Rural Healthcare: Invisible Crisis

Judy Esterquest — Pt Washington/Manhasset

June 10, 2021
Caucus on Rural Places Matter
2021 NYS Convention

Agenda

◆ LWVNY Position: Healthcare Goals
◆ Rural New York: Context
◆ Rural Health Today
◆ Underlying Issues
◆ Paths Forward

With appreciation to Barbara Harrison for her research on rural issues and suggestions for slides, and Lianne Hirabayashi for her tech advice.
The LWV NY Position: Healthcare Goals

- **Affordable & accessible** — stable, sustainable & fair
  - Insurance access independent of employment status
  - Funded through progressive public financing
- **Equitable** — high-quality & comprehensive
  - Reimbursed preventive care, health education, primary care
  - Ideally, vision, dental, hearing, and long-term care
- **Universal** — to protect our most vulnerable NY’ers, urban and rural — to protect everyone
Rural NYS: over 86% of land mass — 3.5M people

Rural areas have more elderly residents

Percentage of counties categorized as ‘older-age counties’ (20% of population is age 65+) by metropolitan status, 2014-2018

Rural Residents Die Prematurely

Life expectancy at birth (years)

Large Metro Counties

Rural Non-Metro Counties

1991

2015

75.7

75.3

77

80

Americans in rural communities lose three years of life compared to Americans in urban communities today.

The Five Leading Causes of Death (Rural & Non-Rural Americans)

Heart Disease

Cancer

Unintentional Injuries

Lower Respiratory Diseases

Strokes

Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017, Centers for Disease Control, November 8, 2019
https://www.cdc.gov/mmwr/volumes/68/ss/ss6810a1.htm?s_cid=ss6810a1_e&deliveryName=USCDC_951-DM12720 2017 data
Rural Americans have higher rates of **PREVENTABLE DEATH** from the five leading causes of death:

- Heart Disease: 2.5 Times
- Cancer
- Unintentional Injuries: 50% More
- Respiratory Diseases: TRIPLE
- Strokes: DOUBLE

Scientific American analysis of U.S. Centers for Disease Control and Prevention, February 15, 2017

It’s Also More Dangerous to be Pregnant in a Rural Community

Maternal mortality (deaths per 100,000 live births)

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<th>Urban</th>
<th>Rural</th>
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<tr>
<td></td>
<td>18.2</td>
<td>29.4</td>
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https://public.tableau.com/profile/macarena.garcia#!/vizhome/potentially_excess_deaths_2010_2017/excessdeathsstoryboard
One in three rural seniors have no natural teeth

- 22.7% of urban seniors vs. 33.3% of rural seniors

Lack of dental care is associated with poor general health

What’s going wrong for rural residents?

- Older
- Sicker
- Poorer
- Dying too soon
- Fewer Doctors
- Fewer Hospitals
- Maternity
- Trauma Centers
- Higher Premiums
- Narrower Networks
- Less Outreach

"The economics of medical care in the United States has made poor people the patients no one wants to treat."

Dr. Susan Rogers, PNHP 3/3/2020
Between 2005 and 2020, 166 rural hospitals have closed

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/

15 Manhattan hospitals: after recent closings, mergers, and service reductions
Primary Care Doctor Shortage by County

Source: data.HRSA.gov, Oct 2019

Maternity Care Shortages Within NYS

The more rural your county, the more likely you are uninsured

Percentage of county’s residents without insurance, 2017

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<th>Mostly Urban</th>
<th>Mostly Rural</th>
<th>Completely Rural</th>
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<tbody>
<tr>
<td>Rate</td>
<td>10.1%</td>
<td>11.3%</td>
<td>12.3%</td>
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Rates of Uninsured Fall in Rural Counties, Remain Higher Than Urban Counties, U.S. Census Bureau, April 9, 2019
Accessed October 22, 2020
https://pnhp.org/kitchen-table-campaign-rural-health-care/

Rural employees more likely to be uninsured

Uninsured Rate by Employment Category for Frontline Industries

https://www.citizen.org/article/prepared-covid-report/?eType=EmailBlastContent&sid=15445169A-1G4w-a8b0-8430-c0683c651f1#txp
Fewer rural residents, fewer providers, fewer services means higher premiums

Across the USA, insurance premiums in rural areas average 10% higher than in urban areas.

At birth, American life expectancy ranks 17th out of 17 OECD countries — and then …
After five years on Medicare, Americans begin living longer, by age 85 as long as the best OEDC

What must be done?

- **Protect Rural Lives**: Much of the difference in rural/urban life expectancy is preventable.
- **Protect Rural Hospitals**: Predictable, reliable funding based on community health needs.
- **Protect Rural Communities**: Hospitals are often a rural community’s largest employer.

Dr. Bob Devereux, Rural Health Care, March 17, 2020, PNHP YouTube Channel
What is required to achieve healthcare equity for rural New York?

- Affordable access — regardless of wealth
- Available providers — state-wide
- “Standard of Care” — regardless of wealth

Which require

- Removing profits from healthcare funding — healthcare is not a market
- Regarding healthcare as a human right or, at least, a civic good
- Ensuring the health/well-being of both providers and patients in rural areas

The NYS League supports the **New York Health Act**
A-6058 (Gottfried) / S-5474 (Rivera)

- Universal
- Comprehensive
- Affordable
- High-quality
- Fiscally responsible,
- **Equitable for all New Yorkers**

Learn more at

LWVNY.org ... Our Work ... Healthcare
NYHCampaign.org

https://www.youtube.com/watch?v=e0bthHQ7uAQ
Thank you!