

Rural Health Inequities in Maine: Place Matters



Maine is the most rural state in the nation.

Almost two-thirds of Maine residents live in rural areas, and 11 of 16 Maine counties are considered rural. Rural areas tend to have higher rates of poverty, unemployment, and economic distress, lower rates of health insurance coverage, and poorer population health. Fifteen Maine counties have health professional shortages in primary care, mental health, and dental health.

Small rural hospitals, along with Federally Qualified Health Centers (FQHC), provide most or all of the health care services in the communities they serve.

Where you live makes a difference

Rural areas in Maine have higher death rates from cancer, cardiovascular disease, stroke, and diabetes-related illness than urban areas (see sidebar). People who live in rural Maine have higher rates of hospitalization for pneumonia, ER visits for asthma, and COPD than those who live in the urban parts of the state.

They also experience higher rates of many types of cancers including lung, bladder, and pancreatic cancer as well as leukemia. People in rural areas suffer more overdose deaths and births affected by drug use. Fifty percent more people in rural areas are uninsured, and 76 percent more are enrolled in MaineCare, including 70 percent more children.

Rural vs. Urban Health

- 50% more uninsured
- 76% higher enrollment in MaineCare
- 24% more overdose deaths
- 3 times the number of drug-affected births
- 19% higher death rate from all cancers
- 24% higher death rate from stroke
- 67% higher rates of COPD

Source: MSCHNA (2021)

28% of rural Maine hospitals are at risk of closing including four at immediate risk

Recognizing rural needs

It costs more to deliver health care services in rural areas, in part because rural hospitals and providers need to cover the costs of keeping facilities open and staff available when people need them, often called "standby capacity." Maine needs a payment system for rural hospitals that supports standby capacity as well as the services people use day to day and month to month, and adequately funds primary and emergency care.

Potential solutions

Health care for everyone—universal health care—means a healthier population.

By simplifying our system and reducing costs, a publicly funded, universal health care system would help to keep rural health care available and sustainable.

Providing people with a foundation of health care would take away one of the uncertainties and financial strains that can make it challenging to live and work in rural areas.

Paying rural hospitals and health centers adequately could help attract more health care professionals to rural areas. A simplified universal health care system would allow providers to focus on care rather than the unnecessary complexity of our current system.

Imagine:

Everyone has health care. Crippling **medical debt and medical bankruptcies disappear.** **Maine towns and cities** can apply funds, time, and other resources now spent on health insurance toward pressing needs such as infrastructure maintenance, economic development, and preparing for climate change impacts. **Businesses** can focus on innovation and investment rather than providing health insurance to their employees. **Workers** are free to choose employment based on their interests and skills rather than being locked in a job for health insurance. **Entrepreneurs** are free to create new businesses without worrying about how they'll provide health care for themselves, their families, and their employees. With a **simpler, more efficient system**, it's more feasible to **plan for and contain costs**.

The obstacles are not economic or medical, they're political

Many studies have shown that universal health care systems can save money and increase value. A Maine Center for Economic Policy study in 2019 outlined one model for how universal health care could work in Maine, finding that the state could save more than \$1 billion, most people would pay less than they do now, and everyone would be covered.

Questions? Thoughts? Ideas?

We want to hear from you!

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Sources: [Maine: A Health-Focused Landscape Analysis](#), Northern Border Regional Commission (NRBC), April 2022; [Maine Center for Economic Policy \(MECEP\) 2019](#); [Maine Shared Community Health Needs Assessment \(MSCHNA\) 2021](#); [Saving Rural Hospitals](#), Center for Healthcare Quality and Payment Reform (CHQPR); [Maine Rural Health Research Center](#).

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ADVOCATING FOR COMPREHENSIVE, HIGH-QUALITY AND AFFORDABLE HEALTH CARE FOR ALL MAINE PEOPLE

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