Many citizens in rural North Carolina face financial and physical barriers to receiving preventative health care and health education as well as treatment for existing health problems. Sample community surveys and data collected from women in several rural North Carolina Counties show that access to health care, or lack thereof, for a variety of reasons, is a huge problem. Improving health care access and education in these areas would greatly benefit rural women, their families, and their communities.

Shockingly, nearly 1.4 million non-elderly North Carolinians lack health insurance, which is nearly one fourth of North Carolinians 64 years of age or younger. North Carolina is sixth nationwide in the number of uninsured non-elderly citizens. This disguises the fact that rural areas of North Carolina have even higher rates of uninsurance due to health/wealth disparity between rural and non-rural counties and cities. As manufacturing jobs dwindle, many rural residents find themselves uninsured or underinsured and scrambling to find jobs that pay the bills. Community health suffers as a result.¹

The U.S. Department for Health and Human Services, Agency for Healthcare Research and Quality has found that:

- Almost one third of adults living in rural areas are in poor to fair health.
- Many health care facilities in rural areas face financial problems that decrease quality of care.

- Transportation and lack of resources are barriers to health care in rural communities.
- Primary care physicians are few and far between in rural areas.
- Underinsurance is just as much of a problem as uninsurance.

These findings paint a bleak picture of the health of our rural communities.²

In Sampson County, 22.9% of the population is uninsured versus 15% uninsured in Mecklenburg County. Even with health insurance, access to healthcare can be limited in rural areas. For example, Sampson County has 7.6 physicians per population whereas Mecklenburg County has 25.6 physicians per population. The following chart compares the number of physicians per population for two primarily non-rural North Carolina counties vs. two rural counties.

![Physicians per Population Chart](http://www.ncruralcenter.org/databank)
These charts illustrate health disparities between two rural and two urban North Carolina counties, per 100,000:

**Diabetes Mortality**
- Duplin
- Sampson
- Wake
- Orange

**Asthma Rate**
- Duplin
- Sampson
- Wake
- Orange

**Heart Disease Mortality**
- Duplin
- Sampson
- Wake
- Orange

What Needs to be Done?
The barriers to healthcare faced by many rural North Carolinians must be lessened if health disparity is to decrease in the state.

- Improve awareness of existing health care programs, like Medicaid, Medicare, and Health Choice through community outreach programs.
- Adjust/simplify the requirements of current programs, such as those listed above, to allow more/improved coverage for those in need.
- Ensure that rural counties receive more healthcare funding and improving healthcare access through increased incentives for doctors to open practices in rural areas and better managed/funded healthcare facilities.
- Initiate a program for those with no transportation or limited transportation to receive care.
- Establish a living wage ordinance to insure that rural citizens have the funds necessary to incorporate preventative healthcare into their lives.
- Place a cap on monthly insurance premiums to improve care for those considered high risk. As stated by the North Carolina Institute of Medicine / North Carolina Task Force on Covering the Uninsured: “People with pre-existing health problems are most in need of health insurance to help pay for healthcare services, but the premiums needed to cover the costs of care make this coverage unaffordable”.
- Ask citizens what they want or need in terms of healthcare. Encourage community involvement in implementing change in health care access through outreach groups. Get involved.


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