

Contemporary Issues in Rural Health Policy and Research

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**Rural & Underserved
Health Research Center**

- Conducts research to inform decisions about how to
 - organize health services
 - facilitate access
 - improve population health
- In rural and underserved rural areas



**Rural Health Research
& Policy Centers**

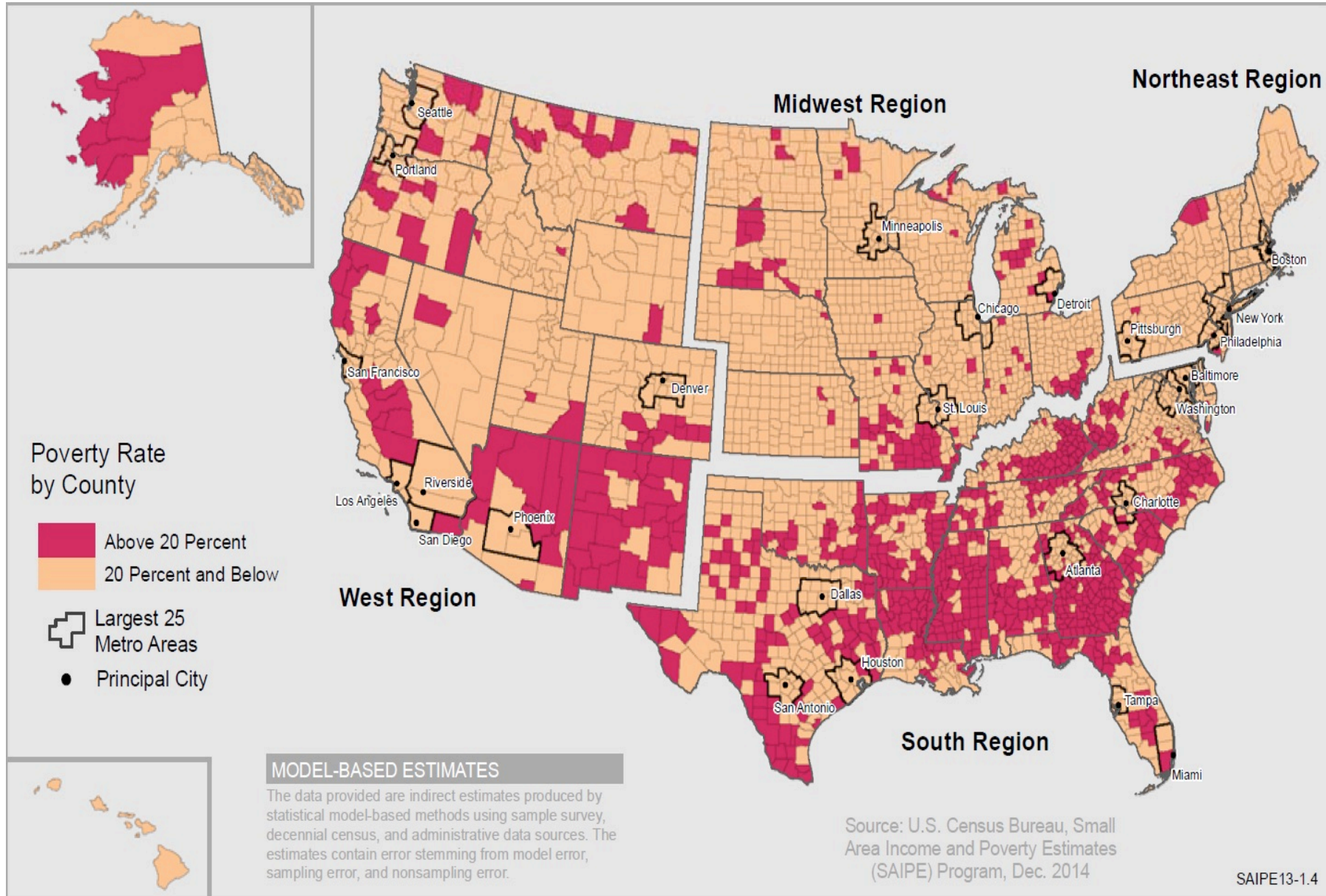
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4 Key Points

1. Not all rural areas are alike
2. Low capacity, consumer preferences require regionalization
3. Mental health and substance abuse are inextricably linked
4. Need to move beyond rural / urban comparisons

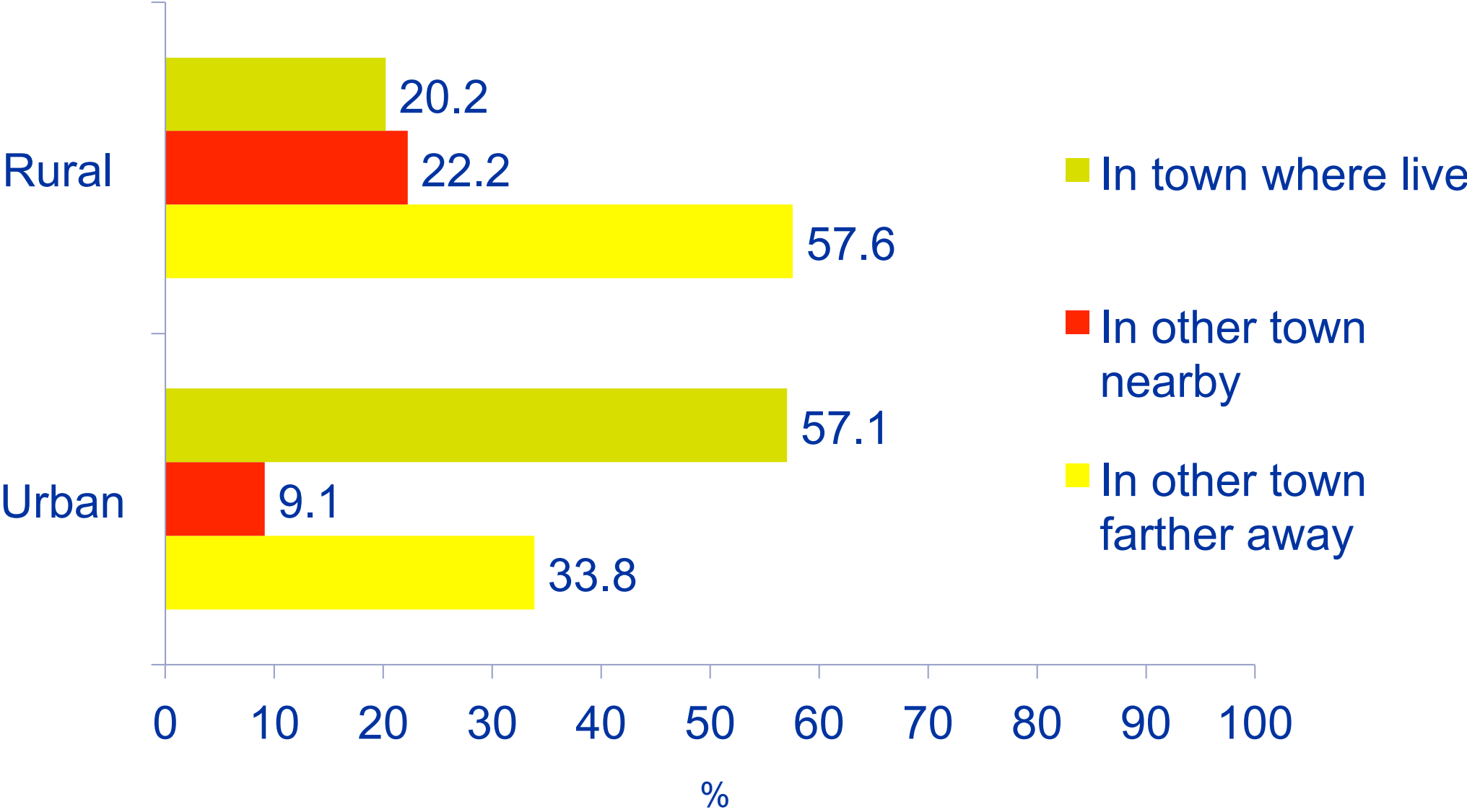
1. Not All Rural Areas Are Alike



2. Low Capacity and Consumer Preferences Require Regionalization

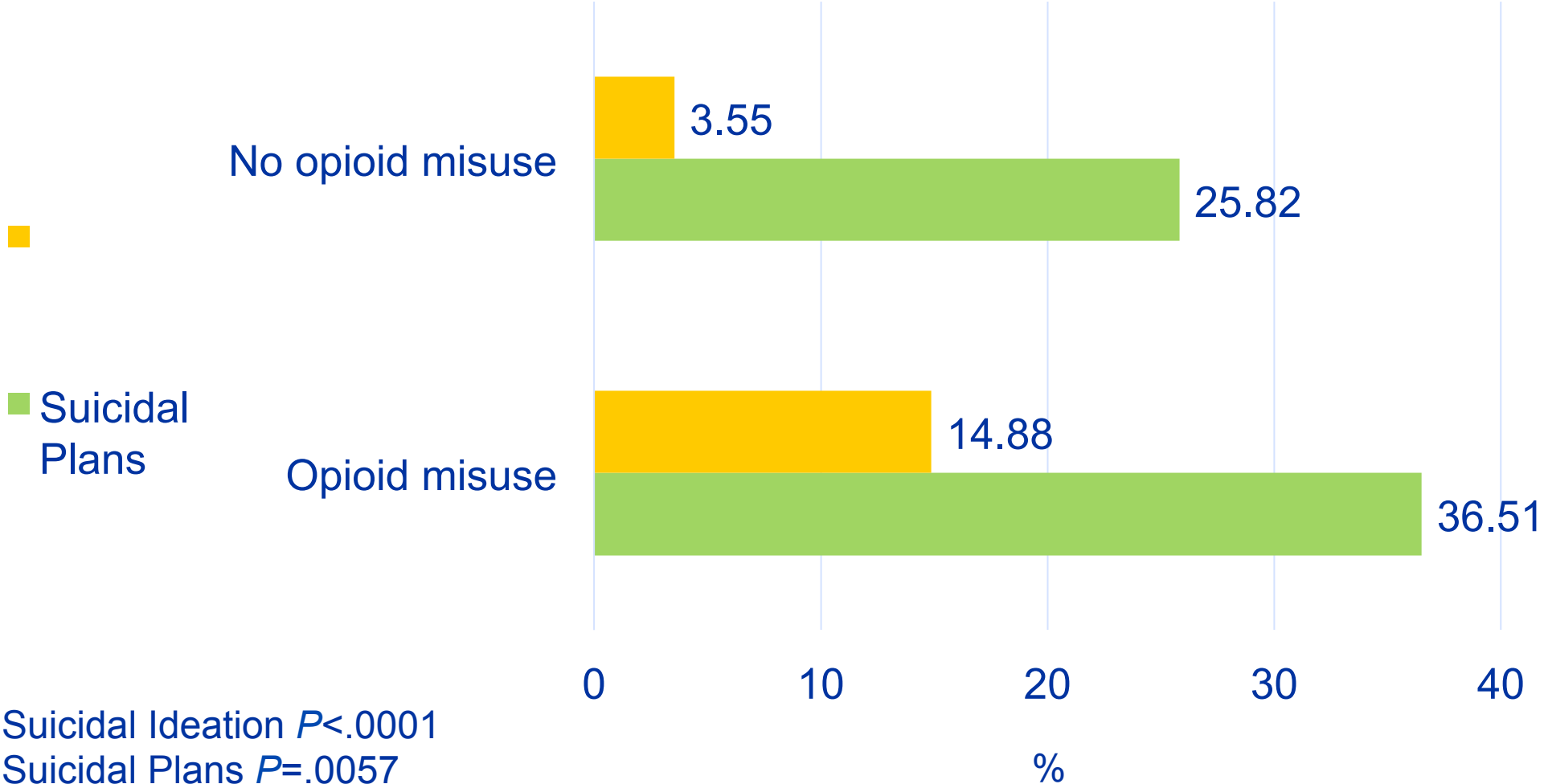
- Small capacity constraints in rural areas
 - Insufficient demand for low volume, specialized services
 - Lower availability of providers
- Even telehealth relies on providers at another location
- Many rural residents prefer non-local care
 - Migration/travel for physician and hospital services
 - Example of preferred drug use treatment site

Preferred Drug Use Treatment Site

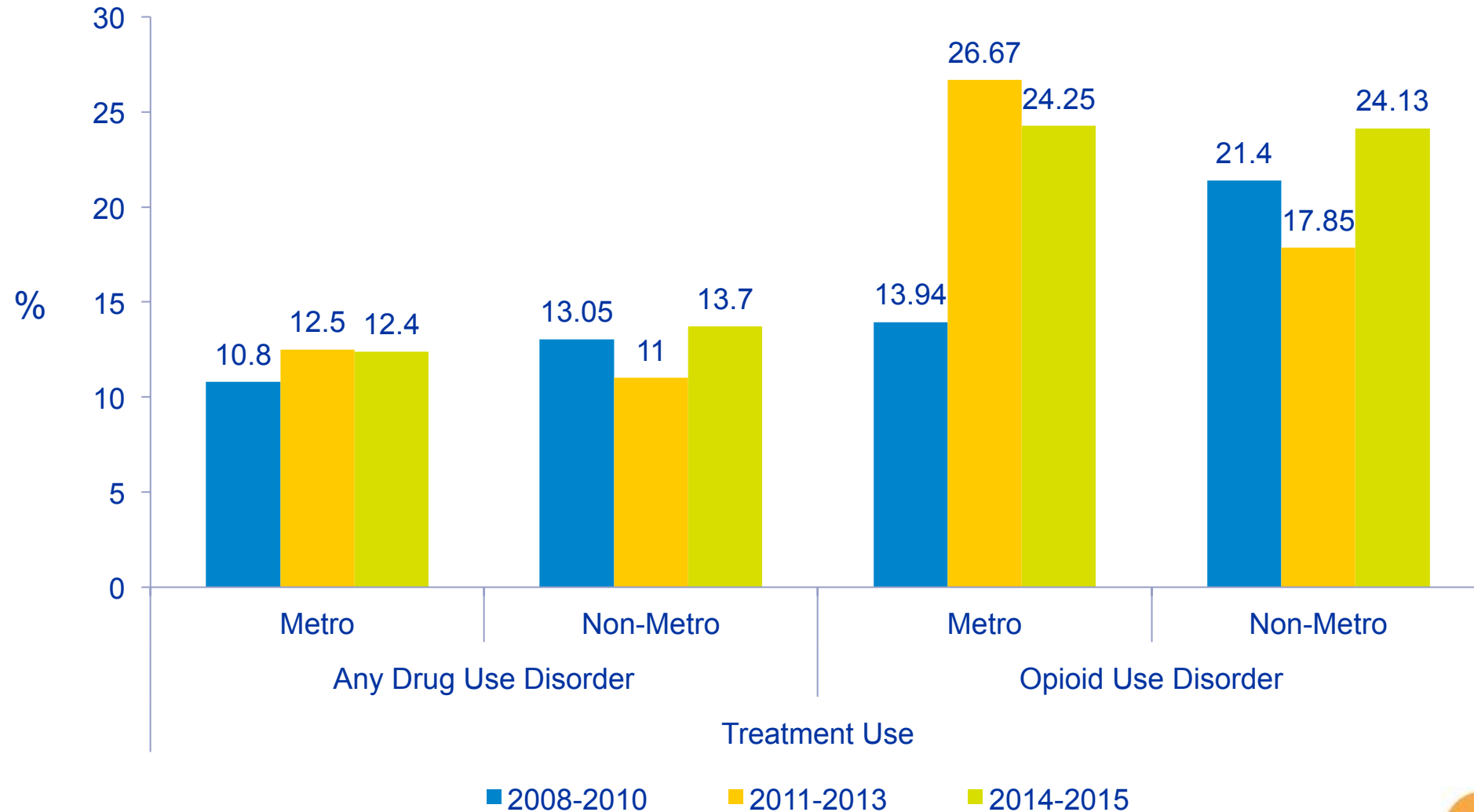


3. Mental Health and Drug Abuse Are Inextricably Linked, but Undertreated

Suicidal Plans and Ideation by Opioid Misuse (%)



Prevalence of Treatment Utilization among Persons with a Drug Use Disorder



4. Need to Move Beyond Rural / Urban Comparisons

- Pros of R/U comparisons: Easy to understand and use
- Cons of simple R/U comparisons:
 - R/U based on # of persons in arbitrary geopolitical boundaries
 - R/U is a “proxy” for other factors
 - Health system (could be modified by policy)
 - Economics (could be modified by policy)
 - Social and demographics

Concluding Comments

- Not all rural areas are alike
- Need rural-oriented policies
- Most innovation will come at the state level

Acknowledgments



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