

# Rural Challenges and Opportunities

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# Rural Population Characteristics

**Table 1. Age, Health Status, and Income**

	Rural	Urban
Total U.S. Population (2015) <sup>1</sup>	19.3%	80.7%
<b>Age</b>		
Median age (2015) <sup>1</sup>	51	45
Life expectancy (2009) <sup>2</sup>	76.8	78.8
% under age 18 (2015) <sup>1</sup>	22.3%	23.5%
% age 65+ (2016) <sup>3</sup>	18.4%	14.5%
% age 85+ (2016) <sup>3</sup>	1.8%	2.0%
<b>Health Status</b>		
Age-adjusted, all-cause mortality per 100,000 (2014) <sup>4</sup>	830.5	703.5
Mortality: Suicide (2014) <sup>4</sup>	16.8	12.4
Mortality: Unintentional injury <sup>4</sup>	54.4	38.3
Mortality: Drug poisoning <sup>4</sup>	15.6	14.7
Physically inactive (2012) <sup>4</sup>	27.8%	22.3%
2-3 chronic conditions (2015) <sup>5</sup>	22.2%	18.2%
4+ chronic conditions (2015) <sup>5</sup>	5.8%	4.3%
High cholesterol (2013) <sup>5</sup>	42.4%	38.8%
Hypertension (2013) <sup>5</sup>	38.1%	32.6%
Arthritis (2013) <sup>5</sup>	31.1%	25.1%
Diabetes (2013) <sup>5</sup>	12.0%	10.4%
Heart disease (2013) <sup>5</sup>	8.6%	6.5%
COPD (2013) <sup>5</sup>	8.7%	6.3%

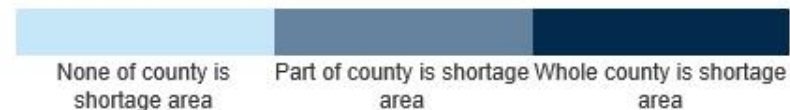
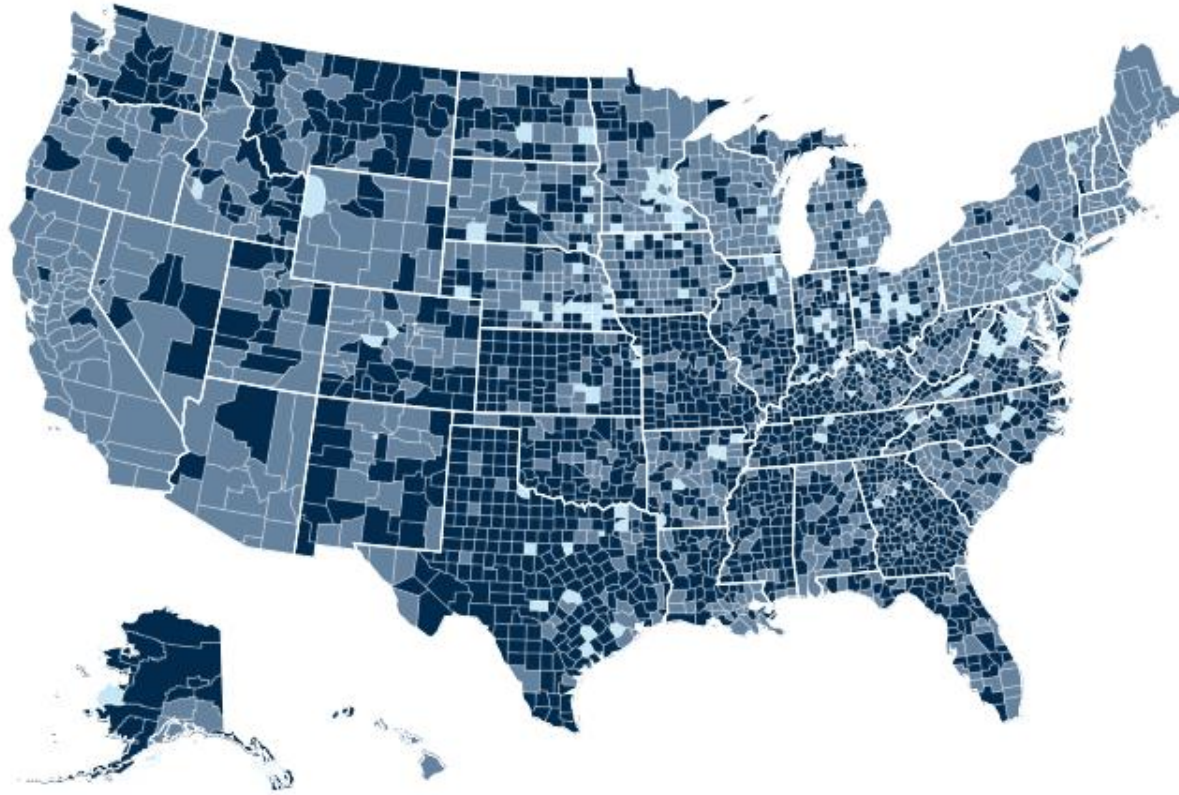
**Table 1. Age, Health Status, and Income (cont.)**

Income	Rural	Urban
Median household income (2016) <sup>6</sup>	\$46,000	\$62,000
Poverty rate (2016) <sup>7</sup>	16.9%	13.6%
Food insecure (2013) <sup>4</sup>	15.8%	14.5%

**Source:** Rural Health Research Gateway. Rural Health Research Recap. November 2018. <https://www.ruralhealthresearch.org/assets/2200-8536/rural-communities-age-income-health-status-recap.pdf>

# Rural Workforce Shortages

Health Professional Shortage Areas: Primary Care, by County, 2019

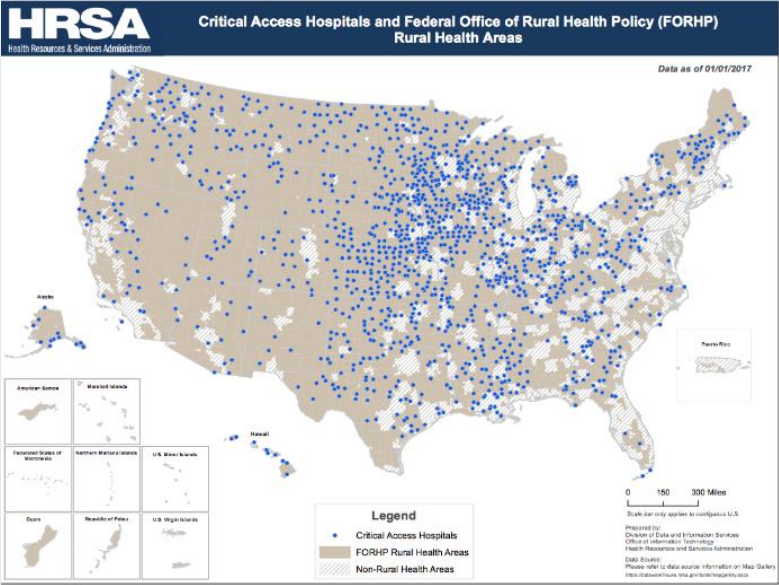


About **20%** of Americans live in rural communities, but only about **7%** of **oncologists** practice in rural communities.

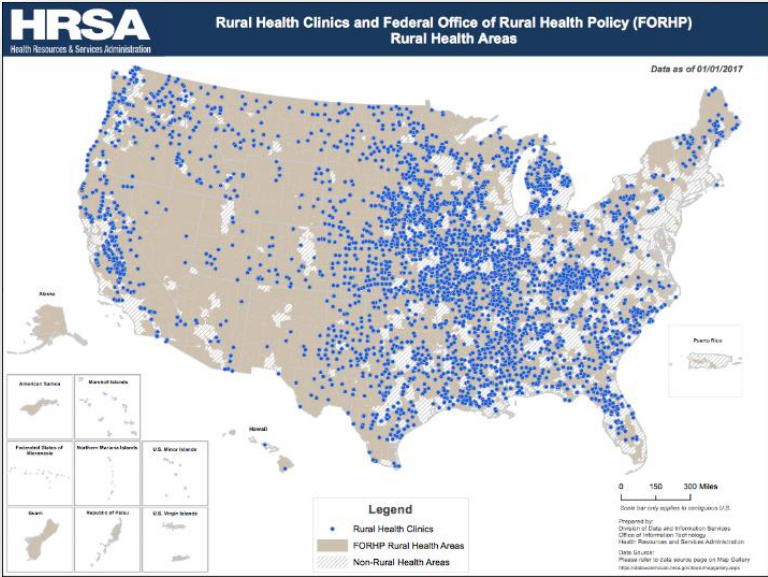
Reference: <https://www.ruralhealthresearch.org/assets/3403-13851/020420-cancer-surveillance-ppt.pdf>

Source: [data.HRSA.gov](https://data.HRSA.gov), October 2019.

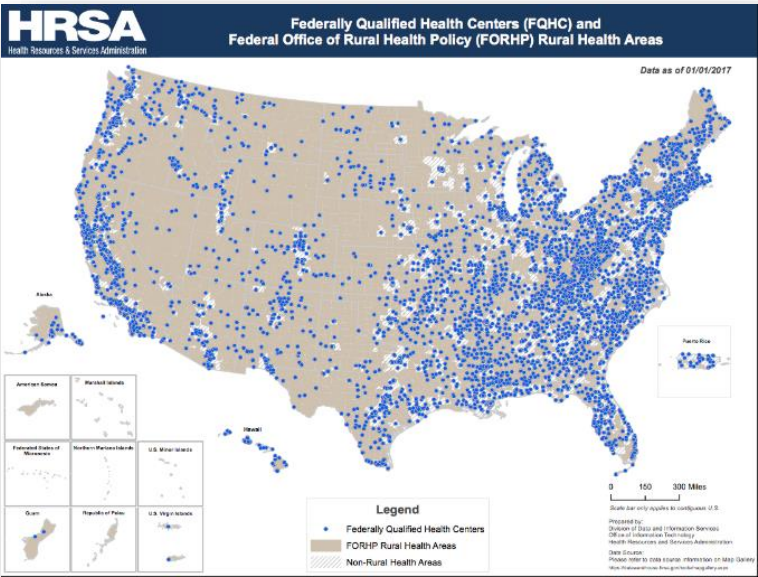
# The Rural Safety Net



Critical Access Hospitals (CAHs)



Rural Health Clinics (RHCs)



Federally Qualified Health Centers (FQHCs)

# Cancer Surveillance and Access to Care in Rural America

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# Background: Rural Cancer Care

Healthy People 2020 objectives:

...to decrease cancer mortality to **161.4** deaths per 100,000 population

- As of 2015, this objective has been met in metropolitan counties.

**157.8** cancer deaths per 100,000

- Yet, *rural communities have been left behind.*

**180.4** cancer deaths per 100,000

Source: Henley et al. *MMWR Surv Summ.* 2017;66(14):1-13.

# Key Takeaways

- Rural-urban disparities in spatial *access to cancer care* exist.
- *Travel burden* to reach a cancer provider was associated with worse survivorship and treatment initiation.
- Current challenges in capturing rural populations with *nationwide data* may hinder the opportunities to address rural cancer disparities.

# Policy Implications

Need to mitigate potential negative consequences due to long travel distances.

- Tele-oncology approaches
- Home-based or local hospital chemotherapy
- Cancer care delivery training for home health aides, nurses and physician assistants

Reference: <https://www.ruralhealthresearch.org/assets/3403-13851/020420-cancer-surveillance-ppt.pdf>



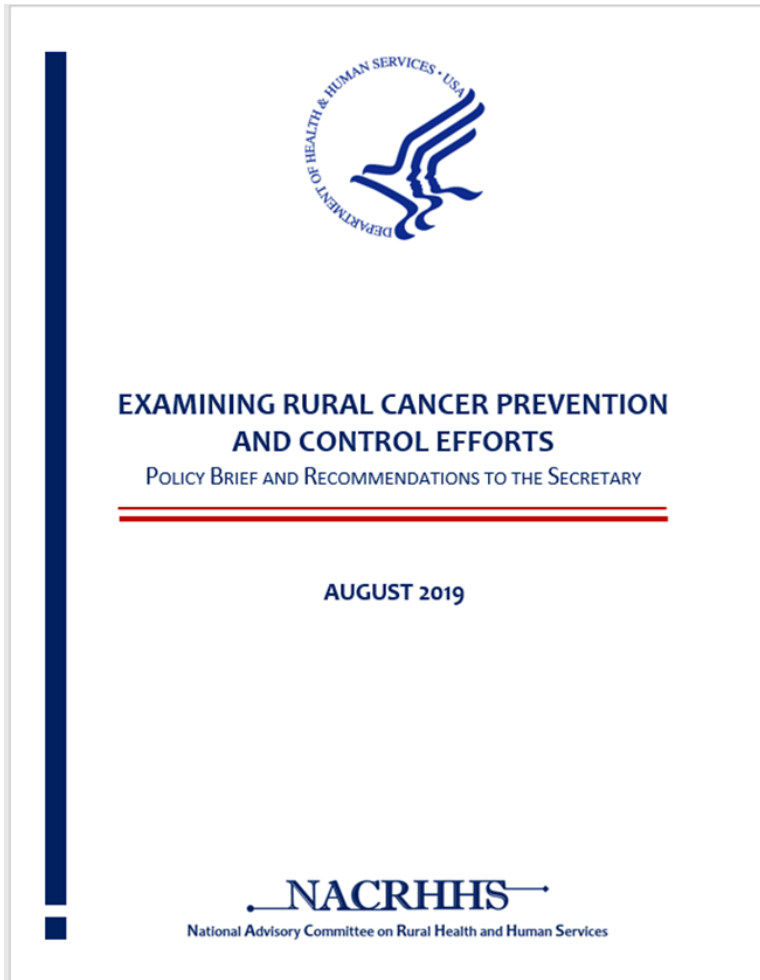
The banner features a dark blue background with a white central area. On the left and right sides of the white area are two small, square images of rural landscapes. The left image shows a green field with a small white building and mountains in the background. The right image shows a field of tall grass or crops with mountains in the background. The text "National Advisory Committee" is in a smaller, serif font, and "On Rural Health and Human Services" is in a larger, bold, serif font, both centered in the white area.

National Advisory Committee  
On Rural Health and Human Services

- The Committee is a federally chartered independent citizens' panel whose charge is to advise the Secretary of HHS on issues related to how HHS and its programs can better serve rural communities.
- The Committee members' experience and expertise cover a wide range of rural health and human services issues.
- The Committee meets twice a year to:
  - Examine important issues that affect the health and well-being of rural Americans..
  - To hear directly from rural stakeholders in healthcare and human services.

# Why Focus on Rural Cancer Care?

- Cancer is the second leading cause of death in the US
- Despite a downward decline in national cancer mortality, research demonstrates a distinct disparity in cancer mortality between urban and rural areas
- Rural counties have higher mortality rates for several preventable cancers, specifically, lung, colorectal and cervical cancers
- Disparities in cancer prevention and treatment in rural areas are attributable to several factors, such as higher rates of poverty, less access to health care services, transportation issues and more dependence on public health insurance programs



**Committee's Policy Briefs:**

<https://www.hrsa.gov/advisory-committees/rural-health/publications/index.html>

## Recommendations:

1. Combine federal funding to implement and evaluate a rural patient navigation program;
2. Increase funding for NCI's Rural Cancer Control Program and related partnerships;
3. Implement a national educational campaign to provide cancer related info to rural providers;
4. Educate rural providers to use Medicare codes to enhance cancer care coordination;
5. Require the assessment of rural-urban disparities and related goals and objectives in state cancer control plans.

# Rural Cancer Challenges & Opportunities

*Cancer is always....*

*Personal*

*Challenging*

But we have *Opportunity* to make it less  
challenging in rural areas!

# Thank You.

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