

*Full Citations***HEALTH & RURAL COMMUNITIES**

While there is no single definition of rural and key federal agencies apply different standards for policymaking and administrative purposes, the term generally describes areas with low and/or geographically dispersed populations. An estimate from one such agency, the Office of Management and Budget, suggests that as much as 20% of the U.S. population lives in rural communities (Snyder, Jensen, Nguyen, Filice & Joynt, 2017).

What is clear is that residents and health care providers in rural areas like ours face unique challenges due to social, cultural, geographic, and economic circumstances. A framework for understanding these conditions, known as the social determinants of health, has emerged in recent decades. Race/ethnicity, income, education, employment, housing, access to food and many other factors are now understood as factors that shape the health and well-being of individuals and groups.

As we will briefly describe below, health outcomes are worse and access lower for rural residents, but promising solutions – including some underway right now in our region – can help turn the tide.

WHY IT MATTERS*Health Outcomes*

In general, rural Americans tend to be older and sicker than their urban counterparts, and more likely to die of some of the leading causes of death in the U.S., including heart disease, cancer, unintentional injury, and stroke (Warsaw, 2017).

These disparities can be significant, such as the estimated 50% higher risk of death from unintentional injury attributable to motor vehicle accidents, falls and drug overdoses for rural Americans (Kozhimannil & Henning-Smith, 2019). They also impact children in rural areas, whose rate of risk of death from unintentional injury is also double that of their urban peers. Additionally, children with mental, behavioral, and developmental disorders confront more family and community challenges than their urban peers (Kozhimannil & Henning-Smith, 2019).

On other key measures, health inequities persist across the lifespan. Rural residents experience higher infant mortality rates, and higher rates of mental, behavioral, and developmental disorders in children and suicide among youth. Preventable cancers, such as those due to tobacco use or lack of colorectal or cervical screenings, are more common, and overall mortality rates—which had decreased nationally until the pandemic—have been slower to come down in rural counties (Kozhimannil & Henning-Smith, 2019).

Health outcomes also differ by race and ethnicity. For instance, rural counties that are majority non-Hispanic Black have been found to have the highest rates of premature death, and the higher infant

mortality rates that all rural residents face are even worse for rural people of color and Indigenous people (Kozhimannil & Henning-Smith, 2019).

Health Systems & Care Delivery

Although as many as 20 percent of Americans live in rural areas, only 11 percent of physicians practice in them. Lower salaries, fewer amenities and geographic isolation from peer networks contribute to ongoing recruitment and retention problems (Healthy People 2030, n.d.)

As a result, more than 20 million Americans live in areas where population-to-provider ratios are well under the federal recommendation of 2,000:1, and thus designated as health professional shortage areas. Even more severe is the lack of mental health professionals. Three-quarters of all counties qualifying as shortage areas are rural (Milliman, 1993).

FCH serves towns in three counties – Litchfield in Connecticut, and Dutchess and Columbia in New York – where population-to-provider ratios significantly exceed those of the state overall. Only Columbia County exceeds the federal recommendation. For mental health providers, Dutchess County's ratio is roughly on par with the state, while Litchfield and Columbia counties have notably higher shortages. While other comparative measures such as mammography screening rates match state percentages, others such as rates of preventable hospital stays vary, with Litchfield's rate lower and Dutchess and Columbia's slightly higher than state rates (County Health Rankings & Roadmaps, 2021).

As with health outcomes, examining health access by race and ethnicity reveals inequities. Rural adults of color are less likely to have a personal doctor than non-Hispanic white adults, and more likely to forgo care due to cost (Clark, Ommerborn, Coull, Pham & Haas, 2016).

WHAT WORKS

Public and private investment can strengthen rural health access and improve health outcomes. Here's a look at four strategies at work in our region:

Federally Qualified Health Centers

These community-based centers are safety-net providers serving patients with limited or restricted access to health care. Typically offering primary care, dental care and mental health services along with supportive case management, they receive government funding that requires a sliding scale payment system and a governing board that includes patients. In the summer of 2019, FCH awarded a \$1.3M grant to Community Health & Wellness Center of Greater Torrington, an award-winning Federally Qualified Health Center, to establish a 7,300-square-foot health center. It will expand access to primary care, behavioral health care, and walk-in non-emergency services in northwest Connecticut. In 2022, Connecticut's State Bonding Commission approved \$3 Million towards the health center's construction.

School-Based Health Centers

Around the country, students and their families get health care services at or near their school campuses through an estimated 2,000 school-based health centers. By providing a range of primary care, mental health care and even dental services right in schools, these centers advance health equity, address the frequent fragmentation of services for youth and help boost student achievement.

COMMUNITY SPOTLIGHT

In 2020, FCH partnered with the Webutuck Central School District, supporting their efforts to establish a school-based health center in partnership with Open Door (a Federally Qualified Health Center).

Webutuck's school-based health center will provide comprehensive care to the nearly 700 students in the district. Webutuck's school-based health center opened in May 2022. Listen to Webutuck's school nurse Charlie Davis speak about the center's opening [here](#).

Telehealth Services

Technology and health care converge through telehealth, which delivers consultative, diagnostic, and treatment services to patients in the safety and comfort of home, or in dedicated clinical settings. Patients can receive a variety of specialized care through telehealth, going online for messaging or conversations, or remote monitoring of vital signs.

Community Health Workers

Members of a local community can participate in health systems as community health workers. These health professionals apply their unique understanding of the culture, lived experience and language of those they serve. They can improve outcomes through their roles providing health education in culturally appropriate methods and settings, mediating between patients and providers, and facilitating access to care.

COMING UP

Next up, we will look at the relationship between health and safe, stable housing. Please check back here in coming months.

References

- Clark, C. R., Ommerborn, M. J., Coull, B., Pham, D. Q., & Haas, J. S. (2016). Income inequities and Medicaid expansion are related to racial and ethnic disparities in delayed or forgone care due to cost. *Medical care*, 54(6), 555.
- Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [March 7, 2022], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- Kozhimannil, K. B., & Henning-Smith, C. (2019). Missing voices in America's rural health narrative. *Health Affairs Blog [blog on the Internet]*.
- Milliman M, editor. Access to health care in America. Institute of Medicine (US) Committee on Monitoring Access to Personal Health Care. Washington (DC): National Academies Press (US); 1993.
- Snyder, J. E., Jensen, M., Nguyen, N. X., Filice, C. E., & Joynt, K. E. (2017). Defining rurality in Medicare administrative data. *Medical care*, 55(12), e164-e169.
- University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2021. www.countyhealthrankings.org. <https://hpi.georgetown.edu/rural/>
- Warsaw, R. (2017). Health Disparities Affect Millions in Rural US Communities. *AAMC News [blog on the Internet]*