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ABSTRACT

By almost any definition, rural America has been medically underserved. This bibliography includes materials available from the National Agricultural Library's (NAL) Rural Information Center. The listed materials include approximately 36 books and monographs, 106 articles, and the names and addresses of 17 related associations. Certain local characteristics make rural areas especially susceptible to deficiencies in the allocation of medical resources. A prevalence of hazardous jobs, low incomes, low educational levels, a dispersed population, a growing proportion of senior citizens, and unemployment all play a role in the rural health profile. Infant mortality has been higher, ratios of practitioners to patients has been lower, and per capita spending lower than in urban areas. Public sector policies of dispersed responsibility and privatization have made it more important for local areas to identify and solve their health system problems with local efforts and resources. Medical service financing initiatives must be more original and tailored to meet community needs. The materials cited in this document have been compiled with that goal in mind. They focus on alternatives or original approaches for providing medical services in times of financial stress. Specific subjects of the materials include rural medical care, psychiatric services, dental care, hospice care, and care for the rural elderly. Each listing includes title, author, number of pages, the publication source, and publication date. (TES)

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RURAL MEDICAL SERVICE FUNDING: ISSUES AND ALTERNATIVES

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INTRODUCTION

Medical care in America is an issue of increasing importance. Access to medical care has become, in the opinions of most Americans, a right. Although specifications as to what that right entails have never been agreed upon, that attitude has encouraged efforts by the private and public sectors to increase the accessibility of medical care to all segments of the population. However, increasing sophistication of medical systems and technology and the legal implications of malpractice, continue to raise the costs of health care production, allocation, and maintenance.

Certain characteristics of rural areas make them especially susceptible to deficiencies in the allocation of medical resources. A prevalence of hazardous occupations, low incomes, low educational levels, a dispersed population, a growing population of senior citizens, and unemployment, all impact on the overall health profile of rural areas. By almost any definition rural America has traditionally been medically underserved. Infant mortality has been higher, ratios of practitioners to patients lower, and per capita spending lower in rural areas than urban areas. According to federal government definitions in the late 1970's, while rural inhabitants comprised 27% of the population living in nonmetro areas, they made up 55% of those living in Medically Underserved Areas and 51% of those in Health Manpower Shortage Areas.

Public sector policies of dispersed responsibility and privatization have made it more important that local areas identify and solve problems with their own efforts and resources. Initiatives to finance medical services will more often have to be original and tailored to specific situations. The citations listed have been compiled from a variety of sources with that in mind. They are all recent and focused on alternatives or original approaches to providing medical services in times of financial stress.

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Health Policy Advisory Center, 17 Murray St., New York, NY, 10007.

Ministry of Concern for Public Health. 5495 Main Street, Buffalo, NY, 14221.

National Association of Community Health Centers. 1625 Eye Street, Northwest, Suite 420, Washington, D.C., 20006.

National Clearinghouse for Primary Care Information. 8201 Greensboro Drive, Suite 600, McLean, VA, 22102.

National Committee to Preserve Social Security and Medicare. 300 Nineteenth Street, Northwest, Suite 310, Washington, D.C., 20036.

National Council of State Emergency Medical Services Training Coordinators. Post Office Box 150, Boulder, MT, 59632.

National Foundation for Rural Medical Care. 240 Business Park Drive, Virginia Beach, VA, 23462.

National Health Council. 622 Third Avenue, New York, NY, 10017.

National Hospice Organization, 1901 N. Fort Myer Dr., Suite 307,
Arlington, VA, 22209.

National Rural Health Care Association. 2220 Holmes, Kansas
City, MO, 64108.

The People's Medical Society, 14 East Minor St. Emmaus, PA,
18049.

Public Citizen Health Research Group. 2000 P Street, Northwest,
Suite 708, Washington, D.C., 20036.

State Medicaid Directors Association. 1125 Fifteenth Street,
Northwest, Washington, D.C.