

## EXECUTIVE SUMMARY

# RURAL HEALTH CARE:

## *Innovations in Policy and Practice*

**A**ll too often discussions of rural health policy concentrate almost exclusively on the challenges in rural areas: high rates of uninsurance, obesity, smoking, and alcohol use; a shortage of medical staff and facilities; economic decline; rapidly changing demographics as the population ages and new immigrants arrive; and physical and social isolation due to geography, population loss, and weather. But while it is true that rural America has not been immune to the effects of major economic and societal trends, rural areas' responses to these challenges demonstrate that they are often ideal incubators for innovative policies and practices.

### **Rural America**

It is estimated that there are 50 million rural Americans who make up 17 percent of the U.S. population and live on 80 percent of the land (Hamilton et al. 2008). Overall in the past decade, the rural population has grown, rural employment and educational attainment have risen, and the rural poverty rate has declined. These aggregated data, however, mask important regional and demographic differences. In fact, rural America is far less homogeneous than most Americans realize, with wide variations in population density; distance from urban districts; and economic, environmental, social, and political traits. Even so, a number of crosscutting topics are under discussion in rural communities of all types.

These include economic and demographic changes, shifting civic institutions and leadership, environmental concerns, and investment in infrastructure.

### **Access to Care in Rural America**

On average, rural Americans are older, more impoverished, and in worse health than their urban counterparts, and the access challenges facing rural America are well documented (Schur and Franco 1999; Eberhardt et al. 2001; Gamm et al. 2003; Ziller et al. 2003). Rural residents, particularly those living in more remote areas, are less likely than their urban counterparts to have health insurance to help cover the costs of

health care and are also more likely to be underinsured. It is also more difficult for rural residents to obtain specialty services, most notably mental health services, than it is for their urban counterparts. The impact of these access barriers is stark. Rural residents are less likely to have a usual source of care for children under the age of six; less likely to have had a health care visit in the past year; more likely to have had an emergency department visit in the past year; less likely to have had a dental visit in the past year; and more likely to report that they did not get medical care, delayed medical care, or did not get prescription drugs due to cost (National Center for Health Statistics 2007).

### Rural Health Policy Priorities

There are a number of pressing rural health policy priorities, including establishing and maintaining access to professional health services in rural communities, assuring continuation of essential local services, maintaining adequate payment for rural providers, continuing support for public rural health programs, and continuing to ensure equity in benefits between rural and urban places and people.

### Promising Practices

Stakeholders in rural communities have demonstrated that a collaborative culture and a readiness to be creative in the organization and regulation of health systems can result in the capacity and range that are crucial for providing superior and cost-effective services in rural locations.

In many rural areas, local challenges drive innovation. For example, resource scarcity and low volume drive the creation of formal and informal networks that share personnel, expertise, and technology, and workforce shortages drive the creation of new or enhanced roles for health care personnel and team approaches to care. Other innovations grow out of local assets in rural areas. For example, the small scale provides flexibility, enhances the

ability to communicate, and simplifies shared approaches across multiple stakeholders, and the primary care focus drives lower utilization of high-cost services. Taken together, these innovations result in access, efficiency, quality, care coordination, rapid learning, cooperation, and lower spending, and offer ideas and techniques that could usefully be adapted to other rural places and to urban health systems as well.

### Rural-Urban Similarities and Interdependencies

In many ways, the problems facing rural America are surprisingly similar to those plaguing urban communities: poverty, underfunded educational systems, insufficient affordable housing, poor population health, limited employment, immigration pressures, racial/ethnic disparities in opportunity, and crumbling infrastructure. In the words of a 2008 Aspen Institute report: “There are...similarities between rural and urban communities around which common cause can be built...the well-being of each place is strongly influenced by what is happening in the other and on finding opportunities to work together to improve their shared fate.”

For philanthropy, the implications of these similarities and interdependencies are twofold. First, serious investment in rural health care access allows health funders the chance to quickly test ideas on a smaller scale and then adapt them in other rural communities and in larger metropolitan areas. And second, “understanding the ways in which rural dynamics are fundamental to urban well-being—and vice versa—could well be the catalyst to develop creative strategies for promoting prosperity and equality for all American communities” (Aspen Institute 2008).

### Recent Philanthropic Activities

Over the years, foundations and corporate giving programs have supported a wide range of activities that attempt to improve access to health care in rural