INTRODUCTION

Objective: This study explores health care disparities in rural America, with particular emphasis on rural communities in South Carolina. We describe the demographics of rural communities, the degree to which rural citizens are at risk for health disparities, and some of the unique challenges facing rural health. Our study concludes with several health policy recommendations based upon our review of the literature, analysis of state-wide data, and interviews with key individuals.

Definitions: According to the Office of Management and Budget, a “metropolitan” area is a city with greater than 50,000 people. Anything non-metropolitan is considered rural, so according to this definition a city with less than 50,000 people is rural.

In Figure 1, showing the demographics of rural America and South Carolina, we see that a surprising high percentage of surface area in the US is indeed considered rural.

METHODS

A literature review was performed to determine the definition of rural and identify rural health disparities and in addition, raw data was analyzed from the SC State Budget and Control Board. The remainder of the information for this poster was collected mainly through conducting interviews and focus groups with rural citizens and healthcare providers and community leaders and advocates for rural health.

RESULTS

We discovered that the main barriers to healthcare for rural residents are transportation, lack of education, and low income/lack of health insurance, and access to specialists (Figure 5). Therefore, in an effort to work towards parity in rural healthcare, we have attempted not only to document the aforementioned causes of the problem, but also to offer solutions to help solve them.

1. Transportation

Factors Affecting Rural Residents:

- 67% lower socioeconomic class
- 43% less likely to own a vehicle
- 40% higher injury rates
- more chronic health conditions

Transportation Issues:
- 35% rural areas have no public bus service
- 40% rural population lives in areas without any type of public transportation system
- Federal government spends less than 10% of federal dollars for public transportation on rural areas

Figure 5: Rural Health Care Disparities

2. Education

Rural Citizens and their education (See Figure 6):

- 67% lower socioeconomic class
- 67% less likely to receive preventative screening services
- 67% less likely to receive less education because of limited access to high quality specialty care and specialists.
- limited high quality educational facilities
- public educational system is under-funded, which diminishes recruitment for certified teachers, and the facilities are often outdated and poorly maintained.
- higher percentages of high school dropouts
- live below the national poverty level
- become too likely to have attended graduated from colleges/universities

It’s important to remember that “access is not everything. Education starts at childhood to change ingrained behavior.” (from a rural health policy maker at SC’s Office of Rural Health)

3. Access to Specialists

Patients in rural areas travel 2 to 3 times farther to see medical and surgical specialists than those living in urban areas.

Table 1: Comparison of travel distances (from a Family Medicine Doctor in Kingstree, SC)

<table>
<thead>
<tr>
<th>Area</th>
<th>Mean Travel Distance (Miles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban County</td>
<td>10</td>
</tr>
<tr>
<td>Very Rural</td>
<td>20</td>
</tr>
<tr>
<td>Rural County</td>
<td>30</td>
</tr>
<tr>
<td>Non-Metropolitan</td>
<td>40</td>
</tr>
</tbody>
</table>

The South Carolina Small Employer Health Plan provides a state-wide small employer coverage option that covers all employees in a group that meets the eligibility criteria.

4. Cost and Insurance

The rising costs of healthcare are due to the following:

- Advancements in technology
- Population characteristic changes (aging population, increased obesity, etc.)
- Increases in healthcare provider costs (mainly in-patient hospitalization, office-based visits and prescription costs)

Figure 8: Uninsured US Citizens

Figure 9: US Citizens Living Below the Poverty Line

HEALTH POLICY RECOMMENDATIONS

1. To Resolve Transportation Issues

- Incorporate the use of Healthcare Coaches:
- Provide referrals
- Make appointments for patients
- Explore collaborative, university based specialty care

2. To Resolve Education Issues

- Electronic Public Health Data System
- Explode collaborative, university based specialty care
- Explore collaborative, university based specialty care
- Explore feasibility of using telemedicine to provide primary care practitioners in rural communities access to specialty care

3. To Resolve Specialist Issues

- Extend scholarships and grants for healthcare providers willing to practice in rural areas
- Explore feasibility of using telemedicine to provide primary care practitioners in rural communities access to specialty care
- Explore feasibility of using telemedicine to provide primary care practitioners in rural communities access to specialty care

4. To Resolve Cost/Insurance Issues

- Rural communities tend to have a prominent number of small businesses therefore it would be beneficial to implement the program to help
- Explore feasibility of using telemedicine to provide primary care practitioners in rural communities access to specialty care
- State or federal government health insurance reform