

Chapter 31

Health Challenges for Rural Families: Issues, Policies, and Solutions

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ABSTRACT

This chapter discusses the key health challenges faced by rural families, the major national policies and programs for rural health, and the process and political context of policymaking for rural health. It first provides an overview of the health condition in rural areas and health disparities as well as their linkage to poverty in rural communities, followed by an overview of the existing government health policies and programs for rural areas and a critical analysis of the federalist system in health policymaking. Then it offers a brief overview of the American federalism and major decision-making models for health policy and discusses their application to health policy decision-making in the United States. The last part concludes by providing policy recommendations for addressing health challenges for rural families and children. It is hoped that this chapter will help professionals in social, health, and human services understand the complexity of addressing health challenges faced by many rural families and children through policy and program interventions.

INTRODUCTION

Health care is one of the key services critically important to the wellbeing of rural families and children. Compared with urban areas in the United States, rural families and children face a different set of challenges. One of these challenges is lack of access to health services, which results in rural families and children disproportionately underserved. For instance, the percentage of adolescents who received the first dose of HPV vaccine or meningococcal conjugate vaccine were 11% and 7% lower than their counterparts in urban areas, respectively. (CDC, 2017) What's more, despite the decline of poverty in the US since the 1990s, rural children are more likely to be poor and uninsured. (USDA, 2005; HRSA,

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2019) Hence, increasing access to health services by rural communities is vitally essential to ensure the health and other wellbeings of rural families and children.

This chapter examines the health condition of rural families and children residing in rural America, introduces and analyzes the policy and programs as well as policy process that affect the health services of rural communities in an attempt to identify points for policy intervention to improve the health and health services for rural families and children. This chapter consists of four parts. The first part provides an overview of health condition in rural areas and health disparities compared with urban areas, how it contributes to rural poverty, and the key challenges in health care services. Then the second part examines current public health services and programs for rural areas at various levels of government. The third part focuses on policy process, policy theories, and the role of politics in policymaking in health care. The last section discusses potential solutions including policy and programs for rural health challenges.

BACKGROUND

Despite the remarkable progress achieved in recent decades in health care, including the passage of Affordable Care Act (ACA) and the expansion of Medicaid programs, access to health care remains a major challenge to many rural communities in the United States where about 46 million live, representing about 14% of the country's population. It is apparent that there is a large gap in access to medical care between rural and urban areas (Rural Health Information Hub, 2018). Policymakers and researchers have made efforts to understand the causes of the gap and to find solutions to address this challenge. However, there is a unique set of challenges faced by different regions of the country in the provision and access of medical care.

Policy solutions to health challenges in rural areas must also take into consideration the unique incentive structure in health services. In healthcare systems, profit motives are pitted against system-wide efficiency and effectiveness. To illustrate, sources suggest that perverse incentives in the current health care payment system often put profit before patient care and health outcomes. The current pay-by-procedure structure in Alabama for obstetrician-gynecologist service motivated physicians and hospitals to overprescribe procedures and leads to poor birth outcomes (NPR, 2018). Other research suggests that increases in reimbursement rates are correlated with better health outcomes such as lower infant mortality (Currie & Gruber, 1994). The single-payer system and universal access to health care, however desirable, are politically infeasible in conservative states where they are most needed. Further research into the political process for reforming health policy at the state and even national levels will facilitate the reform process by discovering these types of systemic problems and bring positive changes to health care systems.

Compared to their urban peers, many rural health providers face a set of challenges such as geographic isolation, small practice size, heterogeneity in settings and patient population, and low case volume make. According to CMS, rural America faces “a fragmented health care delivery system, stretched and diminishing rural health workforce, affordability of insurance, and lack of access to specialty services and providers”. (CMS, 2019) As mentioned, there are serious challenges in health conditions in rural areas while there is an acute shortage of primary care doctors. Take a couple of counties in eastern North Carolina for example. Hertford County has only 8 primary care physicians per 10,000 population. In comparison, the state average and national average are 25 per 10,000 and 28 per 10,000 respectively. Economically, its median household income ranked 89th out of 1000 counties in North Carolina and

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