Rural Health _

A. Knowledge

Definitions of "Rural" used for statistical and health program purposes

Census Bureau: outside an "urbanized area" which is defined as a city and its contiguous area with population of at least 50,000; and outside towns, villages, etc., located outside urbanized areas with populations of at least 2,500.

Office of Management and Budget: outside of Metropolitan Statistical Areas (MSA) which are counties that includes a city of 50,000 or an urbanized area with a city of 50,000 in a county of 100,000.

Frontier Counties: less than 6 people per square mile.

Definitions are not comparable: a rural (Census Bureau) town of 1,000 may be located in an urban (OMB) county of 100,000!

Not all rural areas are comparable: rural New York vs rural Mississippi vs rural Nebraska

Half of all rural poor live in the South

Rural families are more likely than urban to be white, have both parents in the home, have less than high school education's, and be unemployed

Rural residents are more likely to be children or over 65 years of age

The percent of Americans living in rural areas is declining:

	1920	1988
Rural	49%	28%
Farm	30%	2%

Median income - 1987: Rural $24,397
Urban $33,131

Rural areas have increased
- Poverty rate
- Elderly people
- Maternal, fetal and infant mortality
- Injuries and accidents
- Unemployment

Rural families practices less preventive health care
- Less use of seat belts

More tobacco use

Rural economies result in increased unemployment and uninsured

Agriculture: seasonal and part-time

Self-employed

Small businesses

Farmers are frequently land rich and cash poor: rising land values result in bigger tax liabilities; falling land values preclude farmers from selling land to repay real estate loans based on the previously higher price

Farming is big business - it costs over $100 per acre to raise a crop of irrigated corn; a tractor may cost $80,000

28% of rural people are uninsured

Less than 25% of rural poor quality for Medicaid because of part-time, low-wage, and seasonal work

Increased percentages of elderly in rural areas require more health resources

Medicaid reimbursement for rural areas is less than for urban areas

Hospitals are closing

Physicians are difficult to recruit and retain

Younger, more affluent rural families travel to urban areas for health care provision

Medical resources are not as available

Physicians per 100,000 population

MSA	174.7
non-MSA	97.8
<10,000	40.8
< 2,500	29.9

Fewer Family Practitioners delivering babies because of malpractice costs

National Health Service Corps has lost federal funding so fewer new physicians locate in rural, underserved areas

500,000 Americans live in counties with no physician

Rural areas have fewer health providers: RN's, psychologists, dentists, nurse practitioners, nurse midwives, social workers, dietitians

Rural areas have a higher percentage of physician assistants

Rural areas have fewer community resources: child abuse teams, law enforcement agencies and county attorneys with child abuse experience

Economic impact of public health regulations: increased farm implement costs result from newly mandated safety features
Rural areas have larger distances to travel: rural counties in Nebraska may vary from 1000 to 5000 square miles

B. Skills

For rural families referred to urban medical centers:

knowledge of rural families' unfamiliarity and/or unease with:

Large cities
Large medical centers
Numerous medical providers in medical centers
Racial minorities
Presumed risk of crime
How friendly city folks really are!
Knowledge of resources near families' homes
WIC, hotlines
County extension services
Secondary level pediatricians - ability to serve as a consultant
Communication and coordination with referring physician
Knowledge of geography/transportation issues

C. Attitudes

Provider attitudes

Respect for families' lifestyles - no labeling or stereotyping
Respect for referring medical providers

Family/Patient attitudes

Independence

Rescission of seat belt law in Nebraska
Refusal to utilize public resources such as SSI
Feelings of humiliation if public assistance required
Lack the anonymity of large cities
Lack of respect for others who may require public assistance
Difficulty in accessing public assistance - may have to travel to the county seat to apply for AFDC or Medicaid

D. Barriers

Geography

No public transportation
Family/patient attitudes
Fewer local physicians and specialists
Overcoming stereotype that:
Rural equates with uneducated or ignorant
Not all rural kids live on farms
Rural children grow up with children of all socioeconomic classes and attend same schools, churches, entertainment

E. Advocacy
Regulations encouraging mid-level practitioners to do screening, primary care and referral
Legislation and funding for regionalized services
Flexibility in program development with no strict program boundaries for maternal and child health

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