

## 2014 Update of the Rural-Urban Chartbook

Rural Health Research Gateway Webinar

December 9, 2014

Alana Knudson, PhD

Michael Meit, MA, MPH



*A Consortium of*



### Examination of Trends in Rural and Urban Health: Establishing a Baseline for Health Reform

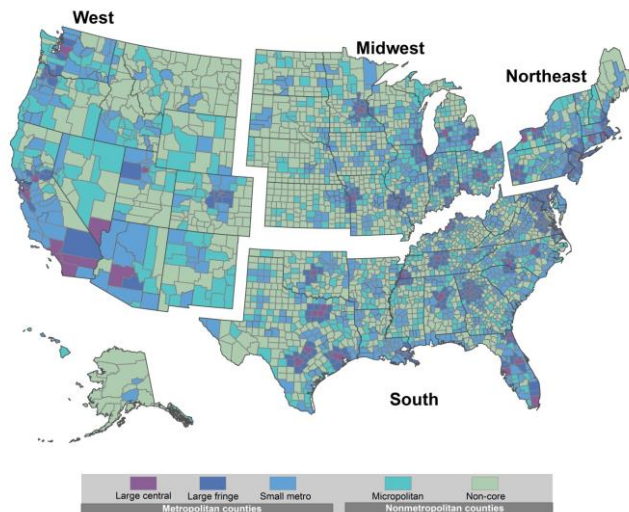
- CDC published *Health United States, 2001 With Urban and Rural Health Chartbook*
  - No urban/rural data update since 2001
- Purpose of this study:
  - Update of rural health status ten years later to understand trends
  - Provide baseline of rural/urban differences in health status and access to care prior to ACA implementation

## Methods

- Replicated analyses conducted in 2001 using most recent data available (2006-2011)
- Used same data source, when possible:
  - National Vital Statistics System
  - Area Resource File (HRSA)
  - U.S. Census Bureau
  - National Health Interview Survey (NCHS)
  - National Hospital Discharge Survey (NCHS)
  - National Survey on Drug Use and Health (SAMHSA)
  - Treatment Episode Data Set (SAMHSA)
- Applied same geographic definitions, although classifications may have changed since 2001:
  - **Metropolitan Counties:** Large central, Large fringe, Small metro
  - **Nonmetropolitan Counties:** Micropolitan, Non-core

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## Counties by Region and Rurality (2013)



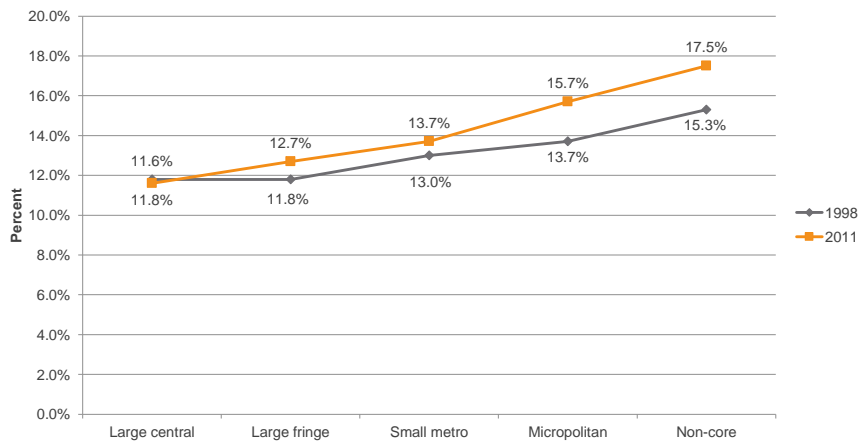
## Overview of Presentation

- Demographics
- Mortality
- Risk factors
- Access issues
- Resources

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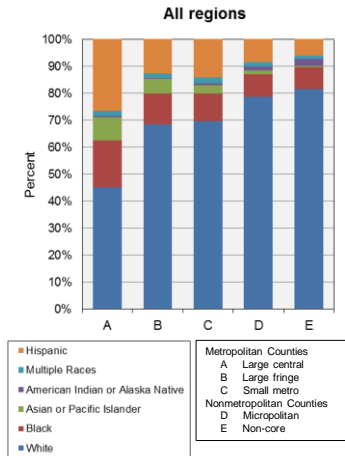
## Population: Age

### Population 65 years of age and over by rurality



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## Population: Race and Ethnicity

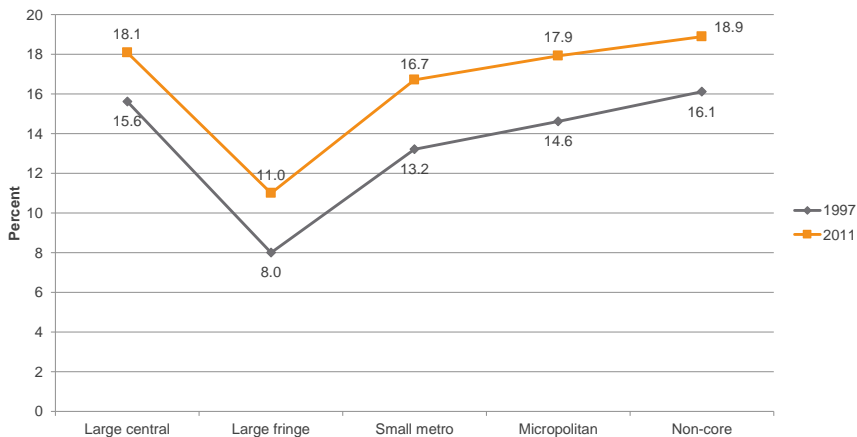


- Non-Hispanic white persons represent over half of the population in fringe counties of large metro areas, small metro counties, and nonmetro counties, but only 45% in central counties.
- In the Midwest, white persons represented 81% of its population. The Northeast had a larger proportion of residents of Hispanic and Asian or Pacific Island origin compared with the Midwest.
- In the South, non-Hispanic black persons constituted a larger proportion of the population than in any other region.
- The West had a disproportionately high concentration of persons of Hispanic origin.

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## Population: Poverty

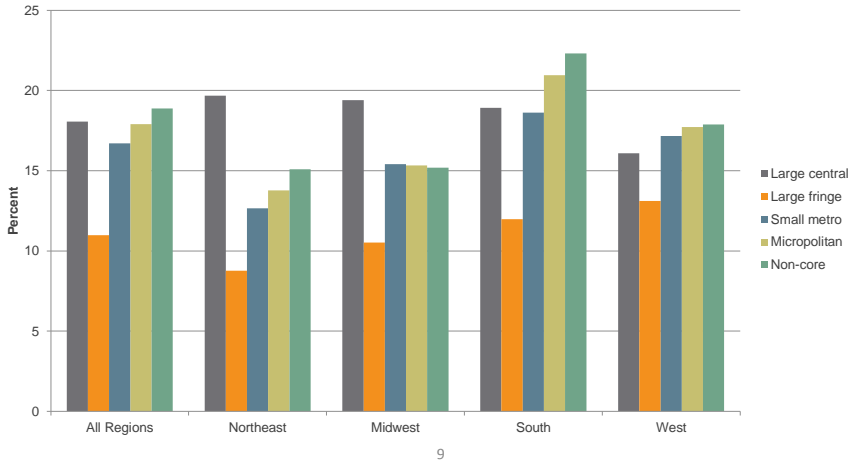
### Population in poverty by rurality



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## Population: Poverty

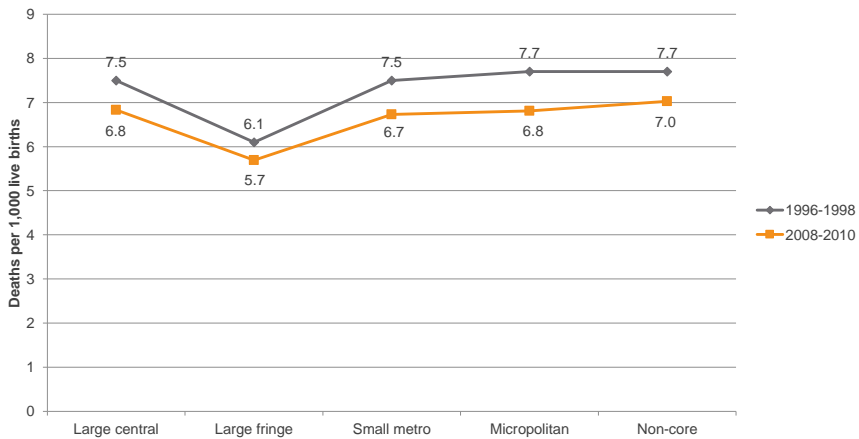
Population in poverty by region and rurality, 2011



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## Mortality: Infants

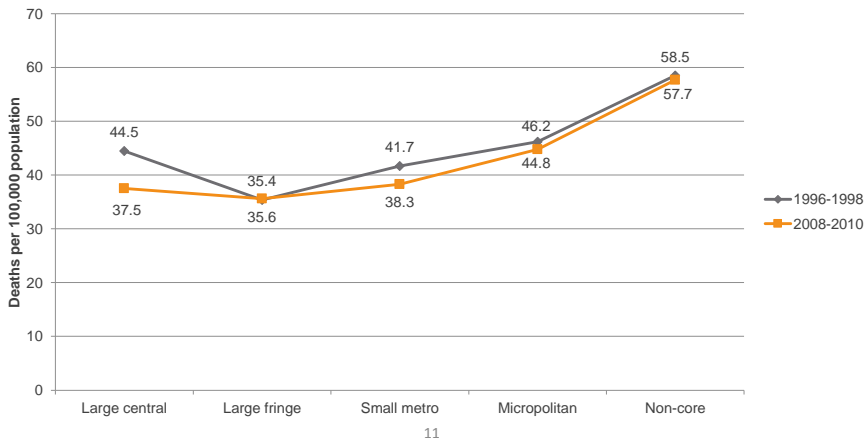
Infant mortality by rurality



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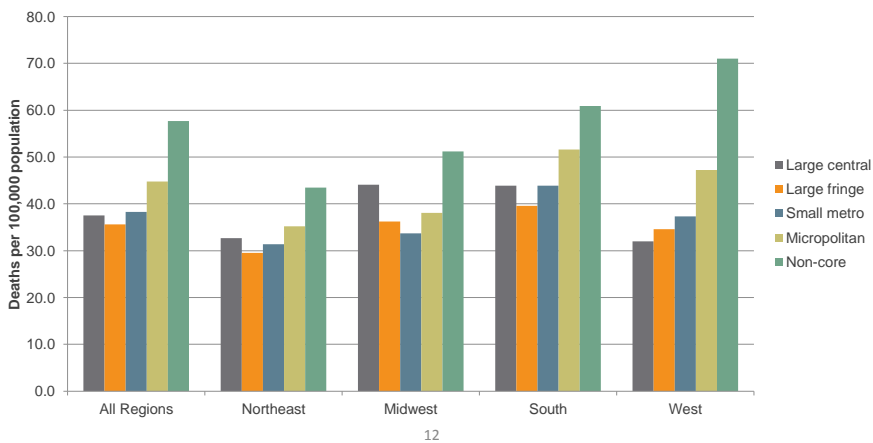
## Mortality: Children and Young Adults

Death rates for all causes among persons 1–24 years of age by rurality



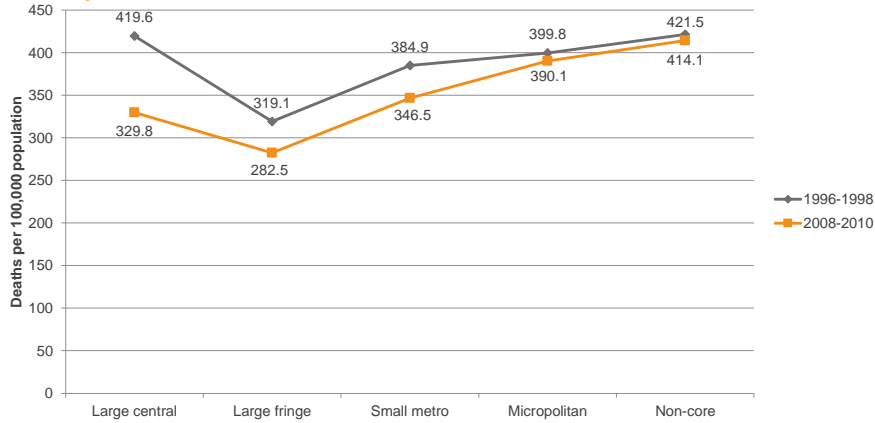
## Mortality: Children and Young Adults

Death rates for all causes among persons 1–24 years of age by region and rurality, 2008-2010



## Mortality: Working-Age Adults

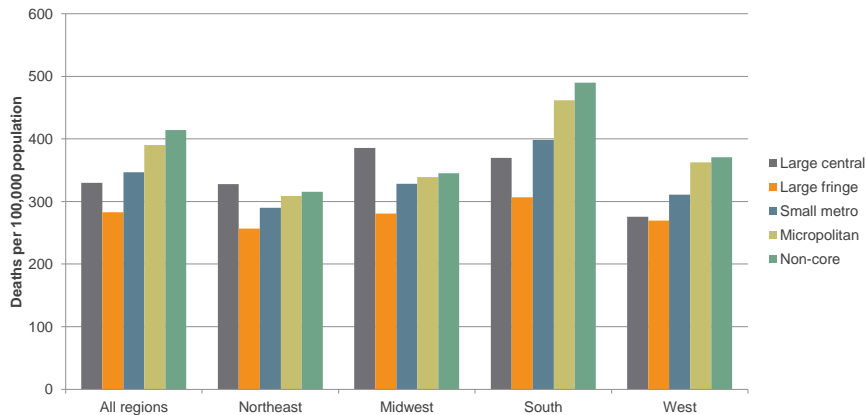
Death rates for all causes among persons 25-64 years of age by rurality



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## Mortality: Working-Age Adults

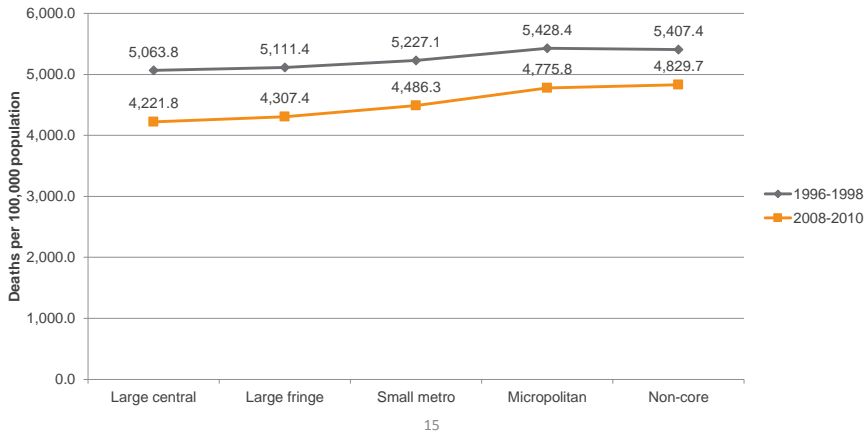
Death rates for all causes among persons 25-64 years of age by region and rurality, 2008-2010



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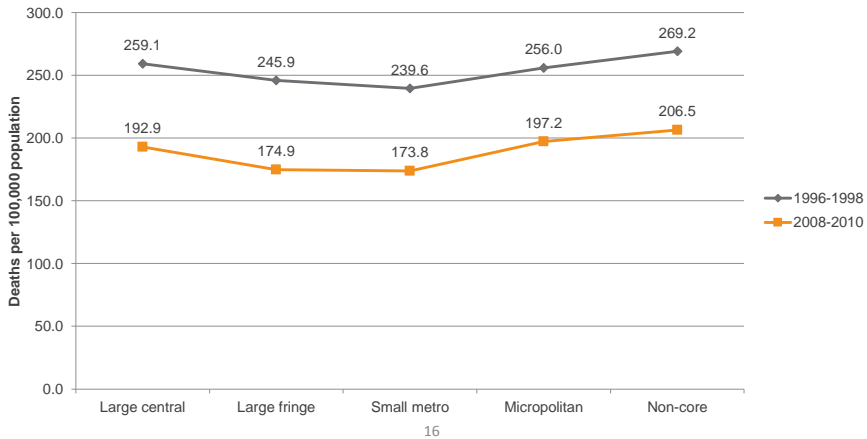
## Mortality: Seniors

Death rates for all causes among persons 65 years of age and over by rurality



## Mortality: Heart Disease

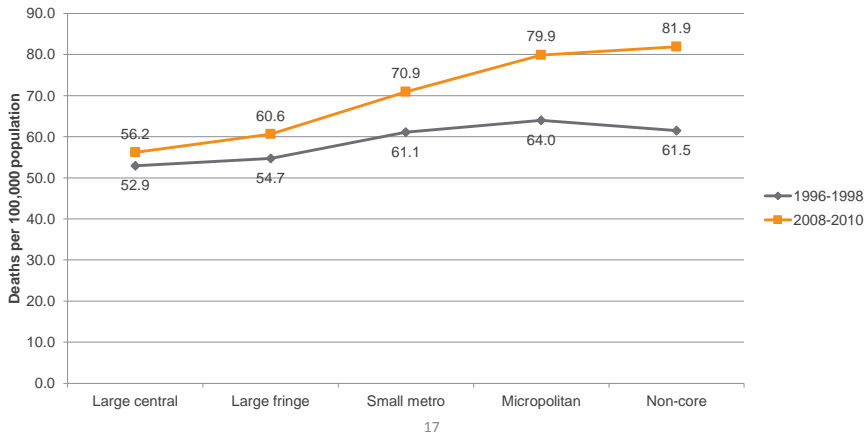
Death rates for ischemic heart disease among persons 20 years of age and over by rurality





### Mortality: Chronic Obstructive Pulmonary Diseases

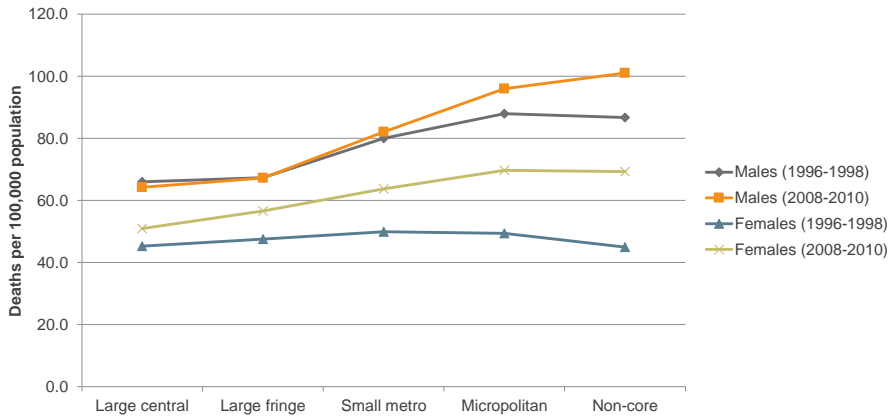
Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by rurality



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### Mortality: Chronic Obstructive Pulmonary Diseases

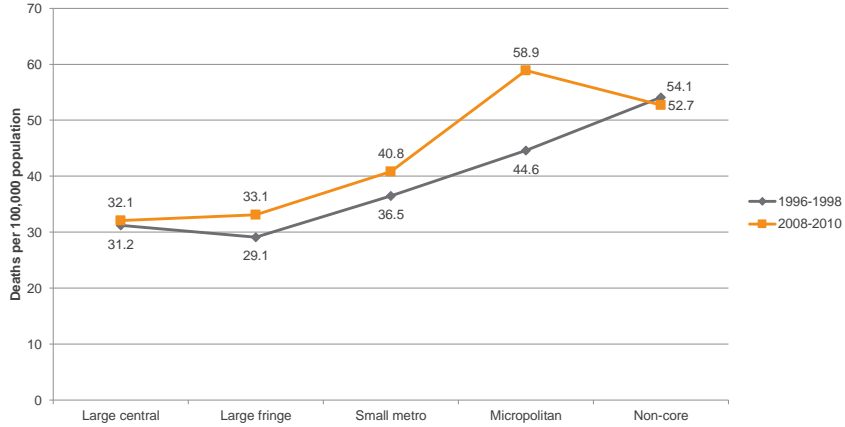
Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by sex and rurality



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## Mortality: Unintentional Injuries

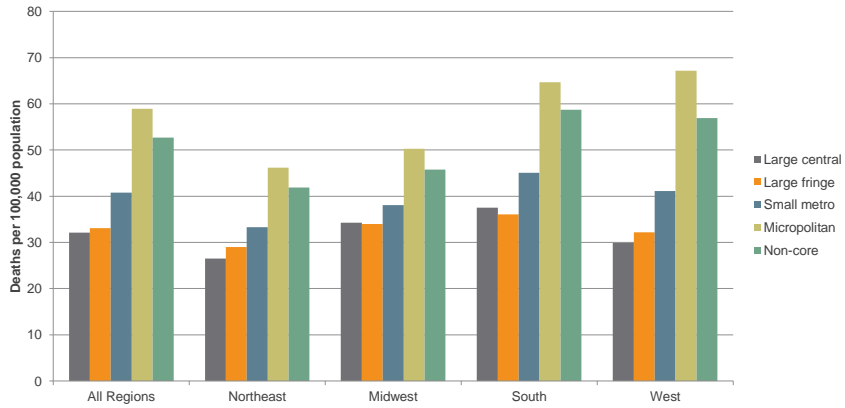
Death rates for unintentional injuries by rurality



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## Mortality: Unintentional Injuries

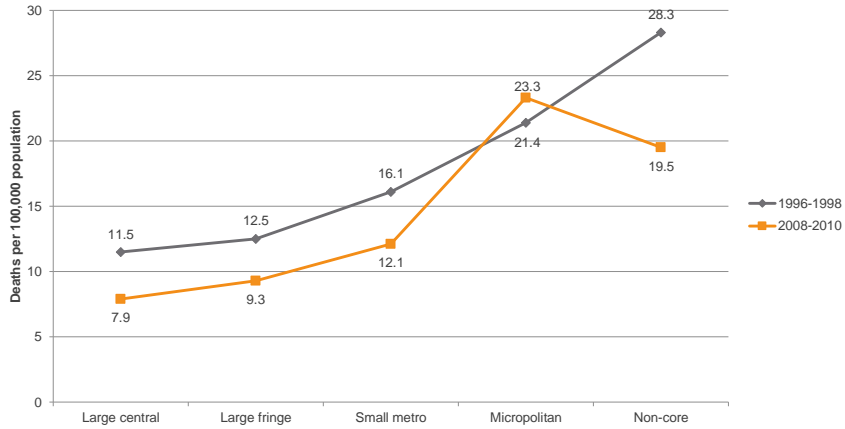
Death rates for unintentional injuries by region and rurality, 2008-2010



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## Mortality: Motor Vehicle Injuries

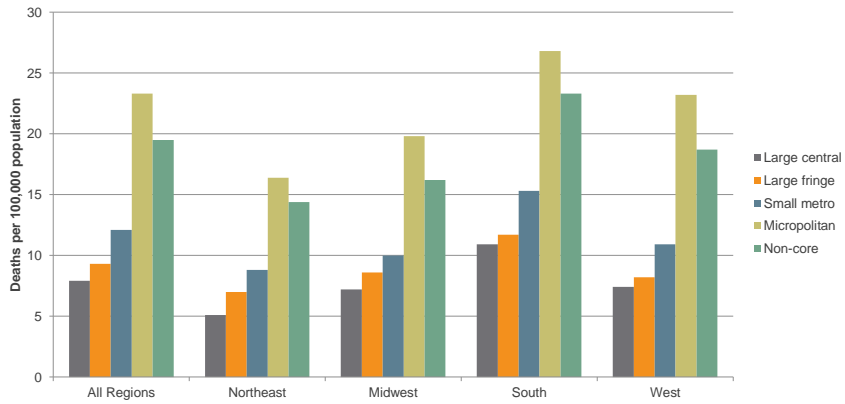
Death rates for motor vehicle traffic-related injuries by rurality



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## Mortality: Motor Vehicle Injuries

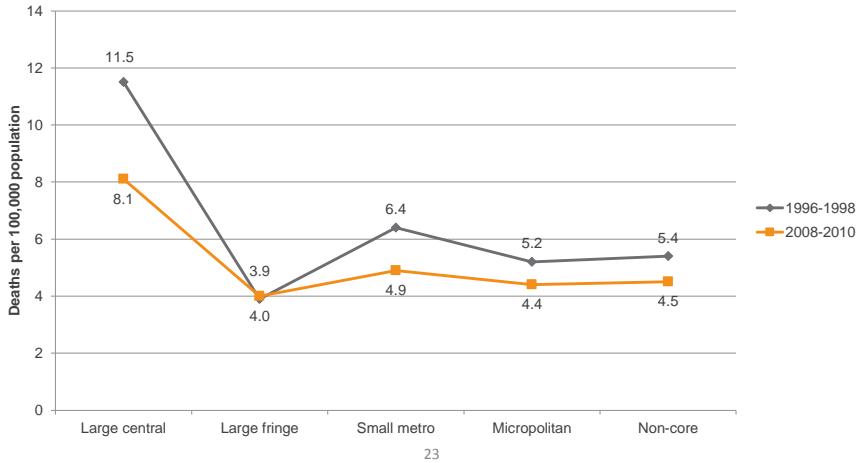
Death rates for motor vehicle traffic-related injuries by region and rurality, 2008-2010



22

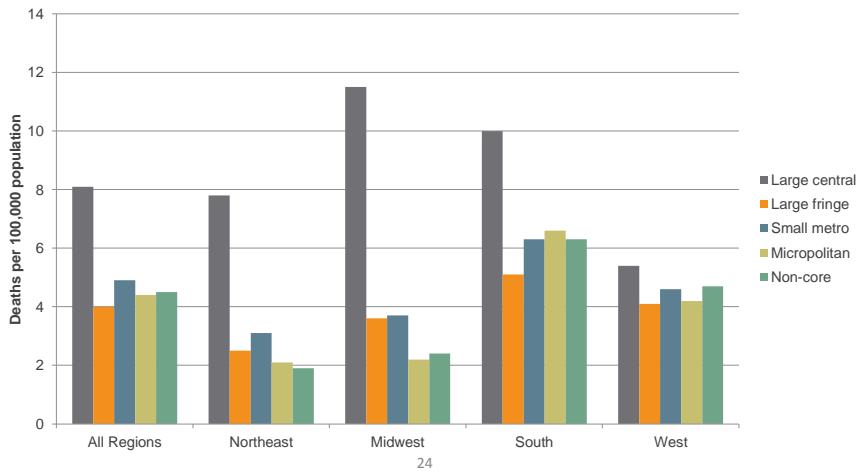
## Mortality: Homicide

Homicide rates by rurality



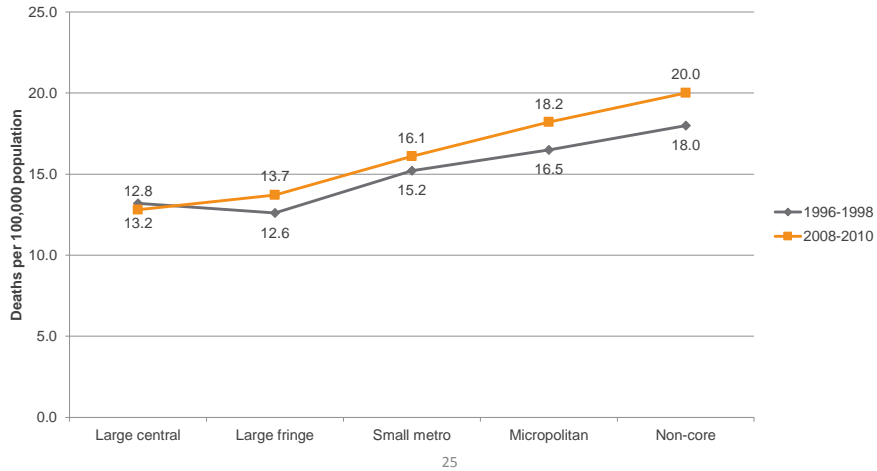
## Mortality: Homicide

Homicide rates by region and rurality, 2008-2010



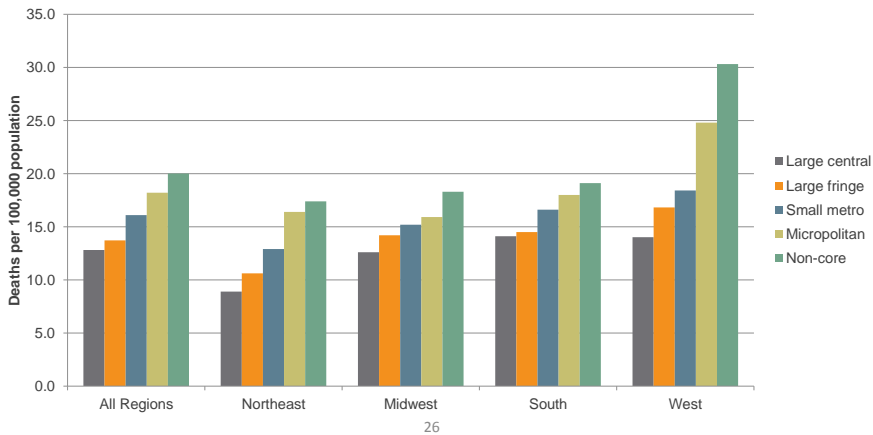
## Mortality: Suicide

Suicide rates among persons 15 years of age and over by rurality



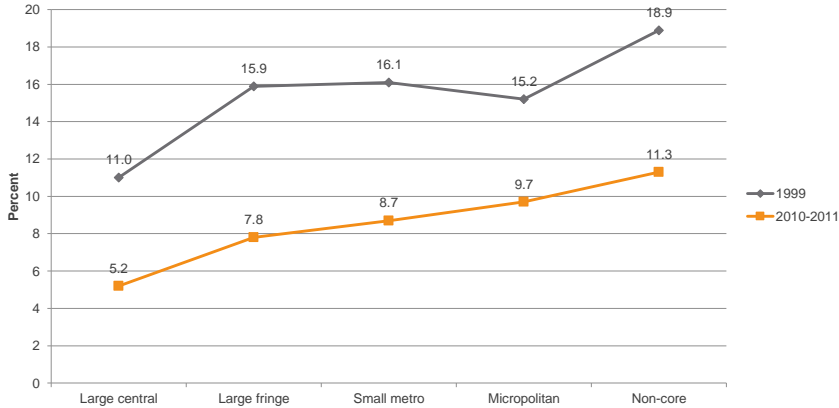
## Mortality: Suicide

Suicide rates among persons 15 years of age and over by region and rurality, 2008-2010



## Risk Factors: Adolescent Smoking

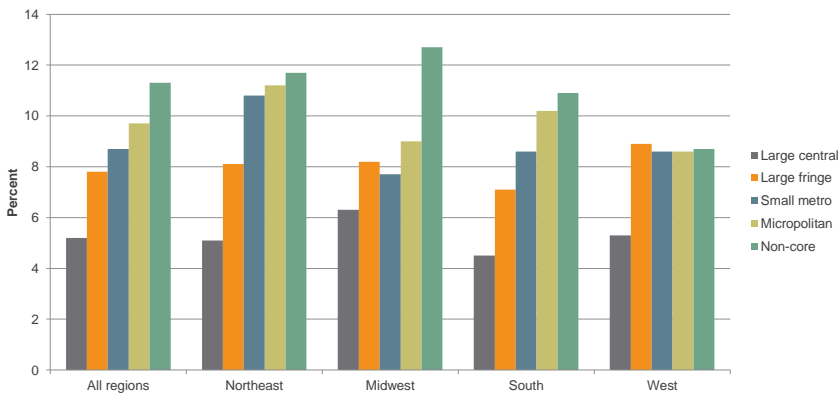
Cigarette smoking in the past month among adolescents 12-17 years of age by rurality



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## Risk Factors: Adolescent Smoking

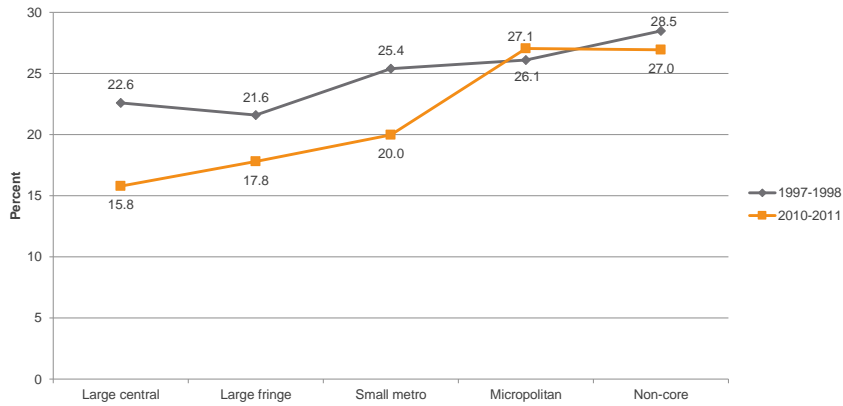
Cigarette smoking in the past month among adolescents 12-17 years of age by region and rurality, 2010-2011



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## Risk Factors: Adult Smoking

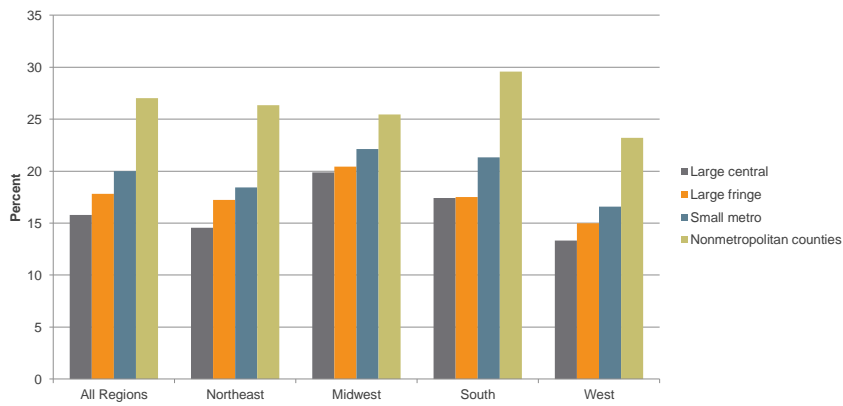
Cigarette smoking among persons 18 years of age and older by rurality



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## Risk Factors: Adult Smoking

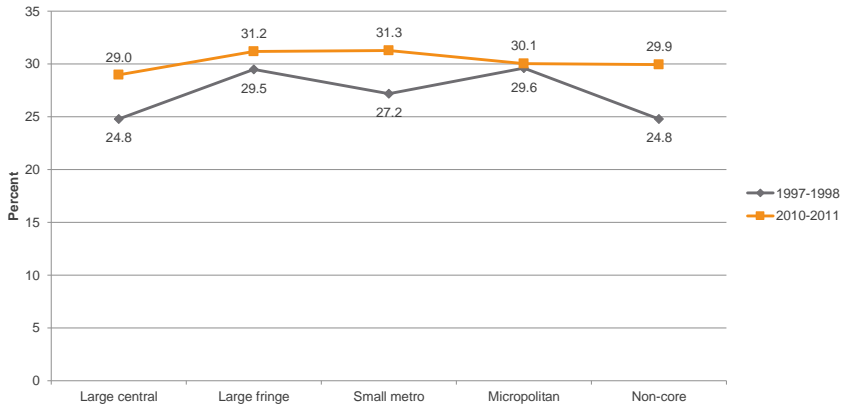
Cigarette smoking among persons 18 years of age and older by region and rurality, 2010-2011



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## Risk Factors: Alcohol Consumption

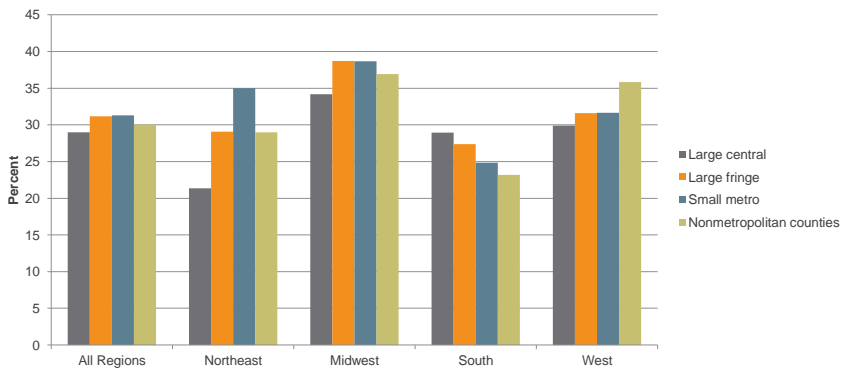
Consumption of five or more alcoholic drinks in one day in the last year among persons 18-49 years of age by rurality



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## Risk Factors: Alcohol Consumption

Consumption of five or more alcoholic drinks in one day in the last year among persons 18-49 years of age by region and rurality, 2010-2011

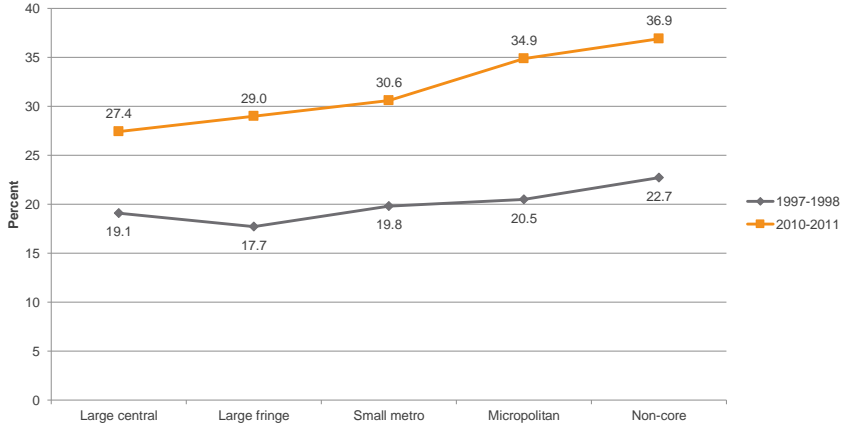


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## Risk Factors: Obesity

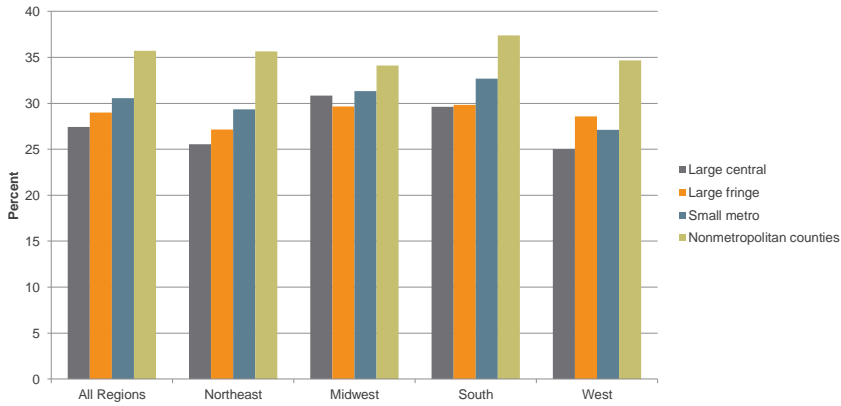
Obesity among persons 18 years of age and older by rurality



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## Risk Factors: Obesity

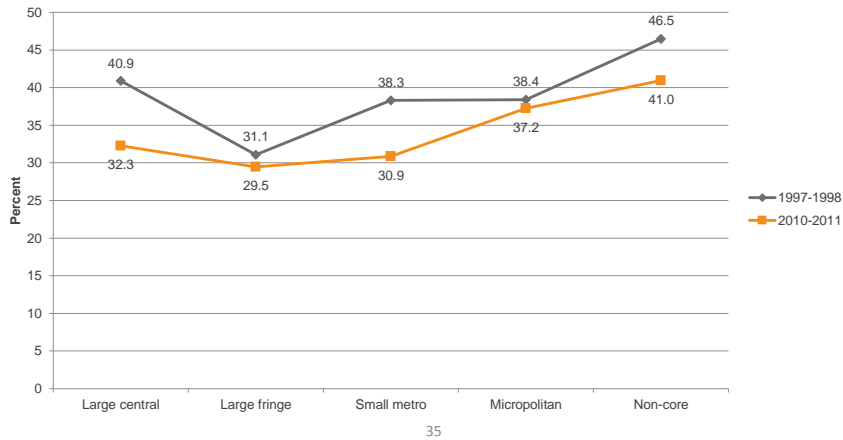
Obesity among persons 18 years of age and older by region and rurality, 2010-2011



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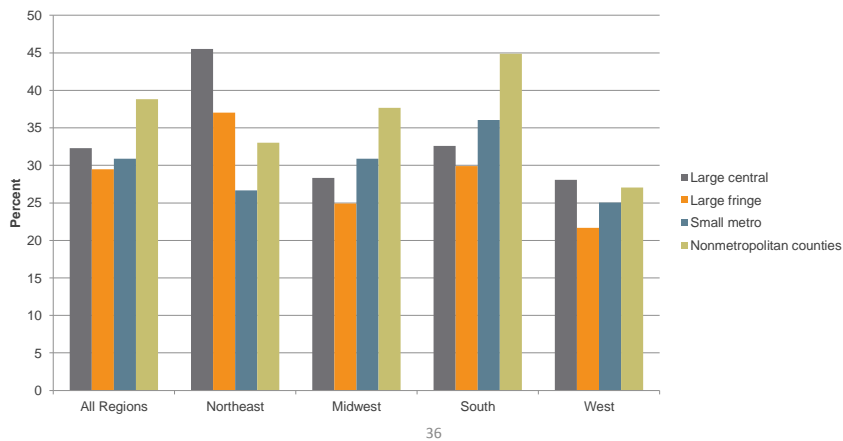
## Risk Factors: Physical Inactivity

Physical inactivity among persons 18 years of age and older by rurality



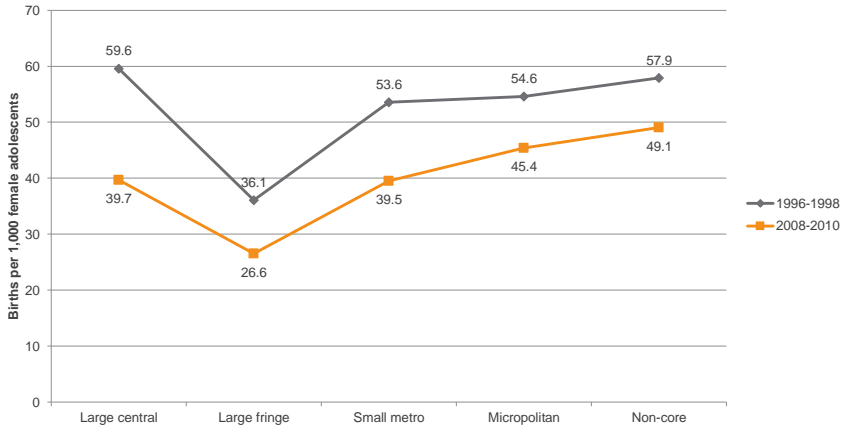
## Risk Factors: Physical Inactivity

Physical inactivity among persons 18 years of age and older by region and rurality, 2010-2011



## Other Health Status: Adolescent Births

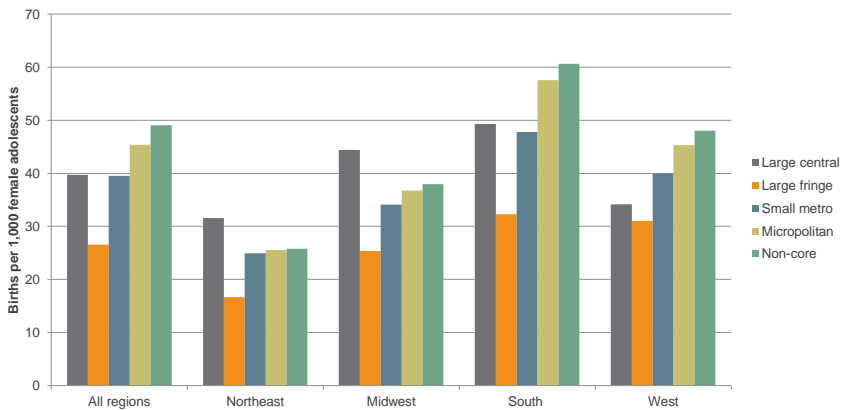
Birth rates among adolescents 15-19 years of age by rurality



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## Other Health Status: Adolescent Births

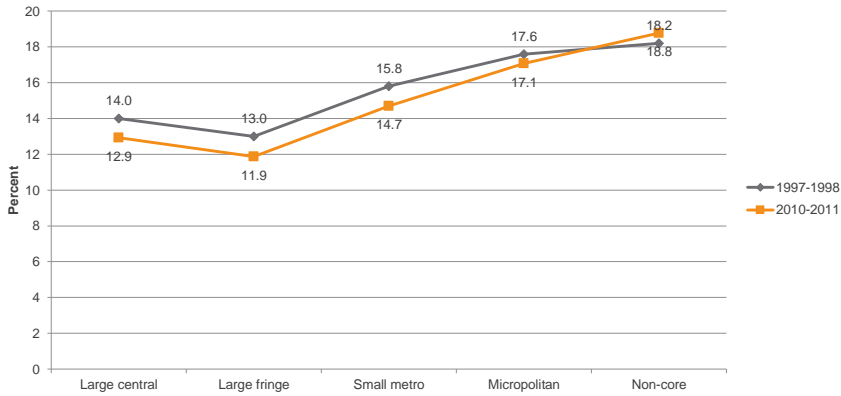
Birth rates among adolescents 15-19 years of age by region and rurality, 2008-2010



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## Other Health Status: Activity Limitation

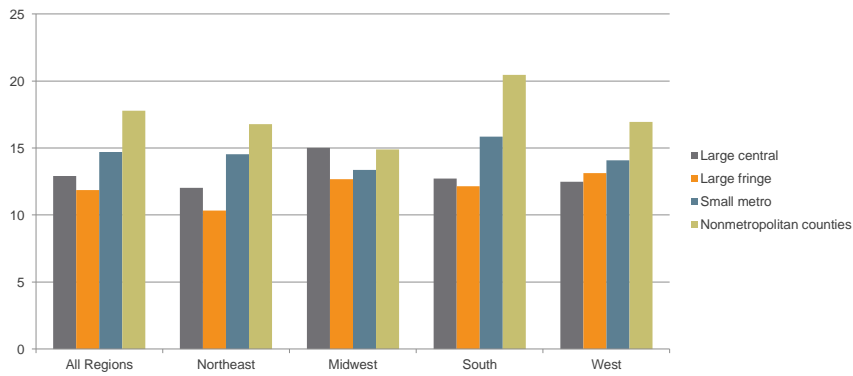
Limitation of activity caused by chronic health conditions among persons 18 years of age and older by rurality



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## Other Health Status: Activity Limitation

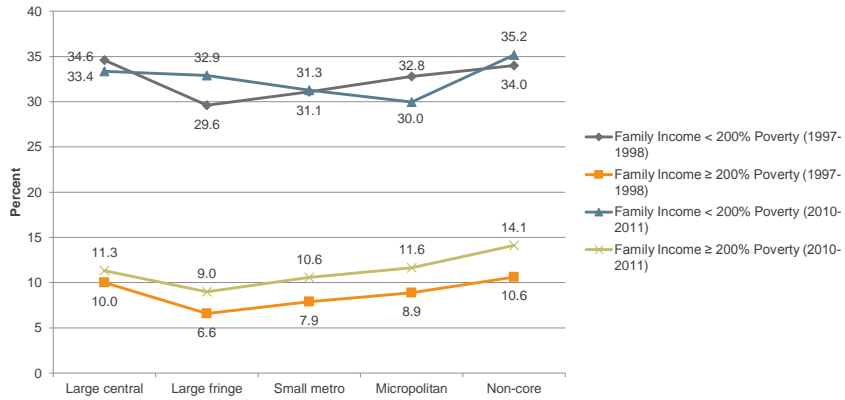
Limitation of activity caused by chronic health conditions among persons 18 years of age and older by region and rurality, 2010-2011



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## Health Care Access and Use: Uninsured

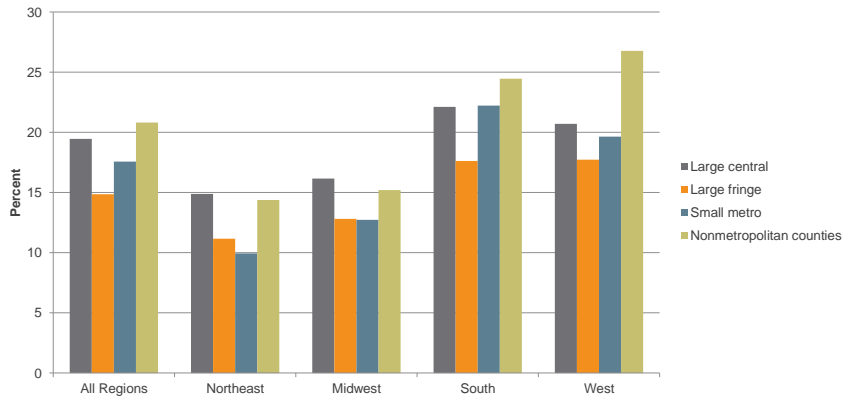
No health insurance coverage among persons less than 65 years of age by poverty status and rurality



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## Health Care Access and Use: Uninsured

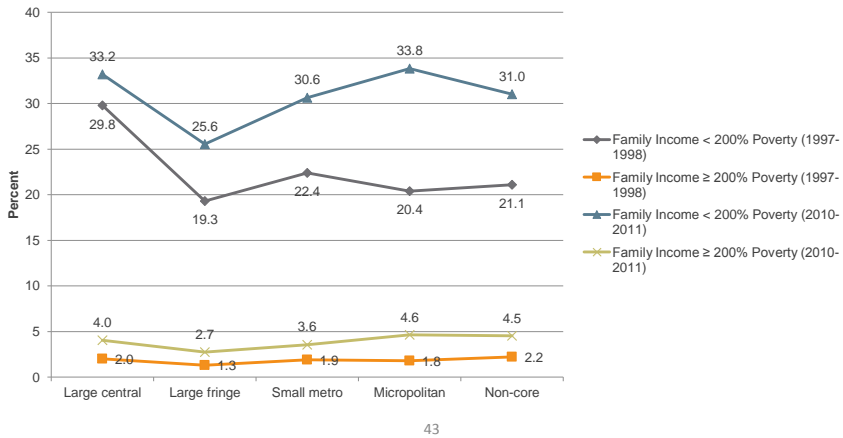
No health insurance coverage among persons less than 65 years of age by region and rurality, 2010-2011



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## Health Care Access and Use: Medicaid

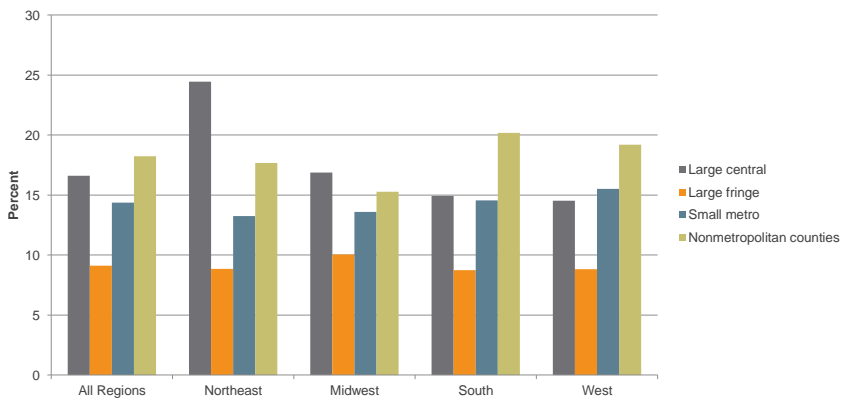
Medicaid coverage among persons less than 65 years of age by poverty status and rurality



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## Health Care Access and Use: Medicaid

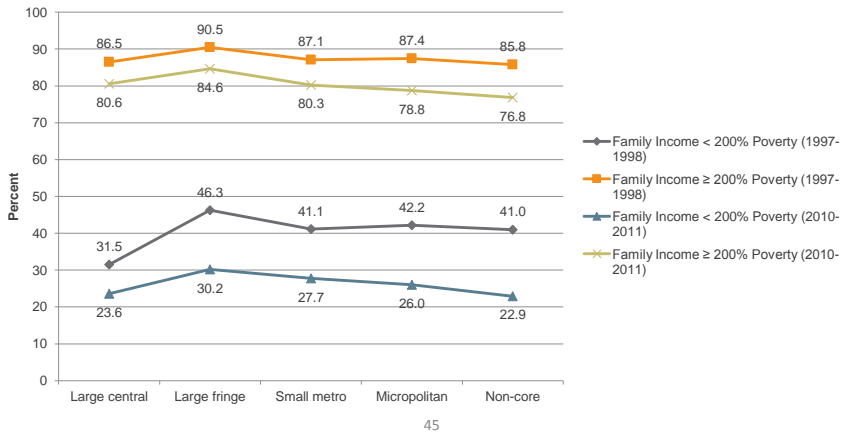
Medicaid coverage among persons less than 65 years of age by region and rurality, 2010-2011



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## Health Care Access and Use: Private Insurance

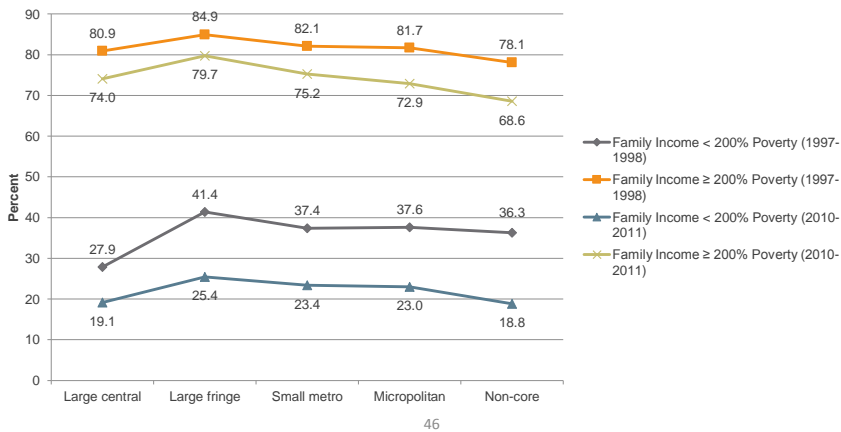
Private insurance coverage among persons less than 65 years of age by poverty status and rurality



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## Health Care Access and Use: Employer-Sponsored Health Insurance

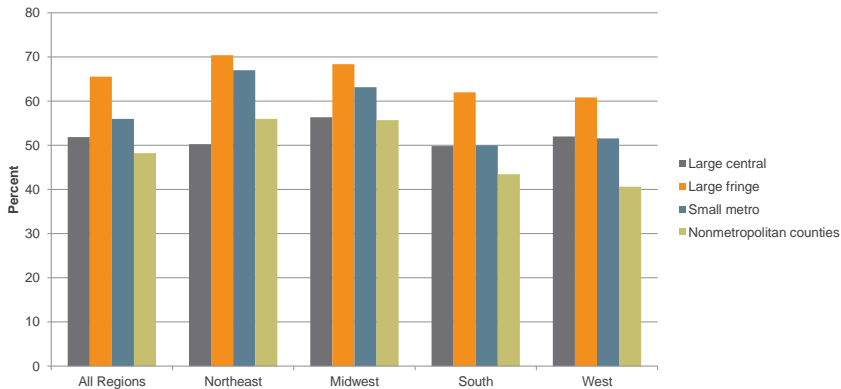
Employer-sponsored insurance coverage among persons less than 65 years of age by poverty status and rurality



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## Health Care Access and Use: Employer-Sponsored Health Insurance

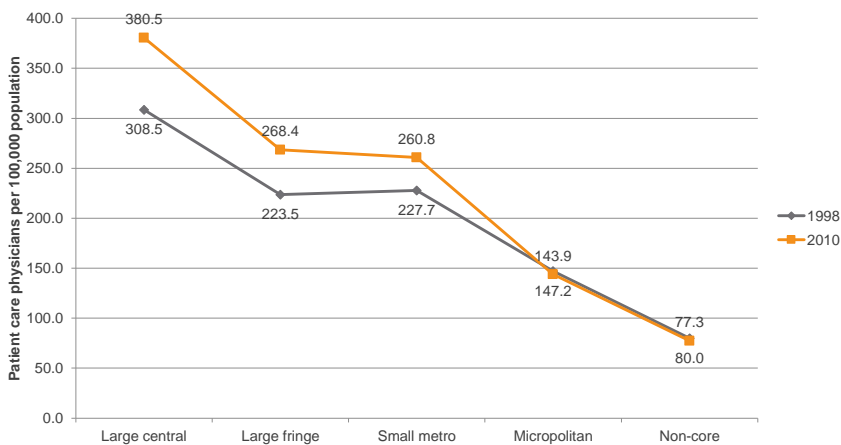
Employer-sponsored insurance coverage among persons less than 65 years of age by region and rurality, 2010-2011



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## Health Care Access and Use: Physician Supply

Patient care physicians per 100,000 population by rurality

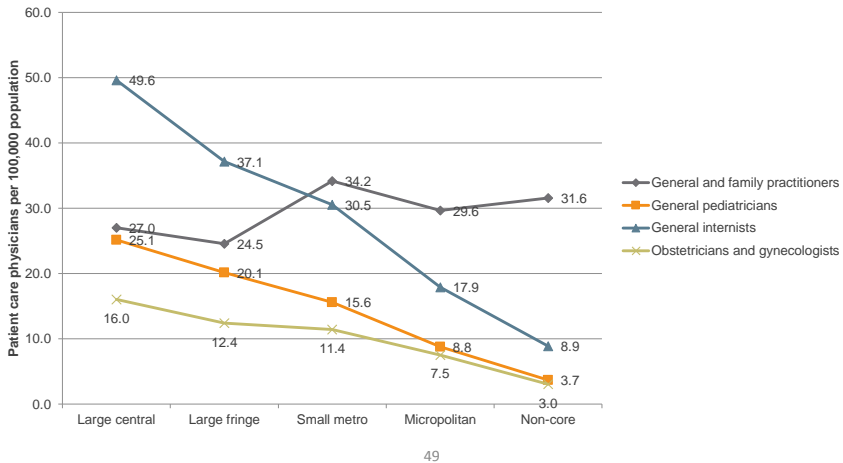


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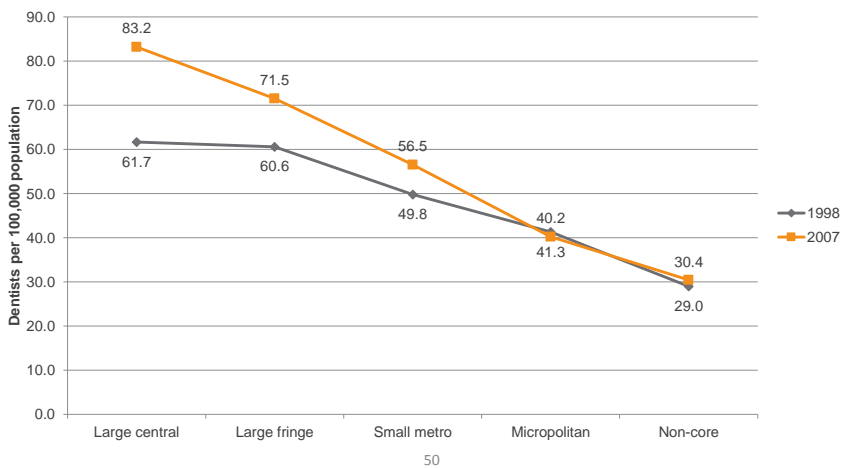
## Health Care Access and Use: Physician Supply

Primary care physicians per 100,000 population by rurality, 2010



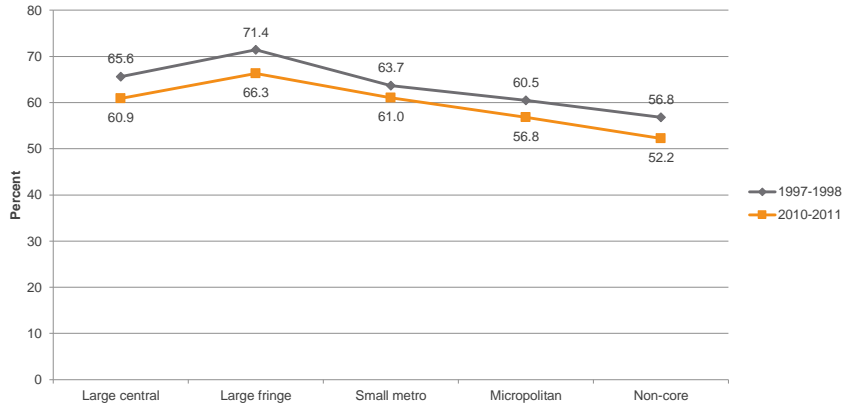
## Health Care Access and Use: Dentist Supply

Dentists per 100,000 population by rurality



## Health Care Access and Use: Dental Visits

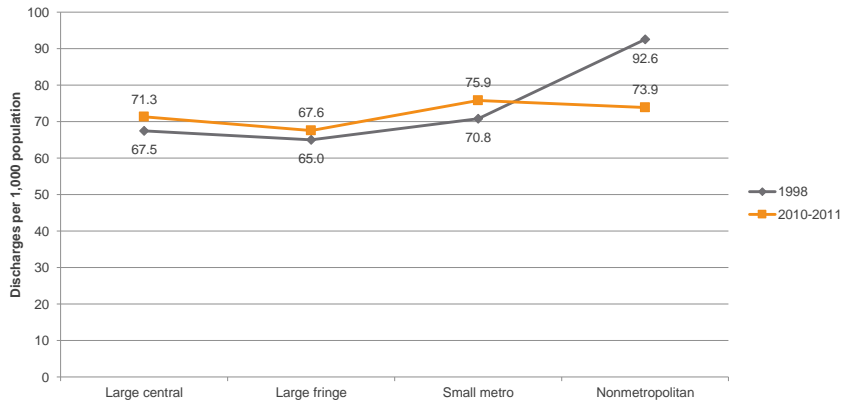
Dental visit within the past year among persons 18-64 years of age by rurality



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## Health Care Access and Use: Inpatient Hospital Use

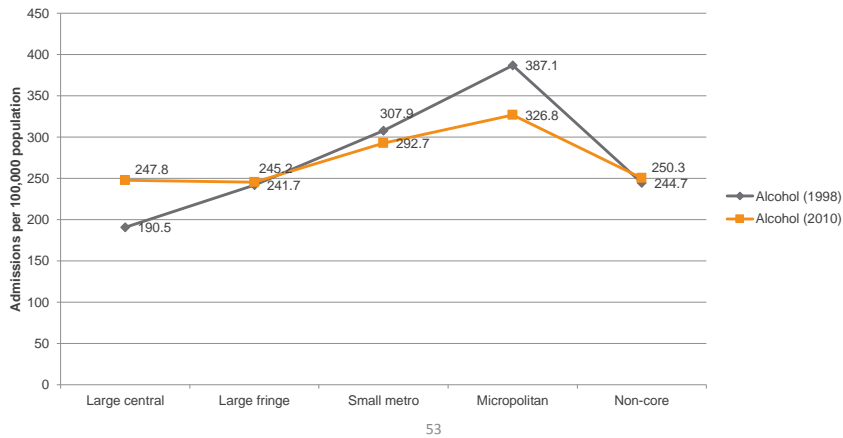
Hospital discharge rates among persons 18-64 years of age by rurality



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## Health Care Access and Use: Substance Abuse Treatment

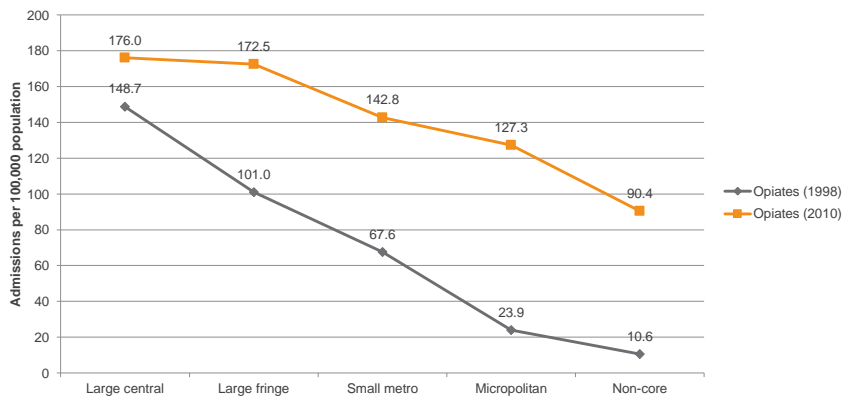
### Substance abuse treatment admission rates for alcohol by rurality



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## Health Care Access and Use: Substance Abuse Treatment

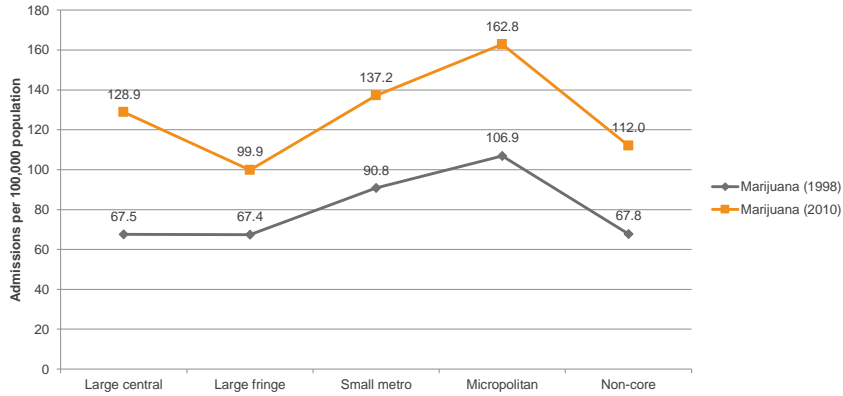
### Substance abuse treatment admission rates for opiates by rurality



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## Health Care Access and Use: Substance Abuse Treatment

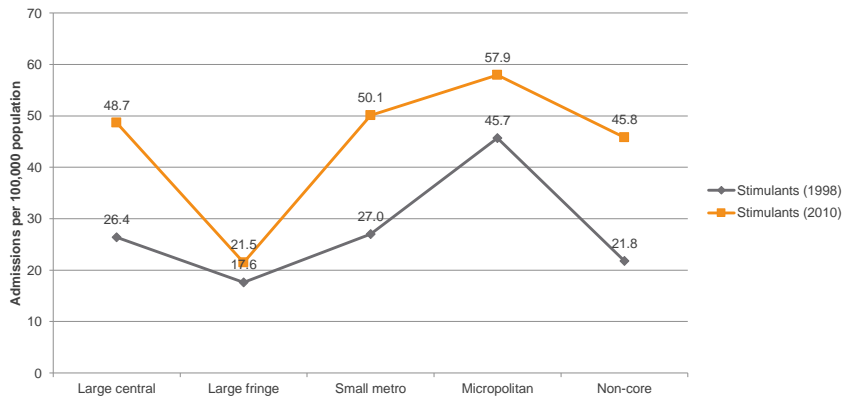
### Substance abuse treatment admission rates for marijuana by rurality



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## Health Care Access and Use: Substance Abuse Treatment

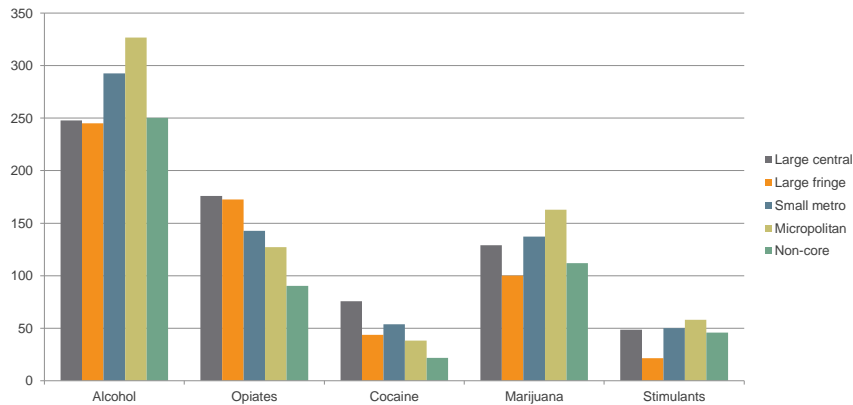
### Substance abuse treatment admission rates for stimulants by rurality



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## Health Care Access and Use: Substance Abuse Treatment

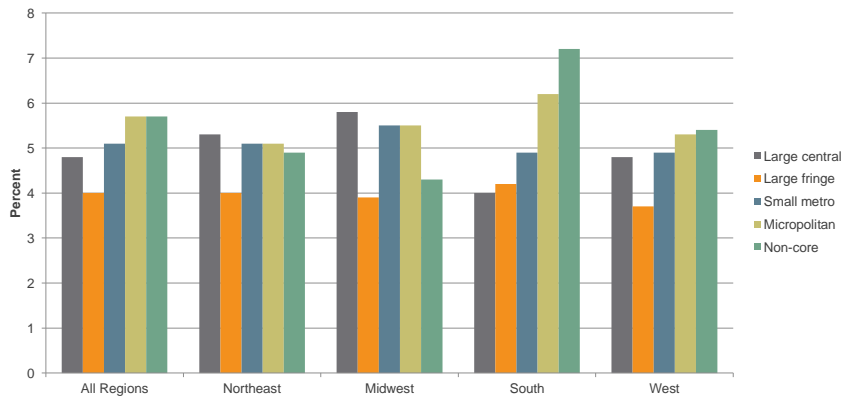
Substance abuse treatment admission rates by primary substance and rurality, 2010



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## Other Mental Health Measures: Serious Psychological Distress

Past 30-day serious psychological distress (SPD) among persons 18 years of age and older by region and rurality, 2010-2011



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## Resources

- Rural Health Research Gateway

<http://www.ruralhealthresearch.org/>

- Rural Assistance Center

Tools for Success

<http://www.raconline.org/success>

Community Health Gateway

<http://www.raconline.org/communityhealth>

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The screenshot shows the Rural Assistance Center website. At the top, there is a navigation bar with links for "About RAC", "Contact Us", and social media icons for Facebook and Twitter. Below the navigation bar is a search box labeled "Search Options". The main content area is divided into several sections:

- Tools for Success**: This section includes "Rural Health Models and Innovations Hub" with sub-links for "By Level of Evidence", "By Topic", "By State", "By Source", and "Share Your Stories". It also features "Demonstrating Need & Impact" with sub-links for "Am I Rural?", "RAC Custom Mapping", "Economic Impact Analysis", and "Planning for Sustainability".
- What Works**: This section includes "Rural Community Health Gateway" and "Rural Training Track Technical Assistance Program".
- Testing New Approaches**: This section includes "Frontier Extended Stay Clinics" and "Frontier Community Health Integration Program".
- ABOUT TOOLS FOR SUCCESS**: This section provides information on how to use the tools for success, including links for "Grow funding", "Improve programs", "Promote successes to policymakers, funders, sponsors and your community", "Research program potential", and "Reach development goals".
- MORE USEFUL TOOLS**: This section includes "Funding", "RAC Webinars", "Topic Guides", and "State Guides".
- SHARE THIS PAGE**: This section includes social media links for Facebook, Twitter, and LinkedIn.

## Rural Community Health Gateway

### Build What Works

The Rural Community Health Gateway can help you build effective community health programs and improve services you offer. Resources and examples in this Gateway are chosen for effectiveness and adaptability and drawn from programs with a strong history of service and community success. By starting from approaches that are known to be effective, you can make the best use of limited funding and resources.

### Evidence-Based Toolkits

- [Care Coordination Toolkit](#)  
Resources and best practices to help you identify and implement a care coordination program.
- [Community Health Workers Toolkit](#)  
Resources to help you develop a community health worker (CHW) program to reach underserved populations, using evidence-based approaches from other rural communities.
- [Mental Health and Substance Abuse Toolkit](#)  
Resources to develop and implement programs to improve community mental health using proven approaches and strategies.
- [Obesity Prevention Toolkit](#)  
Resources to help you develop an obesity prevention program, building on best practices of successful obesity prevention programs.
- [Oral Health Toolkit](#)  
Resources and best practices to help you develop and implement a program to address oral health disparities in your community.

### Evidence-Based Program Examples

The Rural Health Models and Innovations Hub provides access to program models that have been shown to be effective:

- [Browse for programs by level of evidence](#)
- Learn about the [criteria and evidence-base](#) for included programs

You may also be interested in [other collections of program examples](#) from reputable sources, each of which use their own criteria for what types of programs are included.

### ABOUT THE RURAL COMMUNITY HEALTH GATEWAY

The Rural Community Health Gateway showcases program approaches that you can adapt to fit your community and the people you serve, allowing you to:

- Research approaches to featured community health programs
- Discover what works and why
- Learn about common obstacles
- Connect with program experts
- Evaluate your program to show impact

Gateway resources are made available through the NORC Walsh Center for Rural Health Analysis and the University of Minnesota Rural Health Research Center in collaboration with the Rural Assistance Center. Funding is provided by the Office of Rural Health Policy (ORHP), Health Resources and Services Administration.

### MORE USEFUL TOOLS

#### Economic Impact Analysis

Show how your program's grant funding affects your community's economic well-being and share this information with sponsors, funders and your community

#### Planning for Sustainability

Tools to help you plan and position your grant-funded projects so that services can be sustained over the long term.

#### Rural Health Models and Innovations Hub

Find examples of approaches you can adapt for your program, including models shown to be effective, as well as new and emerging ideas.

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A Consortium of