

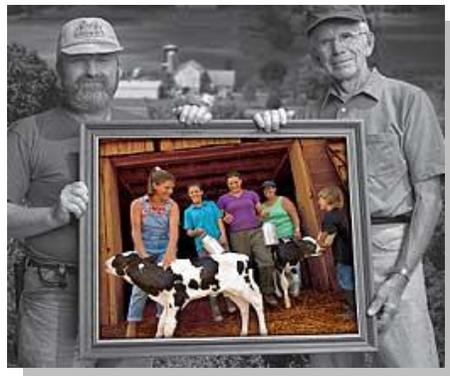
Executive Summary

The development of this document included a survey of individuals in Iowa who have expertise and interest in rural health. The survey results helped to identify priority topic areas and concerns for rural and agricultural health and safety in Iowa. The Rural and Agricultural Health and Safety Resource Plan (RAHSRP), includes seven sections that focus on “rural”. Each section is designed to reveal information, data, graphics, and resources at the national and state level. Most important, each section highlights “**in Iowa**” information, and promising practices which assist the reader to an understanding of the issues, challenges, complexities, and community victories associated with health, safety, and wellness in rural Iowa.

It is important to note development of the RAHSRP was a combined endeavor. Several individuals and organizations with valuable expertise and experience graciously offered guidance, direction, research, data, resources and the stories included in the document.

There are 62 million Americans currently residing in rural areas. It is estimated that 20 percent of the rural population is uninsured. While 20 percent of the U.S. population lives in rural areas only 9 percent of physicians practice in rural settings.

Iowa is the stereotypical rural environment. Agriculture and ag-related businesses make up the majority of the state’s economic base. Iowa’s rural populations have similar characteristics to other rural states in the nation: older populations, lower incomes, and seasonal unemployment above regional averages. Despite those characteristics, Iowa’s rural populations demonstrate greater satisfaction with life, increased engagement and connectedness within their communities and, fewer impacts from impoverishment or unemployment because of community support systems.



What is rural and why is it important? Several demographic trends are reshaping economic and social conditions across nonmetro/rural counties. The trends serve as key indicators of rural health, and as generators of growth and economic expansion. The definition for rural depends on the topic and the issue it is related to, and the definition source. Geographic and census data are a tool to determine policy and funding. Although the word rural is commonly substituted for nonmetro in speech and writing, it is becoming increasingly misleading especially as related to health matters. Funding, programs and resources identified for rural communities need to stream into Iowa areas that have a rural environment and culture.

What about access to health care? There are numerous issues affecting access to health care in rural Iowa. Most of the barriers mirror the health care access challenges reported throughout the nation's rural areas. However since 90 percent of the land mass in Iowa is considered rural and in production agriculture, and half of the population live in what is considered a rural area, the issue of health care access is more evident in Iowa. Transportation and community development are two vitally important issues relating to health care access. To briefly summarize---rural areas that have public transportation systems, and economically effective, health conscious communities are more likely to have adequate access to quality health care.

There are numerous factors that contribute to why and how a person in rural Iowa might need health care, seek it out, receive quality care or---possibly not receive all the services required. The health care services components included in RAHSRP are: Clinics, dental/oral health, emergency medical services, hospitals, long term care, mental/behavioral health, pharmacy, and veterans' health care. Overall while there is high level of quality care services in rural Iowa, health care access for rural residents is not always equal to the services and costs available in urban areas.

How is the local public health agency involved? One of the most beneficial aspects of public health is; local health agencies have in-depth knowledge about their communities and traditionally maintain a high profile of involvement in matters that affect overall health. They are "in the trenches" and have close contact with residents. Local health agencies ability to approach the issues that determine good or bad health makes them an invaluable asset in health care reform provisions which address prevention and wellness. At the Iowa Department of Public Health, 32 of the local public health sub contracts are hospital based. In Iowa many rural hospitals interact with public health every day.

What about farmers and farm families? Agriculture is the most hazardous occupation in the U.S., as well as in Iowa, with an occupational fatality rate 6 times higher than the general working population. In Iowa, farmers make up about 37 percent of all occupational fatalities in the state, even though they only comprise 7 percent of the total workforce (farm workforce here does not include family member). The rural population can be divided into rural farm and rural non-farm sectors. There are about equal numbers in each sector. The farm sector has a unique set of occupational health and safety issues in addition to sharing the health and safety issues of the general rural population.

What are the health workforce implication for rural? The shortage of healthcare workers in rural communities is the greatest rural health issue today. While about 20 percent of the American population – approximately 62 million people – live in rural areas, only about nine percent of all physicians and 12 percent of all pharmacists practice in rural communities. Rural areas average about 30 dentists per 100,000 residents, while urban areas average approximately twice that number. Shortages of nurses (both registered nurses and licensed practical nurses) and allied health professionals also abound. Iowa rural health workforce reflects the national norm, however we rank lower for mental and behavioral health access than 46 other states.

What are the information technology implications for rural? Health information technology (HIT) has the potential to revolutionize the delivery of health care. In Iowa the “rural factor” related to health information technology is important because: 1) geographically we are a largely rural state, and 2) due in part to the large number of critical access and smaller hospitals (87) and number of certified rural health clinics (141) involved. The three important HIT areas for rural are: Electronic health records (EHR), telemedicine, and the state health information exchange (HIE) program. Using HIT to drive improvements in healthcare in rural Iowa will require the support of many diverse stakeholders, and government agencies.

