AHRQ Research is Key to Addressing Rural Hospital Closures

Rural communities face stress, uncertainty, and worsening health outcomes associated with fewer hospitals and providers. There is an urgent need to generate evidence-based solutions to support patients across diverse rural communities in the face of health system closures.

Rural Americans are facing a hospital crisis
Since January 2005, 193 rural hospitals have closed or converted to other delivery models. Most of the closures have occurred in the South and non-Medicaid expansion states. Federal relief funds delivered during the COVID-19 public health emergency helped stem closures. As these funds end, the rate of closures may increase – as of 2023, it is estimated 30% of rural hospitals are at risk of closure.

Rural hospital closures mean residents must travel much further to access care. A 2021 Government Accountability Office report found the median distance to access general inpatient services increased by 20 miles after a closure and some specialty care much more. The median distance to drug and alcohol services increased by 39 miles, outpatient psychiatry by over 45 miles, and pediatric intensive care by over 75 miles. The increased distance to drug and alcohol treatment and outpatient psychiatry is alarming due to the ongoing opioid epidemic and the high rate of suicide in rural America. While these increases may be difficult for everyone in the community, they may be especially hard for older adults and those with low incomes, who might delay or forgo care if they must travel far.

There is urgency in addressing this issue as rural Americans already experience many health disparities including: higher incidence of chronic conditions, lower life expectancy, and higher age-adjusted death rates from unintentional injuries, stroke, heart disease, respiratory disease, and cancer.

How AHRQ research can improve rural healthcare
The Agency for Healthcare Research and Quality (AHRQ) is a federal department tasked with producing evidence to ensure healthcare is accessible and equitable. Congress should provide funding and direction for AHRQ to undertake research in the following areas:

1. Short and long-term community health impacts of rural hospital closures. The crisis of closures is about access and care delivery, and only health services research provides actionable answers.

2. Expanding, evaluating, designing, and implementing updated models of care using patient-centered perspectives. Partnering with patients is a key component of AHRQ funded research and is critical to delivering better health outcomes for rural residents.

The relationship between hospital closures and immediate and long-term community health outcomes is unclear, driving an urgent need for answers. This is further complicated by the fact that rural health varies substantially across regions and subpopulations, and that the level of rurality may also play a role. AHRQ research grants are ideal for evaluating alternative models of care for rural communities and actionable steps for health systems to take.

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