

# *More Physicians Alone Won't Solve Rural America's Health Care Problems*

Atul Grover, MD, PhD<sup>1</sup>

*Author affiliations are listed at the end of this article.*

*Corresponding Author:*

Atul Grover, MD, PhD  
Association of American  
Medical Colleges  
Research and Action  
Institute

## KEYWORDS

Rural Health, Health Policy, Health Outcomes

We often describe broad categories of health care as being beset by “crises”—costs, mental health, and rural health being common examples. However, “crisis” is a nonspecific term that fails to identify (or fix) the problems that policymakers want to solve.

The word originates from the Greek krisis, meaning “a deciding moment or turning point,” especially in an illness. In rural America, this turning point is a desire to change the trajectory of the health challenges facing the 1 in 5 Americans who live in rural communities.

Policymakers have voiced their hope that locating family doctors and other primary care physicians within rural communities would, alone, improve the health of rural residents. However, access alone does not necessarily translate to better health. An analysis by the AAMC Research and Action Institute showed rural residents have similar rates of primary care visits (3.1 vs. 3.7 Medicare claims) and similar numbers of visits with nurse practitioners, physician associates, and other nonphysician providers (4.9 vs. 4.8 Medicare claims). We also found they are more likely to have a usual source of care than their urban peers and to have seen a doctor in the last year than

urban residents.<sup>1</sup>

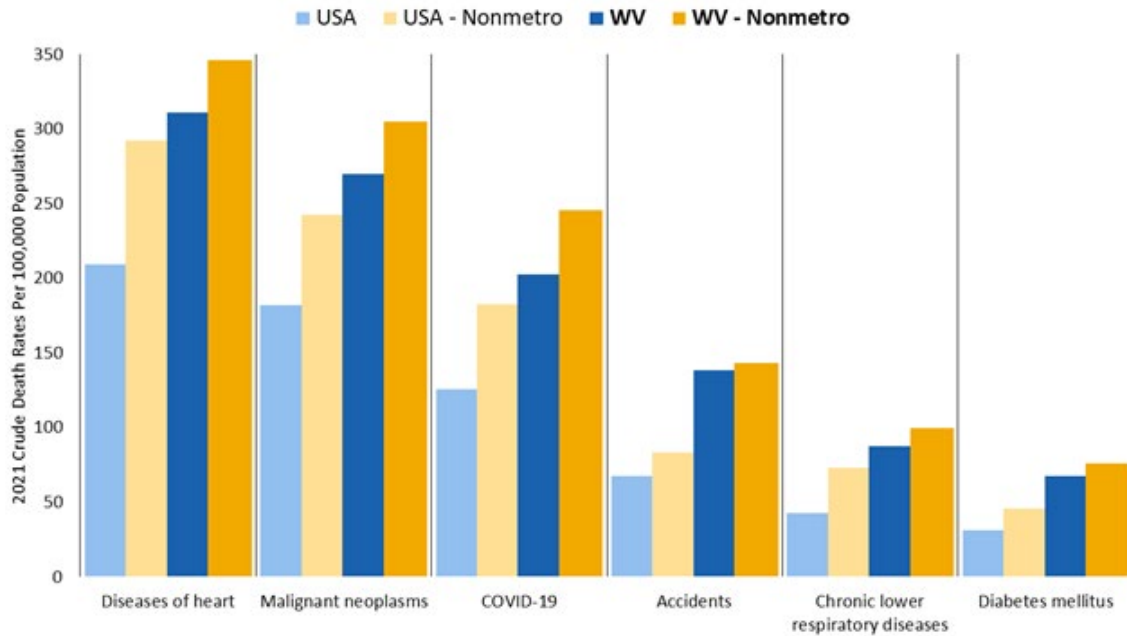
Solving health problems requires diagnostic accuracy and then attempting a course of appropriate treatment. In public policy, as in medicine, it is critical to define—and periodically reassess—the problem we are trying to solve.

## RURAL HEALTH'S REPORT CARD FALLS SHORT

It's no secret that rural populations face disproportionately worse health outcomes compared to urban populations across the spectrum of disease. Even within largely rural states like West Virginia, nonmetropolitan residents have poorer health outcomes across many measures than metro residents (Figure 1).

In addition to higher death rates from heart disease, cancer, COVID-19, lower respiratory diseases, and diabetes, rural residents also have higher rates of death due to suicide and external causes such as accidents and injuries.<sup>2</sup> Rural populations also have higher rates of obesity and substance use disorder (SUD). 34.2% of adults living in nonmetro counties experience obesity compared to 28.7% of adults in





**FIGURE 1.** 2021 Crude Death Rates Per 100,000 Population in the United States and West Virginia by Metropolitan Status

metropolitan counties,<sup>3</sup> and opioid use disorder (OUD) mortality rates are higher in nonmetro areas compared to metro areas (2.6% vs. 1.8%, respectively).<sup>4</sup>

Improving these health disparities may require interventions beyond traditional primary and preventive care, as their etiology often stems from more complex societal problems and inequities. For example, higher SUD rates may be improved by better access to mental health care professionals. However, care alone is unlikely to reduce rural-urban disparities completely, as substance abuse disorders are strongly associated with higher rates of poverty, unemployment, and lack of education,<sup>5</sup> all of which are higher in rural areas.<sup>6</sup> Rural residents are more likely to have an income below the federal poverty level (\$13,788 for an individual in 2021) and less than a high school degree.<sup>7</sup> Obesity rates are similarly linked to income and education,<sup>8</sup> and obesity itself contributes to the incidence of many diseases, especially diabetes.

### **VARIOUS POLICIES CAN BRIDGE THE INEQUITY GAP**

Since primary care physician and nonphysician utilization is similar across rural and urban areas, policymakers, health systems, and social service organizations might be more successful in improving the poorer health status of rural populations by working to improve education and reduce poverty. In addition, greater attention must be given to improving access to physician and nonphysician specialists to provide adequate care to rural residents facing heart disease, cancer, and behavioral health disorders. Policies that increase support for more fellowships and graduate training opportunities in rural areas are also needed, along with increasing ease of access to care through technology, reducing financial barriers to care via telehealth services, and expanding broadband coverage. Finally, improving proximity or transport to services requiring more technologically intensive equipment, whether through critical access



hospitals, mobile health clinics, or other approaches, will be necessary.

Even if specialized care providers are located significant distances away from patients, supporting other interventions that connect local health professionals (physicians, emergency services personnel) to highly specialized care may be more realistic than increasing the supply of physicians in every community. Examples from academic health systems include Project CORE, an effort to improve referrals between primary care and specialty care, and bringing mobile clinics to remote areas to serve more patients.<sup>9</sup>

Identifying specific health outcomes and the social and biologic pathways that negatively affect them are just as important as ensuring access to primary care services in most rural and remote communities. Each of these communities and populations likely requires tailored solutions. However, all would benefit from an investment in technology, local or remote access to health care specialists, and a focus on reducing the health disparities linked to poverty, unemployment, and lower educational achievement. While primary care physician proximity and recruitment are importantly emphasized in federal and state legislative bodies, to truly solve the rural health crisis, policymakers must also be willing to invest in educational opportunities and anti-poverty programs and address the stigma surrounding mental health and substance use disorders. Many of our rural residents' health and healthcare crises are unlikely to improve unless we move beyond the sole goal of geographic proximity to primary care physicians.

## AUTHOR AFFILIATIONS

1. Executive Director, AAMC (Association of American Medical Colleges) Research and action Institute, Washington, DC. Grover is an internal medicine physician, health services researcher, and nationally recognized expert in health policy.

## REFERENCES

1. Orgera K, Senn S, Grover A. Rethinking Rural Health. Washington, DC: AAMC; 2023. [https://doi.org/10.15766/rai\\_xmxx6320](https://doi.org/10.15766/rai_xmxx6320).
2. CDC wonder Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <https://wonder.cdc.gov/ucd-icd10.html> on Oct. 28, 2022.
3. Lundeen EA, Park S, Pan L, O'Toole T, Matthews K, Blanck HM. Obesity Prevalence Among Adults Living in Metropolitan and Nonmetropolitan Counties — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:653–658. DOI: <http://dx.doi.org/10.15585/mmwr.mm6723a1>
4. Orgera K, Senn S, Grover A. Rethinking Rural Health. Washington, DC: AAMC; 2023. doi:10.15766/rai\_xmxx6320.
5. Pear VA, Ponicki WR, Gaidus A, Keyes KM, Martins SS, Fink DS, Rivera-Aguirre A, Gruenewald PJ, Cerdá M. Urban-rural variation in the socioeconomic determinants of opioid overdose. *Drug Alcohol Depend*. 2019 Feb 1;195:66–73. doi: 10.1016/j.drugalcdep.2018.11.024.
6. U.S. Census Bureau. 2021 American Community Survey 1-year Public Use Microdata. 2021.
7. Orgera K, Senn S, Grover A. Rethinking Rural Health. Washington, DC: AAMC; 2023. doi:10.15766/rai\_xmxx6320.
8. Inoue, K, Seeman, T, Nianogo, R, Okubo, Y. The effect of poverty on the relationship between household education levels and obesity in U.S. children and adolescents: an observational study, *The Lancet Regional Health - Americas*, Vol. 25, Sept. 2023. <https://doi.org/10.1016/j.lana.2023.100565> Accessed Jan. 8, 2023.
9. Association of American Medical Colleges. How Academic Medicine Serves Rural Communities Across the Country. <https://www.aamc.org/media/69371/download> Washington, DC: AAMC; Sept. 2023. Accessed Dec. 19, 2023.

