

RURAL vs. URBAN

The obstacles and challenges faced by healthcare providers and patients in rural areas are vastly different from those in urban areas. Economic factors, cultural and social differences, lack of healthcare resources, difficulty in attracting professional staff, less recognition from state policy makers and the sheer isolation of living in remote areas all conspire to create healthcare disparities that impede rural Americans in their struggle to lead normal, healthy lives.

NATIONAL RURAL HEALTH SNAPSHOT

Rural Urban

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| Percentage of Population | 19.3% | 80.7% |
| Number of people per Licensed Alcohol Drug Counselor | 7,000 | 2,200 |
| Number of physicians per 10,000 people | 13.1 | 31.2 |
| Number of M.D. specialists per 100,000 people | 30 | 263 |
| Average per capita income | \$45,482 | \$53,657 |
| Adults who describe health status as fair/poor | 19.5% | 15.6% |
| Medicare beneficiaries without drug coverage | 43% | 27% |
| Percentage of people covered by Medicaid | 16% | 13% |



ADDICTION TREATMENT CREATES NEW CHALLENGES IN RURAL AREAS:

- Sustainability:** NO regularly scheduled rate increase, together with the guaranteed constant rise in expenses; sustainability is questionable at best.
- Accessibility:** Rural residents often travel long distances to receive services. They are less likely to be insured for Addiction Treatment services, and less likely to recognize the illness.
- Availability:** Specialized Professionals are more likely to live in urban centers, leaving chronic rural shortages of Addiction Treatment Professionals.
- Acceptability:** The stigma of needing or receiving Addiction Treatment, along with fewer trained professionals creates barriers to access.