

Advisory calls for bridging inequities in rural health

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People who live in rural America are vulnerable to heart disease. Breaking down health care barriers for these residents is an inequity problem that needs innovative approaches, according to a new advisory

from the American Heart Association.

It's a problem of inadequate and unaffordable health care and other systemic barriers that contribute to worse health outcomes, say advisory authors, who include former Food and Drug Administration commissioner Dr. Robert Califf and the AHA president, Dr. Robert Harrington.

The presidential advisory, published Monday in the journal *Circulation*, calls for more sustainable funding models to help keep struggling rural hospitals and care clinics afloat and for Medicaid expansion to give patients more affordable options.

It also recommends using tools like telehealth and [digital technology](#) as well as addressing the health care provider shortage in sparsely populated regions.

There is a three-year life expectancy gap between rural and [urban populations](#). Rural areas see higher rates of tobacco use, physical inactivity and obesity, which have given rise to higher rates of diabetes and hypertension. In turn, rural communities have higher death rates from cardiovascular disease and stroke and higher maternal mortality rates due in part to cardiovascular deaths.

These populations also are more likely to experience mental and behavioral health challenges than those in urban areas.

To close the gaps, inequities in health and health care that result from disparities in income, education, housing, transportation and food security must be addressed, the advisory authors said.

More information: Robert A. Harrington et al. Call to Action: Rural Health: A Presidential Advisory From the American Heart Association

and American Stroke Association, *Circulation* (2020). [DOI: 10.1161/CIR.0000000000000753](https://doi.org/10.1161/CIR.0000000000000753)

Provided by American Heart Association

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