# Rural Access to Sexual Healthcare

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Over 46 million U.S. residents live in rural areas and, depending on the source, make up 14%-20% of the U.S. population. Rural areas can build strong communities with resilience and fortitude, but there are also increased barriers to accessing healthcare in any form, let alone sexual health. Residents of smaller, more isolated rural settings may have greater difficulties accessing provisions or services, along with additional challenges. Becoming aware of these hurdles can allow for proactive planning and help patients avoid feeling overwhelmed.

## Barriers within Rural Communities

**Supply:** There are fewer health care providers per capital in rural areas compared to urban sites. As of September 2022, [65.6%](https://www.ruralhealthinfo.org/topics/healthcare-access#:~:text=A%20shortage%20of%20healthcare%20professionals,were%20located%20in%20rural%20areas.) of Primary Care Health Professional Shortage Areas (HPSAs) were located in rural areas and only [3%](https://gis.cancer.gov/mapstory/rural-urban/index.html) of medical oncologists practice in rural communities. This isn’t the case for all rural communities, but there will be variation in the levels and adequacy of the health workforce supply. In part, this is caused by:

Access to healthcare training and education programs may be limited in rural areas.

Providers trained in urban areas may not be prepared for the challenges of working in rural communities or the kinds of health concerns rural patients may present.

Rural populations usually have higher rates of chronic illness, which creates more demand.

There’s often a reduction in pay for the work done, or fewer benefits and;

There may be less infrastructure available, so fewer physicians and specialists choose to set up shop there.

This can be a concern for a couple of reasons. First, wait times to get in to see a primary care provider may be longer than desirable, and access to specialists may be months in the making. Patients experiencing sexual dysfunction or psychological and emotional concerns regarding their sexual health may not want to wait weeks or months to address these issues and may also have confusion over who is the best healthcare provider to access for these issues.

**Distance and Transportation:** Because there are fewer health care providers per capita in rural areas, patients may be forced to travel longer distances in order to access the care they need. Travel may become burdensome or expensive depending on the time lost to commuting, the cost of gas and parking, navigating unfamiliar surroundings and the frequency of appointments. Lack of reliable transportation may also be an issue if public transportation is not accessible, a vehicle is unavailable or the patient isn’t able to drive themselves.

**Cost/Health Insurance Coverage:** Individuals without health insurance have less access to healthcare services offered at a low cost. Even with insurance, average premiums are [higher](https://www.ruralhealthinfo.org/topics/healthcare-access#:~:text=A%20shortage%20of%20healthcare%20professionals,were%20located%20in%20rural%20areas.) in rural counties than in urban counties, and rural counties are more likely to have only one insurance issuer available. After cancer treatment, additional costs for sexual health treatment could be a determining factor in the level of assistance patients are willing to seek out. Some prescription medications or devices to assist with sexual health treatment such as hormone therapy or vaginal dilators, for example, may not be covered by insurance and require patients to pay out of pocket.

**Social Stigma and Privacy Issues:** In smaller communities, it’s more likely that everyone knows, or at least knows of, everyone else. In situations such as these, lack of anonymity, social stigma and privacy concerns are more likely to act as barriers to healthcare access. This may be caused by patients’ personal relationships with their healthcare provider or others working in the healthcare facility. Patients can also feel fear or have concerns about other residents, who are often friends, family members, or co-workers, noticing them accessing services for health conditions that are typically not openly discussed. This may lead to patients avoiding health care or accessing health care in places that are more distant than necessary and with a provider that is unfamiliar with their whole health history.

**Health Literacy Levels**: Lower health literacy due to lower education levels or little sex and health education in school can act as a barrier to accessing healthcare. On a national scale, only [one in ten](https://www.ruralhealthinfo.org/rural-monitor/rural-health-literacy/) of all Americans have proficient levels of understanding health information, and sexual health is one of the least discussed topics. Being able to identify sexual anatomical parts to express the patient’s concern is necessary in order address the issue at hand. Additionally, health literacy will impact a patient’s ability to understand health information or follow instructions properly. Lower literacy or communication skills may stop patients from seeking help at all in order to avoid the frustration or embarrassment of speaking with a healthcare provider. The Rural Monitor's 2017 two-part series on rural health literacy, [Understanding Skills and Demands is Key to Improvement](https://www.ruralhealthinfo.org/rural-monitor/rural-health-literacy/) and [Who's Delivering Health Information?](https://www.ruralhealthinfo.org/rural-monitor/delivering-health-information/) explores the many connections between health literacy and health outcomes as well as how health information is being delivered to rural populations. Some important elements to keep in mind when speaking with a provider. Ask them to:

Use plain language (no technical jargon)

Limit information to 3-5 key points

Be specific and concrete

Use pictures, models or drawings when possible

Repeat and summarize

Use [Teach-Back](https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html#:~:text=The%20teach%2Dback%20method%20is,a%20manner%20your%20patients%20understand.) method to confirm understanding

**Access to internet:** While the internet will be included in the discussion on strategies to improve healthcare access to rural communities, it must also be acknowledged that not all areas have easy access to this vital tool. Some households may not be able to afford internet subscriptions, such as the [15.3](https://www.ers.usda.gov/webdocs/publications/102576/eib-230.pdf) percent of rural U.S. citizens living in poverty, while isolated communities may be outside of service boundaries or have drastically slower internet speeds.

While this list is not exhaustive, nor does it dive into the additional barriers that exist for LGBTQ+ members of the rural community, minority ethnic populations, the homeless, those with chronic mental health issues, veterans or pediatric populations, it does highlight some of the major barriers that should be considered when discussing access to healthcare in rural areas. These hurdles are not insurmountable, however.

## What are some strategies to improve access to sexual healthcare in rural communities?

**Telehealth:** Telehealth, the delivery of health services at a distance through the use of technology, is considered to be a key tool to help address rural healthcare access issues. Through telehealth, rural patients can interact with health providers or specialists while staying in the comfort of their home, library or local facility. Rural patients without the ability to access the internet can still benefit from telehealth by making phone appointments with available health providers. Additionally, local healthcare providers can also benefit from subspecialists' expertise provided via telehealth.

**Online-based interventions for sexual health among individuals with cancer:** Online interventions have been shown to have many advantages in accessing many types of health care. They are widely available, comfortable, cost effective, and they can provide tailored information and support using multiple sources of media (i.e. text, video, audio, and graphics). Online interventions can reduce stress around sexual health communication by enhancing a sense of safety with sensitive issues. They also provide evidence-based resources about sexual health in cancer, and can provide well-matched solutions to individual needs.

A 2018 [systematic review](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5842558/) of online interventions to improve sexual health among individuals with cancer identified multiple existing programs with effect. The delivery models of the programs, in one or combined forms, facilitated connecting patients to education, interactive sessions, cognitive behavior therapy, tailored information, and self-monitoring. They included online information about physical, psychological, cognitive, and social aspects of sexual health and used modes such as text, video, audio, and graphics. Alternatively, communication routes such as e-mail, phone, and logbooks were used, which allowed participants to track their status and responses to interactive exercises. Some programs were built for the individual patient, while others were couples-based. All programs were facilitated by a moderator, who was either a psychologist, oncologist, mental health professional, or a therapist, depending on the targeted audience and need. Results from the studies reported improvements such as a reduction in sexual distress, as well as increases in erectile function, female sexual function, and menopausal sexual interest.

**Delivery Model Improvements:** While changing delivery models is outside the scope of individual patients or providers, advocating to local members of the Legislative Assembly to enact change is not. Investing in care delivery models such as Community Paramedicine, Community Health Workers, or increasing [affiliations with larger systems or networks](https://rupri.public-health.uiowa.edu/publications/policypapers/Rural%20Hospital%20and%20Health%20System%20Affiliation.pdf) can maintain or improve healthcare access in communities by increasing the supply of health care providers. Investing in improved public transportation or establishing community ride-shares to urban facilities can improve access for those with transportation concerns. Ensuring public facilities such as libraries have access to the internet and offer it freely for public use can improve access for families with cost or isolation concerns.

## Conclusion

For many people, the idea of a home in the countryside represents a dream come true; with a reduced cost of living, a stronger sense of community and a more relaxed pace of life. The benefits do come with some drawbacks when it comes to accessing sexual healthcare, however. These can be met with awareness, preparedness and tenacity because surviving cancer should not mean an end to sexual health.

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