

Healthcare Disparities and Improving Access to Care in Rural Appalachia



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Executive Summary

Rural Appalachia faces unique health challenges due to healthcare disparities caused by geographic, economic, infrastructure, and sociocultural barriers. Over 25 million people across 13 states live in this region. They are disproportionately disadvantaged due to poor access to health care and consistently lag behind national health indicators, experiencing higher rates of poverty, chronic illnesses, and premature death. Chronic diseases increase healthcare costs and reduce workforce productivity. Healthcare disparities in this region threaten the well-being of its residents and create a heavy economic burden. I propose that federal legislators address the multifaceted nature of healthcare access issues in rural Appalachia to improve public health outcomes and enhance economic development in the region. These include addressing healthcare provider shortage as well as providing tax incentives to companies that provide internet services to enable rural broadband expansion and telehealth services.

Background

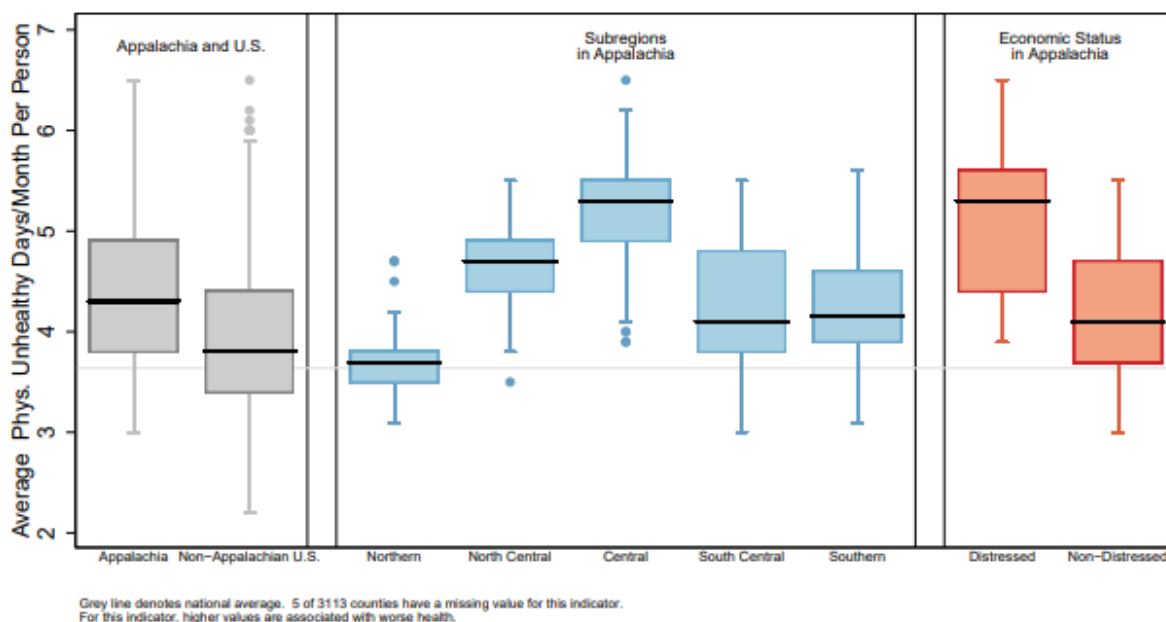
Health outcomes in rural Appalachia are more severe than in other parts of the United States. Residents face severe health disparities and suffer disproportionately from chronic diseases such as diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD), cancer, and substance use disorders. According to the Centers for Disease Control and Prevention (CDC), rural Appalachia has higher mortality rates, poorer health outcomes, and limited access to healthcare services than urban and suburban areas. A 2017 report from the Appalachian Regional Commission (ARC) revealed that heart disease mortality rates in central Appalachia are 17% higher than the national average, while diabetes prevalence is 11% higher than the U.S. average. The poverty rate in Central Appalachia is over 20%, far exceeding the national average. These lead to higher infant mortality rates, shorter life expectancy, and lower overall health-related quality of life (Marshall et al. 2017). These health disparities are due to a lack of access to care. This access gap creates a central barrier to improving the health of the residents in the region.

Contributing Factors to Health Disparities

Many Appalachian residents live far away from healthcare facilities, struggle to afford care, and are underserved by a fragmented health system. These barriers contribute to health disparities.

- 1. Geographic Barriers and Infrastructure Limitations:** Due to the mountainous terrain, many communities in the Appalachian region are physically isolated, requiring extended travel distances to the nearest healthcare facility. They also have limited access to primary care, specialty care, or emergency services. Inadequate road networks and limited public transportation further complicate access. Compounding this issue is a lack of broadband infrastructure for reliable telehealth services. Despite increased interest in telehealth, its potential remains underutilized due to poor internet access and low digital literacy among residents.
- 2. Healthcare Provider Shortages:** The Health Resources and Services Administration (HRSA) designates large portions of Appalachia as Health Professional Shortage Areas (HPSAs). The Bureau of Health Workforce's 2025 report shows persistent shortages of primary care providers, mental health professionals, and dental practitioners. The healthcare workforce problem is not simply a supply issue but also a distribution problem (Cronin 2023). Providers are concentrated in urban centers, leaving rural populations underserved.
- 3. Decline of Rural Hospitals and Systemic Underfunding:** Rural hospital closures have recently accelerated due to declining patient volumes, lower reimbursement rates, and rising operational costs. Nearly one-third of rural hospitals are at risk of closure, with many already shuttered across Appalachia (Silberman and Weintraub 2021). These closures have led to the loss of local healthcare access, economic decline due to job losses, and reduced emergency response capacity.
- 4. Economic Barriers and Insurance Gaps:** High poverty rates make healthcare unaffordable for Appalachian residents. Many are either uninsured or underinsured, leading to delays in care or avoiding treatment altogether. Although Medicaid expansion under the Affordable Care Act (ACA) has improved coverage in some Appalachian states, others have opted out or implemented restrictive policies. These financial barriers deter routine care. Appalachian residents have more sick days and more distressed economic status than non-Appalachian residents.

Figure 40: Box Plot of Physically Unhealthy Days per Person per Month by Geography and Economic Status, 2014



Data source: County Health Rankings & Roadmaps, 2016 edition. University of Wisconsin Population Health Institute supported by Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/rankings/data>.

5. **Sociocultural Mistrust and Communication Gaps:** Cultural dynamics in Appalachia are distinct. Historical mistrust of government and outsiders exist, particularly among older generations. Provider-patient trust significantly influences treatment adherence and satisfaction (Borgemenke et al. 2025). Misunderstandings and implicit bias alienate patients, especially in mental health and substance use, where stigma is high.

Federal and State Policy Landscape

The federal government has taken steps to support rural health, including the CMS’s 2023 announcement of 200 new Medicare-funded residency slots for underserved areas. However, the distribution of these slots remains skewed toward urban institutions, limiting their potential impact on rural workforce development (United States Government Accountability Office (GAO), 2017). The ARC and the Bipartisan Policy Center advocate for tailored investment strategies that address Appalachia’s unique geography and economy. The National Rural Health Association also emphasizes the need for sustainable workforce models that include physicians, nurses, physician assistants, mental health workers, and community health workers (CHWs).

Policy Recommendations

1. **Expand and Incentivize Rural Residency Programs:** Evidence suggests that medical residents are more likely to practice in areas where they train. Federal funding for graduate medical education should be redirected toward rural teaching hospitals and community health centers. The CMS initiative must ensure equitable distribution of residency slots, particularly in Appalachian counties designated as HPSAs. Loan forgiveness and scholarship programs tied to rural service commitments should be expanded.
2. **Broadband expansion and Telehealth Infrastructure:** Broadband services are provided at a higher cost to residents of rural Appalachia when compared to urban America. Tax incentives should be given to companies that provide internet services to enable broadband expansion and ensure the supply of broadband services to residents of rural Appalachia at affordable rates. In addition, programs should support the training of providers and patients in telehealth technologies. Telehealth cannot reach its full potential without such support.
3. **Integrate Behavioral Health Services and Community Health Workers into Care Teams:** Appalachia faces a disproportionate burden of opioid use disorder and untreated mental health conditions. Behavioral health services should be integrated within primary care settings and the workforce expanded to include psychiatrists, psychologists, addiction counselors, peer recovery specialists, and CHWs. CHWs are effective in chronic disease management and behavioral health support. They can bridge cultural and logistical gaps by acting as trusted intermediaries, providing community-based education and outreach programs to serve isolated communities. Preventive services like screenings and health education can reduce healthcare costs. Policymakers should encourage CHW training and certification by reimbursing their services under Medicaid and other insurers.

Conclusion

Due to geographic, economic, and systemic challenges, the healthcare crisis in rural Appalachia is preventable, but it requires urgent and sustained policy intervention. By expanding access to care, investing in infrastructure, and supporting the recruitment and retention of healthcare professionals, we can ensure that the residents of rural Appalachia receive the quality healthcare they deserve. Policymakers must prioritize rural Appalachia in national health reform discussions and ensure that interventions are tailored to the unique needs of its residents. We must close the health equity gap and improve our communities' overall quality of life. Access to quality healthcare is a fundamental right of every individual and critical to achieving health equity.

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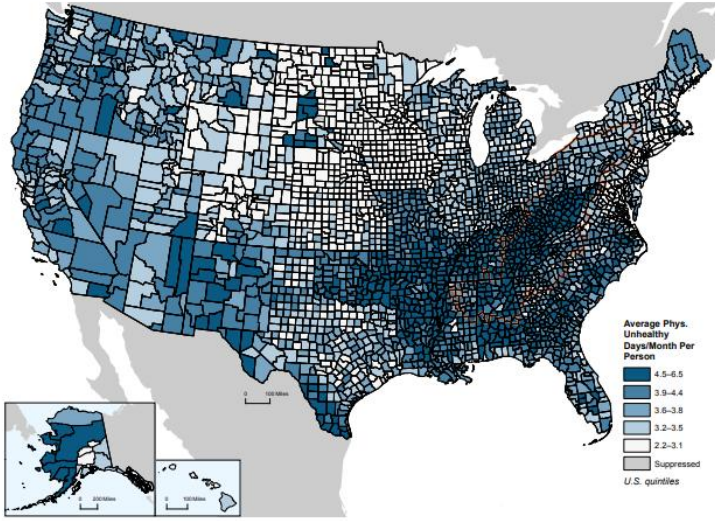
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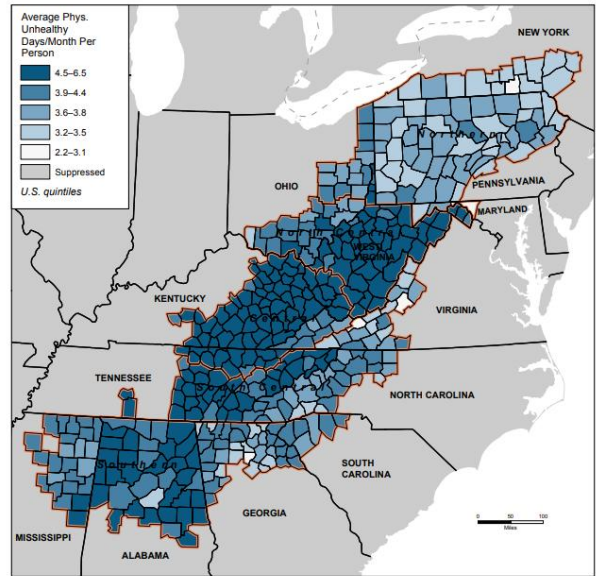
Appendix

Figure 39: Map of Physically Unhealthy Days per Person per Month in the United States, 2014



Data source: County Health Rankings & Roadmaps, 2016 edition. University of Wisconsin Population Health Institute supported by Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/rankings/data>

Figure 37: Map of Physically Unhealthy Days per Person per Month in the Appalachian Region, 2014



Data source: County Health Rankings & Roadmaps, 2016 edition. University of Wisconsin Population Health Institute supported by Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/rankings/data>