

PERPECTIVES OF RURAL HEALTHCARE

*Brian Whitacre, Mark Woodring,
Lara Brooks, and Kate Miller*

As rural hospital closures rise, it is necessary to examine the feasibility of new healthcare delivery models. The first step in this process is understanding the current strengths and weaknesses of the local hospital or existing healthcare access.

The purpose of this study was to learn more about the needs and priorities of rural people in areas with limited healthcare access.

Methods

- Conducted 35 semi-structured interviews with 8-10 questions
 - Concerns, pride points, barriers, opportunities
- Initially contacted specific community stakeholders
 - Educators, government officials, healthcare professionals, businesspeople
 - Snowball method for further recruitment
- Further informed by living in the community for the summer

Results

How do you use healthcare in the community?

- Mostly for children
- Preventative checkups are uncommon
- Disparity of awareness of available resources
- Didn't change post-closure except for ER access

Barriers to receiving care?

- Money
- Time
- Transportation
- Emergency access

Results

Telemedicine

- Good for some things, but does not entirely replace face-to-face interaction
- Concern about losing what is available

COVID-19 Pandemic

- Likely to put off appointments or procedures
- Otherwise little change

Conclusions

These findings will be most applicable for policymakers and local administrators determining the "right size" of healthcare systems in a community. Further research should be conducted to better understand how these sentiments compare in other areas of rural Oklahoma and in communities with varying degrees of healthcare accessibility.

Acknowledgements

This project, and I believe any rural project, would not be possible without the committed buy-in from the extension presence in the county. Thank you to all those in the communities without whose honesty and generosity this would not be possible.

My contact:

katelyn.e.miller@okstate.edu