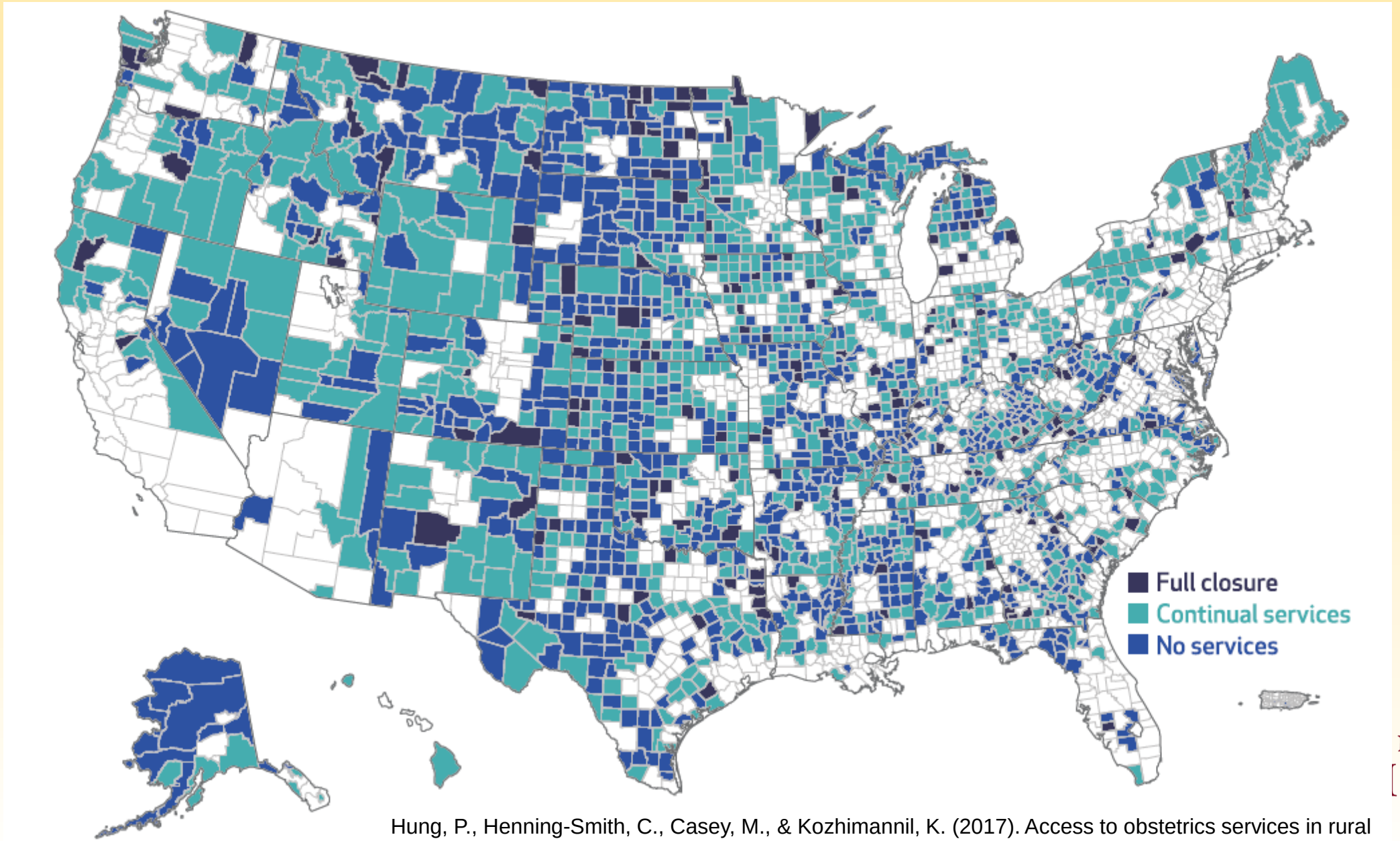
Hospital Obstetric Services in Rural Counties, 2004-2014



Hung, P., Henning-Smith, C., Casey, M., & Kozhimannil, K. (2017). Access to obstetrics services in rural counties still declining, with 9 percent losing services, 2004-2014. *Health Affairs, 36*(9), 1663-1671.

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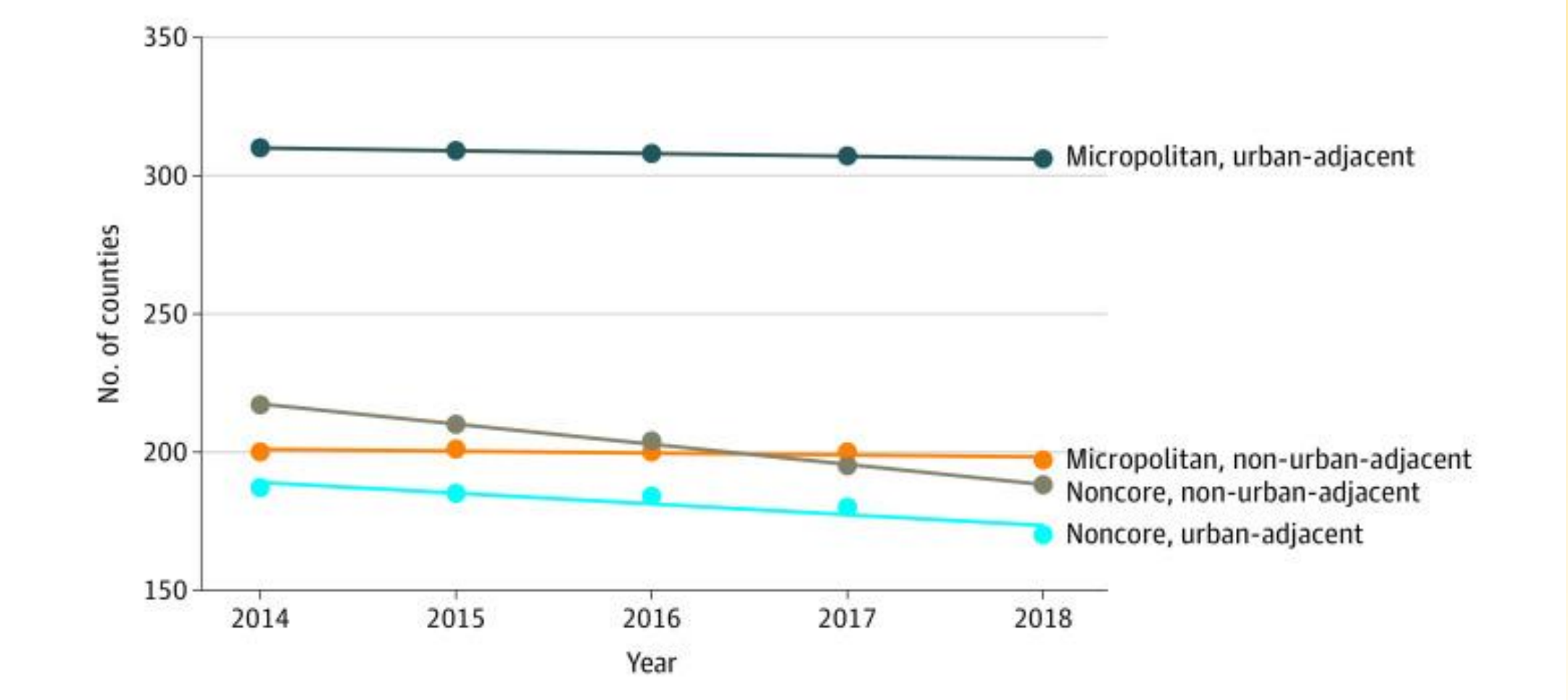
Number of Rural Counties with Hospital OB Services, 2014-2018



Source: Kozhimannil, Interrante, Tuttle, & Henning-Smith. *JAMA;* 2020

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Factors Associated with OB Unit Loss

- Counties that had higher rates of obstetric unit loss had, on average:
  - Lower birthrates
  - Fewer family practice doctors and OBGYNs
  - Lower median income
  - More Black residents

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Within-Rural Disparities in Access to Care by Race and Ethnicity

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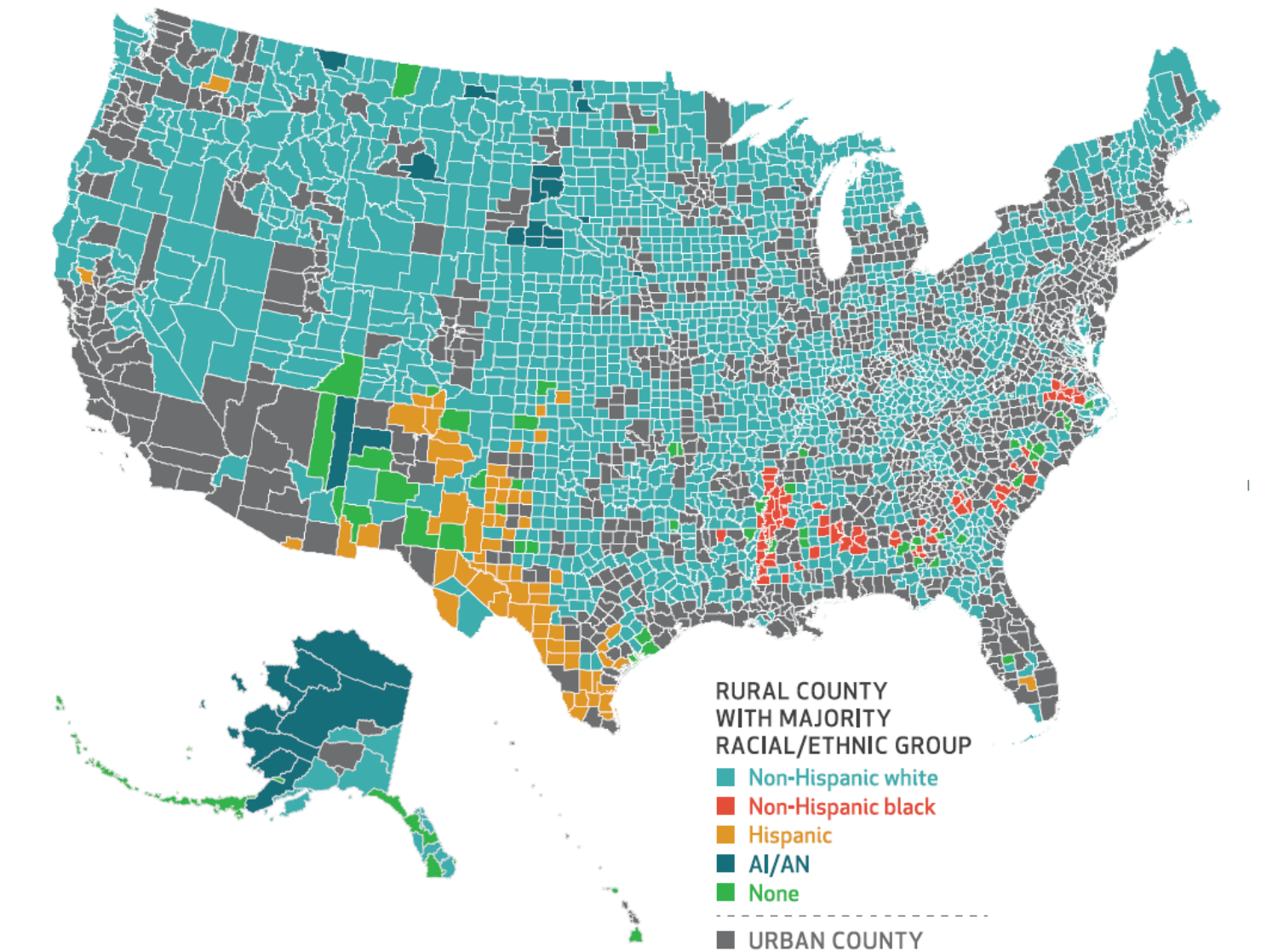
Rural Counties by Majority Racial or Ethnic Group



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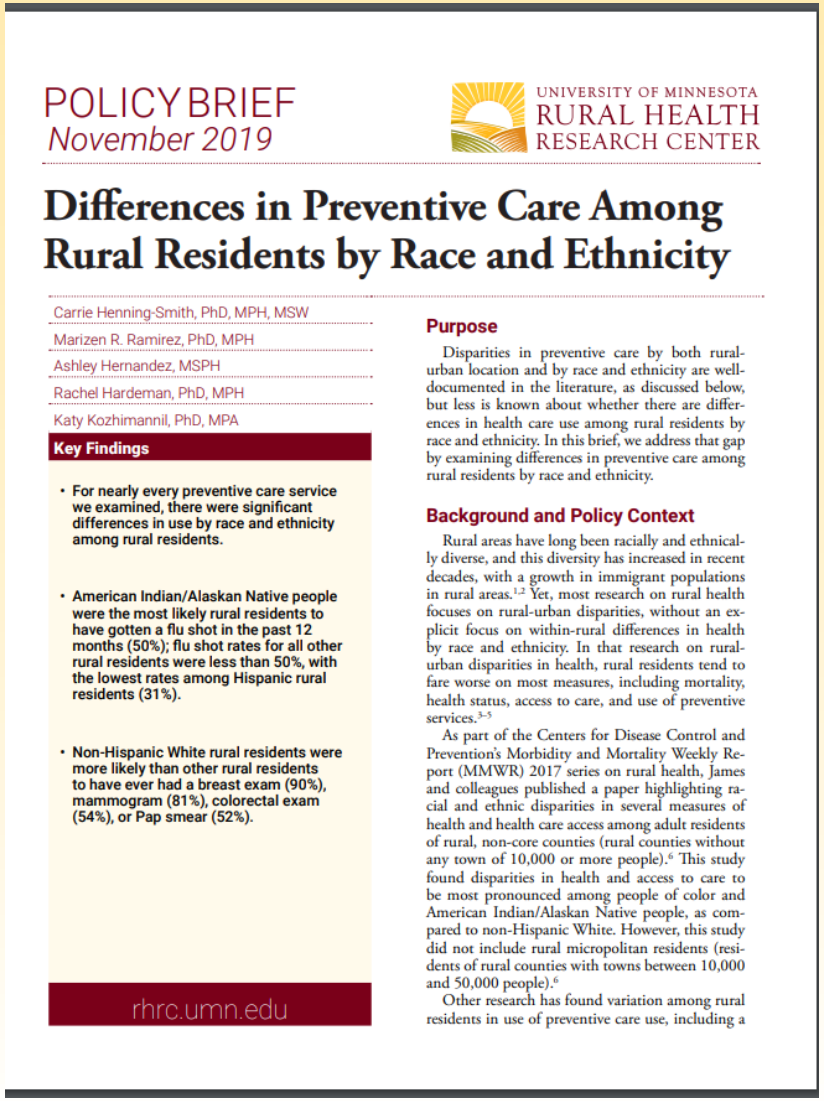
Variation in County-Level Characteristics

	Majority Racial or Ethnic Group				
	Non-Hispanic White	Non-Hispanic Black	Hispanic	American Indian/Alaska Native	No majority Group
Median household income	$45,605	$30,281	$43,166	$39,001	$41,080
Unemployment rate	5.4%	9.3%	6.4%	9.0%	6.6%
Limited food access	9.0%	11.1%	12.8%	29.8%	11.7%

Disparities in Access: Preventive Care Services



POLICY BRIEF
November 2019

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Differences in Preventive Care Among Rural Residents by Race and Ethnicity

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Katy Kozhimannil, PhD, MPA

Key Findings

- For nearly every preventive care service we examined, there were significant differences in use by race and ethnicity among rural residents.
- American Indian/Alaskan Native people were the most likely rural residents to have gotten a flu shot in the past 12 months (50%); flu shot rates for all other rural residents were less than 50%, with the lowest rates among Hispanic rural residents (31%).
- Non-Hispanic White rural residents were more likely than other rural residents to have ever had a breast exam (90%), mammogram (81%), colorectal exam (54%), or Pap smear (52%).

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Purpose

Disparities in preventive care by both rural-urban location and by race and ethnicity are well-documented in the literature, as discussed below, but less is known about whether there are differences in health care use among rural residents by race and ethnicity. In this brief, we address that gap by examining differences in preventive care among rural residents by race and ethnicity.

Background and Policy Context

Rural areas have long been racially and ethnically diverse, and this diversity has increased in recent decades, with a growth in immigrant populations in rural areas.[1,2] Yet, most research on rural health focuses on rural-urban disparities, without an explicit focus on within-rural differences in health by race and ethnicity. In that research on rural-urban disparities in health, rural residents tend to fare worse on most measures, including mortality, health status, access to care, and use of preventive services.[3–5]

As part of the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report (MMWR) 2017 series on rural health, James and colleagues published a paper highlighting racial and ethnic disparities in several measures of health and health care access among adult residents of rural, non-core counties (rural counties without any town of 10,000 or more people).[6] This study found disparities in health and access to care to be most pronounced among people of color and American Indian/Alaskan Native people, as compared to non-Hispanic White. However, this study did not include rural micropolitan residents (residents of rural counties with towns between 10,000 and 50,000 people).[6]

Other research has found variation among rural residents in use of preventive care use, including a

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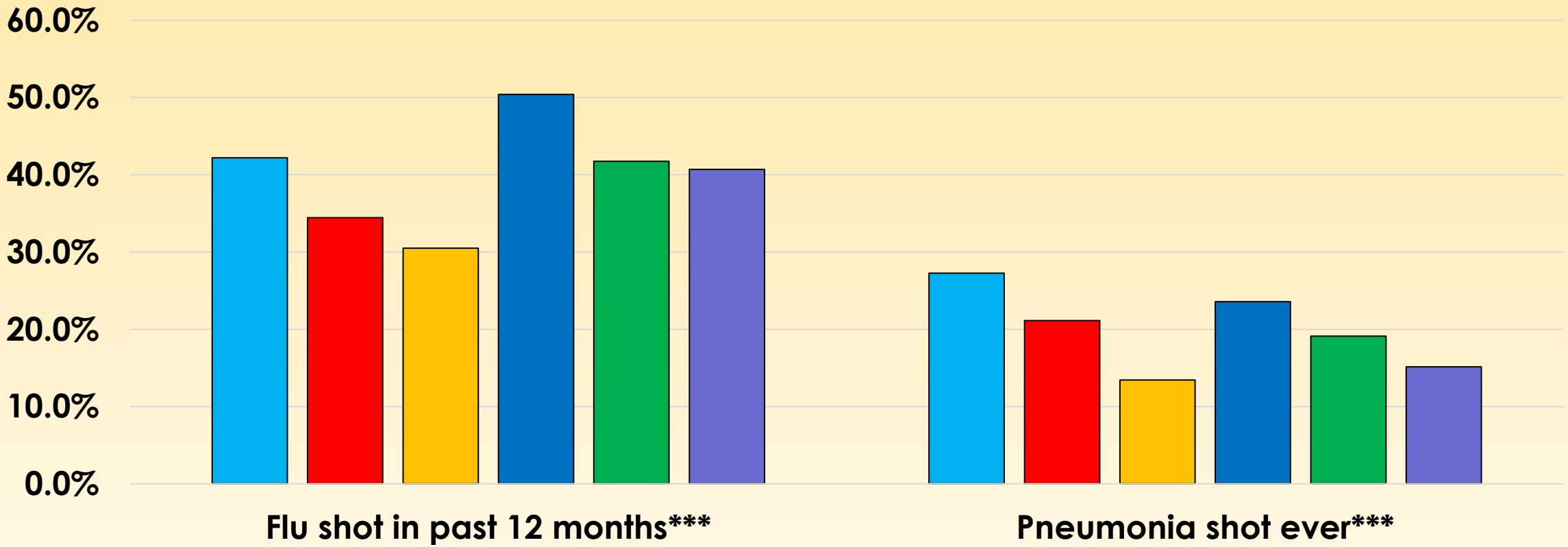
Disparities in Preventive Care: Vaccinations



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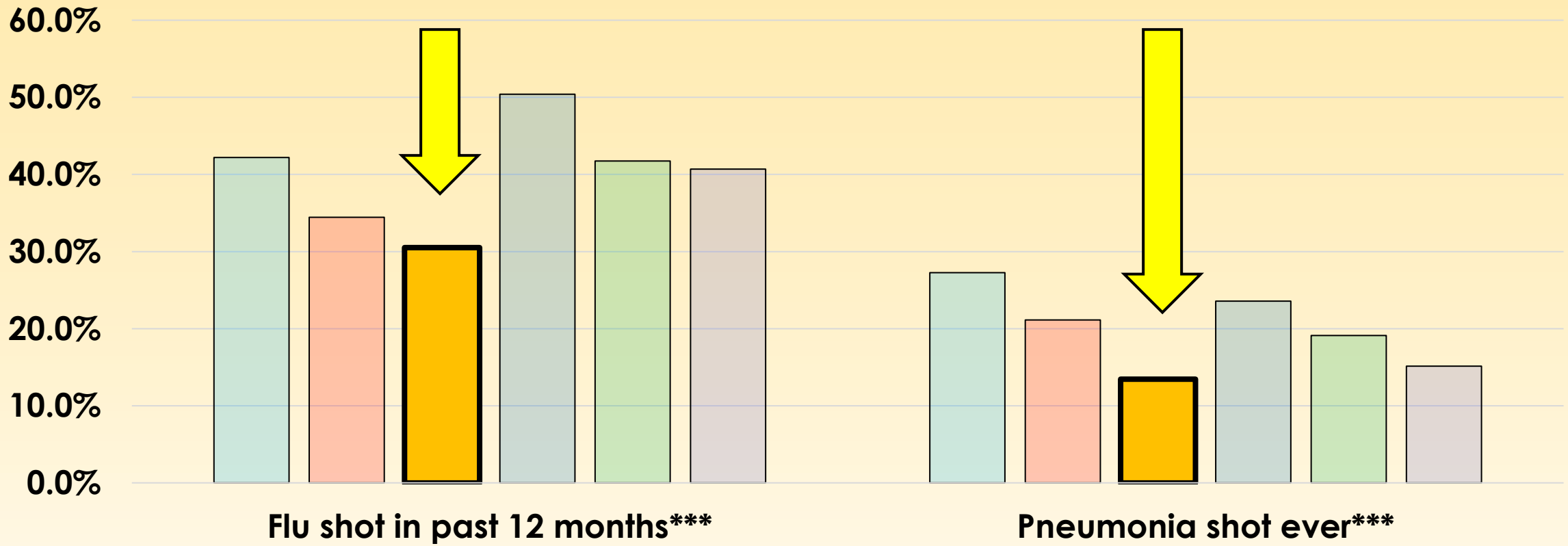
Disparities in Preventive Care: Vaccinations



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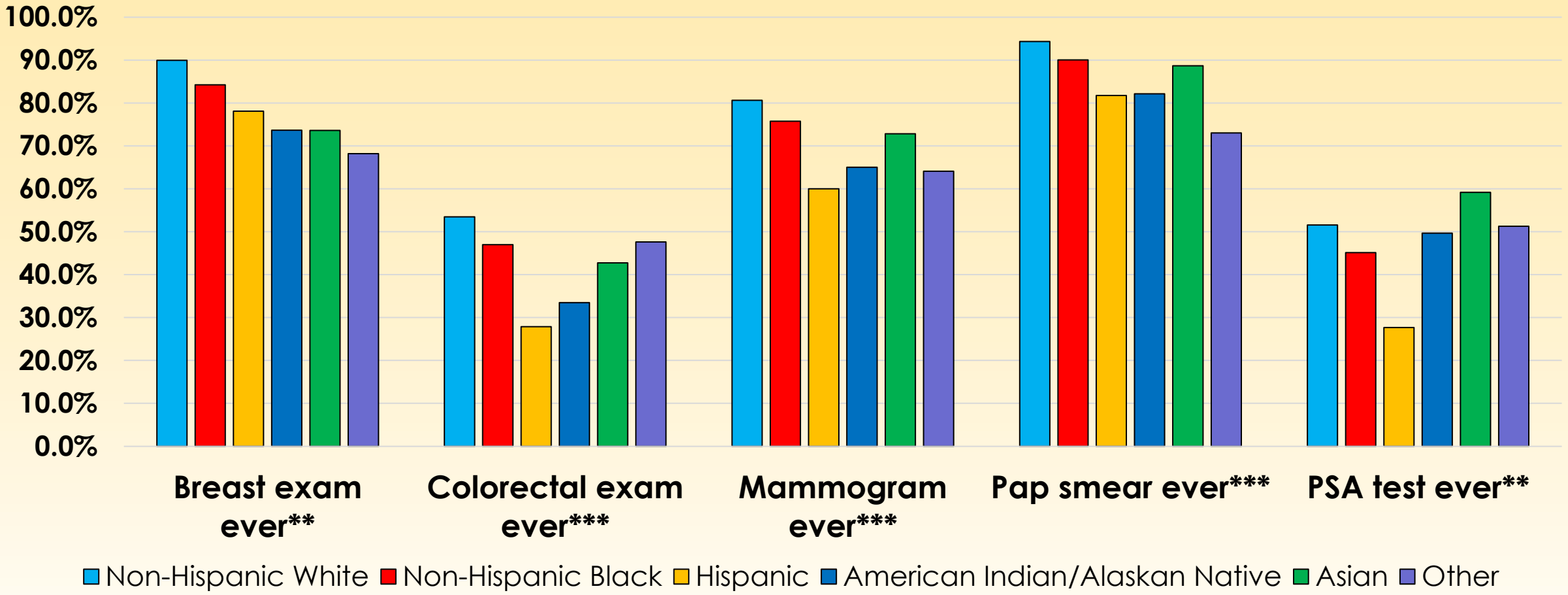
Disparities in Preventive Care: Screenings



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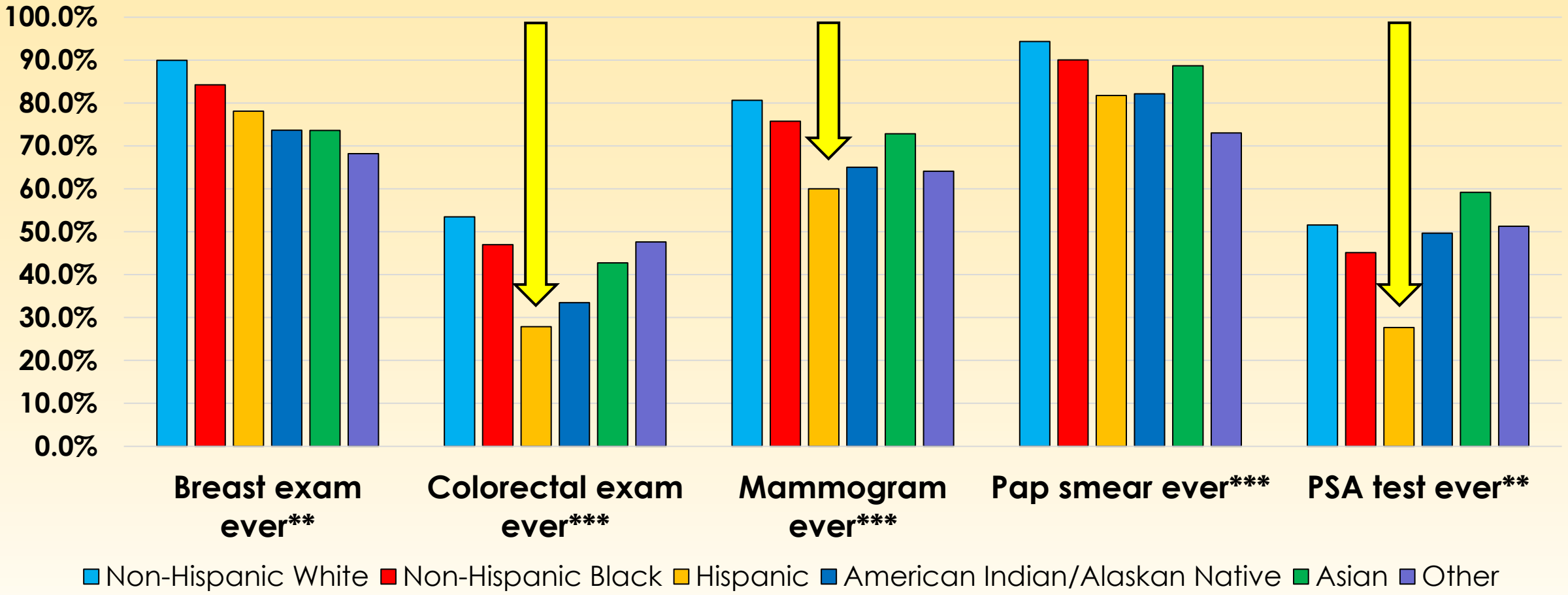
Disparities in Preventive Care: Screenings



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Access to Care for Medicare Beneficiaries

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Attitudes Toward Seeking Care

Access Issue	Urban	Rural	P-value
Will do just about anything to avoid going to the doctor	25%	36%	<0.001
When beneficiary is sick they try to keep it to themselves	36%	46%	<0.001
Beneficiary usually goes to the doctor as soon as they start to feel bad	40%	30%	<0.001

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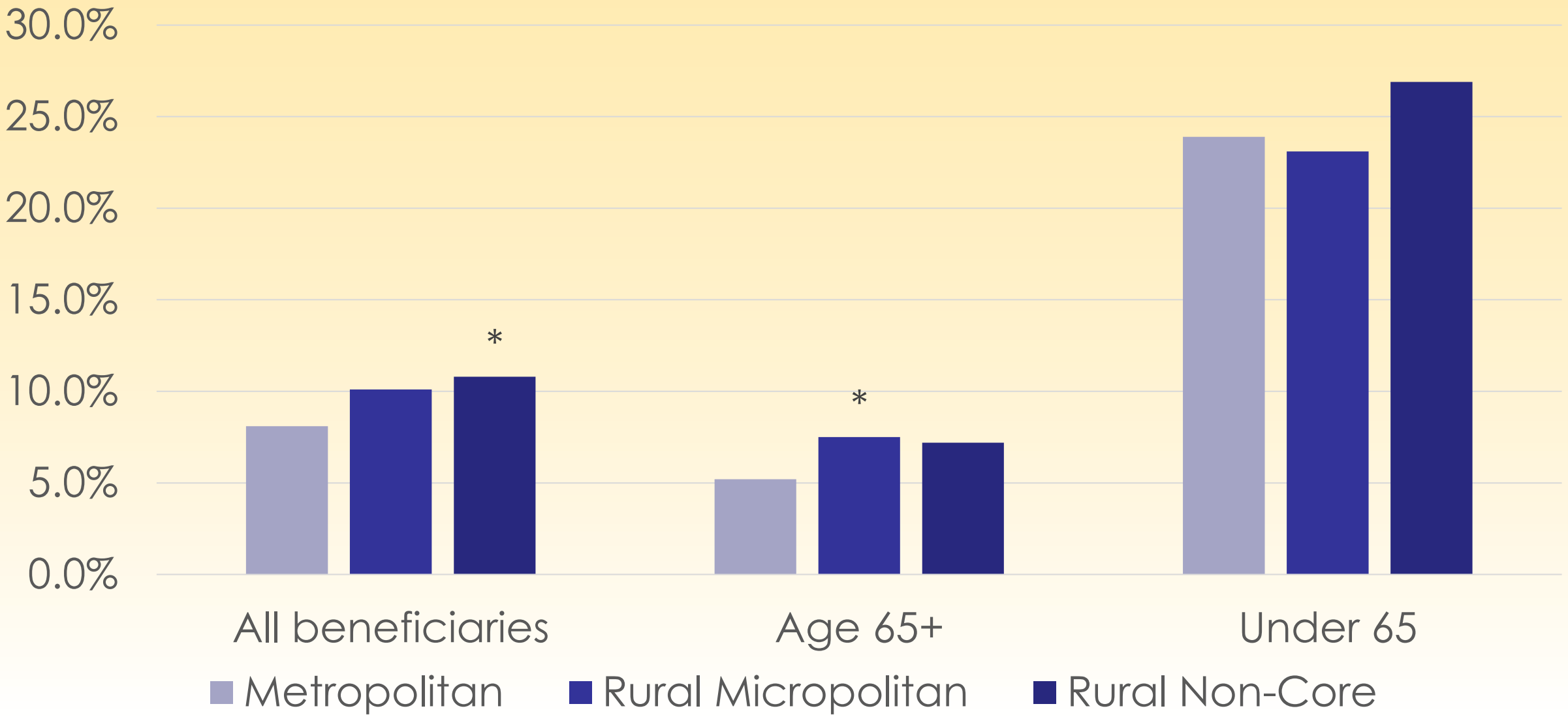
Barriers to Accessing Care

Access Issue	Urban	Rural	P-value
Had trouble getting needed health care in the past year	7%	8%	.789
Ever had a delay in care due to cost	10%	12%	<0.01
Had any health problem or condition about which beneficiary thought they should have seen a doctor but did not in the past year	11%	12%	.146
Usual source of care (facility/clinic) for sickness and advice about health	94%	92%	.200
Usual provider at facility/clinic	85%	86%	.719

Collection Agency Contact for Medical Bills



Source: Henning-Smith, Lahr, & Hernandez, *Journal of Applied Gerontology;* 2020

Key Takeaway Points

- Access to care is not distributed equitably, but varies by age, region, race and ethnicity, socio-economic status, etc.
- Priority should be given to populations with poorest access and at highest risk of adverse health outcomes

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Implications

- Investing in rural communities financially and via employment opportunities may improve access
- Additional work is needed, however, to address lasting impacts of structural racism in order to improve the health of *all* rural residents and communities
- Voices from the populations most impacted need to be included in any decision-making process about allocating resources

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Thank You!

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