

## STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

**Theme: Vulnerable Populations** 

Title of IGNITE Presentation Topic:

Why Rural Matters

Why This Is an Important Topic to Address (brief description):

Access to health care in rural communities has been a unifying cause

Rural family medicine is a touchstone for all of family medicine

Long term relationships, continuity of time and place, the direct impact on community outside of clinic, and the wide breadth of clinical skills make family medicine the most important discipline in Rural America.

## What We Think We Know (Bulleted evidence + Seminal references):

72 percent of US land mass is rural

20 percent (50 million) of the US population lives in rural communities Only 8 percent of physicians practice in rural areas

Access:

Geographic barriers, distance to care

Quality:

Should there be different quality standards in rural? Rural patients 'know what they signed up for'

What is rural?

US Census definition – anything that is not urban (<2,500)

Office of Management and Budget – non-metropolitan counties (core area <50,000) HRSA's Office of Rural Health Policy – combines these definitions and RUCA codes (a measure of commuting time and distance, developed by the University of Washington) https://www.hrsa.gov/ruralhealth/aboutus/definition.html

## **Questions for Group Discussion**

## Questions to Address in Group Discussion:

Why should you care about rural?

What about specialty care in rural areas? Don't they need specialists too?

Why is the opioid epidemic worse in rural America?

The divide in US politics is also a rural-urban divide. Should it be?

Implications for Action (In Research, Education, Policy, Practice and Organizational and Community Action):

Rural medicine is the great unifier

Advocating and encouraging training (RTTs) in rural communities helps us all

GME policy needs to support rural training (show GME slots per population by state)