



RURAL HEALTH: AVAILABILITY, ACCESSIBILITY AND AFFORDABILITY



Access to high-quality health care, including both preventive and sick care, is a crucial component of living a healthy life—and every North Carolinian deserves access to quality care, regardless of socioeconomic status, zip code, ability, or any other factor. The COVID-19 pandemic, has highlighted the importance that local hospitals have in rural communities, as well as the need for expanded telehealth services in underserved areas. Furthermore, virtual access to health providers does not and should not supersede the clear gap in access to a variety of healthcare providers within our rural communities. While there are clear challenges here, our state has made steady strides in the right direction. Together, we must continue to do our part to support the health of our communities.

⁴
63 OF 80

**RURAL COUNTIES IN
NORTH CAROLINA**

ARE DESIGNATED AS
HEALTH PROFESSIONAL
SHORTAGE AREAS

⁵
26 OF 100

**COUNTIES IN
NORTH CAROLINA**

DO NOT HAVE AN OB-GYN

AS OF MARCH 2021,¹

NORTH CAROLINA

1 OF 12
STATES



THAT HAVE NOT
EXPANDED MEDICAID



²
11 RURAL
HOSPITAL
CLOSURES
IN NORTH CAROLINA
SINCE 2005

³
8 RURAL
HOSPITALS
IN FINANCIAL DISTRESS
AS OF 2017

⁶
AFRICAN AMERICAN
INFANT MORTALITY
RATE IS

2.44x

COMPARED TO
WHITE INFANTS IN
NORTH CAROLINA IN 2018

OTHER ESTIMATES SUGGEST THAT MEDICAID⁷
EXPANSION OR ITS EQUIVALENT WOULD HAVE A

\$5.6 BILLION STIMULUS

(OVER A FOUR-YEAR PERIOD)

TO THE RURAL COUNTIES IN NORTH CAROLINA.
THIS WOULD SUPPORT MORE RURAL
PRACTITIONERS AND HELP THE FINANCIAL
POSITION OF AT-RISK RURAL HOSPITALS.

CLOSING THE INSURANCE GAP
WOULD ALSO BRING

43,000 JOBS

TO THE STATE OF NORTH CAROLINA

RECOMMENDED ACTIONS

- Close the health insurance coverage gap in North Carolina.
- Expand efforts to recruit and retain rural health providers, including specialists in underserved areas of the state.
- Implement recommendations for a statewide telemedicine policy made by DHHS in 2017.
- Investigate opportunities to attract mid-level health care providers to rural areas by allowing full practice authority and increasing scope of practice.
- Advance broad-based solutions for the substance abuse crisis that address both prevention and treatment.
- Support the Healthy North Carolina 2030 attainment goals that seek to holistically address and improve the health, safety, and well-being of North Carolinians.

DATA SOURCES

- 1 Kaiser Family Foundation. Status of State Medicaid Expansion Decisions: Interactive Map. Published March 8, 2021. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
- 2 Sheps Center > Programs > NC Rural Health Research Program > 180 Rural Hospital Closures: January 2005-Present (136 since 2010). <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>
- 3 NC Rural Health Research Program Senate Finance Testimony on Rural Hospital Closures: May 24, 2018. NC Rural Health Research Program, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. https://www.shepscenter.unc.edu/wp-content/uploads/dlm_uploads/2018/05/NCRHRP-Senate-finance-committee-5-24-18.pdf
4. NC DHHS. NC Office of Rural Health Counties Designated Health Professional Shortage Areas SFY 2020. https://files.nc.gov/ncdhhs/AllHPSA_0.pdf
- 5 NC Department of Health & Human Services State Center for Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/ims/2018/#>
- 6 Knopf, T. (2108, January 22). NC. Rural health by the numbers. North Carolina Health News. <https://www.northcarolinahealthnews.org/2018/01/22/n-c-rural-health-numbers/>
- 7 Center for Health Policy Research, George Washington University. "The Economic and Employment Costs of Not Expanding Medicaid in North Carolina: A County Level Analysis." December 2014.

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