

Disparities in Appalachian Health Care

The health care delivery systems in rural and impoverished Southwest Virginia meets certain and difficult challenges. The unmet health care needs of individuals in these “Coal Counties” of Southwest Virginia are chronic and severe. Poor health indicators, geographic isolation, unemployment, illiteracy, lack of transportation and communication resources, and a proud culture of independence and self reliance are only compounded by a severe shortage of specialty healthcare providers and an overworked primary care hospital/clinic network. As a result, adults over the age of 18 have virtually no medical care. Adults over the age of 18 account for 75% of the population—about 140,000

Southwest Virginia Health Facts:

- 43.4% live on incomes less than 200% of the federal poverty rate (Virginia 27.1%)
11.8% of population enrolled in Medicaid (Virginia 7.1%)
- 49.3% of population over the age of 25 have no high school diploma (Virginia 24.8%)
- 15.6% of the people are over age 65 (Virginia 11.2%)
- Chronic unemployment rates that are five times higher than the state average

Overall, this population far exceeds the state death averages for many diseases.

- Our residents are 21% more likely to die from diseases of the heart
- 35% more likely to die from COPD
- 40% more likely to die of unintentional injuries
- 14% more likely to die from diabetes
- 50% more likely to die from suicide and,
- proportionately fewer babies in these counties weigh less than 2000 grams at birth, but disproportionately more babies die during the first year of life than in Virginia

people—
with about
14% over
65 and re-
ceiving
Medicare.
The pov-
erty rate is
excessive
at 140%,
120%,
108%, and
70%
higher in
Buchanan,
Dicken-

son, Wise and Russell counties than in the rest of Virginia. Adults aged 35-64 in the region die 30% sooner than the same population in the rest of Virginia.

Annual Report 2009