

Quality of care in a rural population



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Utilization and Quality of Care in a Rural Population Utilization and Quality In Healthy People it was d that there was a disparity in the healthcare that is received in rural communities. According to the report, the rate of injury related deaths in rural areas has risen over 40% more than in urban areas. There is lower use of preventative medicine as well as a lack of insurance, difficulty in obtaining emergency and specialty care, and a lower likelihood of using seat belts or understanding what they need to do to lower risk of heart disease and diabetes (Merwin, Snyder, and Katz, 2006).

This paper will discuss rural healthcare and strategies that might be used to improve it.

It is a difficult task to provide healthcare in some of the rural communities in the US. The quality of that healthcare once established is sometimes not what it needs to be for either the local people or those that travel through on their way to elsewhere. Rural adults, according to research, state five times more often than urban adults to feel fair or poor about their health status. Most of these rural residents prefer to get their care locally and may not get specialty care because of their reluctance to go elsewhere (Pierce, Foley, Clark, 2006). There are also many other cited barriers to care. Those include lack of financial resources, distance to care, lack of transportation, and a shortage of healthcare professionals that varies by profession, region, and state (Merwin, et. al. 2006). Rates of those healthcare professionals continue to decline in rural areas. There is also difficulty getting appropriate supplies and provides problems for services like home health care and meals on wheels.

There are many strategies that have been contemplated for use in improving this rural healthcare problem. It is much more studied now than in the past,

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with the information given in the Healthy People 2010 study. In the rural communities in Oregon, there is an effort to solve this problem. There are several very rural hospitals in Oregon which are Critical Access Hospitals. These hospitals have set up a program with the state in which they train people who are born and raised in the area and want to be nurses as nurses. The nursing program from the capital comes in and gives classes, the nursing that is needed for the hospital which is by far greater in emergency and Ob than in most specialties, each of these programs is specialized according to the needs of the hospital in a specific area. They have also begun to use a rural surgical program which was put together by a surgeon in Harney County who moved there from a large urban hospital. In this program, he trains new surgeons on rotation to do surgery in small hospitals. In doing this, the new surgeons must give some time to the hospitals when licensed. In almost every case they have moved to a rural area. This program in a small 25 bed hospital has provided all of the surgical specialties. This is definitely a program that could be used elsewhere (harneydistrict). In this instance it is also very important to have a well trained Director of Nursing who can link rural services with other services and know when to deploy the correct resources.

In conclusion, rural resources for healthcare are limited. There are many disparities in care and rather than go for care many of the residents ignore the need. The Federal Government as well as others have noted this need and research has begun in how to allow for better access. Harney District Hospital in rural Oregon has found a method that works and this writer believes this program should be suggested for use elsewhere.

Resources

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<http://www.ihl.org>

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