BY THE PEOPLE

THE CHALLENGES OF HEALTHCARE FOR THE RURAL POOR IN CENTRAL VIRGINIA

In central Virginia, as in most other places, there are those who 'have' and those who 'have not.' And when it comes to healthcare, the differences between these populations could not be more striking. In an area served by a major national research hospital (the University of Virginia Health System) and by a high-quality community hospital (Martha Jefferson Hospital) there are still thousands of residents in rural areas who do not receive even the most basic healthcare. Why is this happening?

Many would say that there is no simple way to separate the qualities of health and well being from the social conditions that affect those left behind – poverty, lack of education, illiteracy, language barriers, cultural misperceptions and lack of transportation. Early healthcare intervention and prevention are distant concerns for people who struggle to meet the most basic daily needs.*

What choices can we make to better serve this population, and which of these choices should be priorities?

LANGUAGE AND CULTURAL COMMUNICATION BARRIERS

Some say that to better serve this population, our first step should be to provide better and broader training to medical personnel. With so much focus on high-level medical technology and research, physicians may be losing the skills necessary to reach people through old-fashioned face-to-face conversations. Physicians should be taught to understand the plight of the underserved population, and how to communicate with individuals from different cultural and socio-economic backgrounds. Though most physicians receive some training in working with the underserved, rural population, it is difficult to attract doctors to these lower paid positions in more remote locations.

With an increasing migrant and refugee population,** the language barrier is immense. Some recommend providing the underserved population with simplified health-education and resource materials – for instance, using pictures instead of words – and eliminating technical medical terminology that confuses and intimidates many. Critics of this approach point to the cost of re-creating materials for a small percentage of the population.

FOCUS ON TRANSPORTATION BARRIERS

Transportation will always be an issue for those who live in rural areas not served by mass transit, and for those who cannot afford a personal vehicle. The transportation problem in our region has been made more acute because the counties that surround

Charlottesville have recently been designated as “urban” by the state and federal agencies that would otherwise be providing funding assistance for transportation.*** Some recommend increasing funding for rural clinics, pointing out that billions of dollars are directed and invested each year into massive for-profit medical centers located in high-density city-centers, while rural areas are neglected.

With the cost of medical care and equipment sky-rocketing, some argue that the most cost-efficient method to serve the public is to locate medical services ‘under one roof’ with building costs centralized rather than duplicated in smaller, rural healthcare centers. Others say that state-of-the-art technology should be available to everyone and that such technology is unaffordable in multiple, regional locales.

DENTAL CARE IS NUMBER ONE COMMUNITY CONCERN

Somewhat surprisingly, a recent survey of underserved residents in the central Virginia region revealed that the number-one community need is dental care – more so than a living wage or housing. And although a new dental clinic for children of low-income families was recently opened in Charlottesville, thousands of adults, and even some children, still go without dental care. The obvious periodontal problems (and their relationship to increased heart disease) are further complicated through stigmatization by would-be employers, and low self-worth leading to shame and depression. Some say that dentists in this region should be forced to participate in existing state assistance programs. Currently in Nelson County, for instance, there are no dentists who do this.

Even with the obvious need for dental care, some believe that dentistry is a lower priority when compared to overall physical health and attention to disease treatment and prevention. Some consider dental care to be primarily cosmetic.

COORDINATING CARE

The patchwork of organizations that provide assistance to the rural population are hampered by regulations that decentralize the system. This results in a lack of long-term relationships, patient records are scattered and fragmented, and there are major inconsistencies in qualifying for assistance (qualifying here but not there, qualifying for a certain time only). For instance, some state and federal funding is available to improve the coordination of care for infants and small children, but little funding is available for early adolescents and teenagers – a time when healthcare education and treatment is critical. Do we have to remove funding from one group in order to serve another?

Some suggest that the state of Virginia should maintain a centralized and standardized computer database containing patient records and the data used to determine eligibility for assistance. The threshold for assistance eligibility could be standardized using economic formulas (similar to Medicaid formulas). Critics of a centralized database containing health records and personal financial data point to the invasion of privacy.

* The most recent U.S. census indicates that as many as 20% of the population in rural central Virginia counties live below the poverty line; and as many as 37% are over 25 years of age without a high school diploma.

** The International Rescue Committee selected Charlottesville as a refugee relocation destination partly because of the low unemployment and access to health care facilities. The Charlottesville region is the 8th largest refugee relocation destination in the country.

***This designation was determined by the percentage of the population who work in an "urban" center. In our case, more than 25% of people in the surrounding counties are commuting to Charlottesville, which is considered an urban center.