

Bridging the Rural-Urban Divide in Primary Care

By Julia Ross

Life in rural and small-town America offers undeniable attractions: clean air, sparse traffic and a strong sense of community among them. But it can be an isolated life as well, and in towns like Bluffton, Indiana or Eaton, Ohio, the nearest physician might be an hour's drive away. In fact, more than 120 rural US counties have no resident physician at all.

In an effort to bridge this geographic gap, hospitals, medical schools, county health departments and social service agencies are teaming up to make sure that underserved, rural communities across the US get the primary care they need. And through cost-sharing among community partners and the support of state and federal grants, many rural health initiatives are able to provide free care to those who cannot afford to pay.

One such project, HealthQuest, serves minority and low-income populations around Bluffton-- a town of 10,000 in northeast Indiana. Five days a week, the project's two mobile medical units are on the road, dispensing preventive care, including pelvic exams for women, immunizations and school physicals, in 12 rural counties.

According to HealthQuest coordinator Mary Johnson, RN, four years ago, Bluffton's Caylor-Nickel Medical Center sponsored a statewide survey that identified cost, transportation and distance as the critical factors restricting access to health care in rural communities. So the hospital, along with several area social service agencies, decided "going mobile" would be the best way to remedy these problems.

"Each unit is staffed by a nurse practitioner and a social worker, and therein lies a wonderful partnership," Johnson explained. "The nurse practitioner may see five kids in the same family with a problem like head lice, and the social worker will make a note to go on a home visit. With our population comes other problems in addition to health. We need to take care of them totally."

The project serves 500-600 patients a month, and demand is particularly high in migrant farmworker camps and among the Amish (a Christian religious sect that favors living in an agrarian society with little reliance on modern conveniences). Reaching out to these isolated minority groups is important, said Johnson, because they often carry infectious diseases like whooping cough and tuberculosis that might go untreated and spread without the intervention of HealthQuest professionals. The project has also resulted in higher childhood immunization rates and better prenatal care throughout its service area, she added.

In Eaton, Ohio, providing well-baby care and advice to new parents in a county with no pediatricians or hospitals is the focus of a four-year-old county department of health initiative called "Healthy Beginnings."

"We found that many hospitals [outside the county] were sending mothers home soon after their delivery, and it was difficult to follow up because families must travel quite a ways to the hospital," said project coordinator Teresa O'Diam, RN. "We felt there needed to be some support for new families. A lack of knowledge, especially among the younger parents, sometimes led to neglect."

The program supports two part-time nurses who make an average of 20 home visits a month to the county's "working poor" parents. They offer advice on breastfeeding, weigh low birth-weight babies, check newborns for jaundice or thrush, and answer the most basic questions like "Why does my baby keep crying?" Home visits are free, and the program provides new parent handbooks and a limited supply of diapers. The nurses make referrals to physicians or

hospitals when necessary, and transportation is then provided for a fee, depending on what the family can afford.

Healthy Beginnings, which was established with a US government grant, is now laboring to continue its services under a patchwork of grants from the state of Ohio and charities like the March of Dimes. O'Diam said the program originally funded two full-time nurses, but when the federal government grant expired, staff time had to be reduced. "It's a struggle, but if we don't provide these services, no one else will," she said.