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U.S. GOVERNMENT ACCOUNTABILITY OFFICE

HEALTH CARE CAPSULE

ACCESSING HEALTH CARE IN RURAL AMERICA

May 2023

In 2020, more than 60 million people—or one fifth of the U.S. population—lived in rural areas that generally have a population less than 2,500. Rural residents are, on average, older and generally experience worse health outcomes than urban residents.

Rural Populations Face Challenges Accessing Health Care

We and others have reported that people living in rural areas often face challenges accessing health care. For example, limited availability of health care providers—such as physicians or certain specialists—can make accessing care difficult. Some reasons for limited provider availability in rural

areas include difficulty recruiting and retaining providers. Our prior work also suggests lack of insurance coverage and low reimbursement rates may negatively influence access to care in rural areas. For example, low reimbursement rates can contribute to financial distress in rural hospitals, which can lead to hospital closures. The COVID-19 pandemic exacerbated many of these challenges.

Our prior work indicates that some populations, such as veterans, pregnant people, and American Indians and Alaska Natives (AI/AN), may experience unique challenges accessing health care in rural areas.

Examples of Populations Affected



Veterans. One third of veterans enrolled in the Veterans Health Administration (VHA) lived in rural areas in 2021. VHA data suggest rural veterans use certain VHA mental health services less than urban veterans, raising questions about access. ([GAO-23-105544](#))

Pregnant people. Rural communities have higher rates of maternal mortality and other adverse health outcomes. Data from 2011 through 2016 show that deaths during pregnancy or up to one year postpartum due to pregnancy-related causes are higher in rural areas compared to urban areas. Data also show pregnancy-related mortality rates were higher for some racial and ethnic groups, such as non-Hispanic Black people. ([GAO-21-283](#))

Examples of Health Care Access Challenges

Provider availability



Hospital closures. From 2013 through 2020, 101 (4 percent) rural hospitals closed. As a result, data show that counties with rural hospital closures generally had fewer health care providers.

Limited services. More than half of rural counties did not have hospital-based obstetric services in 2018. Limited service availability is due, in part, to difficulty recruiting and retaining maternal health providers, according to experts.

Recruiting and retaining providers. Various federal agencies cited difficulty recruiting and retaining providers. Difficulties stemmed from several factors, such as a lack of housing.

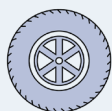
At least 17 percent of people living in rural areas lacked broadband internet access in 2019, compared to 1 percent of people in urban areas.

Insurance coverage



Often rural residents either rely on Medicaid or lack insurance coverage. Both scenarios are associated with less access to care and increased risk of poor health outcomes, including maternal mortality.

Travel and transportation



Rural residents tend to travel farther to access health care and have fewer transportation options than people living in urban areas.

Internet access



Telehealth is one option to address limited provider availability in rural areas; however, rural communities may have fewer broadband internet options than urban ones.



American Indians and Alaska Natives. Data from the Indian Health Service showed sizeable vacancy rates for clinical providers in areas that provide direct care to AI/AN people. Indian Health Service officials identified challenges filling these vacancies, such as the rural location of facilities. Officials said long-standing vacancies also have a negative effect on patient access, quality of care, and employee morale. ([GAO-18-580](#))

Federal Actions Needed to Improve Access in Rural America

Various federal agencies provide health care funding and services to rural populations. For example, VHA has an Office of Rural Health responsible for supporting initiatives and research on issues affecting rural veterans.

However, gaps in information about the health care needs of rural populations may affect the federal government’s ability to improve access for people in these underserved areas. We have made recommendations to help address these gaps for particular groups.

Policy Considerations

- ▣ Ensuring the collection and review of data that allows for analysis by rurality, as we have recommended, can help the federal government better understand potential health outcomes and health care access disparities, and take additional actions to promote access to care for rural populations.
- ▣ Considering the health care challenges rural populations may face can help foster innovation in care delivery (e.g., telehealth) and reduce access challenges.
- ▣ Assessing the availability of insurance and various financial incentives for providers, as well as hospitals, may be of particular importance when developing policies and programs for rural populations.

Examples of Information Gaps and Related GAO Recommendations

What information gaps has GAO identified?	What has GAO recommended?
<p>The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) do not analyze data by rural and underserved areas in examining rates of maternal mortality and morbidity.</p>	<p>CDC and HRSA should analyze maternal health program data by rural and underserved areas. Both agencies concurred with the recommendations and took steps in 2021 to collect and analyze such data. (GAO-21-283)</p>
<p>The Veterans Health Administration (VHA) does not analyze intensive mental health care program utilization and performance data by rurality.</p>	<p>VHA should ensure that it analyzes, by rurality, the utilization and performance data it uses to monitor access and include such analyses in program performance assessments. VHA concurred with the recommendation and identified steps it plans to take to implement it, but had not implemented the recommendation as of May 2023. (GAO-23-105544)</p>
<p>VHA’s Office of Rural Health does not communicate its research funding opportunities across VHA. In addition, while the office identified the outcomes it hopes to achieve through its strategic goals and objectives, the office has not established performance goals that define expected levels of performance each year.</p>	<p>VHA’s Office of Rural Health should develop a policy requiring the communication of available research funding opportunities across the Department of Veterans Affairs. In addition, the office should develop performance goals that reflect leading practices, such as being objective and measurable. VHA concurred with the recommendations and identified steps it plans to take to implement them, but had not implemented them as of May 2023. (GAO-23-105855)</p>

Source: GAO. | [GAO-23-106651](#)

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