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Rural America: Not healthy, wealthy or wise
By Curtis Seltzer

BLUE GRASS, VA.—Health and health care are matters of concern in the American countryside as well as everywhere else.

The research shows that we who live in rural areas are less healthy than those in America's cities and suburbs. We have higher rates of age-adjusted mortality, disability and chronic disease—common indicators of health status. We are older in general, poorer in general and less educated in general—each of which is associated with increased health risks.

We smoke more, weigh more and lie around more.

Those of us who farm have a very high rate of fatal accidents, as well as high risks for occupational lung diseases, noise-caused hearing loss, skin diseases and some cancers associated with exposure to sun and chemicals. (summary of a new study, [Health Status and Health Care Access of Farm and Rural Populations.](#))

About 17 percent of the under-65 rural population has no health insurance, with higher rates in the South and West. Might the explanation for one-fifth of us not having health insurance have something to do with its increasing expense and our increasing lack of money?

The more rural Americans are, the less access we have to health-care resources, the studies say. But this generally means access to full-service hospitals and specialists.

Through a network of more than 3,000 rural health clinics, I -- and some seven million others -- get primary care and simple emergency work from salaried doctors. They treat everybody, regardless of ability to pay. My experience with two such clinics over two decades has been uniformly positive. My experience with fee-for-service specialists and urban hospitals has been mixed.

Nonetheless, by living two hours and four mountains away from the nearest big-time hospital, I am choosing to assume a very clear risk. I can get five stitches at the drop of a hat, but any respectable heart attack is likely to do me in. And I would be the first to argue that it makes no sense to build a hospital-scale, heart-care facility in a county with only 2,500 aortas.

I -- and others who live in the outback -- have also accepted the burden of traveling long distances for protracted treatments like radiation and dialysis.

Some high-tech treatments -- not all -- might travel a rural circuit as a way to make them more convenient. Other rural-access issues could be handled through distance diagnosing and teleconferencing consultations.

While the U.S. ranks first among industrialized countries in per capita health-care spending, we rank near the middle on most measures of health—life expectancy, infant mortality, disease rates and so on.

We are spending more than \$2 trillion annually on health care, about 1/6th of our economy, about twice per capita what the highest-ranked countries spend. (www.americashealthrankings.org/2008; click on 2008 results, international comparison and www.photius.com/rankings/healthranks.) The cost of our health-care system with its so-so results is breaking employers, taxpayers and individuals.

Japan spends about half of what we do per capita, yet its citizens are healthier overall, and everyone in the country is covered pretty much for everything.

Every doctor I've talked to about the practice of medicine hates the system that has evolved, hates working for insurance companies rather than patients.

The average American does not have the finest health-care system in the world despite paying for it. An estimated 98,000 Americans die from preventable medical errors each year along with 99,000 from hospital-acquired infections, most of which can be prevented. And my guess is that all of us know of at least one close call.

We have some 700,000 medical-cost bankruptcies annually. This doesn't just happen to our poor. If you're not rich, you, like me, are just one big hospital stay away from disaster. Medical bankruptcy doesn't happen in Britain, France, Germany or Japan. Their citizens on average have better care, lower costs and better health. (T.R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*, 2009.)

The big Washington fight over our health-care financing obscures the paltry discussion over our health.

About ninety-five percent of what we spend has to do with treating sickness; the rest is on prevention. If we emphasized three prevention goals – appropriate weight, eating healthier and exercise -- we would improve our overall wellness and cut our spending on sickness.

Today, we use about 9 percent (\$147 billion) of all health spending on problems related to obesity, such as diabetes and heart disease. Two-thirds of us are overweight or obese. The average American is 23 pounds overweight just like me.

Too many country people consume too many calories, too many of which are junk.

We end up too fat and less healthy than we should be, because processors and restaurants use too much sugar, salt and fat to make their foods taste good, to get us to buy more of their products that contain too much sugar, salt and fat. If we are honest with ourselves, we will admit that Paula Deen's "Hey y'all" cooking is the wrong path.

Rural diets could be reoriented. We could reduce our dependency on processed foods and sugar sodas for a start. (Here's one list of the 30 worst foods and healthier alternatives, http://eatthis.menshealth.com/30.php?cm_mmc=MSN-_-.)

We could embrace the goals of weight loss, eating healthier and exercise. We could decide to eat fewer calories, lower our weight, exercise and cut down on bad fats, sugar, carbs and salt. Doing so will spare us illness and save us money.

How outrageous would it be to run some pilot experiments in rural communities that link a Medicare-type card for uninsured individuals to maintaining an appropriate weight, or reduce health-insurance premiums for individuals who meet target weights and healthier lifestyles? Would prevention be worth the cost? How much would we save on care by being healthier? Maybe it's worth finding out.

If each of us doesn't take responsibility for our own wellness, how do we argue that society should pay for our care?

Wouldn't it be neat if we, who the research says are the least healthy and the least wealthy, pointed the way to becoming the most wise.

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