

Vaccines for All: Reaching and Serving Rural Americans

In the eight years between 2010 and 2018, more than 100 rural hospitals closed in the United States – [17 hospitals in Texas alone](#), according to the North Carolina Rural Health Research Program.

A study from [The Kaiser Commission on Medicaid and the Uninsured](#) reports that hospital closures affect primary care, and are a signal that rural health advocacy is needed. According to the [Center for Rural Affairs](#), rural residents receive less or inferior healthcare compared to those in other parts of the U.S., including medical check-ups and the opportunity for recommended vaccinations.

Barriers rural residents face to vaccinate

More than 60 million Americans live in rural areas as defined and reported by the [U.S. Census Bureau](#). The [National Rural Health Association](#) reports that provider shortages in rural areas are obstacles to regular primary care, and for children in rural areas, limited access to healthcare can also affect immunization. According to the [Centers for Disease Control and Prevention](#) (CDC), the number of adolescents in rural areas who received the first dose of the meningococcal conjugate vaccine in 2017 was 7% lower than adolescents in urban areas.

A study done in collaboration with prominent healthcare advocacy and media organizations found that [one-quarter of rural Americans reported recently needing care but not getting it](#). Of those, 23% said they felt the care facility was either too far away or too difficult to access. A lack of proximity to vaccination providers, including those who participate in the [Vaccines for Children](#) (VFC) program, can be a barrier to receiving immunizations. The [CDC reports](#) that vaccination coverage was lower for children living outside of populous areas than those living within them.

Increasing access to vaccines in rural communities

In rural areas, preventative health services held at nontraditional sites can bridge the gap to vaccination access.

School-based health centers (SBHCs) are an opportunity to provide young patients a variety of healthcare services on school premises, removing the barrier of long or inconvenient trips to the doctor's office. A study published in the [American Journal of Public Health](#) found that completion rates of adolescent vaccination series were higher when patients were assigned to an SBHC compared to those assigned to a community health center. The state of Oregon has a [comprehensive SBHC program](#), with 78 certified SBHCs that served 35,252 patients from 2016 to 2017. Thirty percent of those patients received at least one immunization.



Similar to SBHCs, a review in the [*International Journal for Equity in Health*](#) found that mobile health clinics in alternative settings, such as workplaces and public spaces, can improve population health through preventative interventions, including immunizations.

What can providers do to help?

Providers in rural communities can implement different activities to help improve vaccination rates.

- Offer [combination vaccines](#) to reduce the need for return visits, and to simplify the vaccine regimen when possible.
- Provide [same-day appointments or walk-in visits](#) to allow for scheduling flexibility.
- Issue [standing orders](#) for registered nurses, physician assistants, and medical assistants to remove wait times and delays.
- Utilize [parent reminders for upcoming visits and recall notices](#) through text, phone calls, and email.

With nearly 20% of the American population living in rural areas, providers, their partners, and federal agencies should continue to innovate and share tactics to reach rural communities and ensure their residents have the resources to protect themselves against preventable diseases.

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