

Why Rural?

I was elbow-deep in my patient's abdomen to pack her wound before she flinched. We were about twenty minutes into a dressing change that we did twice a day, and we both knew it would be about twenty more minutes before it was finished. Sometimes she spent the time cursing the cancer that had caused her wound, and other times she told me stories about her beloved dog and the trouble he got into, or her ex-boyfriends and the trouble that they got into. Each time, she told me, "you know what I'm going to do when I get out of here? I'm going to go home. I'm going to have a big party and invite everyone. Most importantly, I'm going to see my dog. He is one good dog, let me just tell you."

She told me that many, many times over the years that I cared for her. She told me that same plan each time she was admitted, before every surgery, and before each consult. She told me her plan before each therapy session, during each blood draw, and at two am when I checked her vital signs. She told me after countless drains, tubes, wound vacs, and PICC lines. And eventually, when she needed a tube to breathe and could no longer speak, I told her.

The first time I repeated her words to her, I didn't know if she could hear me. But then she started to cry, and I knew that she did. The next day, she sat up. The next week, she walked a few steps. And the next month, she spoke again. The first thing she told me was her plan to leave the hospital, go home, have a party, and-most importantly-see her dog.

Her journey with cancer was long and challenging. She lived in a rural community and had to travel two hours to get to the hospital to see her oncologist and surgeon. She was unable to drive herself, and her family couldn't afford to take time off during the week to transport her, so she often stayed overnight at the hospital. She was stressed about paying her bills, losing her job, and what her healthcare insurance would cover. Since her family and friends could not take time off work to come visit her, she was often lonely. She was on isolation precautions, so the only people she saw during the day were healthcare providers wearing plastic-like gowns, gloves, masks. She would talk to her family and friends on her room phone, but she could not afford a video-capable phone to Facetime her loved ones.

If she hadn't lived in a rural community, her cancer journey may have been different. She may have been able to make her follow-up appointments regularly. She may have had a family come listen to her discharge instructions so they could then help her care for her drains at home. She may have had someone come visit her every day after work instead of sitting alone.

Her story exemplifies why rural patients experience poor health outcomes. She faced many barriers to accessing care, including distance, transportation, health insurance, and provider availability. Her frustrating experience with healthcare access is shared across rural

communities. Rural patients need to travel an average of fifteen miles to the nearest hospital, which may take up to an hour due to back roads and challenging terrain (Rheuban & Krupinski, 2018). Patients who need specialty care, like an oncologist, may have to travel a city; only ten percent of physicians and three percent of oncologists work in rural areas (Charlton, Schlichting, Chioeso, Ward & Vikas, 2015). This requires patients to take time off work, perhaps find childcare, and have a reliable form of personal transportation since public transportation services are less common in rural areas (Rheuban & Krupinski, 2018).

Rural patients who can find transportation and a provider may find they are unable to afford care. Rural patients are less likely to have employer-sponsored health insurance and are more likely to live in poverty than urban ones (Rheuban & Krupinski, 2018). These patients, who may be eligible for federal and state financial aid and assistance programs, are often unaware of them-perhaps because only two percent of social workers practice in rural areas (Charlton et al, 2015). Many rural patients may need mental health support while facing barriers to healthcare access and managing a health crisis, but only three percent of mental health providers work in rural communities (Charlton et al, 2015). It seems as if rural patients experience challenges in finding providers and resources from the moment they try to make an appointment, as the patient in my story did.

I watched my dear friend and patient undergo years of hospitalizations, treatments, and challenges. Her difficulties with healthcare access are the reason I want to serve rural communities. I hope to help improve healthcare access and reduce health outcome disparities for rural patients. I believe we can create a healthcare system in which everyone is able to receive the health care they need and still have the support and comfort of their community, regardless of where they live.

In fact, it was my patient's rural community who made her plan come to fruition. It took months of planning and coordinating, but her whole town came together to support her. She didn't get to go home, but her family and friends planned a trip to surprise her at the hospital. They brought home to her, including her favorite foods and decorations. And yes, they brought her dog.

References

- Charlton, M., Schlichting, J., Chioeso, C., Ward, M., & Vikas, P. (2015). Challenges of rural cancer care in the united states. *Oncology* 29 (9), 633-540. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/26384798>.
- Rheuban, K.S. & Krupinski, E.A. (2018). *Understanding telehealth*. New York, NY: McGraw-Hill.