

Health Resources and Services Administration: Access to Health Care in Rural America

This research addresses issues of access to formal home health care in rural areas.

Lead Agency:

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)

Agency Mission:

HHS Mission: The HHS mission is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

HRSA Mission: HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care. As the Nation's Access Agency, HRSA focuses on uninsured, underserved, and special needs populations in its goals and program activities.

Principal Investigator:

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General Description:

Access to Formal Home Health Care in Rural Areas:

This research addresses issues of access to formal home health care in rural areas, and examines the use of formal home health care in such areas. It also examines the impact of the Balanced Budget Act (BBA) of 1997 and other recent policies on the staffing characteristics of Medicare-certified home health agencies (HHAs) across rural and urban counties from 1996 to 2002, a period encompassing changes of the BBA and related policies.

Excellence: What makes this project exceptional?

This research highlighted the policy impact on use of formal home health care in both small rural counties and remote counties. The risk of any formal home care use is significantly higher for Medicaid enrollees residing in small rural counties (i.e., with no town larger than 10,000). Use of Medicare home health care is significantly greater for residents of the most remote counties. There were substantial population-adjusted decreases in home health aides based in HHAs in all counties, including remote counties.

Significance: How is this research relevant to older persons, populations and or an aging society?

Results suggest that for the elderly in rural counties, Medicaid coverage, especially of case-management services, may facilitate access to acute and chronic care services, especially Medicare home health care. The limited presence of stable HHA staff in certain rural counties, especially in remote counties, has been exacerbated since implementation of the BBA.

Effectiveness: What is the impact and/or application of this research to older persons?

This research provides information for decision-makers about the impact of Medicaid in rural places as an important mechanism for linking the elderly to formal home care, especially to Medicare formal home health care. The loss of home health aides in more rural counties may limit the availability of home-based long term care in these locations. Formal home health care may substitute for less available forms of care in the most rural counties.

Innovativeness: Why is this research exciting or newsworthy?

This research is newsworthy because it suggests that policies that limit access to formal home care could lead to increased service-related vulnerabilities among the elderly in rural areas.