

Urban and Rural Barriers to Healthcare Accessibility: A Systematic Literature Review

Melissa E. Cyr, MSN, ANP, FNP; Barbara J. Guthrie, PhD, RN, FAAN; James C. Benneyan, PhD

Opportunity

Background & Significance:

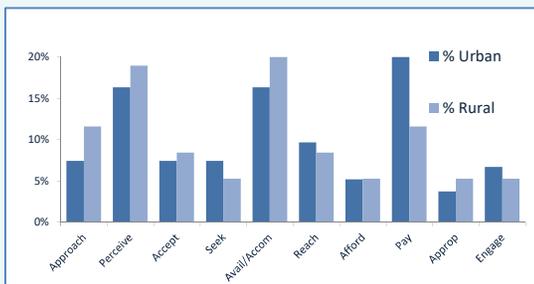
- Vulnerable populations continue to experience the majority of disparities related to healthcare accessibility throughout the United States.¹
- The US Census Bureau dichotomizes the American population into either urban (>50,000 occupants) or rural (<50,000 occupants) geographical areas.²
- Access to care is a poorly defined and operationalized construct.³

Aims:

- Provide an integrated summary of the recent literature regarding barriers to healthcare access among vulnerable populations residing in urban and rural geographical areas.
- Identify any gaps in the conceptual framework for access to healthcare.

Results

Thematic Barriers to Care: Urban vs. Rural



- Common barriers reported: (Urban%, Rural%)**
 - Availability & Accommodation (16% & 20%)
 - Ability to perceive (16% & 19%)
 - Ability to pay (20% & 12%)
 - Approachability (7% & 12%)

References:

- Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. (B. D. Smedley, A. Y. Stith, & A. R. Nelson, Eds.). *Journal of the National Medical Association* (Vol. 97). Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>
- US Census Bureau. (2015). *Urban and Rural Classification*. Retrieved June 28, 2016, from <https://www.census.gov/geo/reference/urban-rural.html>
- Levesque, J.-F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18. <https://doi.org/10.1186/1475-9276-12-18>

Perceived Stigma

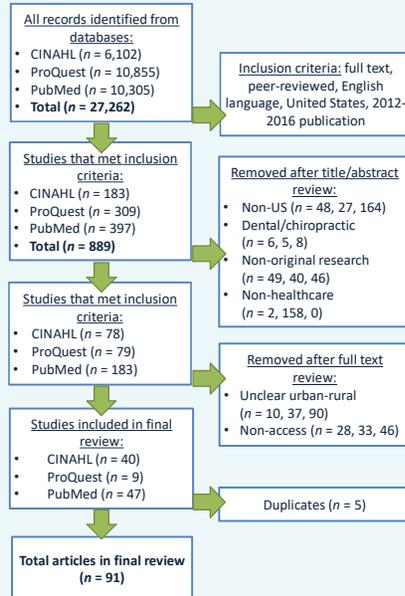
- Reported barriers to seeking treatment for:**
 - Substance abuse
 - Care utilization in rural LGBT populations
 - HIV/AIDS care

Policy Influence

- Reduced program funding:**
 - Homeless medical outreach programs
 - Care for women with abnormal cancer screening
- Insurance influencing travel distance for preferred facilities**
- Fear of legal problems:**
 - Substance abuse treatment
 - Access to sterile syringe exchange programs

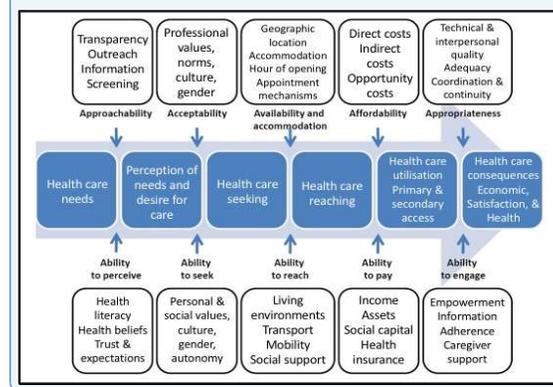
Approach

Literature Review Flow Diagram



- Search terms: (health services accessibility) AND (urban OR rural).
- Extensive search of three databases from January 2012 to September 2016
- Barriers were extracted and organized per conceptual framework

Conceptual Framework for 'Access to Health Care'



Impact

- Despite vast geographical and population differences between urban and rural areas**
 - There were fewer differences in barriers than expected between the two
 - Many themes common to both
- Definition of vulnerable populations different than standard ideas**
 - To provide the most optimal care for all, need to expand this definition
- Conceptual model not 100% fit for care accessibility (e.g., dermatology, etc.)**
 - Expanding model work-in-progress
- Generated future research questions.**
 - "What influences do state, federal, institutional, and organizational policies have on these identified access variables?"
 - "Are there differences with barriers to specialty care or particular patient populations (e.g., the elderly, varying cultural or socioeconomic groups)?"