

University of Wisconsin-Madison
Department of Agricultural Economics
Community Economics

A newsletter from the Department of Agricultural Economics,
University of Wisconsin-Madison and Community, Natural Resource
and Economic Development Programs.

Cooperative Extension Service. University of Wisconsin-Extension

Number 204
October 1993

Rural Health Care: Access and Satisfaction

by

LaVonne A. Straub

Copyright (c) 1993 by LaVonne A. Straub. All rights reserved.
Readers may make verbatim copies of this document for non-
commercial purposes by any means, provided that this copyright
notice appears on all such copies.

RURAL HEALTH CARE: ACCESS AND SATISFACTIONLaVonne A. Straub ^{1/}

Access to health care services has become a growing issue across the country and is especially a concern in rural areas where many communities are without doctors, nurses, hospital beds, and other services. For each rural community, the single most important factor in retaining health care, and realizing both access and economic value (which was noted in the June, 1993 newsletter), is for local residents to utilize existing services. This is especially true of hospitals, which have high fixed costs and cannot remain open without revenues from service. Yet, there is evidence that rural residents often consider the quality and quantity of local health care as lacking and justification for seeking care in larger cities; thus further eroding the local services. This report presents a unique view of the issue, with a focus on perceptions of rural Illinois residents about: access to health services, quality of services, and levels of satisfaction.

The Illinois Rural Life Panel, conducted by the Illinois Institute for Rural Affairs, has monitored perceptions through time of over 2000 rural residents on a number of topics, including health care issues. Questions ask about satisfaction, availability, and financing, as well as views on reform of the health care system. ^{2/}

In analysis of responses, panel members were separated according to those in counties which have no hospital; in counties without obstetrics care (a proxy for physician care); and those in counties designated as health professional shortage areas by the state (in general, a county with a ratio of less than 1 primary care physician per 2400 residents).

A key in local utilization is the extent to which residents are satisfied with the services and how quality compares with services elsewhere. Direct measures of quality and the outcomes from being in an underserved area are difficult to obtain; however, perceptions of quality are important in patterns of seeking care.

Among all the rural respondents, about 23% report that access to hospitals and to doctors is a "serious/moderate" problem, while the remaining 77% consider this access a "slight/no" problem. By contrast, nearly half the respondents in those counties lacking hospitals or obstetric services consider this access a serious/moderate problem. Interestingly, 70% of those in designated shortage areas rate access as only a slight/moderate problem. Across all rural counties, access to dental services is viewed as less of a problem than medical services (15% noted it as serious/moderate). The result was nearly the same for those in shortage areas, although dental service access is more serious in counties without a hospital.

^{1/} Professor of Economics, Associate of Illinois Institute for Rural Affairs, Western Illinois University.

^{2/} Based on Likert scale responses strongly agree to strongly disagree.

The quality of medical services overall was reported as "excellent/good" by 43% of all respondents, as "average/fair" by 51%, and the remaining 6% of respondents rated it as "poor." It is noteworthy that the highest overall rating (46.3% excellent/good and only 8% poor) was by those in designated shortage areas. While this is counter to intuition, it suggests that providers remaining in those counties are viewed as sources of quality care. For respondents living in counties without a hospital, 19% indicated the overall quality of medical services as poor.

Panel members were asked about the importance of, and their satisfaction with, several health care services. The importance of medical facilities and doctors is consistent, at over 90% across all areas. Emergency services are next in importance, followed by dental services and Public Health. An interesting finding is that those in shortage areas report comparable satisfaction levels with those in remaining counties for the range of services. Statewide, just over 50% of panel members reported satisfaction with medical facilities and doctors, while 67% are satisfied with dental services and 62% with emergency services. Not surprising, residents in counties that lack hospitals or obstetric services have lower levels of satisfaction than statewide averages.

Information from the Rural Life Panel provides a valuable view about quality and availability of services from those who are demanders of these. This input should be a useful counterpart to supply-based formulas which count the number of providers and facilities, and use these figures to develop policies to increase access. One interpretation from these data is that rural residents may be more realistic in their views of health care access than are policy makers. Another is to remind rural leaders of the importance of attending to satisfaction with the quality of services to prevent erosion of access and loss of economic value. The annual expenditures on health care from panel members are not trivial. More than half of the panel spend between \$500 and \$2,500 annually, while approximately 30% spend between \$2,501 and \$10,000.

Steven Deller
Community Development Economist