

The Impact of Rural Hospital and Medical Practice Closures on Workers' Compensation Claims



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Introduction

In the past two decades, nearly 200 rural hospitals across the United States shuttered their doors, leaving millions of residents without local access to essential healthcare services.

The escalating closure of rural hospitals and other medical practices will undoubtedly lead to higher workers' compensation injury claim costs. Decreased access to medical care certainly lengthens disability timelines, increases the cost of medical care and negatively impacts the morale of the injured employee. Further, longer treatment timelines increase lost-time payments and impact employers' efficiency.

These impacts include the following.

- Limited access to emergency or immediate care
- Increased hospital admissions and readmissions
- Increased travel costs
- Higher provider costs
- A greater need for nurse case management services
- Longer return to work timelines
- Poor medical outcomes due to less effective initial treatment and delayed or neglected follow-up care

Rural areas have fewer physicians per capita, and according to Holmes, that gap is growing. This is particularly acute when parsing specialty physicians. In urban areas, there are 78% more primary care physicians per capita than in rural areas. In urban areas, there are seven times as many specialty care physicians as in rural areas. This does not bode well for seriously injured workers, with some experts estimating that over one-third of injured workers require specialty care for their injuries.

Any decline in rural healthcare will greatly impact outcomes in workers' compensation claims management.

The Rising Impact of Rural Hospital Closures on Workers' Compensation Claims

In the past two decades, nearly 200 rural hospitals across the United States shuttered their doors, leaving millions of residents without local access to essential healthcare services. For many communities, these hospitals were lifelines, offering emergency care and hospital admission, inpatient services and crucial diagnostic resources. In many instances, rural hospitals are the "center of smaller rural communities."¹

Today, an additional 700 rural hospitals risk closure due to financial challenges, with more than 300 facing an imminent threat. These closures reverberate far beyond healthcare, directly affecting workers' compensation claims, injury costs and rural industries overall.

Access to Medical Care Crucial to Healing and Wellness

According to the Workers' Compensation Research Institute (WCRI), rural communities currently have less access to healthcare than those in major urban areas. The trends in rural healthcare delivery may impact medical access and as a result, "We are in a period of uncertainty as to what is next."

At the 2025 WCRI conference in Phoenix, Arizona, Mark Holmes, Senior Associate Dean at the Sheps Center for Health Services Research at the University of North Carolina, discussed challenges facing rural healthcare.

Holmes discussed the "5 A's of Access," which, he said, "All matter to rural health." These include the following.

1. Availability—Are there medical providers nearby?
2. Accessibility—Can the sick or injured worker/patient get to adequate healthcare facilities?
3. Affordability—Can the sick or injured worker/patient afford the healthcare? Consider the claimant's reduced wages in the equation.
4. Accommodation—Are the treating facilities able to accommodate the injured worker's/patient's daily life with reasonable wait times and clinic hours, for example?
5. Acceptability—Do providers understand the injured worker's/patient's cultural, linguistic and personal preferences regarding the delivery of healthcare?

Additionally, medical experts report that people of color often receive substandard medical care and that providers may ignore their symptoms and pain complaints.² When patients receive poor care or medical providers do not consider the patient's complaints, the patient may be less likely to continue treatment or follow medical advice.

Other Issues in Rural Healthcare

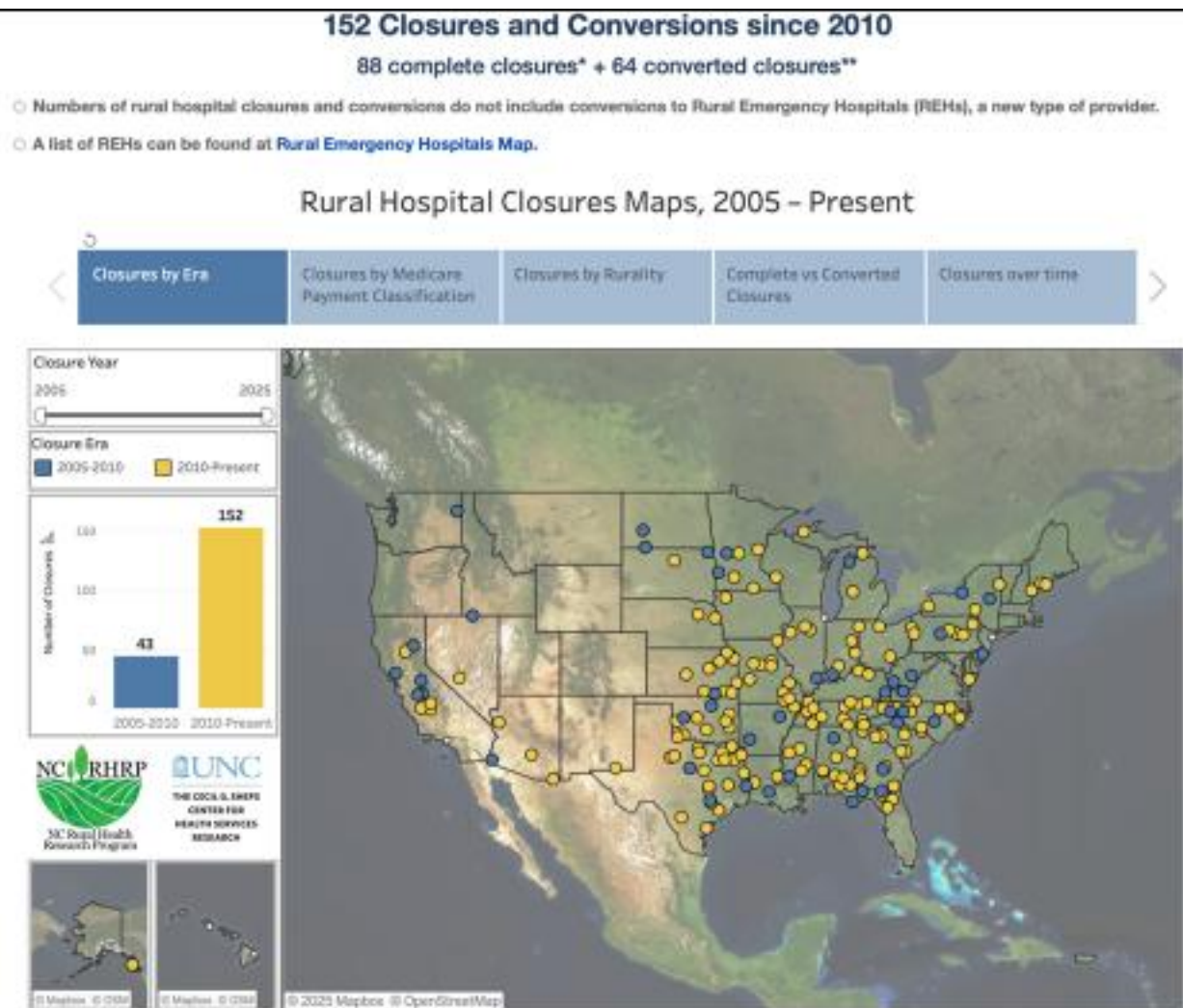
Ambulance deserts impact healthcare, defined as living more than 25 minutes from a stationed ambulance, especially in serious injuries requiring hospital transport. In the U.S., 4.5 million people live in an ambulance desert, with over half (2.3 million) in rural counties.³ Rural areas are much more likely to be ambulance deserts.

Motor vehicle injury outcomes are worse in rural areas, according to Holmes, with a much higher fatality rate than in urban areas. Factors such as road conditions may account for some of that outcome. However, factors such as distance to hospitals and first-responder response times may also impact those outcomes.

Lack of profitability has impacted hospitals, resulting in both rural and urban hospitals resorting to outsourced physicians and nurses or closing entirely. Holmes discussed two types of margins: Patient margin —"profit from patient care" and total margin —profit from all revenue, including investment income and governmental appropriations. Both have declined precipitously since 2020, with rural trends declining more than urban. According to Holmes. "Rural hospitals are generally financially weaker and receive more federal support."

Given the new federal administration, future federal support may be even more limited. One regional hospital in Nebraska just announced it will close due to "...the current financial environment, driven by anticipated federal budget cuts to Medicaid, has made it impossible for us to continue operating all of our services, many of which have faced significant financial challenges for years," Troy Bruntz, President and CEO of Community Hospital, said in a news release.⁴

A heat map of closures from 2005 to the present shows that the majority of closures occurred in the Midwest and the eastern half of the U.S. These are areas that can least afford to forgo care, as research shows that the South, the Midwest and the East coast may have higher rates of chronic illnesses such as obesity and diabetes.⁵



This map includes hospital "conversions" such as hospitals changing models to offering only emergency treatment but no admission or inpatient services, for example. A closure means the hospital shuts down in its entirety.

When a rural or a small-town hospital such as Community Hospital close, Holmes offers the following impacts.

- Emergency medical services—From the event scene to the hospital took 2.5 to 4.5 minutes longer. This can mean worse medical outcomes or death for heart attack or stroke victims.
- Admissions for preventable conditions rose while the hospital treated fewer emergency conditions.
- Nearby hospitals performed more emergency room care, possibly for issues like uncontrolled diabetes or hypertension.
- With fewer outpatient or emergency facilities in an area and a longer distance to travel, patients who did present for treatment were more likely to be more acutely ill.

Increasingly, rural residents bypass their local hospitals to travel to urban areas for treatment for a variety of reasons, according to Holmes. Some rural hospitals no longer provide obstetrics, labor and delivery, or other vital services. When injured workers must travel longer distances for treatment, this increases costs for mileage, lost time and increases the likelihood of a correlated injury such as a travel-related motor-vehicle accident.

A recent report by Travelers Insurance showed some disturbing trends.

- Forty-one percent of injured employees in the past five years were aged 50 and up.
- New hires accounted for 36% of all workplace injuries.
- Recovery time averages per injury have increased to 80 workdays, seven days longer than before the pandemic.
- Employees aged 60 and older take nearly 97 days from injury to recovery, about 17 days longer than the total average.⁶

Rural populations are generally older, with approximately 20% of the rural population at 65 years or older. Many are still in the workforce.⁷ The closure of rural medical facilities will make the effective management of workers' compensation claims significantly more challenging.

The Immediate Impacts of Fewer Rural Providers on Workers' Compensation Claims

Here are some of the challenges I believe will arise in managing workers' injuries or illnesses.

- **Limited Access to Immediate Care:** A lack of nearby emergency services often results in delayed treatment for injuries, which can lead to more severe medical conditions and poorer health outcomes. This can increase the medical expenses associated with workers' compensation claims, including higher payouts for permanent partial and permanent total disability.

- **Increased Travel for Medical Care:** With rural hospitals closing, injured workers may need to travel longer distances to access emergency or inpatient care. This can lead to higher transportation costs and potentially longer delays in receiving treatment. This could exacerbate injuries and increase the overall cost of claims. It can also include additional injuries because when an injured worker travels, the travel risks can include falls from a lack of mobility due to unfamiliar surroundings and a greater chance of a motor vehicle accident. This increases the chance of another possibly compensable injury and its cost to treat, as well as higher mileage/transportation, lodging and wage reimbursement expenses.
- **Higher Costs for Specialized Care:** Injured workers requiring specialized care in rural areas may require transfer to larger, urban hospitals. Urban hospitals often have higher treatment costs and reduced availability, which could drive up the value of claims and transportation expenses.
- **Economic Impact on Employers:** Rural hospital closures can make it harder for rural industries (such as farming, mining, and energy production) to attract and retain workers, especially highly experienced older workers. This could indirectly increase workers' compensation costs for employers and carriers. They may face higher premiums or additional costs to ensure worker safety and injury healing in the absence of local healthcare facilities. Additionally, these employers may experience longer production delays.
- **Case Management Will Become Vitally Important:** Rural injuries may require more medical management and support from nurse case management. These case managers can help direct employees to appropriate medical providers in the areas they travel to for healthcare. Ensure you hire case managers who are culturally fluent, speak the employee's native language, and are familiar with the most appropriate resources in the community where your worker lives. We know that paying more for practitioners who deliver better incomes can mean less overall cost.
- **Reduced Preventive and Follow-Up Care:** The closure of rural hospitals will undoubtedly limit access to preventive care and follow-up treatments, potentially leading to prolonged recovery times and higher indemnity costs in workers' compensation claims.
- **A Heavier Reliance on First-Call Nursing Triage Services and Telehealth:** Savvy insurers and larger employers should evaluate the benefits of first-call nurse triage, especially in rural areas. Nursing triage is a system where the injured worker immediately calls an occupational nurse, who can often help direct initial treatment. This triaging often eliminates emergency room visits and can also reduce the need for any medical treatment. Ensure any providers you vet have nurses familiar with the employers' geographic footprints and the best medical providers within those regions. Telehealth seems to work well for younger workers. However, many older workers may feel constrained by telehealth and may lack access to broadband internet, so telehealth can be more challenging.

- **Higher Rates of Post-Injury Depression May Delay Healing and Negatively Impact Return-to-Work Timelines:** Insurers should not discount and should proactively address the psychological impact of worker injury. While many adjusters avoid opening Pandora's Box of mental health, depression can inhibit healing in many ways.⁸ As one medical provider stated at the WCRI conference, "If you don't accept the mental condition, you still have an employee with depression or experiencing post-traumatic stress."

These post-injury issues can impact workers' healing and return to work. Issues may include chronic pain management, the use of depressant prescription drugs such as opioids, anxiety and fear of the future, including economic insecurity, and functional limitations by the worker's response to trauma associated with the injury event. WCRI is a strong resource in issues of mental health as it impacts workers' compensation injuries. In this article, they found that "Mental health comorbidities (anxiety, depression, sleep dysfunction) had a stronger association with smaller functional recoveries than physical health comorbidities (diabetes, hypertension, obesity)." ⁹

Access to Care Challenges

For injuries occurring in rural areas, workers may need to travel an additional 50 to 100 miles to receive emergency treatment. That time also increases the risk of injury exacerbation. For example, in a work-related heart attack, a delay in travel time can mean a treatable condition morphs into a fatality. Time delays in initial and follow-up care can mean more extensive medical treatments, longer recovery timelines and ultimately higher claims values.

Especially with male injured workers, who are statistically more likely to delay seeking medical treatment for routine health care, which can mean they have challenging comorbidities such as untreated hypertension or diabetes. Consider a simple broken toe, which in a diabetic can mean eventual amputation and a permanent injury. Add the impact of proximity to care for rural workers, and what seems to be relatively uneventful injuries can morph into lifetime care.

Rising Treatment Costs

Rural hospital closures don't just limit access to care; they may transfer treatment to urban or larger regional hospitals. These larger facilities often charge more for medical services due to their complex structure and broader service offerings. When rural workers are transferred to these hospitals for treatment, the cost per case increases, potentially raising the average cost of workers' compensation medical claims. Add transportation costs, where long drives may exacerbate stress and injury, and transferring treatments may create additional problems and costs.

Further complicating matters are the decreased availability of specialists in areas affected by hospital closures. Specialized care, which may include physical therapy, orthopedic interventions, or cognitive rehabilitation, often demands traveling outside rural communities. These added costs from treatment delays and mental health impediments will often get passed along to both employers and workers' compensation insurers.

Impact on Recovery Times

Recovery timelines are another critical area affected by rural hospital closures. Workers' compensation claims that include wage replacement during the injured worker's recovery will see higher medical and transportation costs, possible lodging costs and inevitably a slower return to work. Inefficiencies in obtaining timely care can extend recovery periods, whether due to longer travel times or difficulty accessing follow-up treatments.

For instance, consider a welder recovering from a back injury who requires regular physical therapy sessions for rehabilitation. With no nearby therapy offerings, the worker may have to wait to secure an appointment or endure repeated, lengthy commutes for treatment. Delayed or inconsistent therapy sessions can slow recovery and decrease morale, potentially undermining the worker's ability to return to their job promptly. These delays result in higher indemnity costs and potentially higher employer costs to maintain production quotas.

In summary, the closure of rural hospitals and the lack of specialty physicians are likely to increase the financial burden on workers' compensation systems due to higher medical costs, delayed treatment, and the broader economic challenges faced by rural employers. These impacts of poorer rural Medicare care can also deeply impact employees and their employers, as injured or ill employees struggle to receive adequate medical care.

The Domino Effect on Rural Industries

Hospital closures also place additional pressure on rural industries. Farms, ranches, factories and energy producers rely on a healthy and stable workforce to attract talent and maintain productivity. However, the absence of nearby healthcare facilities may make it harder to attract and retain employees.

Workers, especially older workers who still compose the majority of many workforces,¹⁰ may be unwilling to relocate to or remain in areas where they feel the community resources do not adequately support their healthcare needs.

The financial burden of rising workers' compensation premiums and claim expenses may fall excessively on these industries. Employers struggling to cover increasing costs could face difficulties in staying competitive in their respective markets. This economic strain could lead to reduced hiring, job losses, and lower wages, perpetuating a cycle of economic decline in rural areas.

A Broader Perspective

Beyond the direct impacts on workers' compensation claims, the closure of rural hospitals highlights a growing healthcare equity gap in America. Rural residents have consistently faced barriers to quality healthcare, from limited insurance coverage to fewer medical providers. The

closure of yet another hospital amplifies these challenges for already vulnerable yet growing populations.

Counter-urbanization trends, especially since COVID, allowed many workers to relocate to rural areas, where healthcare may be inadequate for the growing population.¹¹

Hospital closures not only impact injured workers, but they also place additional pressure on rural industries. Farms, ranches, factories and energy producers rely on a healthy and stable workforce to attract talent and maintain productivity.

How Rural Areas Are Responding to Hospital Closures

Rural officials are working with various parties to address hospital closures, the gaps they create, as well as addressing general problems associated with rural care access.

The main thrust appears to be working with health insurers in stalemated contract negotiations between insurers and providers. Hospital systems in some states hold community meetings where they discuss services and sliding scale pay options.¹²

Community Health Centers (CHCs), which have provided primary care for nearly 10 million rural residents, have been vitally important in reducing the negative effects of these closures by expanding their services and adapting to the increased demand for care.

Rural hospital closures have increased already existing healthcare access issues, particularly in emergency services, specialty and primary care services. CHCs have responded by acquiring facilities, taking over some services and forming partnerships to ensure continued access to care. For example, they focus on offering primary care, prenatal services and mental health support, which are often the most affected by hospital closures.

CHCs have contributed to rural economic development by preserving healthcare jobs and creating new job opportunities, absorbing displaced healthcare workers. They also train thousands of new healthcare professionals, including physicians, nurses and medical assistants. These efforts not only ensure continued access to care but also strengthen the economic fabric of rural communities.

While CHCs have offered a lifeline for many rural communities, they expect more political pressure on local and state politicians as residents face hospital and other medical closures or find themselves without coverage under their insurance plan at the remaining hospital.

The Increasing Impact of Private Equity in Healthcare

In the last ten years, private equity (P/E) firms have aggressively expanded their reach into the healthcare sector. In Gretchen Morgenson's book, *These Are the Plunderers: How Private Equity Runs—and Wrecks—America*, she relates in her chapter subtitled, "No Lusher Target Than Healthcare," she tells us that in 2023, healthcare was an astounding 16.5% of the U.S. gross domestic product (GDP). This compares with about 7% of GDP in 1970.

By acquiring rural hospitals, physicians' practices and specialty providers, P/E firms seek to turn profits quickly, often at the expense of community-focused care. These firms tend to focus on quick returns on investment and can achieve it mainly by cost-cutting, improved efficiency and staff reductions. This maximizes short-term financial returns, which usually clash with the longer-term needs of the injured worker.

The Private Equity Stakeholder project found that [private equity firms owned at least 130 rural hospitals](#).¹³ It went on to state that "rural hospitals are closing at a dangerous rate" and that since 2010, 140 rural hospitals have closed.

A November 2022 study found that about 30% of all rural hospitals are at risk of closure in the “immediate or near future.” As of January 2023, one P/E group owns 71 rural hospitals, another group owns 17, and an additional group owns 15 rural hospitals. The effects of private equity ownership flow through virtually every aspect of healthcare delivery, including physician groups and emergency department staffing. For rural hospitals already struggling financially, acquisition by P/E will typically mean service cuts, increased charges for patients for “out-of-network” charges, or even closure when profitability doesn’t meet investor expectations.

For workers’ compensation claim management, this creates further challenges in injury treatment and claim management.

Impacts on Physicians’ Practices

Private equity investment in rural physicians’ practices is deeply concerning. Medical practices bought by equity firms pressure physicians to increase fees for basic services and limit time for patient care. New P/E ownership may put pressure on medical providers to prioritize financial targets over patient care. For workers’ compensation providers who want the best care for their injured employees, this could shorten the time spent on diagnosis and treatment, as well as create higher medical billing rates. When an injury consultation simply becomes a ticking clock, injured workers may suffer. Billing and return-to-work timelines may increase.

Rural communities today face critical shortages of primary care providers largely due to lower population density and limited economic inducements for relocation from urban areas. When P/E firms buy physician practices, physicians may relocate to urban areas or leave private practice altogether.

Physical Therapy Providers Under Pressure

Physical therapy is a mainstay of recovery for many injured workers. Here, too, private equity involvement in physical therapy chains has created both cost and quality issues. The push for profits may decrease the length of appointments or lean into rigid quotas on the number of patients therapists see per day. For injured workers, this could mean shorter, less customized therapy, perhaps slowing their recovery process and keeping them off work longer. For claims payers, it may mean upcoding, overtreatment and extended time off work.

Rural hospitals frequently provide physical therapy services, so the closure of small rural hospitals often means that workers must travel farther for physical therapy appointments. This can exacerbate injuries, mean more time off work and increase costs for mileage, lodging and meal reimbursement.

Rural industries depend on healthy, rehabilitated employees and may face higher indirect loss costs after any compensable injury..

Carriers’ Acknowledgment of Post-Injury Mental Health as a Legitimate Comorbidity

Carriers should no longer ignore the prevalence of post-incident depression and other mental health issues that can arise post-injury. According to a Kaiser Family Foundation study, in 2022, about 23% of the U.S. population received mental health help, with 19% stating they took prescription medication for their mental health.¹⁴ We can safely assume that about one-quarter of our injury population either currently has or has had previously suffered some mental health challenges.

Further, assume that in younger Americans, the mental health challenges are often greater. “Gen Z adults and younger Millennials are ‘completely overwhelmed by stress,” according to an article by the American Psychological Association.¹⁵ Of course, any work-related injury can add significantly to normal life stressors. Whether we choose to accept the psych component of an injury, we still have a worker with mental health issues that, if unaddressed, can greatly complicate and delay healing.

Charting the Path Forward—Solutions to Rural Healthcare Challenges

To reduce impacts on workers' compensation systems and injured employees, consider these strategies.

- **Enhancing Provider Networks and Collaboration:** Develop network adequacy standards: Advocate for and participate in establishing network adequacy standards, potentially with specific provisions for rural areas, to ensure adequate access to providers within reasonable travel distances. Bear in mind, there may be sudden changes to practice/hospital access, so any network must remain up-to-date and new providers sourced as they relocate to the rural community.
- **Coordinate with Community Health Centers:** Explore partnerships and collaboration with community health centers, which can play a vital role in providing care in underserved rural communities.
- **Engage with Rural Emergency Hospitals (REHs):** Support and collaborate with initiatives like the Rural Emergency Hospital (REH) model to help rural hospitals remain open and serve their communities.
- **Facilitate Informed Decision-Making:** Ensure rural communities and facilities have the necessary information and resources to make informed decisions about healthcare delivery models, like REHs, that can best serve their needs. Accomplish this by attending any public forums that address these issues in the communities where your workers live and work.
- **Improved Transportation Access:** Initiatives such as mobile health clinics or employer-provided transportation for injured workers could help bridge the care gap. Carriers should also explore potential transportation cost shifts to Medicaid, the Veterans Association, or other social services.
- **Telehealth Adoption:** Expanding telehealth services for initial consultations and follow-up visits can reduce the burden of travel and improve access to care for injured workers. For any workers who may be reluctant to tackle technology, an initial visit from a skilled field adjuster or another consultant to set up the programs needed can be a solid cost-saving tactic.

- **Second Injury Fund (SIF) Exploration:** At least 30 states still offer access to a Second Injury Fund to encourage the employment of individuals with pre-existing injuries and to mitigate the financial burden on employers when those employees sustain further injuries.¹⁶ States developed these funds to assist workers with pre-existing conditions that may impact their ability to find meaningful employment. Explore if the employee's current or former disability may qualify the claim for SIF reimbursement. According to one source, approximately half of all injuries could qualify because the injured employee has a pre-existing condition.¹⁷
- **Public and Private Support:** Carriers and insurance associations should advocate sustainable funding for rural hospitals. These demands should include adequate private insurance reimbursements and government grants to cover unique rural healthcare costs.
- **Community Investment:** Strengthening local healthcare infrastructure through subsidies, tax incentives, or partnerships with larger health systems can help stabilize healthcare in rural areas. Most community members in rural areas understand the bigger picture, so any education, such as editorials in local papers, employers, local and regional leadership and speaking engagements at local chambers of commerce and trade associations can educate the public so they understand that without action, this problem may get significantly worse.
- **Employer Education:** Employers are the front line in managing workers' compensation claims. The importance of speedy reporting of injuries and how the adjuster will work with the employer to effectively manage injuries and return to work within the challenges of local and regional healthcare resources is a large component of managing costs.
- **Initiate Social Determinants of Health (SDOH) Model:** Access to medical care is one of the most important aspects of the SDOH factors. Lack of access to immediate medical care delays healing and return to work. This White Paper provides a [model for implementing SDOH interventions into any workers' compensation claims unit](#).

These steps can help workers' compensation claims organizations manage the increasing challenges in rural healthcare.

Summary

As workers' compensation carriers and employers, we need not function alone in the closure of rural hospitals. This is not simply a healthcare crisis. It will have ripple effects on the community's economic productivity, workforce stability and treatment access for injured employees. This problem requires a collaborative effort from policymakers, healthcare providers, insurers, employers, our rural industries and rural governance.

Investing in the health of rural communities is not optional; it is an essential step toward ensuring these regions continue to thrive. For workers' compensation systems, supporting injured employees with timely and effective care isn't just about managing costs—it's about creating healthier, more resilient communities and workforces, a frequently unacknowledged benefit of a healthy workers' compensation system.

Rural hospital closures are likely to increase the financial burden on workers' compensation systems due to higher medical costs, delayed treatments, delayed returns to work and the broader economic challenges faced by rural employers.

In today's increasingly polarized political climate with an emphasis on cost-cutting, carriers cannot ignore the impacts on Medicare and Medicaid. These cuts may greatly impact the reimbursements paid to providers, which in turn will definitely negatively impact rural hospitals.

Rural hospital closures present significant obstacles for workers' compensation systems, rural employers and injured employees. There is little doubt that without effective action, these trends will increase and widen not only healthcare disparities between urban and rural citizens but also increase workers' compensation costs across the board.

As Holmes summed it up in his WCRI presentation, "Rural providers have been under considerable financial stress, and it's unlikely to end soon." The more rapidly insurers develop a strategy and educate their adjusters so they can develop new resources to better manage claims in this new environment,¹⁸ the sooner insurers and employers can avoid steep rate increases. In addition, workers can receive better medical care, heal faster and return to work more closely to normal disability guidelines.

Workers' compensation providers should actively advocate for stable or increased funding for rural healthcare while proactively developing strategies to address these challenges, rather than waiting for a healthcare crisis to unfold.

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