Rural Health Care

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2024 Wisconsin Rural Economic Summit

University of Kentucky

CEARH

Center for Economic Analysis of Rural Health

Key Rural Health Issues

Rural America is diverse. Parts of Rural America are experiencing population growth and others continue to see a decline in population. Many of those communities facing population loss are also persistent poverty communities.

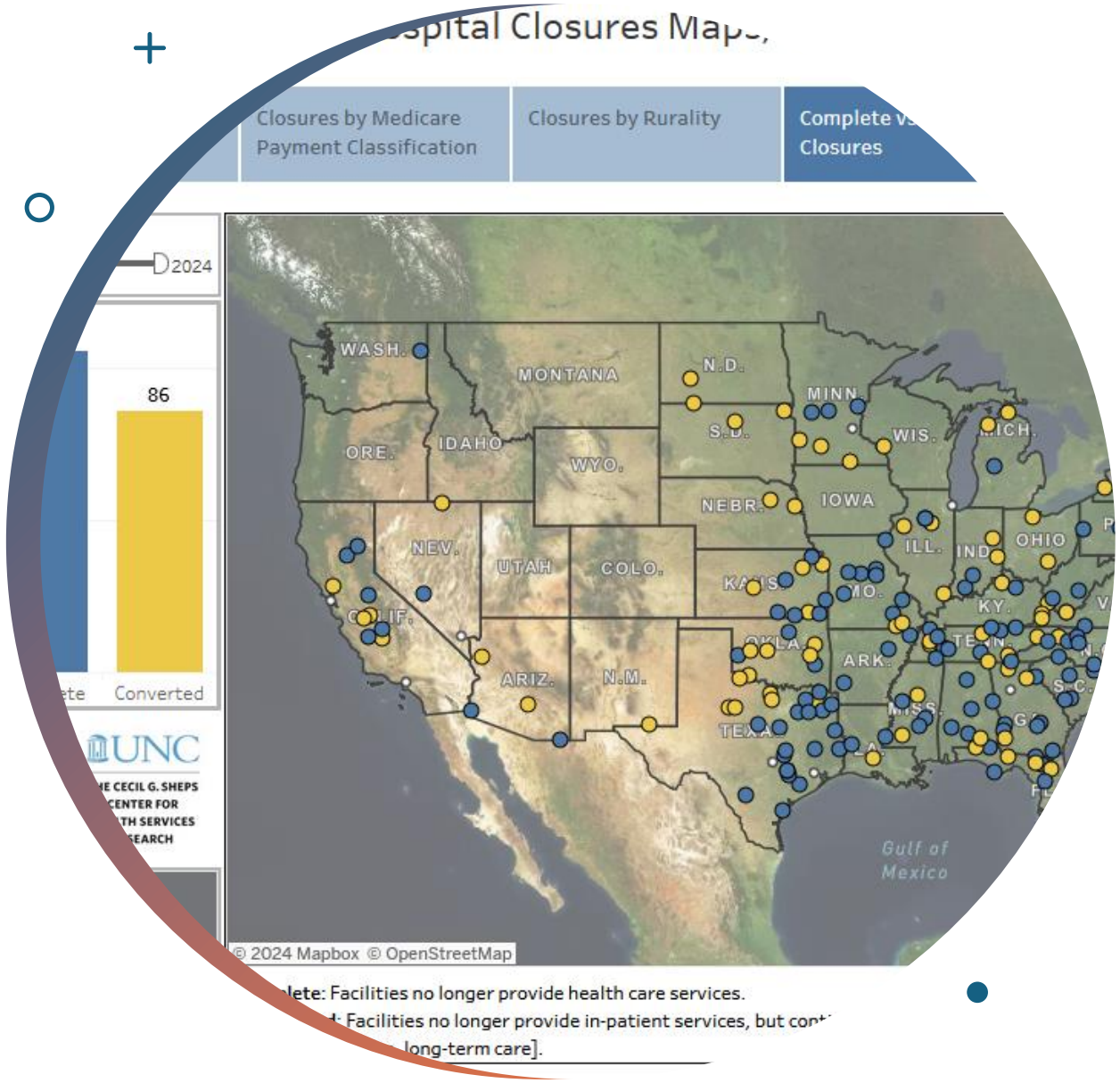
There have been 149 rural hospital closures since January 2010 While some facilities have converted to other health care purposes, the majority have completely shut down.

Rural ambulance services are facing significant challenges including reimbursement, workforce, and funding for operations. The closure of rural hospitals further exacerbates these issues.

There continues to be a shortage of health professionals in many rural areas. For some professions, there is an excess supply of providers in urban areas and a shortage in rural places. Recruitment and retention continues to be a top priority.

Those states that opted to expand Medicaid have lower uninsured rates (in both rural and urban areas). Insurance premiums through health insurance markets continue to climb as number of insurance companies decline.

Telehealth has emerged as an important mechanism for delivering patient care, particularly through COVID-19. The lack of broadband access in many rural communities continues to be of utmost concern.



Rural Hospital Closures

- **149 Closures and Conversions since 2010**
- **83 complete closures* + 66 converted closures****

Ambulance Services

- The average rural transport time prior to a hospital closure was 14.2 minutes, one minute slower than the mean time for all calls.
- The transport time increased to 25.1 minutes after the hospital closed, a statistically significant increase of 10.9 minutes or a 76.4% increase.
- In urban ZIP codes there was no change in transport times.
- Patients 65 years and older living in rural areas had a similar change in transport time as all rural patients. The times increased from 13.9 minutes to 27.6 minutes, a 13.7-minute increase or a 97.9% change.

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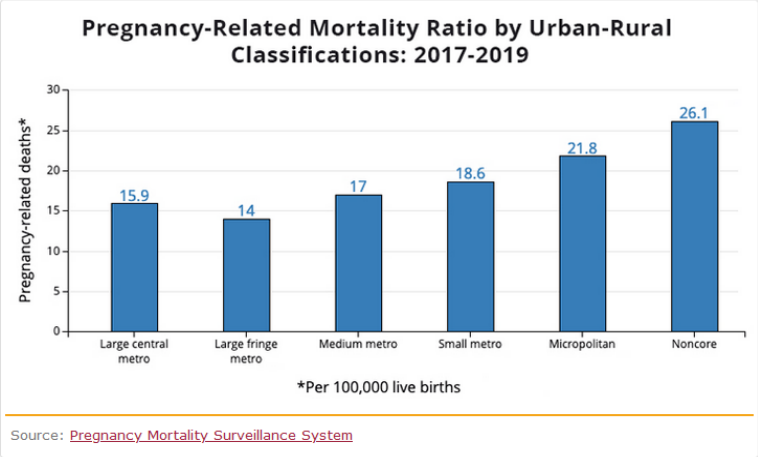
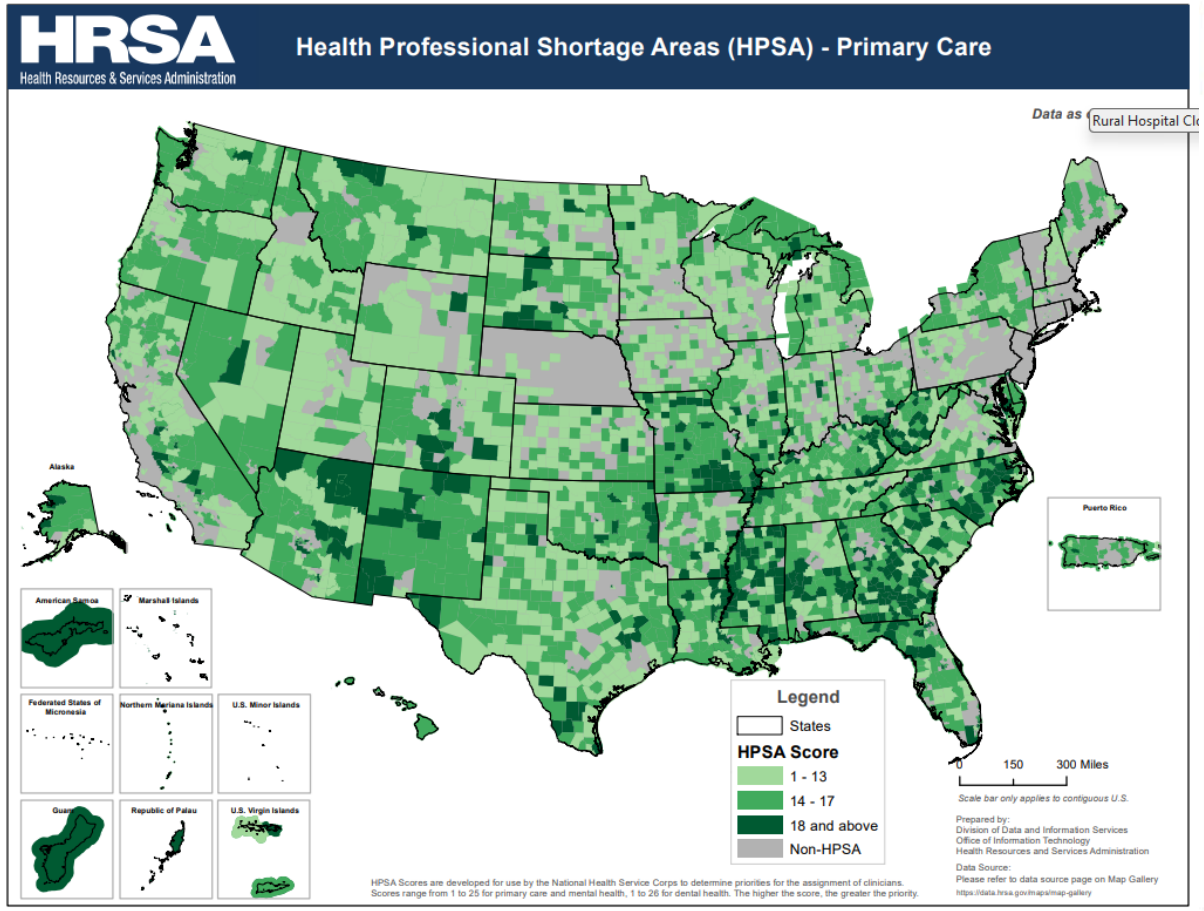
KEY FINDINGS

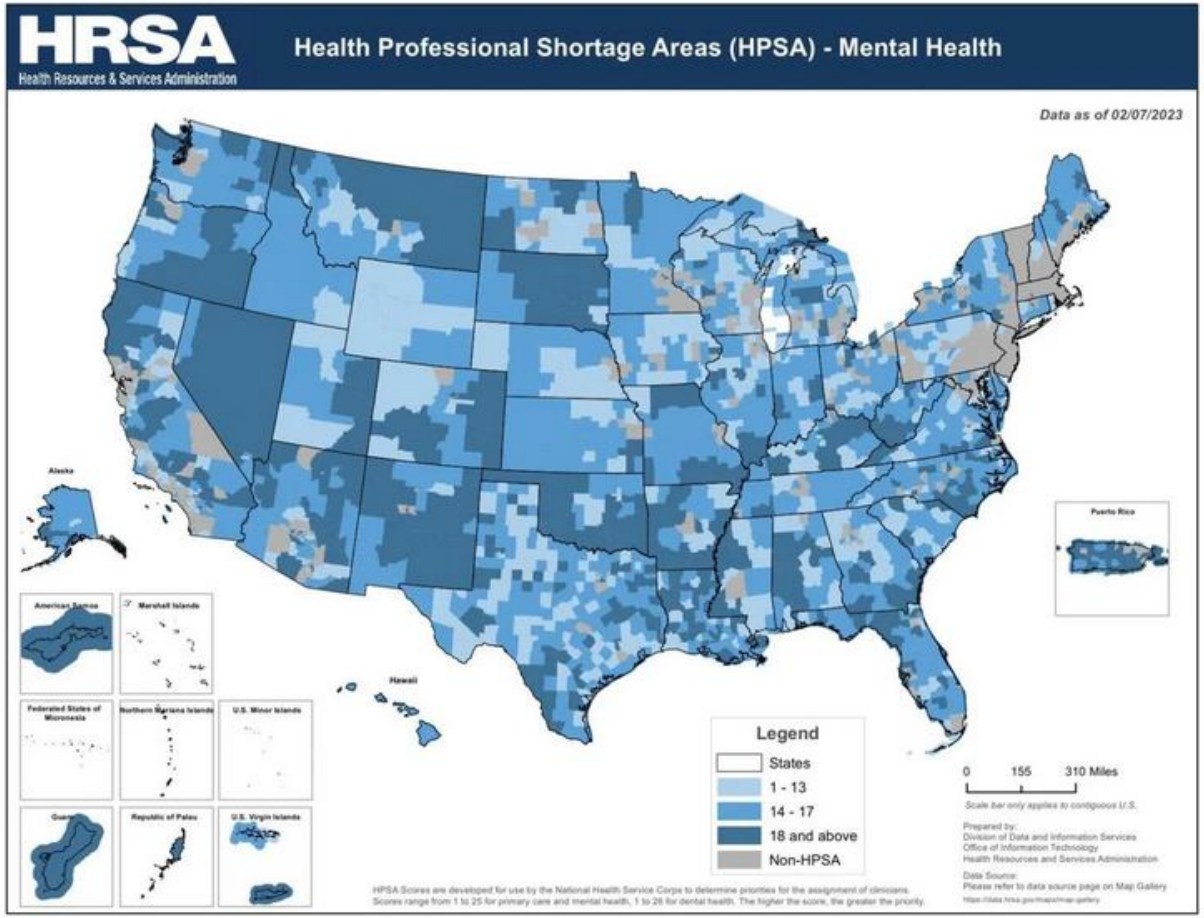
- The majority of rural counties in the United States do not have an obstetric care provider within their borders (micropolitan and non-core as defined by the NCHS urban-rural definitions).
- Counties without obstetric care facilities have higher rates of poverty and lower rates of health insurance coverage across all ages.
- For the years studied, data illustrate a decline in economic activity after the counties experienced a loss in obstetric facilities, either through facility conversion or through hospital closure.
- Counties which lost obstetric care access also had decreases in their labor forces and population of reproductive age.



Access to Maternal Care

Lack of healthcare workers





Income-Aligned Housing

- Recruitment and retention of health care providers
- Ability to attract & retain employers
- Ability to attract & retain key populations
  - Young families
  - Young professionals
  - Retirees

The link between healthcare and the economy?

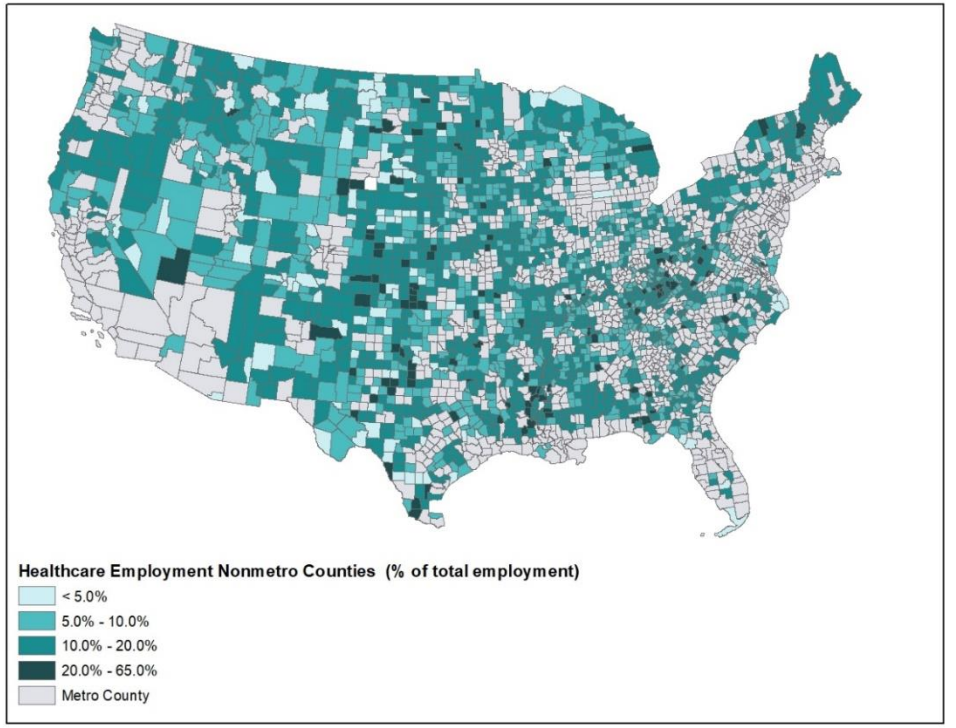
Traditional Economic Development Motivation

- Often the 1st or 2nd largest employer in the community
- Contribute to export base
- Provide access to emergency care
- Provide access to specialty care
- Contribute to the tax base

Table 6. Direct Effect by Type of Hospital

Direct Effect	Employment	Labor Income	Output
Average Rural Hospital	**190**	**$17,052,769**	**$37,584,983**
CAH	154	$14,207,758	$31,314,464
PPS average	369	$31,057,279	$68,451,480
PPS < 50 beds	213	$18,070,929	$39,829,047
PPS 50 – 100 beds	471	$39,872,127	$87,879,757
PPS 101 – 250 beds	781	$64,509,429	$142,181,354

Data Source: RAND/CMS HCRIS CY 2019 data, SHEPS rural hospitals list revised 4.27.2023; IMPLAN 2019



Equally Important

- Extremely important for attracting and retaining industry
- Extremely important for attracting and retaining residents
  - Retirees, families, industry, and the list goes on
- An important quality of life variable

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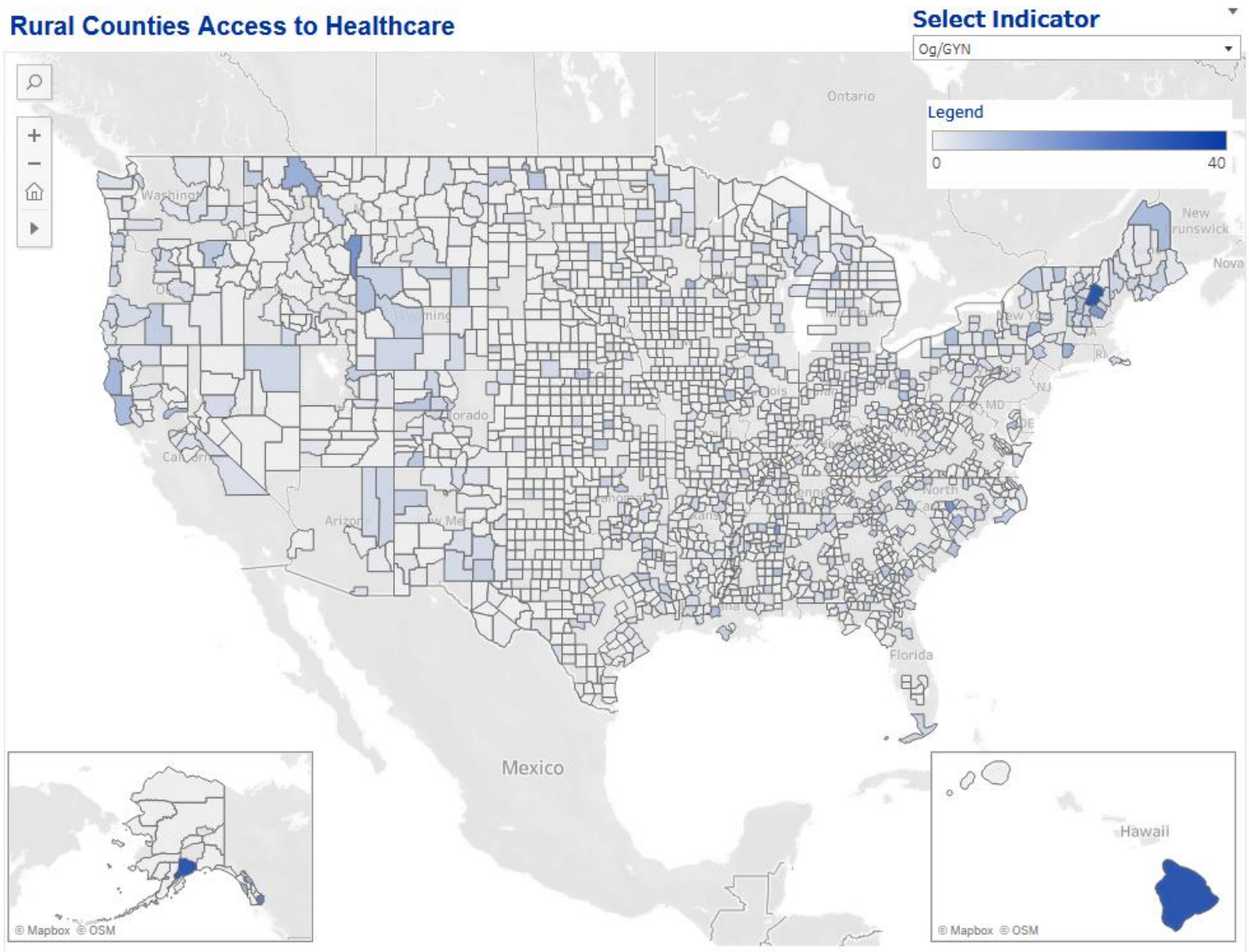
Data Available from CEARH

- Rural Healthcare Industry
- **Rural Access to Healthcare**
- Rural Health Characteristics
- Socio-demographic Characteristics
- State Healthcare Shift Share



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