

Having More

Saves More

Supporting Rural Healthcare Workers



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Imagine waking up in the middle of the night and experiencing symptoms of COVID-19, but being 45 minutes away from the nearest testing facility. You would not know what to do. Or imagine working in a health care facility where there is one nurse per every 15 patients; there is a chance that you might lose a life because you were waiting for the nurse to attend to your call, but she had been busy at the time. Imagine needing an ambulance, after a loved one has suffered a heart attack, and being told that paramedics would not reach you for hours.

These types of scenarios are the reality for rural medicine. A young woman named Taylor Walker of remote Arthur, Nebraska has to face this reality as she is expecting a child but, in order to have checkups about the pain that she is having during the pregnancy with her obstetrician, she must drive four hours round-trip; on a recent visit, another doctor had been on call so she had to make three visits just to see a regular doctor.

This is the reality for citizens of many rural areas. Health care in a rural environment differs significantly from health care in an urban setting, especially in terms of the professionals that are available in the region, as well as their resources and the funding that each hospital receives. Accessibility and availability are two key portions that determine the quality of health care and its administration.

According to the Centers for Disease Control and Prevention (CDC), rural residents are often sicker and poorer compared to their urban counterparts. This is especially true during a pandemic like COVID-19; rural regions received less access to health care resources like masks and ventilators, according to the CDC. Additionally, they have higher rates of smoking, obesity and high blood pressure because of the reduced access to preventative care. Most of all, these areas suffer from a deficit of health care workers. However, there are ideas that can be implemented to attract physicians to rural areas— because if we have

more people, we can save more people.

Local health care is only as strong as the medical professionals and resources in the area. According to Georgetown University, the median total health expenditures for rural populations are only slightly higher than those for urban populations: about \$434 compared to the \$418 that urban populations spend. Additionally, the rural residents have to pay more out of pocket than urban residents by six percent. While this number may not seem large, it can add up over time with the accumulating medical bills that one receives.

These numbers are indicative of the inequality of health care costs, which inhibit both facilities and patients. Furthermore, according to Georgetown University, less than 11% of the physicians in the U.S. practice in rural areas, but over 20% of the U.S. population resides in rural areas. This is a great indicator of how few rural residents have access to specialized health care and physicians.

Most physicians choose to practice in the areas where they were trained, according to the Association of American Medical Colleges. With multiple hospitals residing in urban areas, most physicians tend not to shift to a rural setting. This prevents rural residents from seeing specialized physicians and receiving specialized procedures, and can lead them to disregard checkups overall.

According to Medical News Today, those aged 65 years and older in rural areas receive less home health care services, in turn resulting in more hospitalizations. This can substantially affect the elderly population because it causes them to have shorter life spans and be in need of greater hospital services, resulting in greater health care costs. This is quite frequent in rural populations; they have a greater need for hospital services because of the lack of primary care physicians in their area.

There is a lack of medical personnel in rural areas, as well as a need to discover a method to bridge the gap between urban and rural health care. One of the major methods that is currently being incorporated and expanded upon is telemedicine. According to the CDC, telemedicine focuses on having the rural physicians, who might have challenges seeing a doctor, receive information and advice from the urban physicians. This would additionally help physicians, as the rural and urban professionals can

collaborate, and the patients would be able to receive more care.

Working in rural health care has its benefits. According to the American Association of Medical Colleges (AAMC), many physicians are now having their tuition of medical school mostly or completely waived if the physicians decide to practice in rural settings. This is a great advantage for young physicians, especially since the AAMC counts the median debt that the students walk out with from medical school is around \$190,000.

Rural medical personnel also can provide rural patients with a more personalized approach to health care, as the primary care physicians tend to see the same patients frequently and know them based on their geographic region and culture, according to Referral MD. The communities in rural areas are more tight-knit and small. Additionally, according to research done by Howard K. Rabinowitz and Nina P. Paynter in the *Journal of the American Medical Association*, in rural areas, there is a greater diversity in terms of medical practice as there are a range of physicians in the area and not just a repetition of similar kinds of specialized physicians. Rural physicians benefit from gaining a wide variety of knowledge, as they have to treat patients in multiple ways and not just their specialization. But the benefits for working in rural areas go beyond the office; medical personnel have a better quality of life in rural environments, according to Referral MD.

Abolishing the border between urban and rural health care in terms of medical personnel is an essential move that the U.S. needs to make, because having a greater number of health care workers in various areas lessens the chance of losing more lives.

Health care is a coalition of health care professionals, not a partisan debate. It should not be looked at as a topic to be discussed by politicians but as something given to us by medical professionals. Health care focuses on people, practitioners and patients beyond policy, and should be about humans. With the increase in nurses, physicians and other health care workers, we can save lives and treat people in the long-term.

Medicine should focus on bettering the allocation of resources in different areas of the country, while prioritizing the accessibility that patients have to medical personnel—because the health care workers are the ones that touch the lives of people and bridge the gap between a person and their health.

