AHRQ FOCUS ON RESEARCH

Agency for Healthcare Research and Quality www.ahrq.gov

Rural Health Care

SCOPE OF THE PROBLEM

Around 60 million, or roughly 1 in 5, Americans live in areas that have been classified as rural, and that number continues to grow. Compared with their urban counterparts, rural Americans are more likely to:

- Be older, to describe their health as poor or fair, and to lack private health insurance.
- Face longer distances to reach hospital or other health care services, especially dental or medical specialty care.
- Recieve care in a less timely fashion as compared with urban dwellers.

Impact of AHRQ Research

AHRQ and its predecessor agencies have a longstanding commitment to rural health services research that dates to the 1970s. AHRQ research continues to examine many varied aspects of organizing, delivering, and financing care. AHRQ researchers report important findings in the following areas:

- **Rural poverty.** Larger proportions of children are poor in rural areas than in urban areas (27 percent vs. 17 percent in one AHRQ study). This suggests implications for public programs such as Medicaid and the State Children's Health Insurance Program (SCHIP), since poor children without health coverage may not receive routine vaccinations and other services.
- **Physician training.** Rural physicians provide care outside their specialty areas more often than their counterparts in urban areas. Without proper training for such physicians outside their traditional specialties, patients may not receive optimal care.
- **Family clinics.** Rural patients are more likely to get preventive services if they can use a family practice clinic. But scarcity of resources limits opportunities for getting such care.
- **Managed care.** Implementing managed care in rural communities depends largely on the attitude of local leaders and providers toward this type of change. Availability of resources and payment capacity are also factors. An AHRQ project is studying what circumstances influence rural providers to create managed care organizations as a result of Medicare+Choice program expansions and the consequences of rural provider participation in Medicare managed care plans.

Current AHRQ-Supported Rural Health Research

AHRQ addresses inequities in health care for rural Americans through various research initiatives, especially eliminating disparities in health care access and improving quality of care.

Eliminating Disparities in Access

- **Geography and access.** Researchers at the University of North Carolina are examining a number of factors that relate to rural health

care in an effort to better understand how geographic access affects health status and other individual factors. Having this information helps public policymakers and health system leaders locate and improve the use of health services in rural areas.

- **Smoking cessation programs for adolescents.** A study at West Virginia University is examining the feasibility of using the emergency room as a point of access for delivering brief smoking cessation services to smokers ages 14 to 18. This AHRQ project addresses a major aspect of inequity of health services: Adolescents in nonmetropolitan areas are at greater risk for using tobacco and, at the same time, are less likely to have access to "stop-smoking" programs.
- **SCHIP and access.** AHRQ is supporting a 3-year effort at the Kansas Health Institute that examines how features of the Kansas SCHIP — known as HealthWave—affect access and use of health care. Researchers are concerned especially with vulnerable groups such as rural, poor, and minority children. Since poverty rates for the Nation's rural children are higher than for urban children, findings may have public policy relevance beyond the Kansas experience.

Improving Quality and Outcomes

- **Medical errors.** A new AHRQ-supported project at the University of Montana is looking at the relationship between working conditions of health care providers and the quality of care provided in rural hospitals. The investigators' goal is to improve patient safety by implementing a Web-based curriculum that will build clinicians' skills for reporting errors and addressing adverse events.
- **Patient safety reporting systems.** Investigators at the University of Colorado will develop and test a patient safety reporting system that offers three ways to confidentially or anonymously report an error. The AHRQ study team will examine incidents and trends in several rural settings in order to better understand the cause of errors in primary care practice and develop strategies for decreasing them.
- **Diabetes.** Diabetes among American Indians is about three times the overall U.S. rate. A 5-year study at the University of New Mexico, led by an American Indian investigator, is addressing the higher burden of diabetes among this population. Researchers are evaluating how culture-based training of Navajo interpreters affects both outcomes and cost of ambulatory care for Navajo patients with diabetes in two Indian Health Service diabetes clinics. Improvements in self-care practices are also being addressed.

Rural Research Priorities

To further address the health care needs of rural Americans we need more information on:

- Health policy issues—access, financing, and quality—from a rural perspective.
- Managed care, rural health networks, and integrated delivery systems.
- Reducing disparities in health services access and use.
- Care for vulnerable populations—the poor, children, elderly, minorities—in rural areas.
- Resource distribution, including the health care workforce.

For More Information

For more information on AHRQ's rural health projects contact:

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