

For Your Health:

Health for Rural People and Places

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There is something that all of us who have the privilege of living in the Twin Counties knows—living in rural areas can be really great. The rural parts of the United States—which make up about 86% of the total land area—provide wonderful places to live, work, learn, play and pray. Plenty of people know this because nearly one in five Americans—or approximately 61 million people—live in rural areas.

But, plenty of people also know that there is a very real downside to living in rural areas, and that is the relatively poor health that accompanies it. Per capita, rural Americans are older, poorer, sicker and even die earlier than their urban counterparts. These differences in health status—also called “health disparities”—are well-documented, but why do they exist?

Health disparities between rural and urban areas exist, in part, because there are multiple challenges to getting and staying healthy for the people that live in rural places. Sometimes, these challenges are not entirely unique to rural areas, but they can be particularly acute there. Take, as an example, poverty: The median annual household income of rural residents (\$46,000) is lower than urban residents (\$62,000) and approximately 17% of rural U.S. residents live at or below the poverty line, compared to 14% of urban residents.

Moreover, 15.8% of rural residents report being food insecure—meaning they lack access to a safe, culturally acceptable, nutritionally adequate diet through non-emergency food sources—compared to 14.5% of urban residents.

Another example is the shortage of healthcare workers. While this is true in many places across the country, rural communities face a disproportionate shortage of qualified health care providers, with fewer primary care physicians, fewer specialists, fewer dentists, and many fewer psychologists/psychiatrists and masters-level social workers. As a result, rural areas are far more likely to have medically underserved communities.

Yet another challenge to the health of rural Americans is the state of our rural healthcare infrastructure: there simply are not enough resources of the right type to support the good health of rural populations. While nearly 85% of U.S. residents can reach a Level I or Level II trauma center within an hour—the “Golden Hour,” as it’s often called—only 24 percent of residents living in rural areas can do so within the same time frame.

This increases the chance of death from time-sensitive diseases such as trauma, stroke, sepsis, and heart attack. And even for those rural communities that are lucky enough to have a hospital, chances are pretty good that hospital is pretty fragile. Since 2010, 148 rural hospitals have either closed or converted to another type of health care provider, such as an urgent care, largely because the volume of business in rural areas is simply not enough to support the high costs of operating complex, high-tech, 24-7 facilities. But when rural hospitals close, rural residents lose critical access to care. Moreover, rural hospitals are often one of the largest employers in an area, so when they shut down, medical and other hospital staff lose their jobs, and the whole rural economy suffers.

Even when the infrastructure exists, rural residents struggle to access it, for a number of reasons. Transportation is one obvious reason; great distances and the absence or at least limits of public transit make just getting to healthcare its own time-consuming and costly challenge. Lack of health insurance is another barrier to access; rural residents are more likely to be uninsured than their urban counterparts, and the more rural they are, the more likely that becomes.

While these issues of rural poverty, food insecurity, insufficient healthcare workforce, inadequate and failing infrastructure, and barriers to getting care are certainly sobering, they are NOT insurmountable.

Rural places may have their problems, but they also have a very incredible asset: RURAL PEOPLE. With creativity and commitment, the people that live in rural areas can and do generate homegrown solutions that are fine-tuned to the unique needs of their community, recognize and leverage its strengths, and lean into the relationships that make living in rural areas such a rich and rewarding experience.

While rurality has long been linked to ill health, this is not a fate that rural people should expect or accept; rural living is good living and we deserve it to be good for our health, too.

The Healthcare Consortium is a non-profit organization with a mission of improving access to healthcare and supporting the health and well-being of the residents in our rural community. The agency is located at 325 Columbia St. in Hudson. For more information: visit www.columbiahealthnet.org or call 518-822-8820.