

Ups and Downs: Trends in rural children's access to care

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Kids: (NRHA's photo contest grand prize winner)



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<https://www.ruralhealthinfo.org/rural-photo-contest/past-winners>



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Today: new data on children's health

- A mixed picture over a decade for rural children (2003, 2007, 2011–2012)
- Summary of the takeaway: gains in coverage not matched in service use
- Persistent disparities in some areas
- But first...

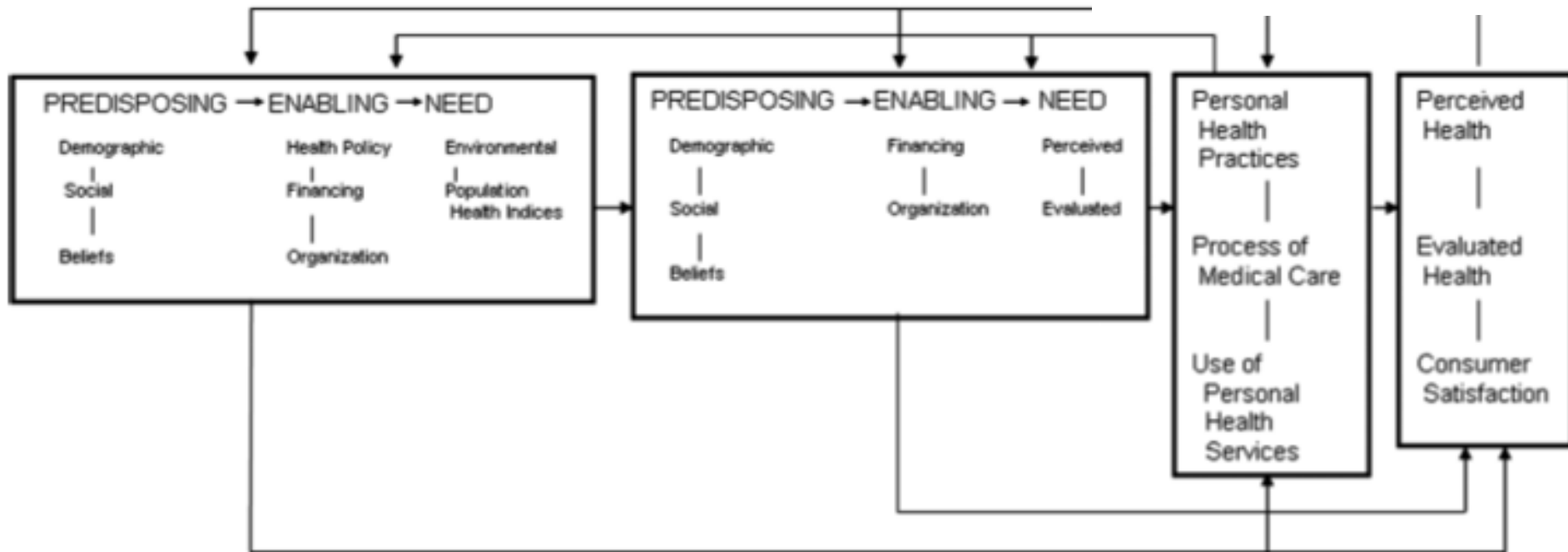
Rural: contextual characteristic

Contextual characteristics

Individual characteristics

Behaviors

Outcomes



Andersen, Medical Care 2008

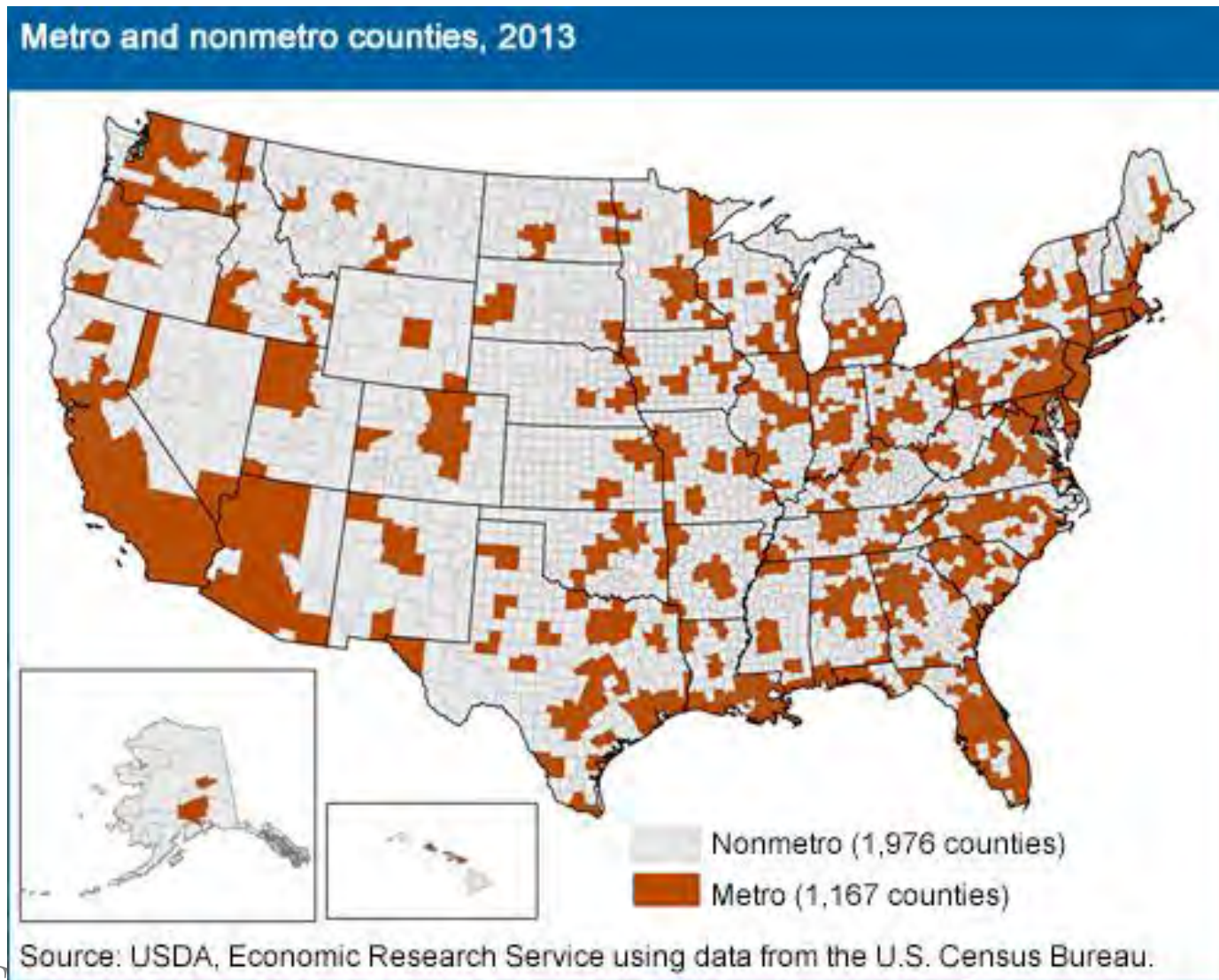
Definitions

- What do we mean by “rural”
- Two common measures: county and Census Tract

County level definitions

- County classifications
 - ◆ Short version: a county with no urbanized area of \geq 50,000 residents
 - ◆ Long version: multiple variations based on size of metro area or remoteness of rural area
- Advantage: counties are units of government
- Disadvantage: overbounds urban, particularly in the West

US Counties, by rural status



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<http://www.ers.usda.gov/media/1103491/metro-nonmetro.png>

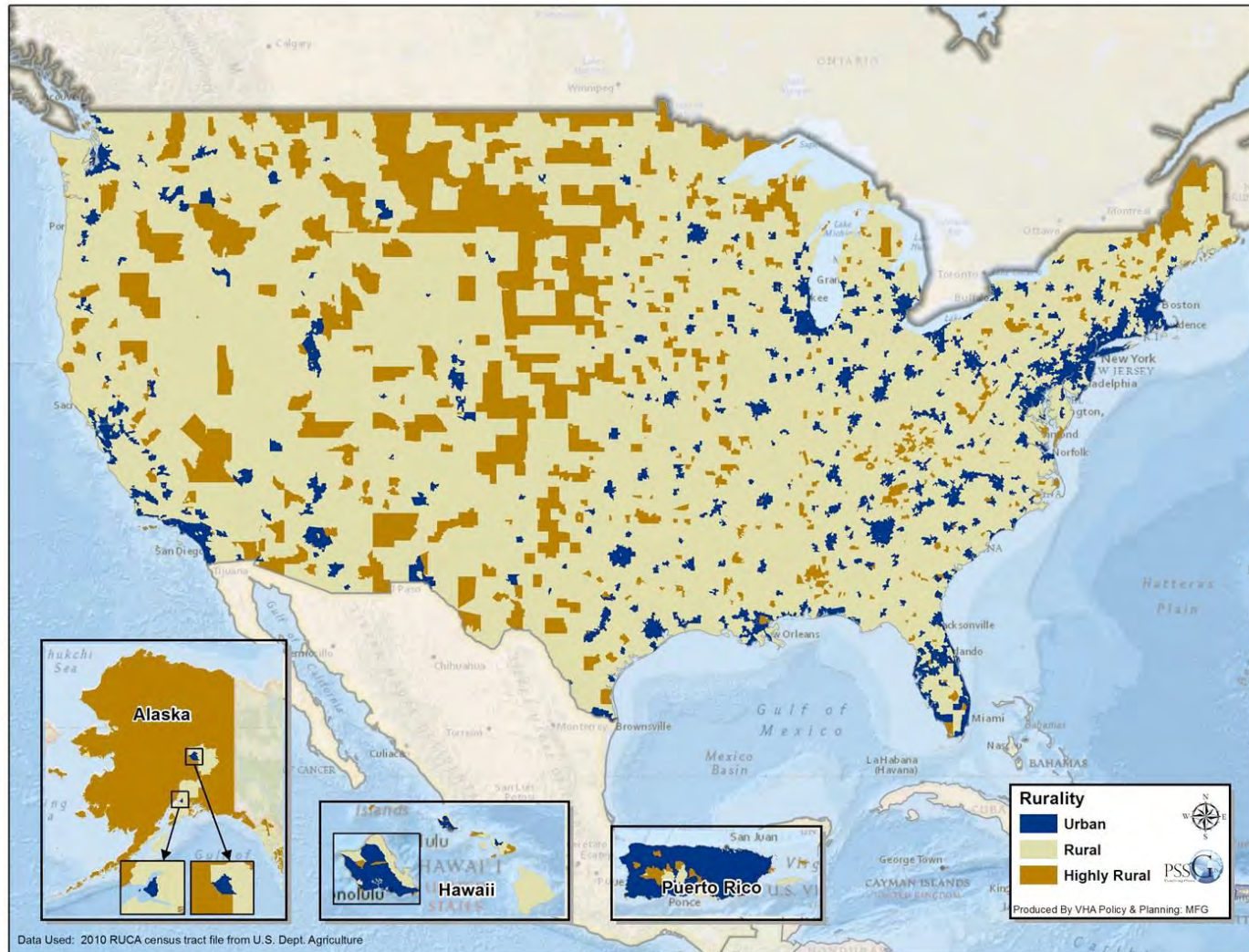


Census Tract definitions

- Also: ZIP Code approximations (ZCTAs)
- Coding structure based on commuting patterns:
Rural Urban Commuting Areas (RUCAs)
 - ◆ RUCA main categories range from 1 (highly urban) to 10 (remote), with subunits
- Advantages:
 - ◆ Works well in West
 - ◆ NCHS reports on rural children use this metric
- Disadvantages: not a unit of government; varies over time



US, by 3 levels of RUCA (used today)



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<http://www.ruralhealth.va.gov/images/RUCA-map-full.jpg>



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Okay, back to kids



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<https://www.ars.usda.gov/oc/images/photos/photos-people/>



National Survey of Children's Health

- Sponsored by Maternal and Child Health Bureau, HRSA, USDHHS
- Telephone survey (landlines 2003, 2007; land and cell in 2011-2012) of households with at least one child age 0 – 17
- Large enough for state-level estimates (>90,000 observations each year)
- Use RUCAs to define rural
- Information available at <http://www.cdc.gov/nchs/slait/nsch.htm>



Previous reports

- SCRHRC used the 2003 NSCH for reports on rural children's oral health and weight status

Overweight and Physical Inactivity among
Rural Children Aged 10-17:
A National and State Portrait



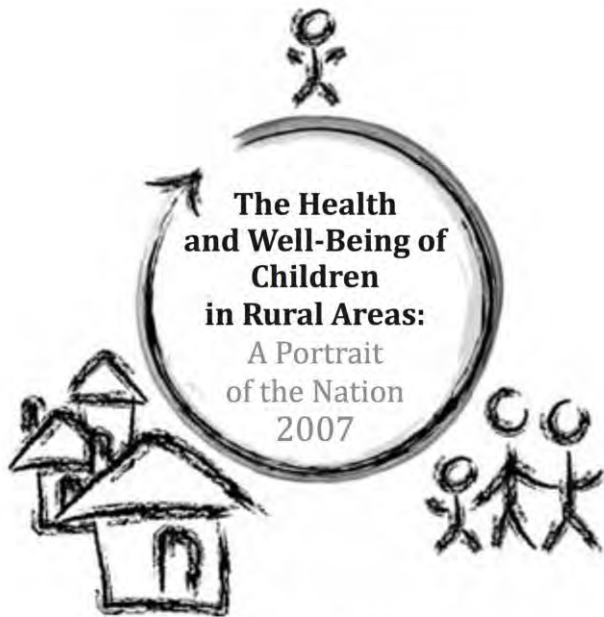
Dental Health and Access to Care among Rural Children:
A National and State Portrait



Previous reports

- MCHB produced reports on the 2007, 2011-12 surveys

The National Survey of Children's Health



September 2011

U.S. Department of Health and Human Services
Health Resources and Services Administration



April 2015

U.S. Department of Health and Human Services
Health Resources and Services Administration



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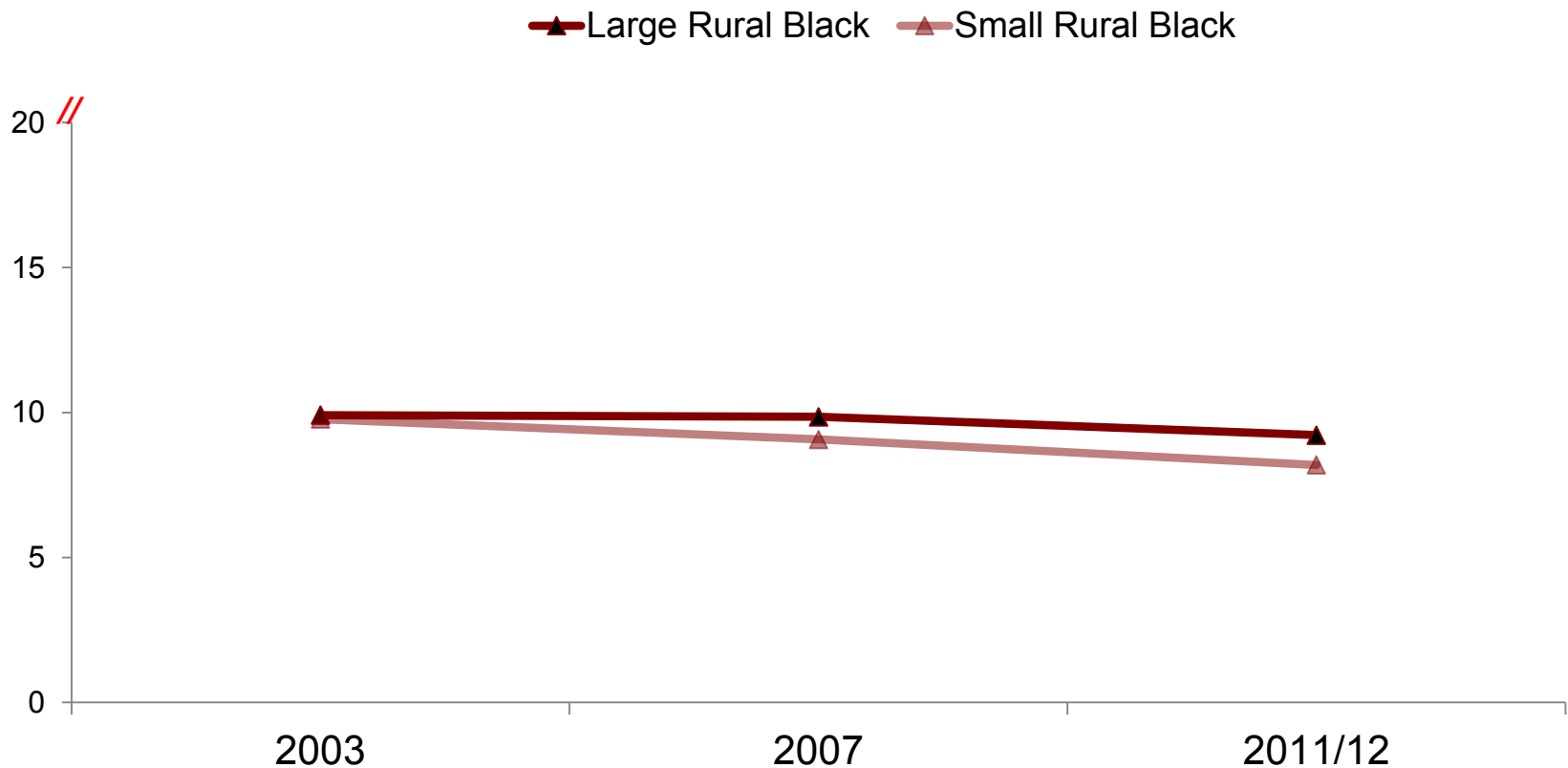
What's new:

- Trends across the decade: combining three surveys to look for change
- Limitation: precedes implementation of the Affordable Care Act

Context for rural children: Increasing diversity

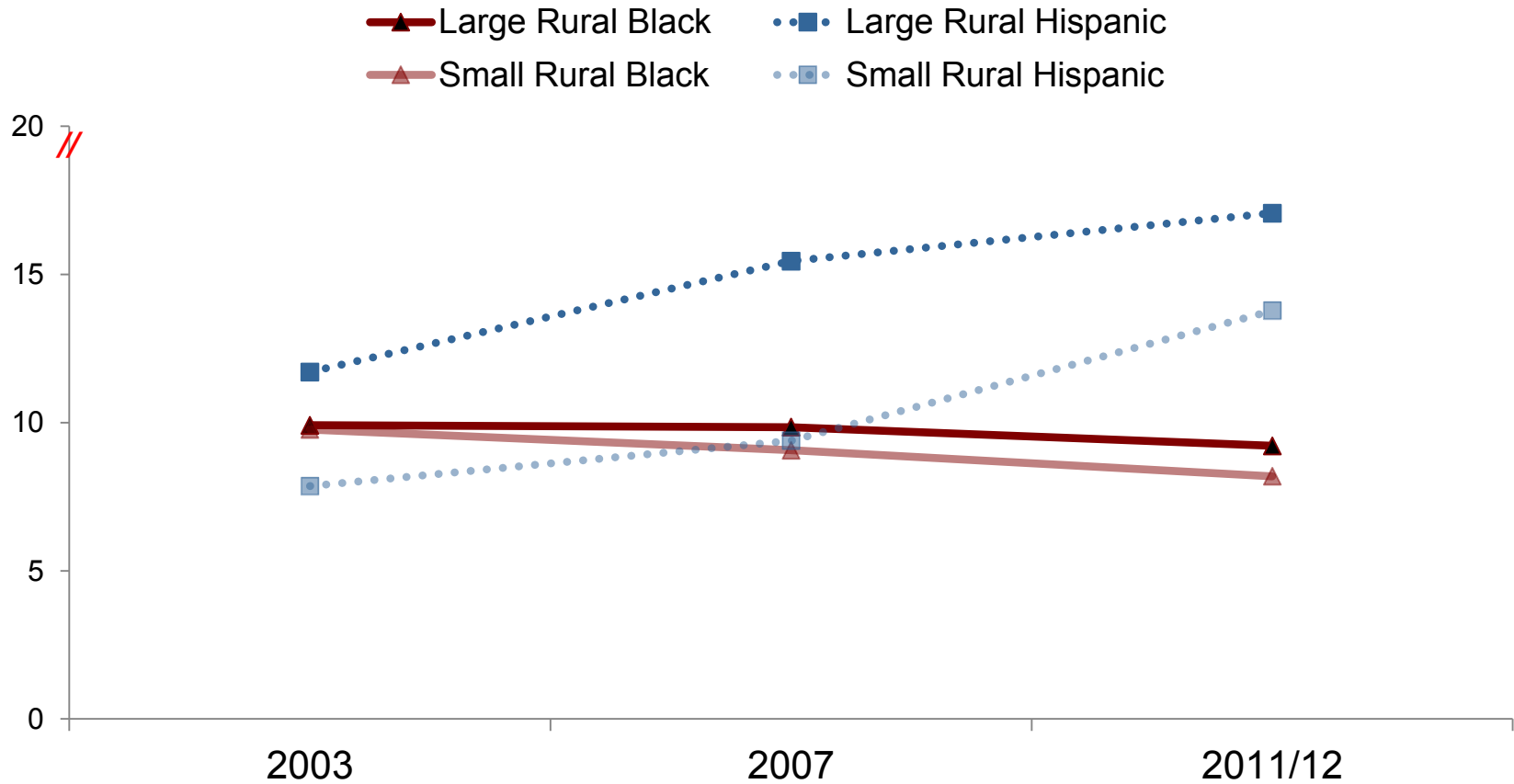
Slight declines in proportion of rural children who are African American

Percent minority children, by residence, 2003 – 2012,
NCSH



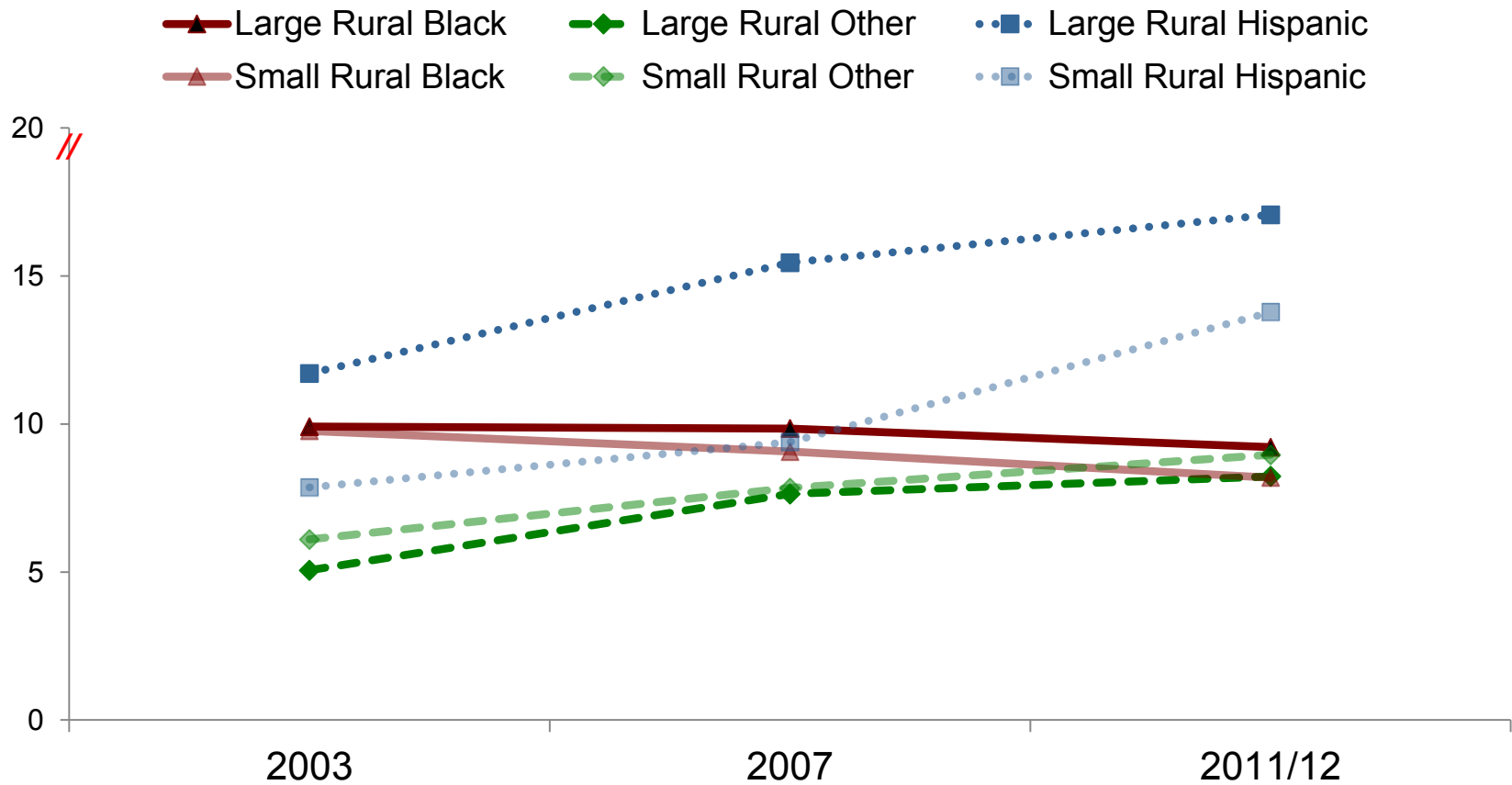
Marked increase in proportion who are Hispanic

Percent minority children, by residence, 2003 – 2012, NCSH



Slight increases for “other” children

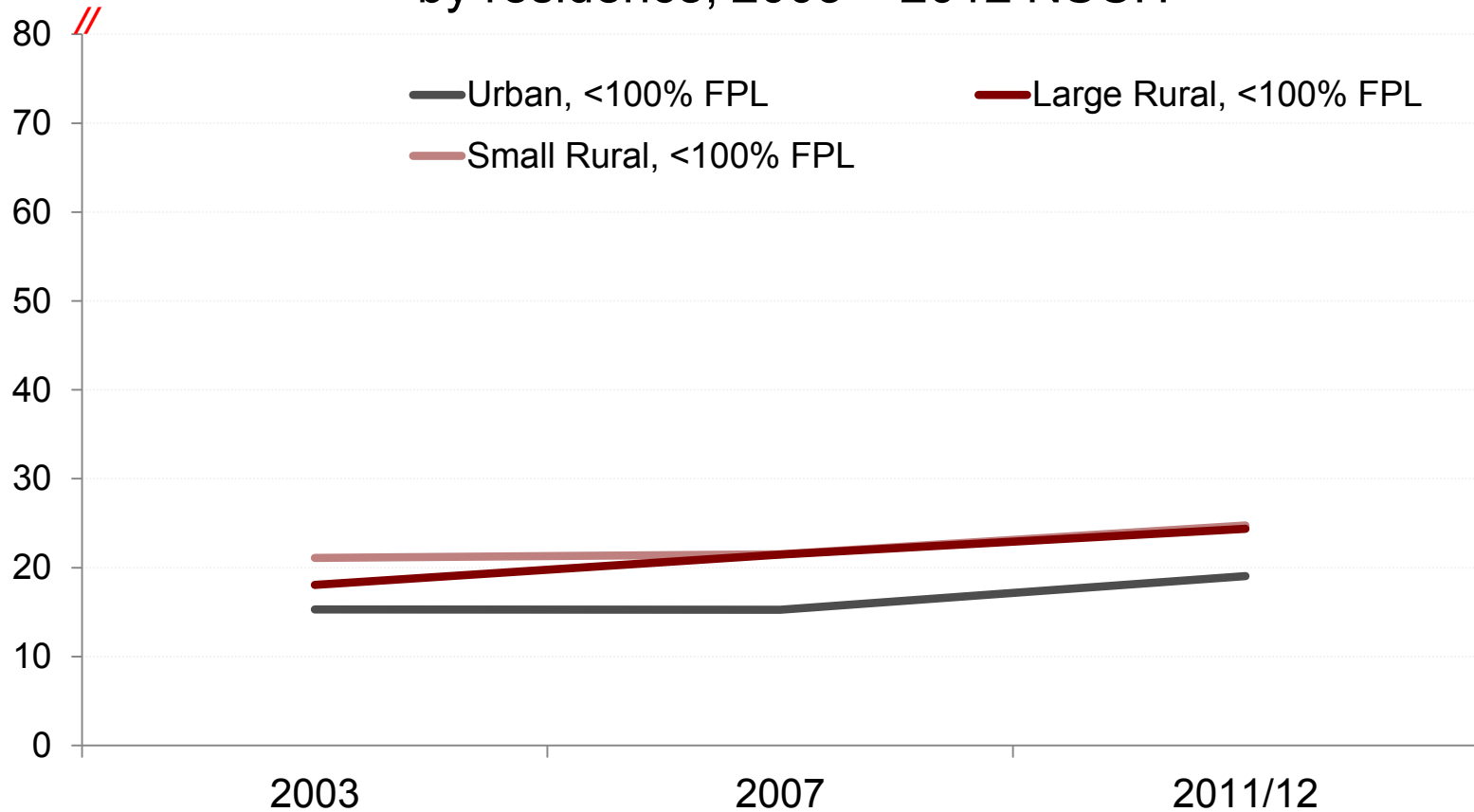
Percent minority children, by residence, 2003 – 2012, NCSH



Context for rural children: poverty

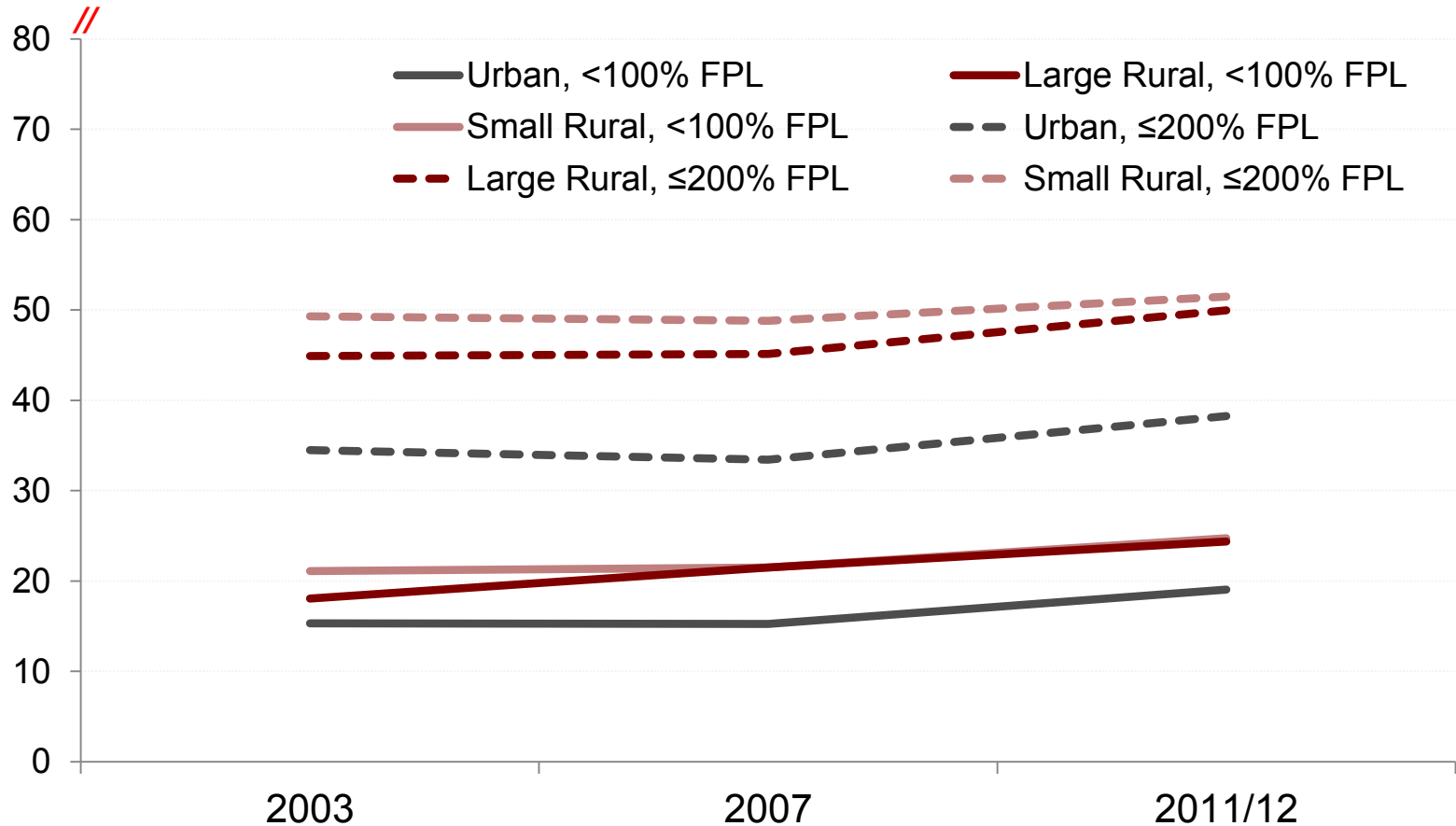
Rural children: increasing disadvantage

Percent of children living in poor families,
by residence, 2003 – 2012 NSCH



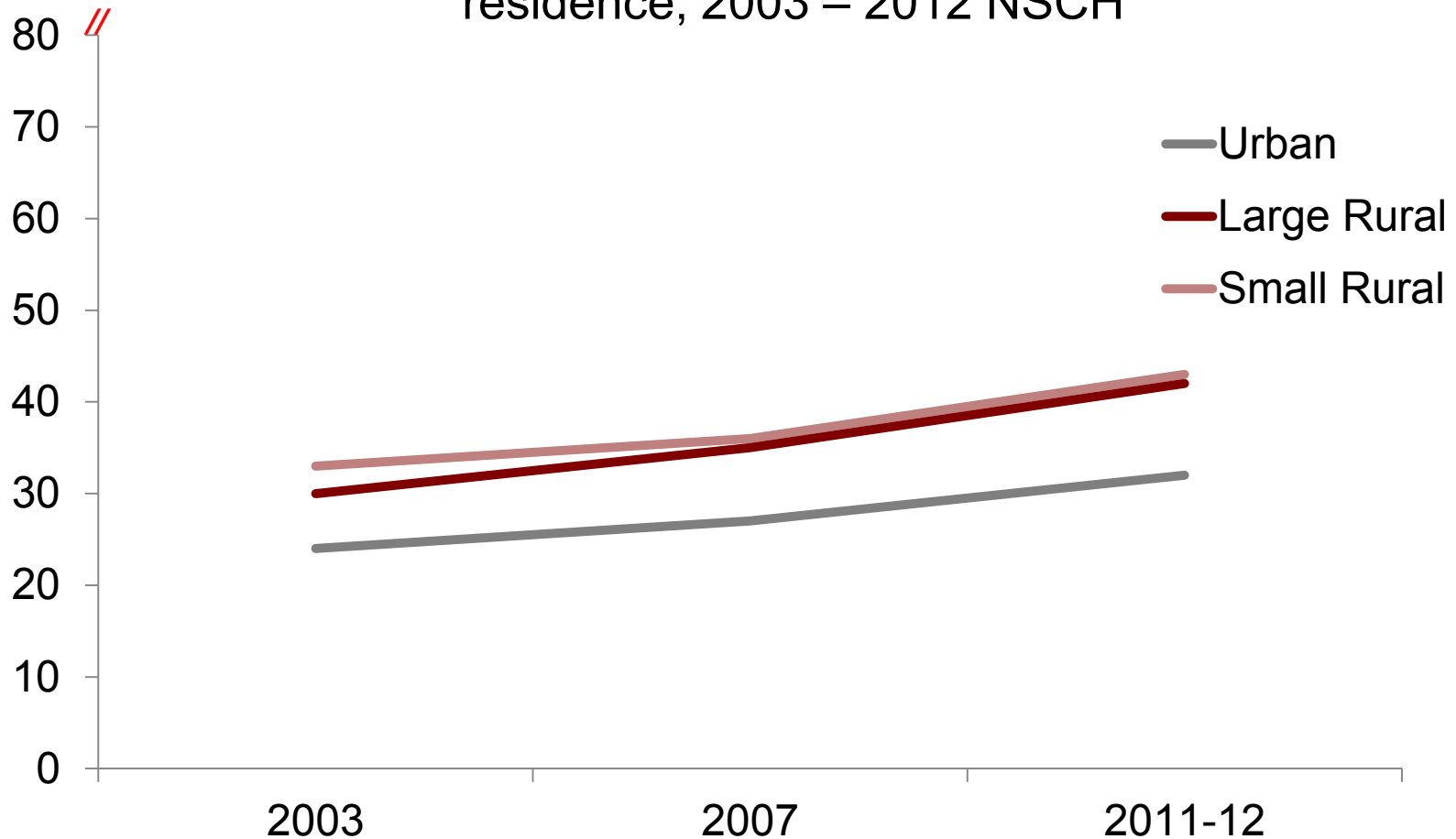
Rural children: increasing disadvantage

Percent of children living in poor and near poor families,



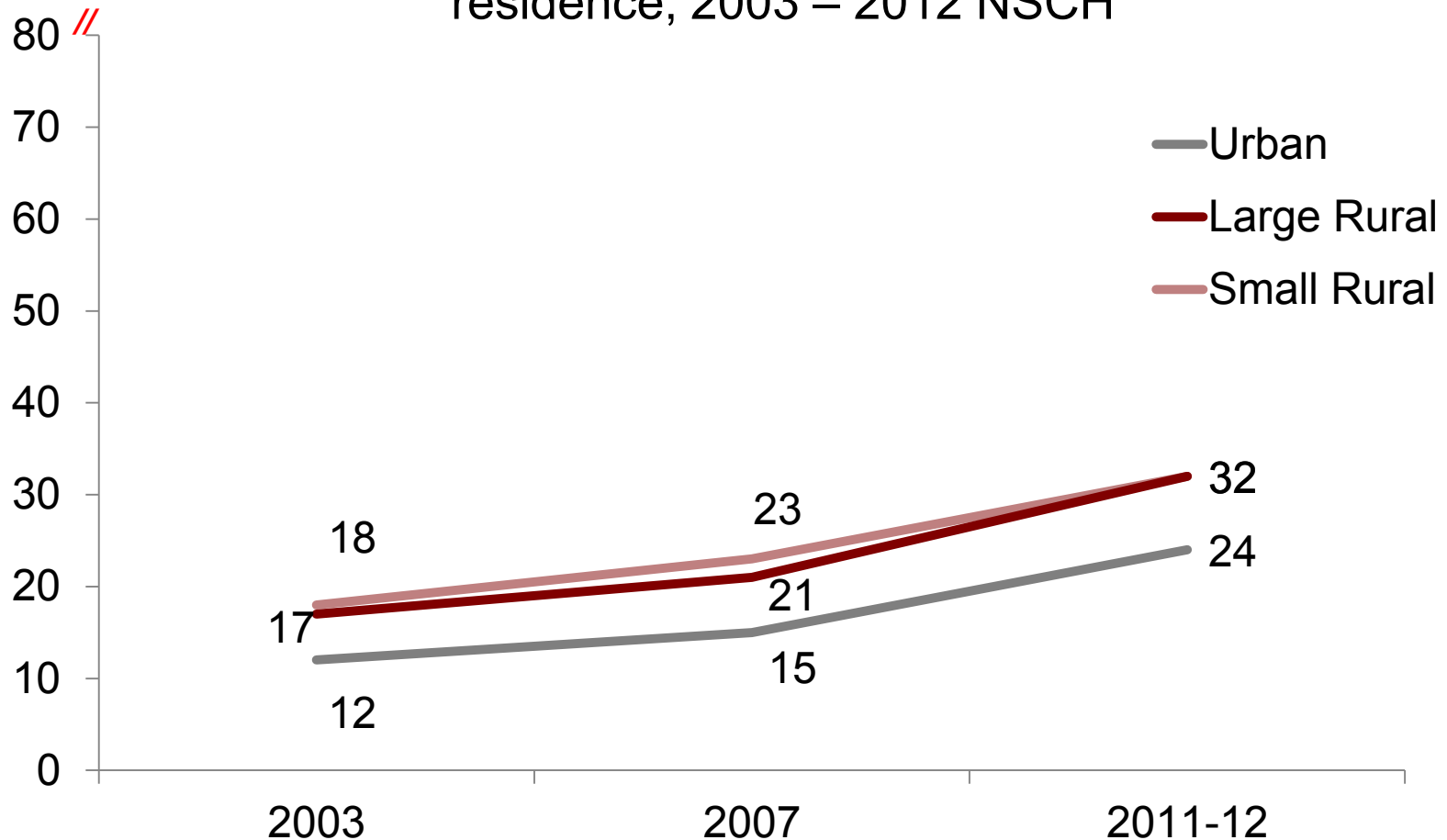
Nutrition programs increasingly important

Proportion of children receiving free or reduced lunch, by residence, 2003 – 2012 NSCH



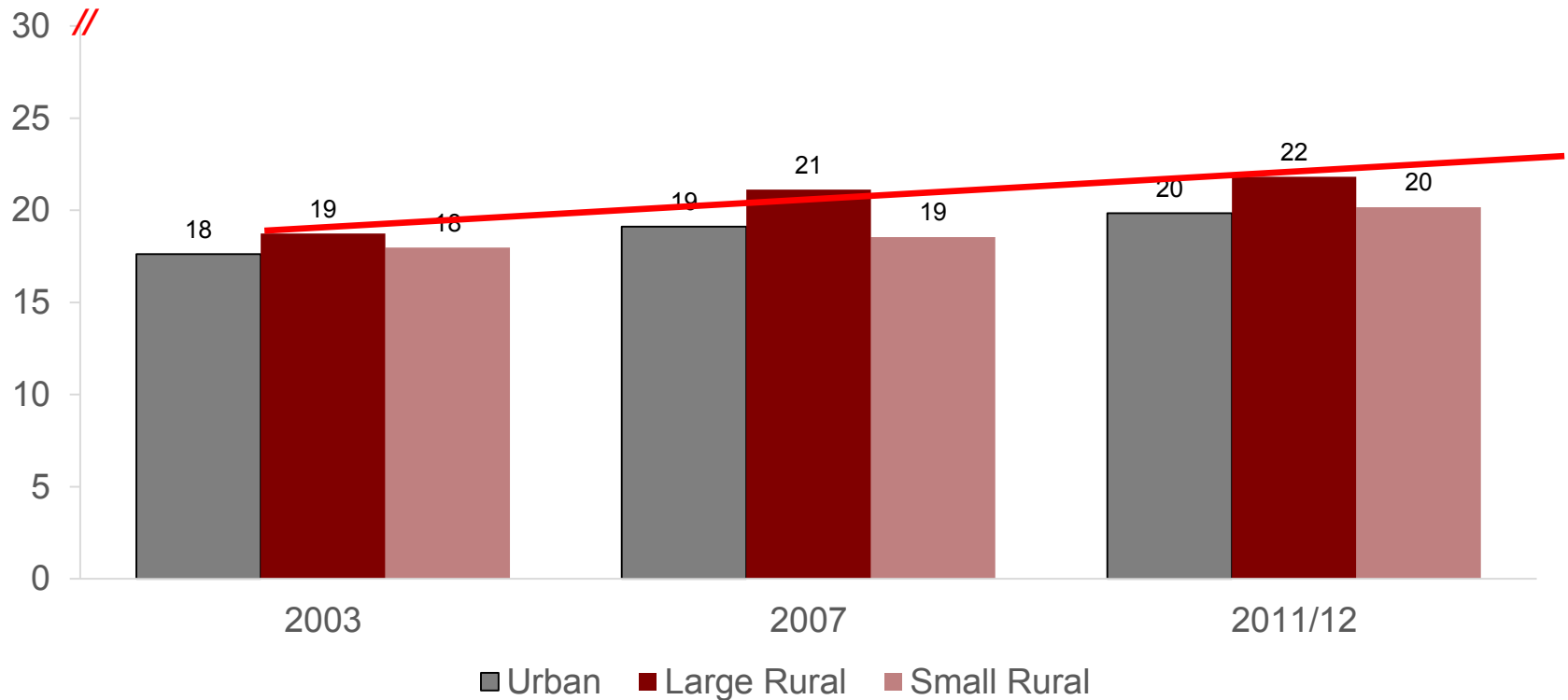
Nutrition programs increasingly important

Proportion of children in families receiving **food stamps**, by residence, 2003 – 2012 NSCH



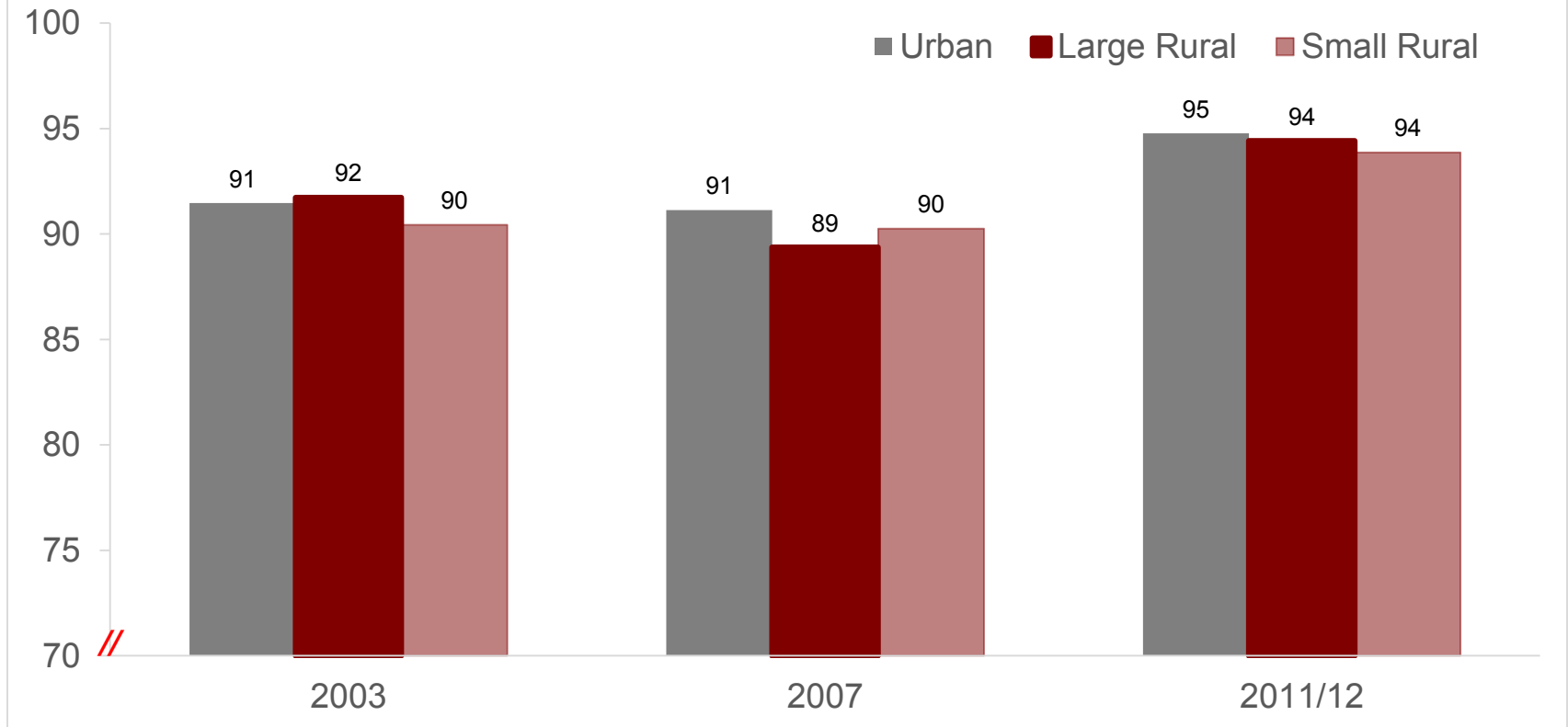
Proportion of children with special health care needs has increased

Percent of children with special health care needs, by residence, 2003 – 2012, NSCH



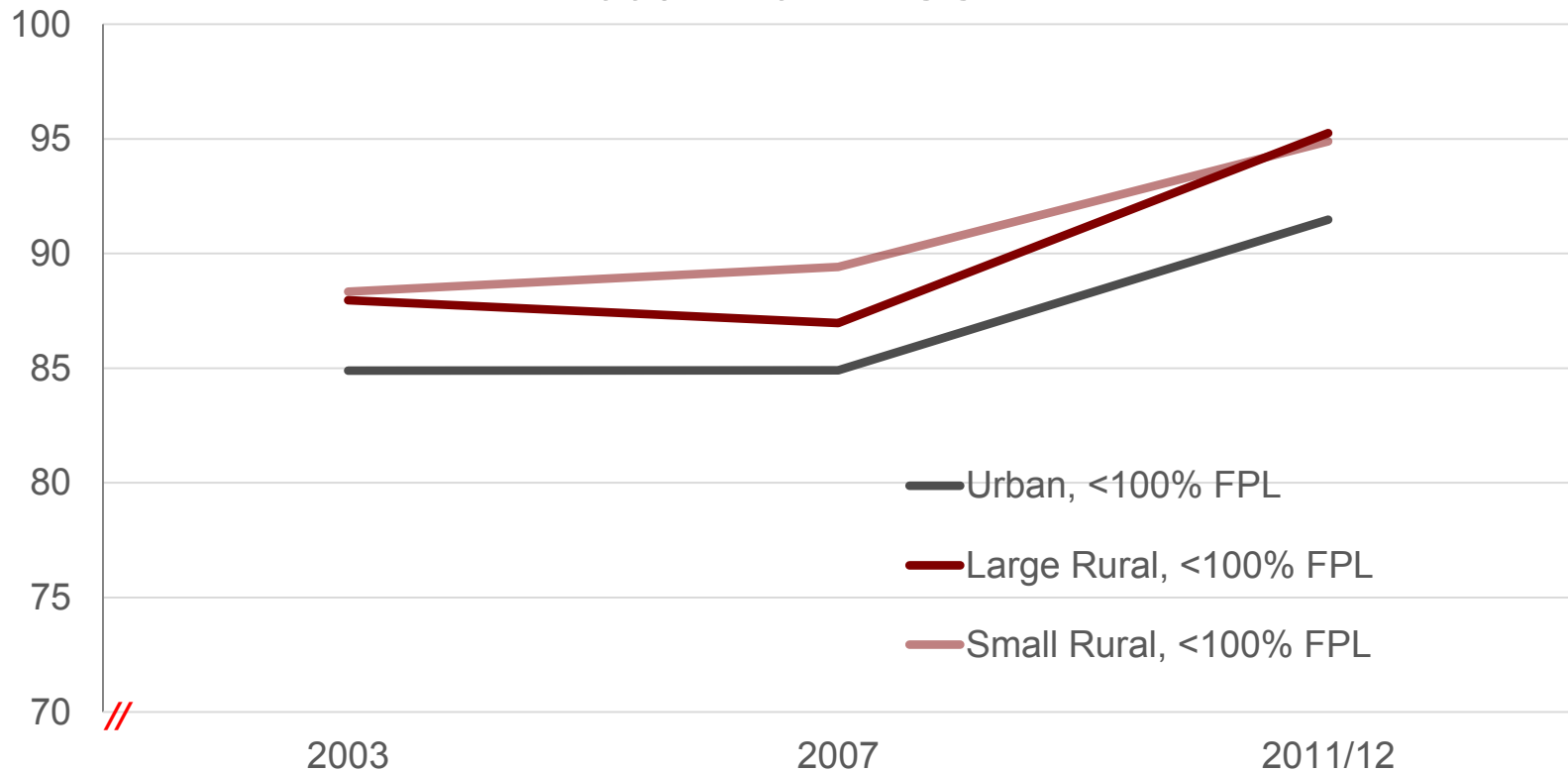
Insurance coverage has improved

Percent of children with health insurance, by residence, 2003 – 2012, NCSH



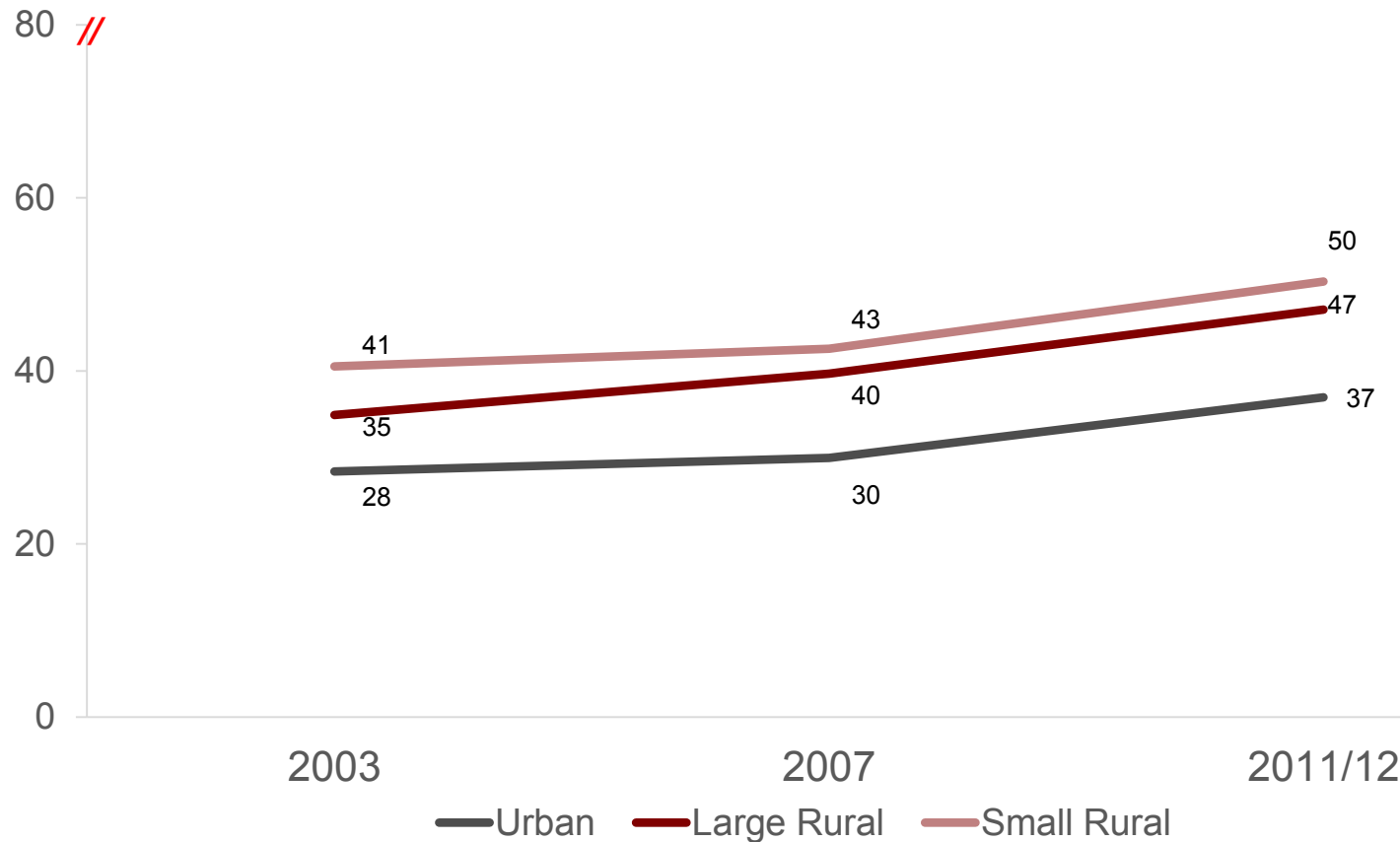
Gains for children in poverty

Proportion of children in poverty with health insurance coverage, 2003 – 2012 NSCH



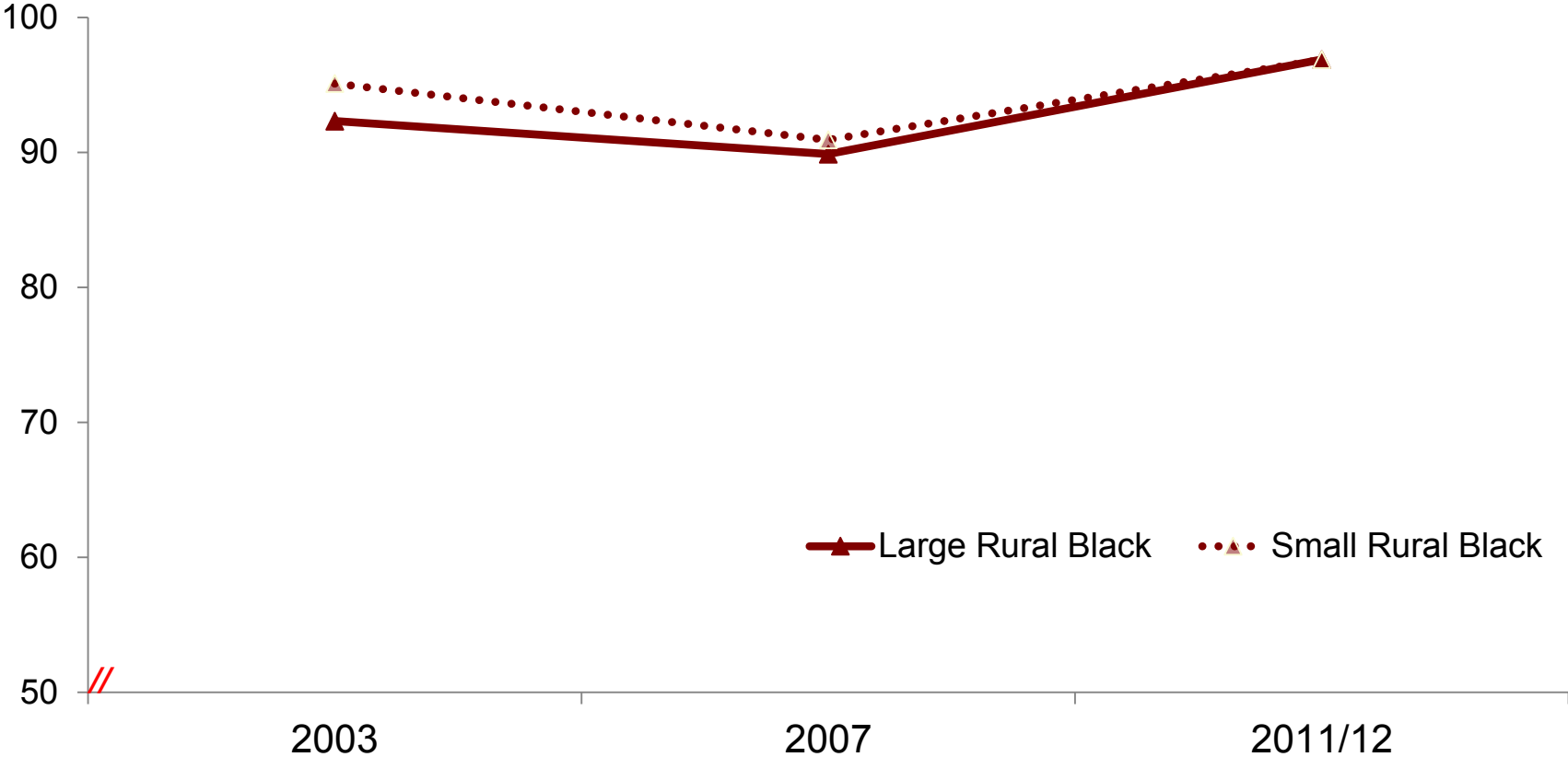
Medicaid more important for rural

Percent of insured children who receive coverage from Medicaid, by residence, 2003 – 2012 NCSH



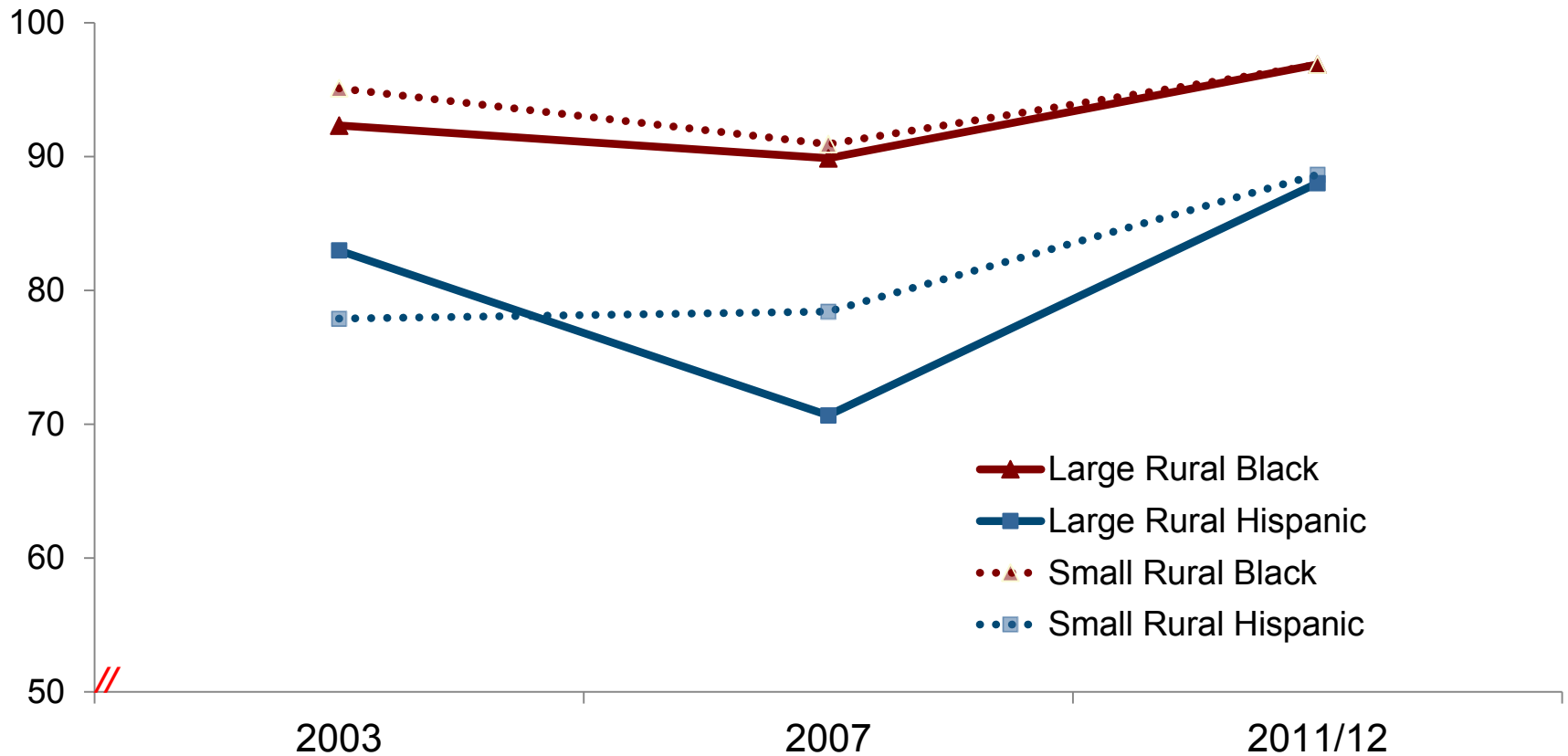
African American kids well covered

Percent of minority children with health insurance, by residence, 2003 – 2012, NSCH



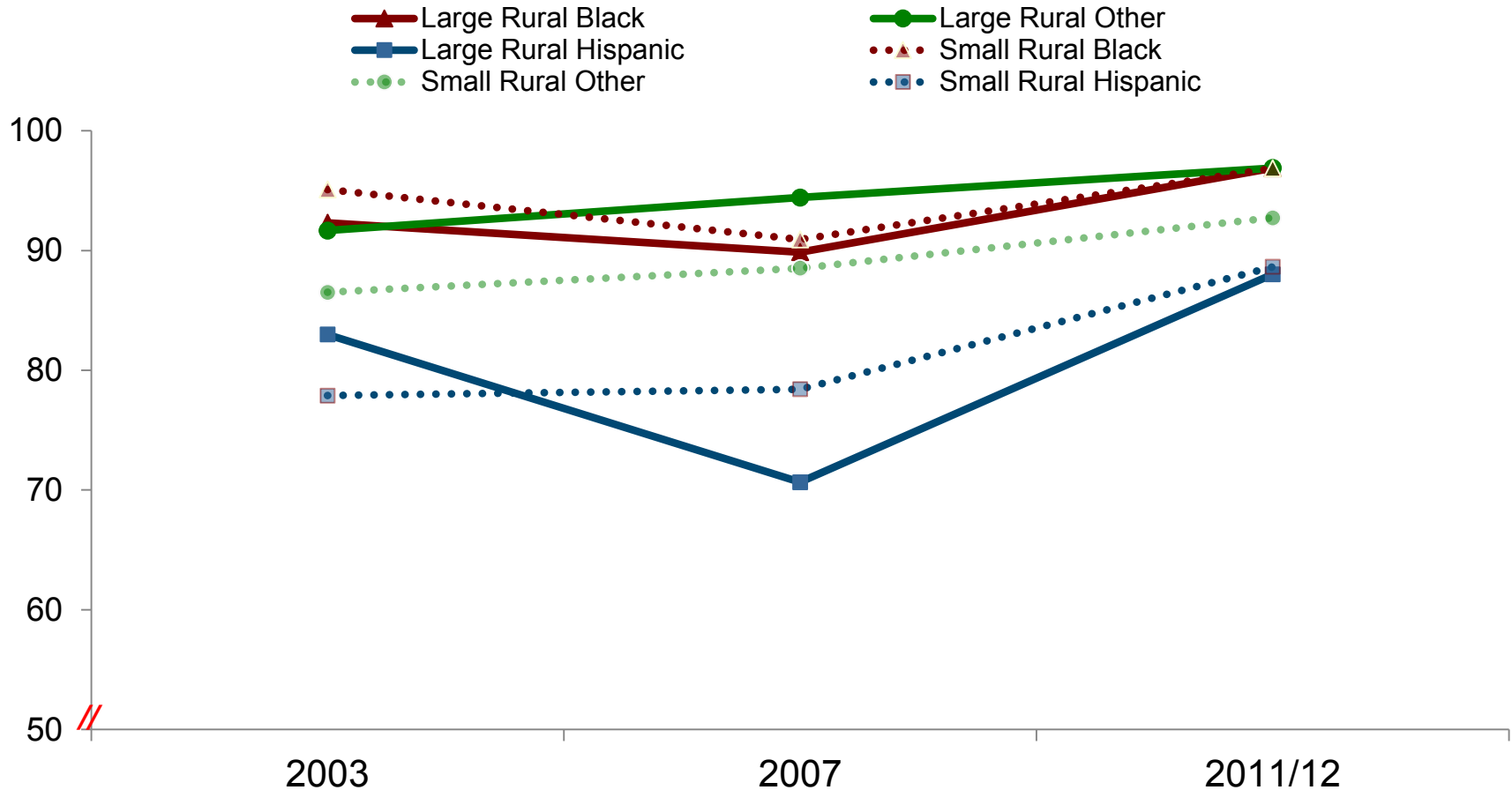
But disparities for Hispanic kids

Percent of minority children with health insurance, by residence, 2003 – 2012, NSCH



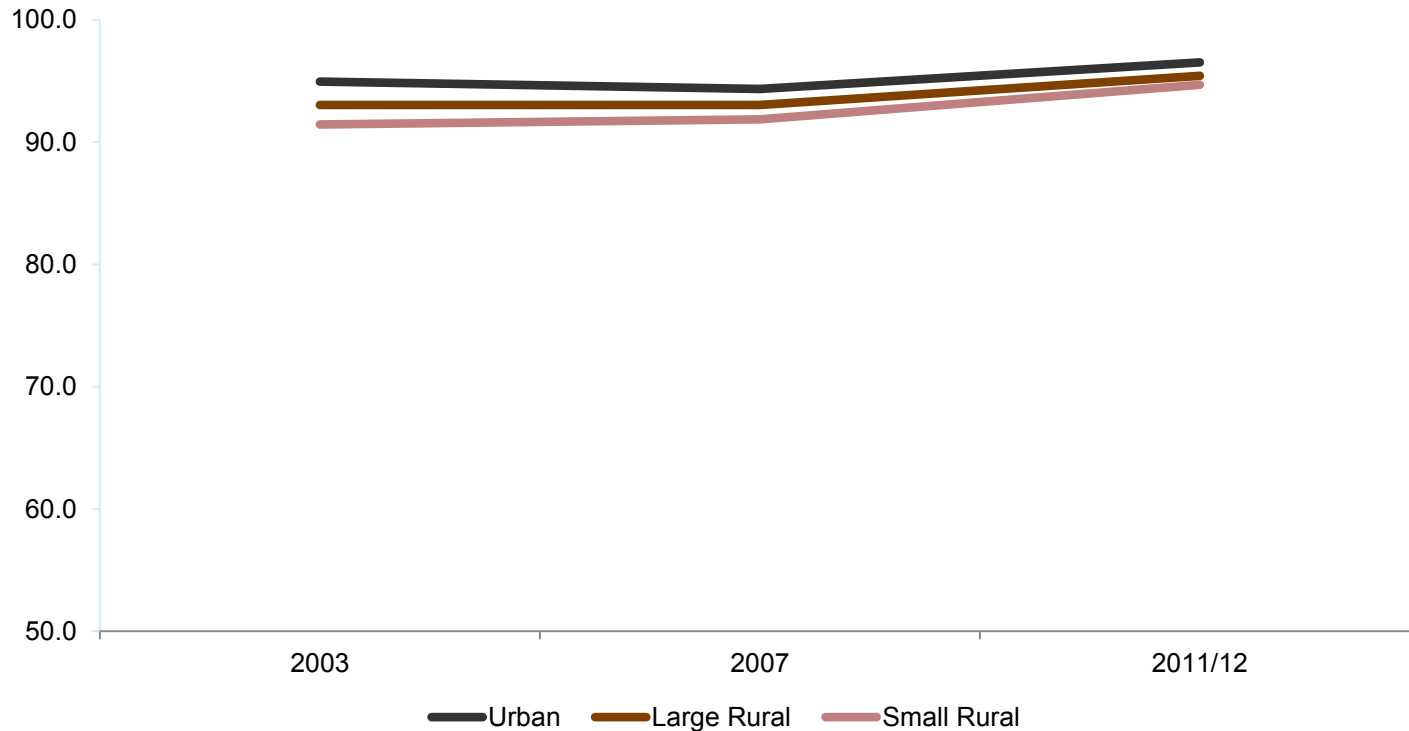
“Other” children parallel African American

Percent of minority children with health insurance by residence, 2003 – 2012, NSCH



White children: upticks among urban, small rural

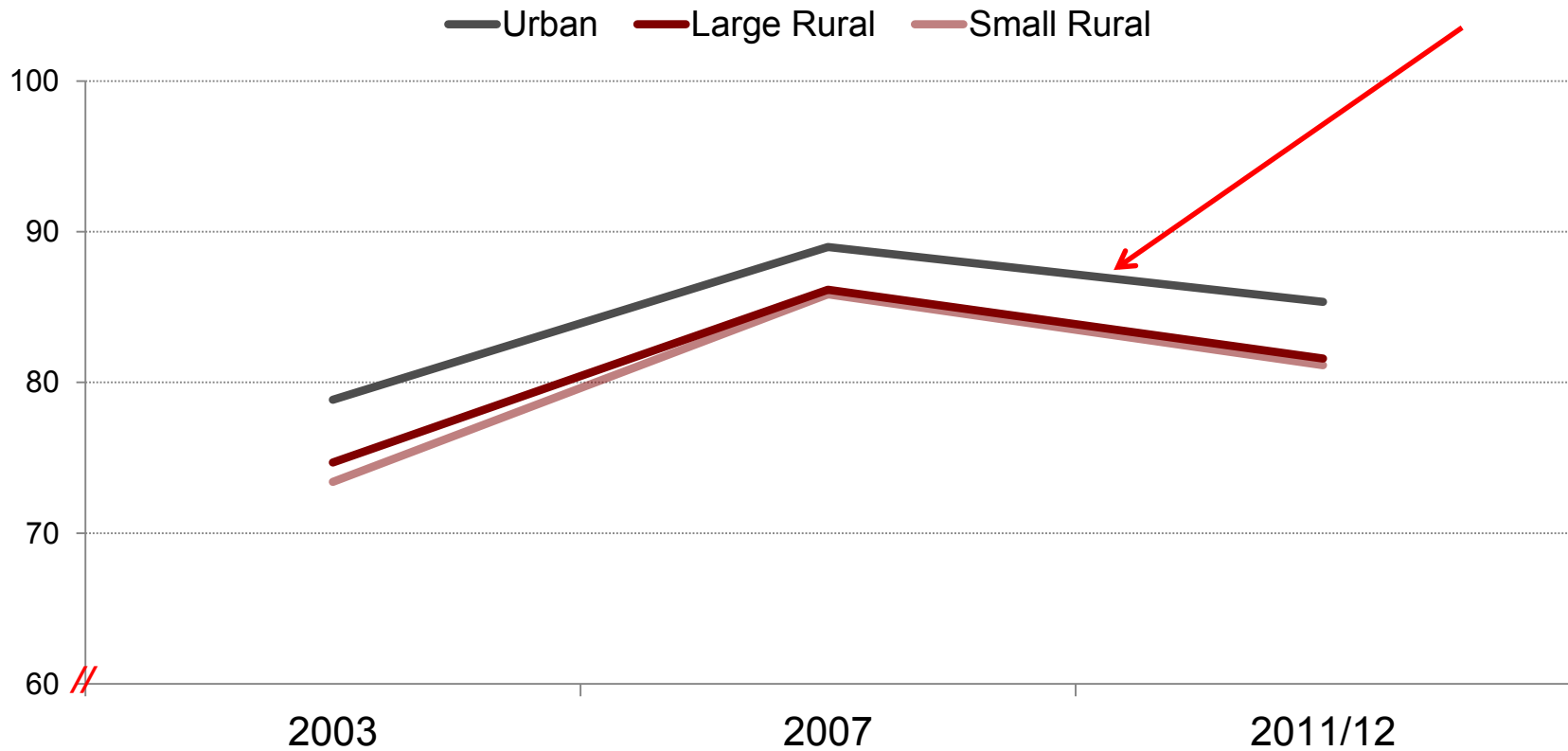
Percent of white children with health insurance, by residents, 2003 – 2012 NSCH



Rural context: access to care

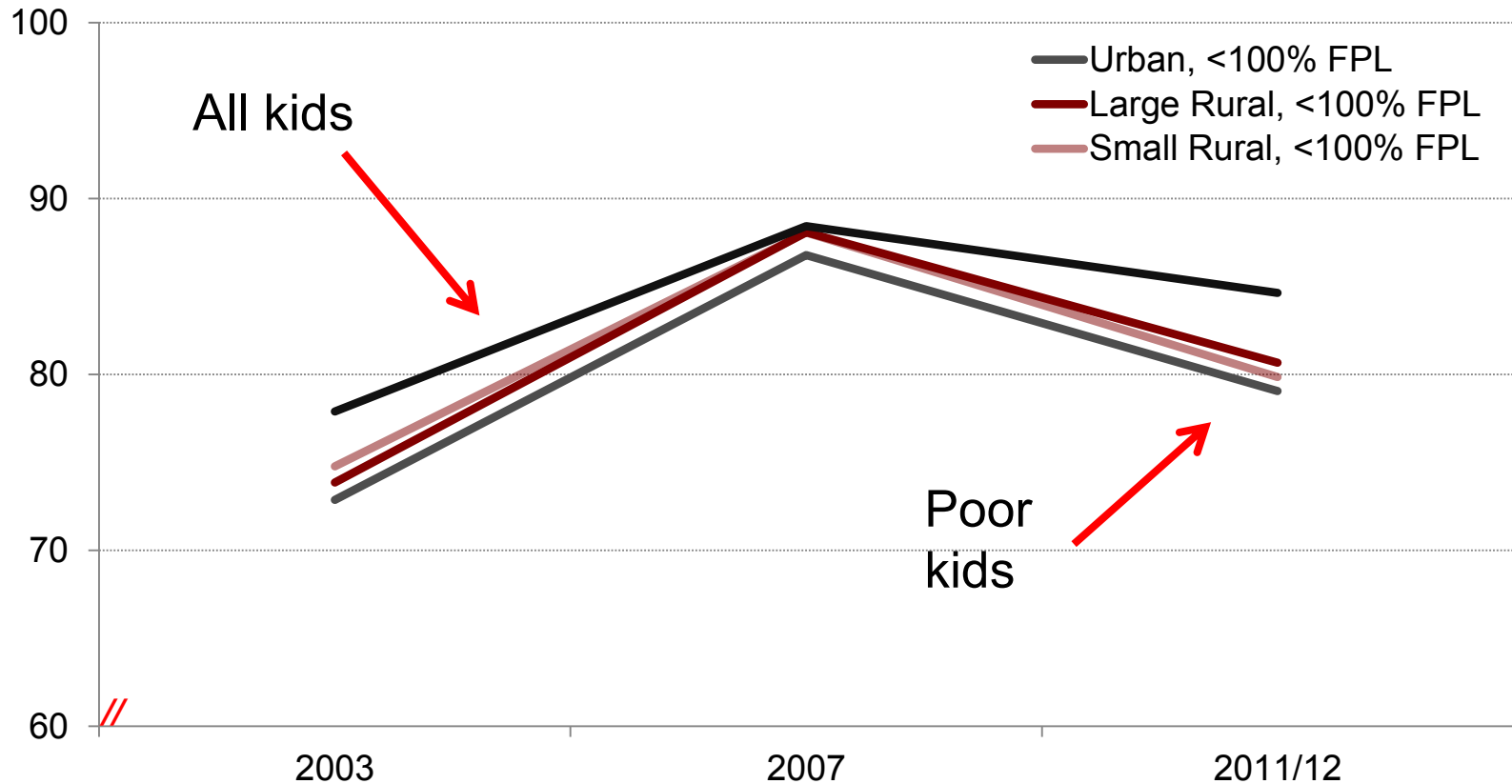
Preventive medical visits lag

Percent of children who received a preventive medical visit during the past 12 months, by residence, 2003 – 2012 NSCH



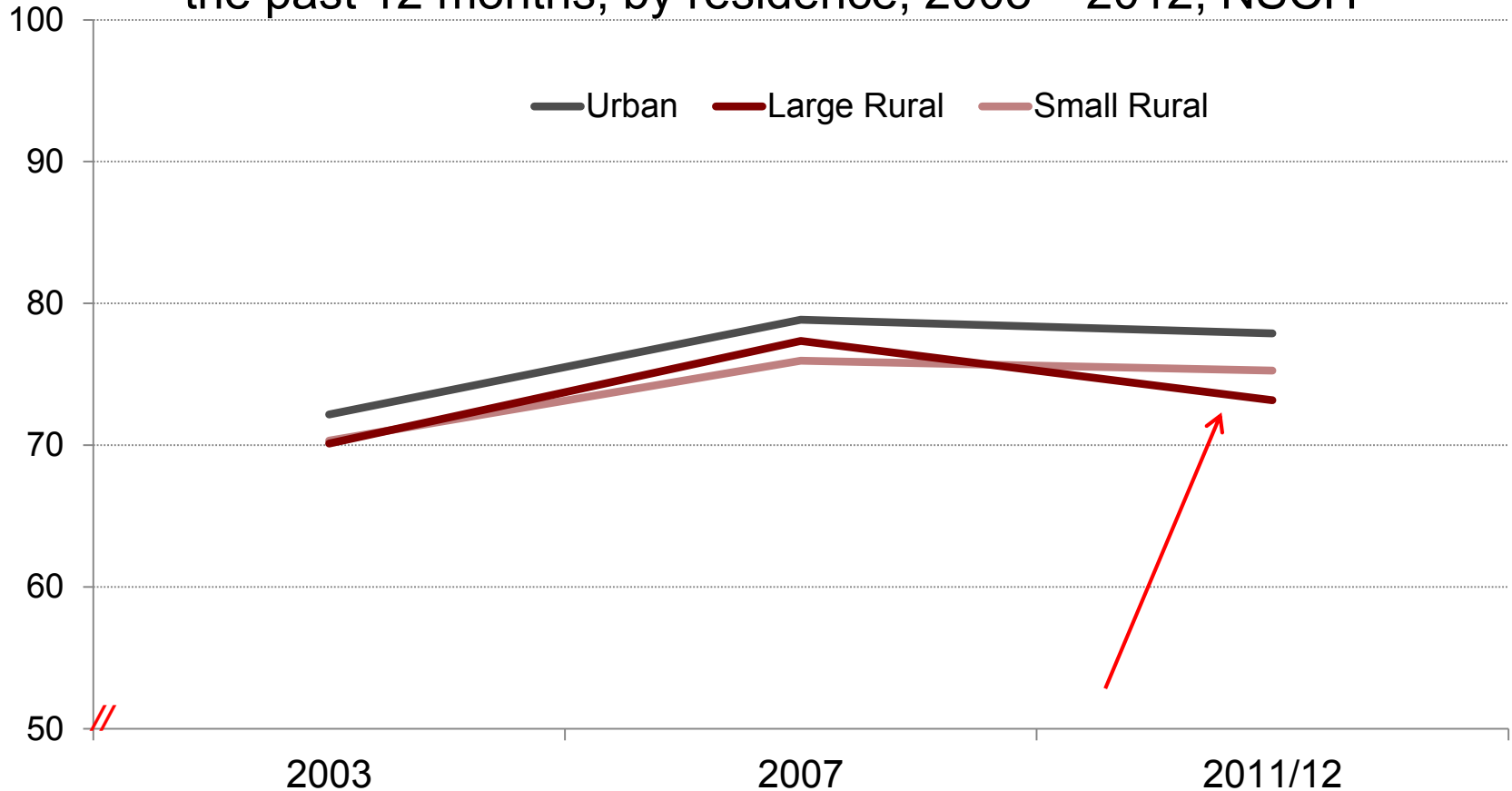
Gaps for all children in poverty

Preventive medical visit during past year, by residence, 2003 – 2012 NSCH



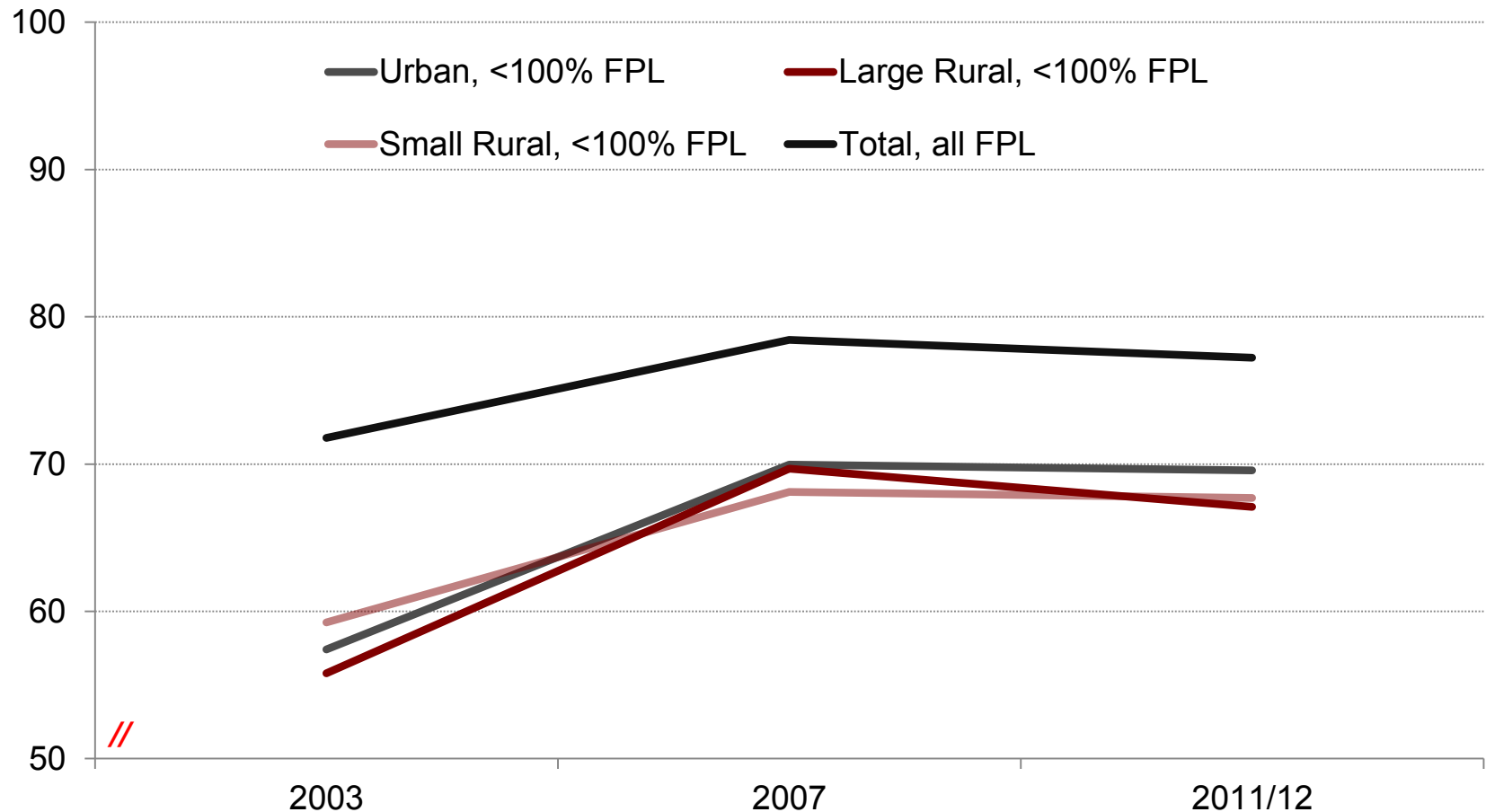
Preventive dental visits lag in rural

Percent of children with a preventive dental visit during the past 12 months, by residence, 2003 – 2012, NSCH



Particularly for poor children

Percent of children with a preventive dental visit in the past year, by residence and income, 2003 – 2012 NSCH



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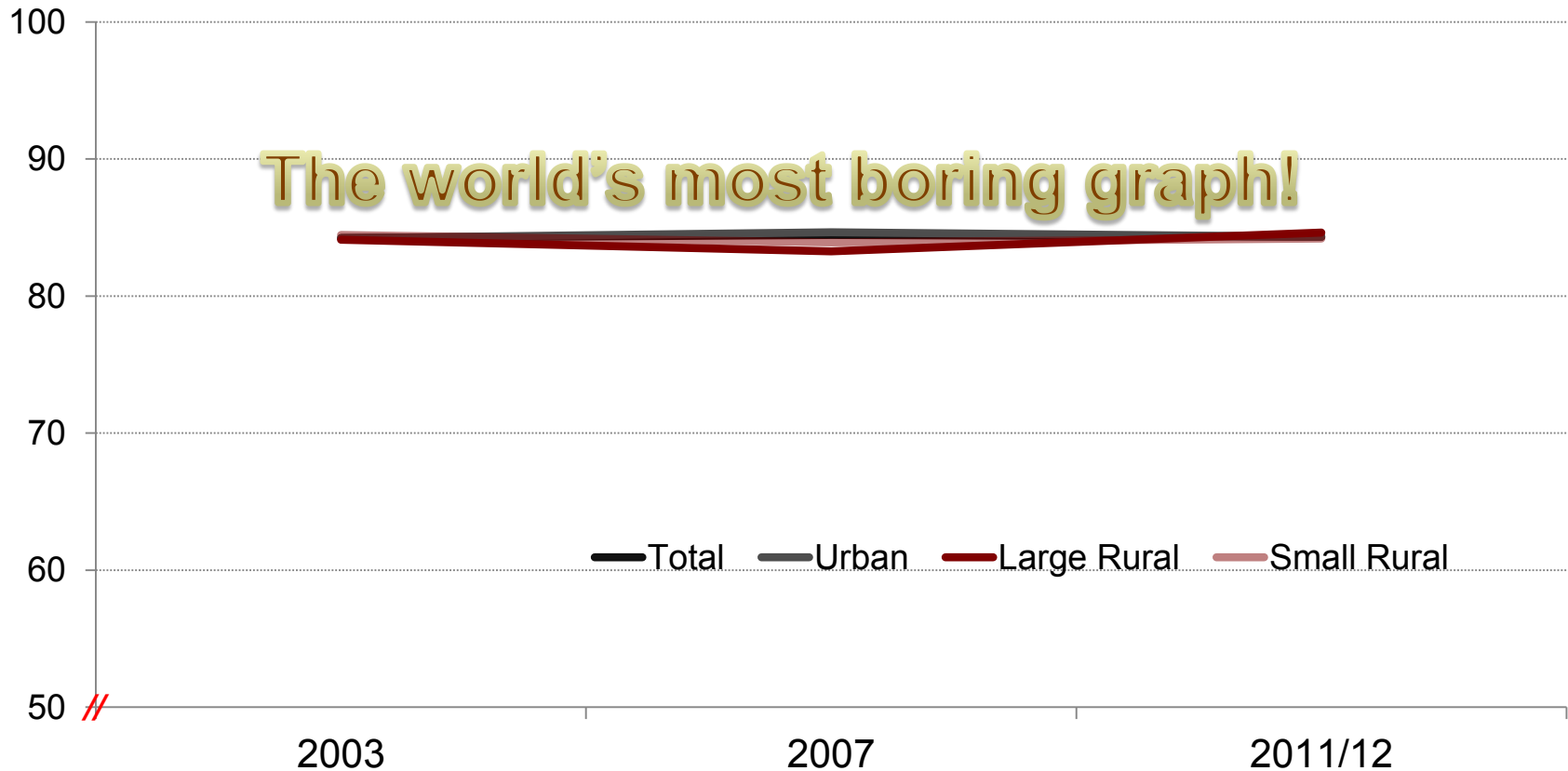
Change significant over study periods within residence



Health outcomes

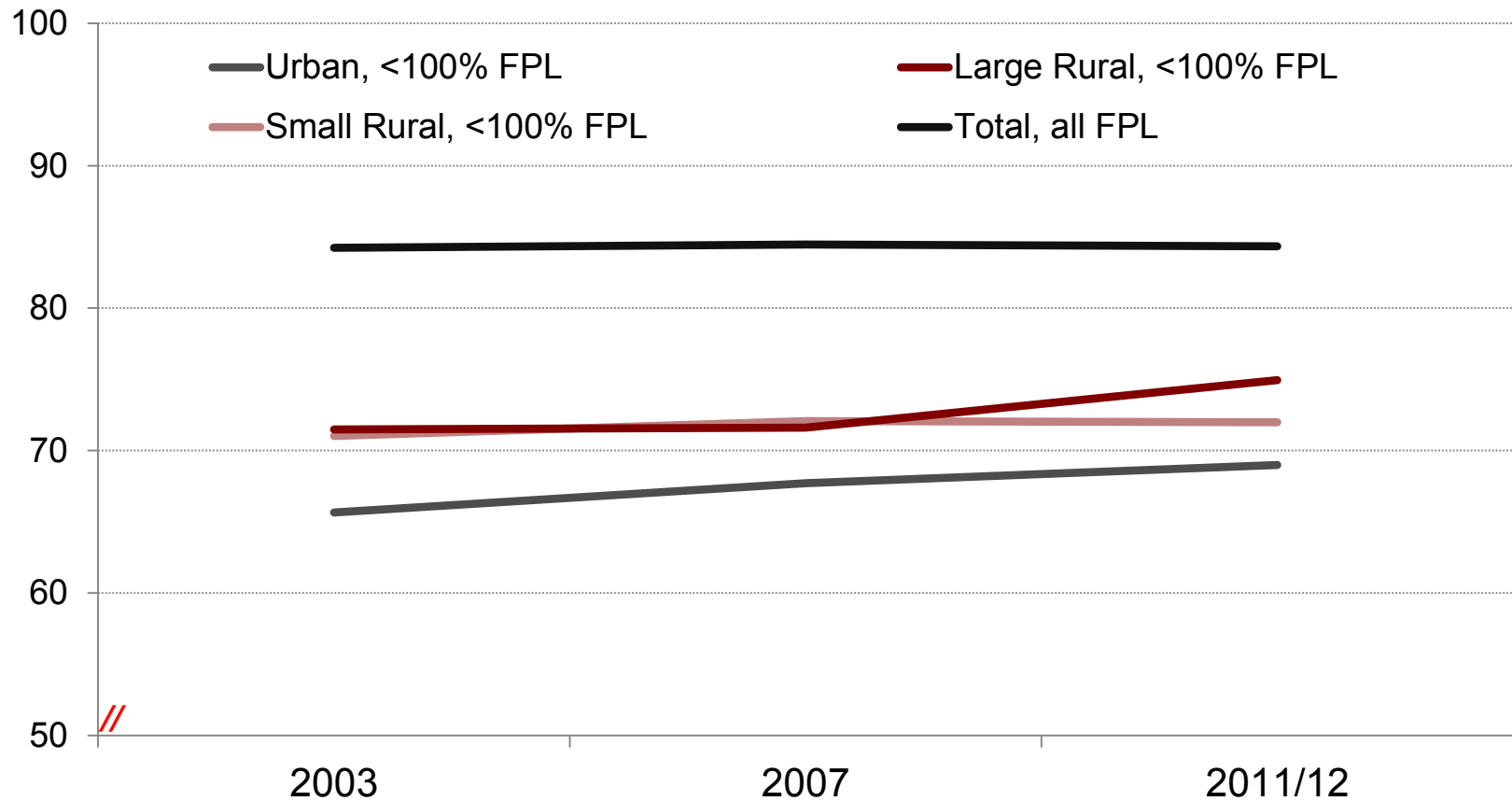
Most parents report healthy children

Percent of children with excellent or very good health status by residence, 2003 – 2012, NSCH



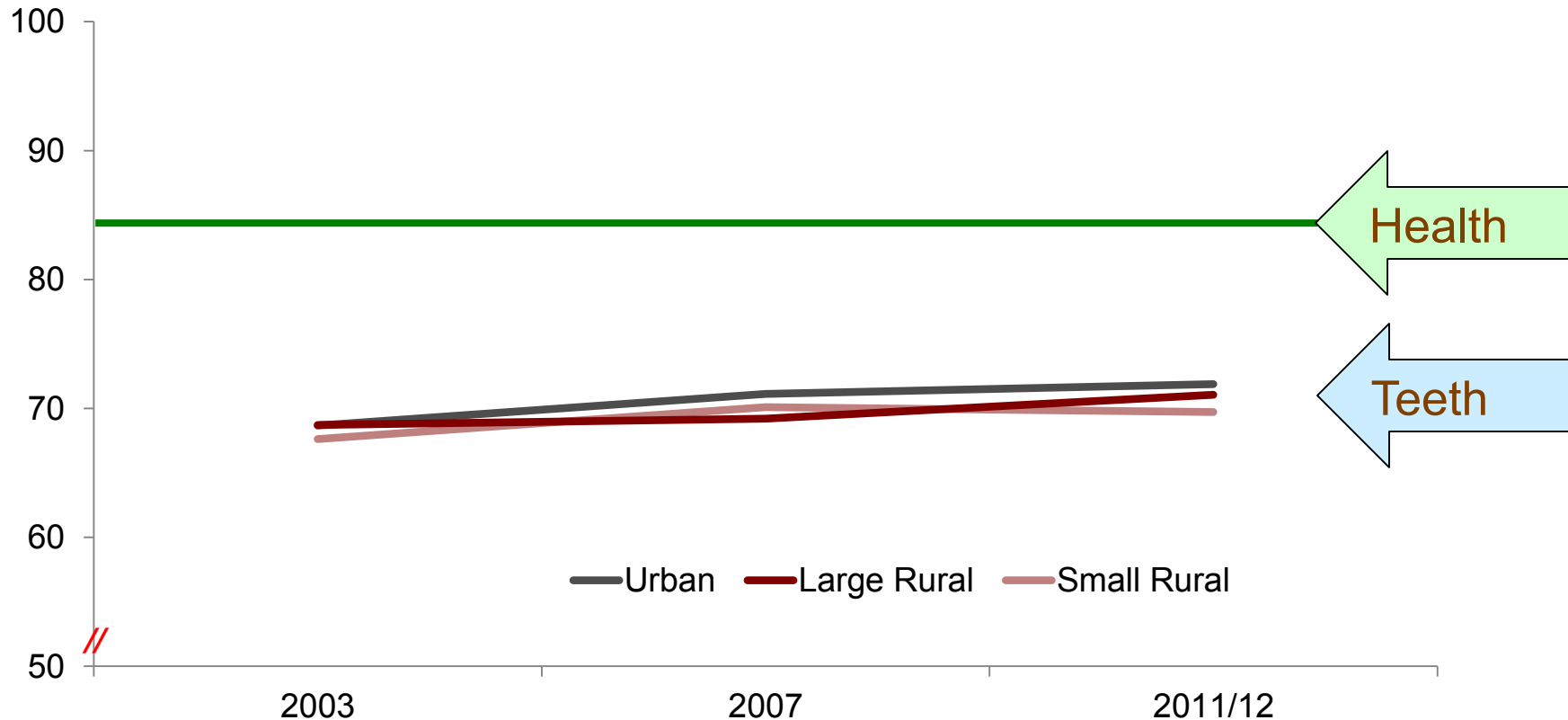
Disparities for poor children

Percent of parents reporting child's health is excellent or very good, by residence and poverty status, 2003 – 2012 NSCH



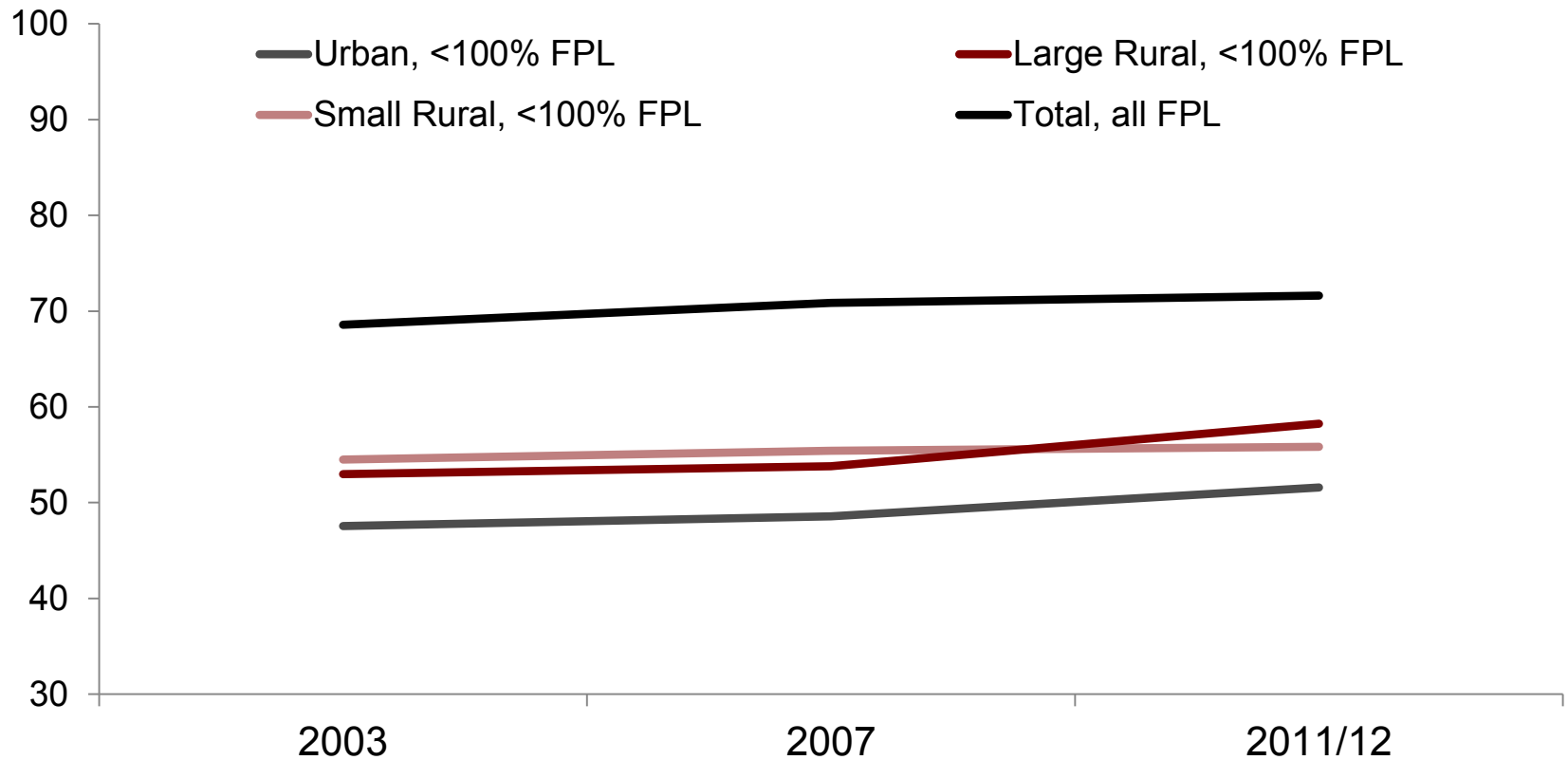
Oral Health: Condition of teeth

Percent of parents reporting excellent or very good condition of child's teeth, by residence, 2003 – 2012, NSCH



Poverty and Oral Health

Proportion of parents reporting child's teeth are excellent or very good, by residence and poverty status, 2003 – 2012 NSCH



Change significant for Urban population only

Takeaway

- Progress in some areas:
 - ◆ Rural children increasingly have health insurance
- Not changed:
 - ◆ Rural disparities persist across most measures of access, although not in measures of health status
 - ◆ A substantial group of parents do not see their child's oral health as "excellent/very good"
- Getting worse:
 - ◆ Increasing poverty with no change in rural urban disparities
 - ◆ Declines in preventive visits



Thanks!

- Our web site:
 - ◆ rhr.sph.sc.edu
- Our funder for studying kids trends:
 - ◆ Federal Office of Rural Health Policy, Health Resources & Services Administration, USDHHS
- Contact:
 - ◆ jprobst@sc.edu





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