Catholic Health Care in Rural America

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n speaking of Americans who are underserved when it comes to health care, we usually think of those who live in metropolitan areas. But millions of rural people are underserved as well.

Rural people are victims of a great—but little noticed—change in the U.S. economy: the mechanization of agriculture and the resulting concentration of many small farms into fewer big ones. In the mid-20th century, nearly 10 million Americans still earned their living in agriculture. Today less than a third of that number do so.*

With the collapse of the old agrarian economy, rural America lost both much of the tax base with which it used to fund its health care facilities and many of the professionals who used to staff them. Compounding the problem is the fact that many of the people remaining in rural communities are elderly. They need more health care than the average American, but are less likely to get it.

Today Catholic organizations are among the few that continue to serve rural areas. Two vital such groups are Avera Health, Sioux Falls, SD, and the Sisters of Charity of Leavenworth Health System, Lenexa, KS. John Porter, president and CEO, Avera Health, the guest editor of this issue's special section on rural health care, has brought together most of its writers. M. Michelle Hood, president and CEO, Sisters of Charity of Leavenworth Health System, Montana Region, has contributed an article.

To them and the other writers who, in participating in the creation of our special section, have helped us draw attention to an often overlooked national problem, we offer our thanks.

^{*}U.S. Department of Agriculture, "U.S. Number of Farms & All Farm Workers, 1910-2000," available at www.usda.gov/nass/aggraphs/fl_frmwk.htm.