The Walsh Center for Rural Health Analysis

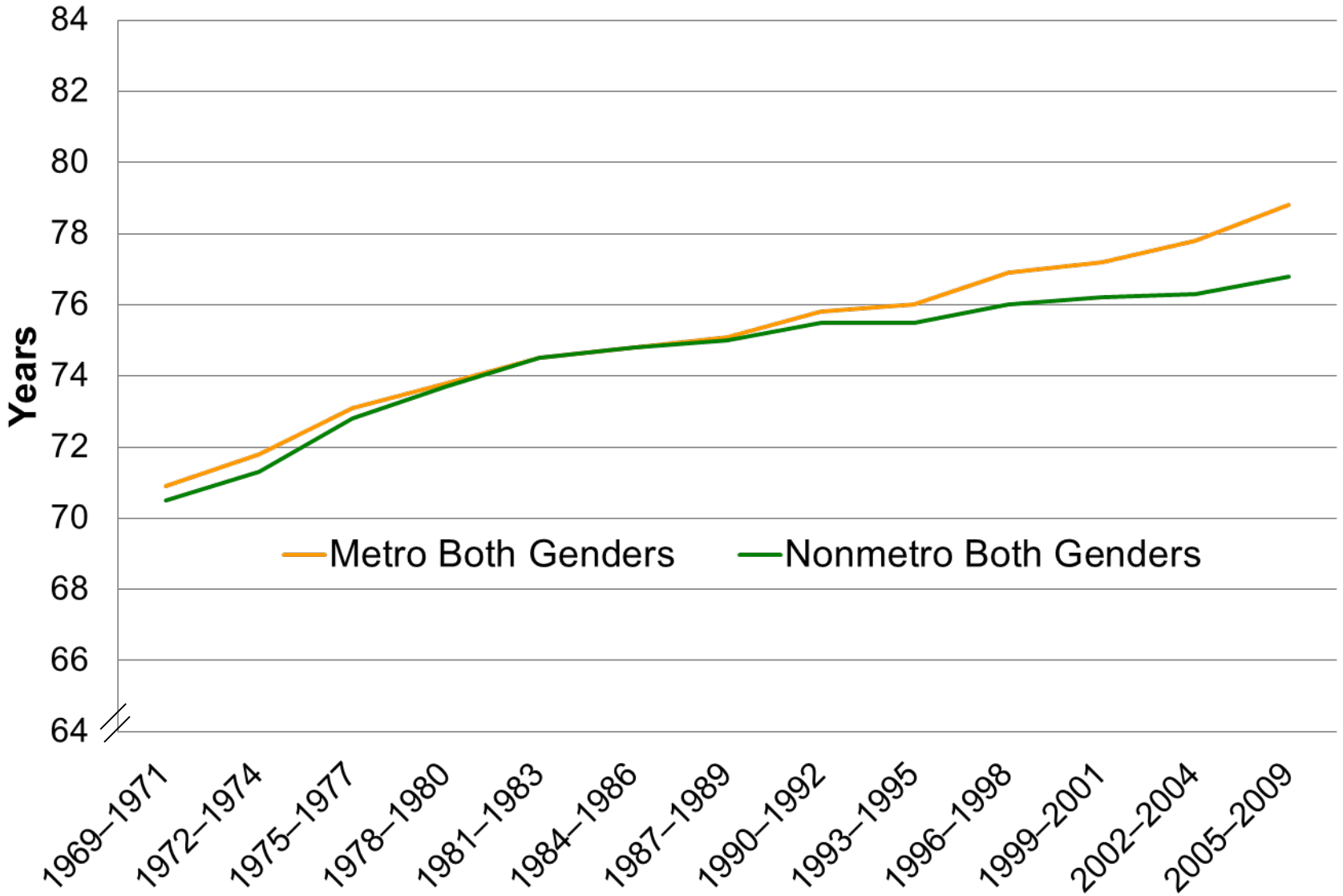
NORC AT THE UNVERSITY OF CHICAGO

Challenges and Opportunities to Achieve Rural Health Equity and Well-Being

Michael Meit, MA, MPH
Co-Director, NORC Walsh Center

June 13, 2017

Life Expectancy at Birth in Metro and Nonmetro Areas, 1969-2009



Source: Singh and Siahpush, Widening Rural-Urban Disparities in Life Expectancy, U.S., 1969-2009.

Social Determinants of Health

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The social determinants can be classified into five domains:

1) Economic stability
   - Poverty, employment, food security, housing stability
2) Education
   - High school graduation, enrollment in higher education, language and literacy, early childhood education and development
3) Social and community context
   - Social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization
4) Health and health care
   - Access to health care, access to primary care, health literacy
5) Neighborhood and built environment
   - Access to healthy foods, quality of housing, crime and violence, environmental conditions

Healthy People 2020 Framework. http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

Social Determinants of Health

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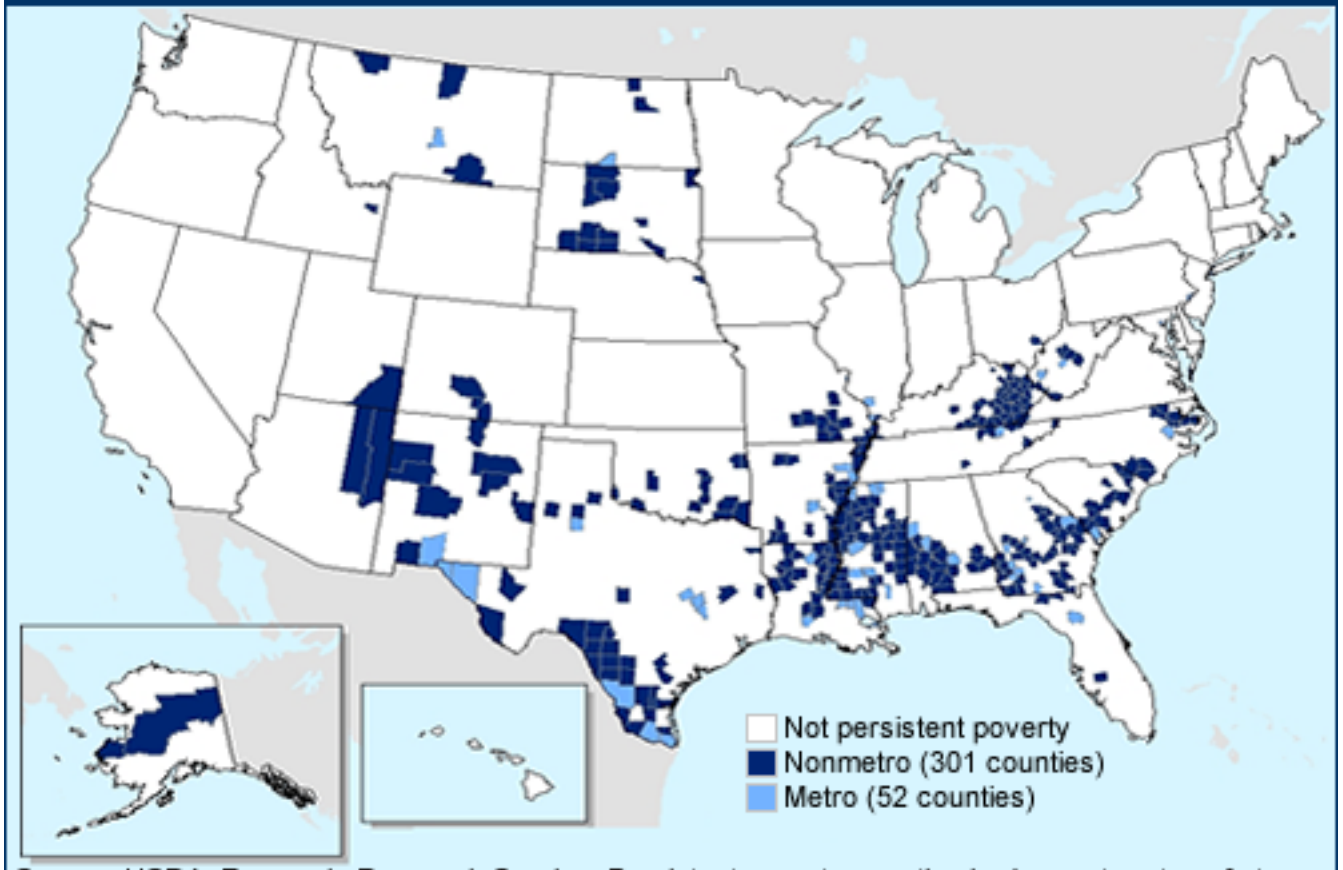
- Rural residents tend to be poorer than urban residents
  - Average median household income is $42,628 for rural counties ($52,204 for urban counties) (2013)
  - The average percentage of children living (ages 0-17) living in poverty is 26% in rural counties (21% urban) (2013)
- Rural residents' educational attainment (2009-2013) - Averaged across counties
  - 16.5% have < high school education (14.7% urban)
  - 36.3% have only a high school diploma (31.9% urban)
  - 17.4% have a Bachelor's degree or higher (24% urban)

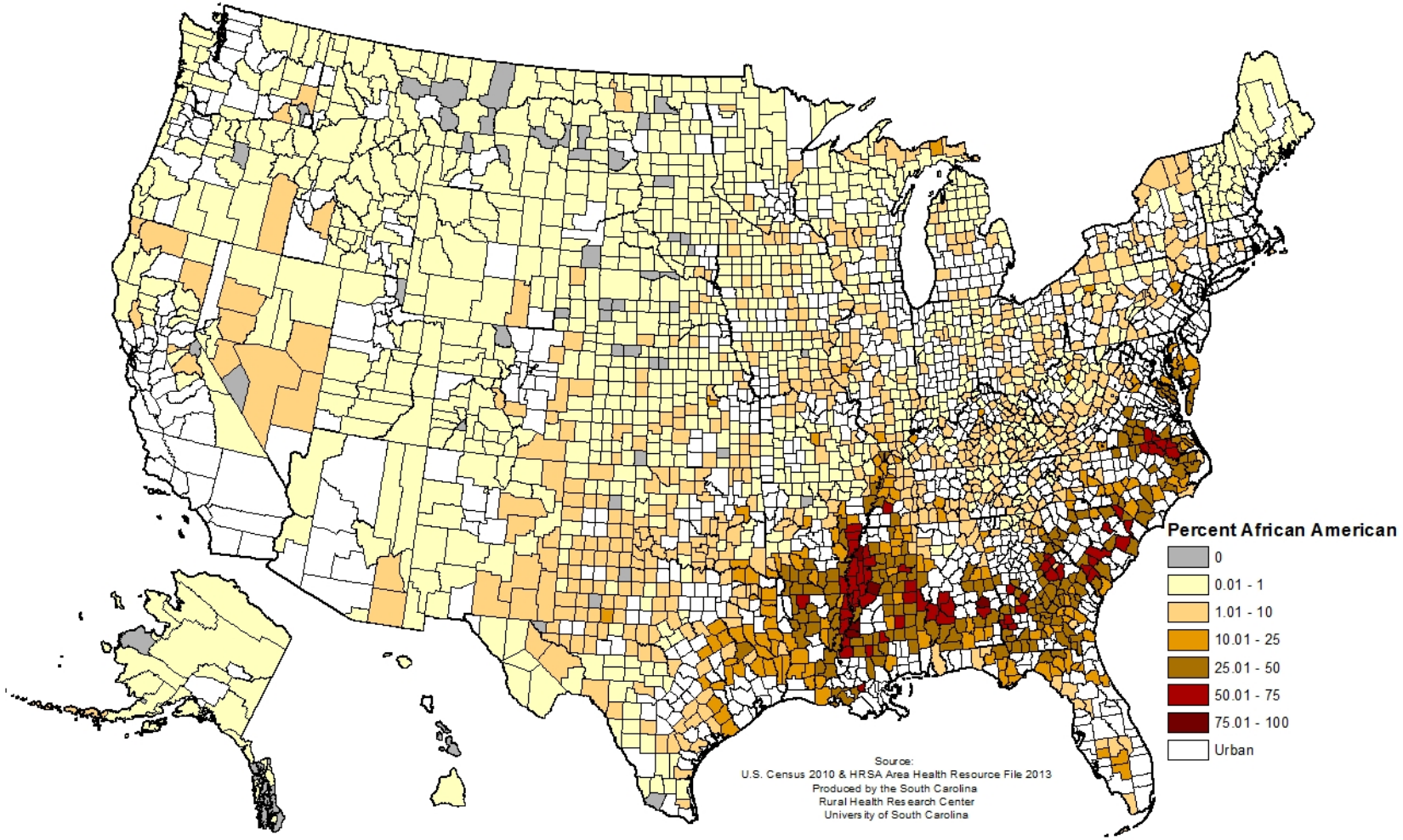
Source: http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx#.VFpOS_nF91Y

Persistent poverty counties

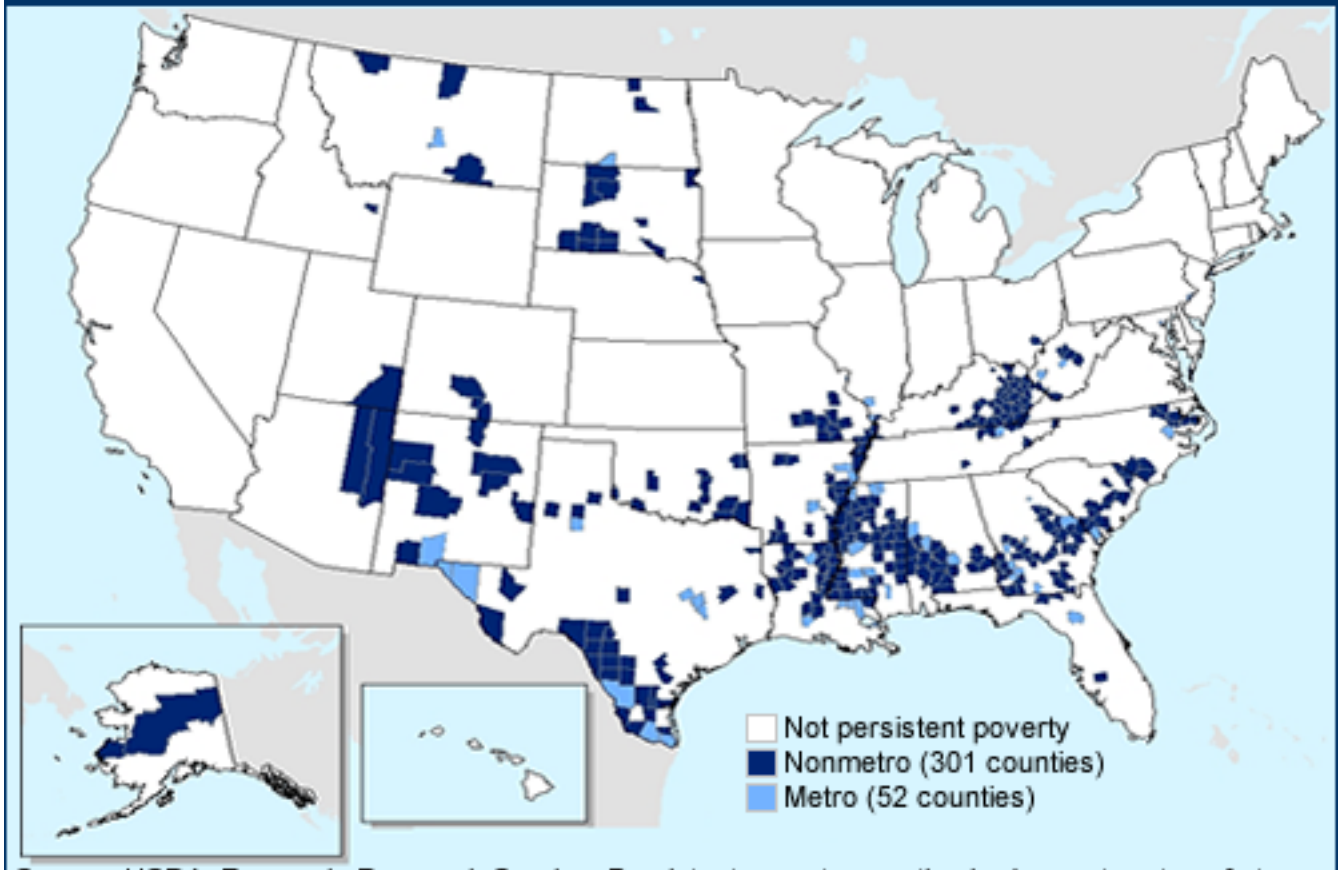


Source: USDA, Economic Research Service. Persistent poverty counties had poverty rates of at least 20 percent in each U.S. Census 1980, 1990, and 2000, and American Community Survey 5-year estimates, 2007-11.

Minority presence in rural America: African Americans in rural counties

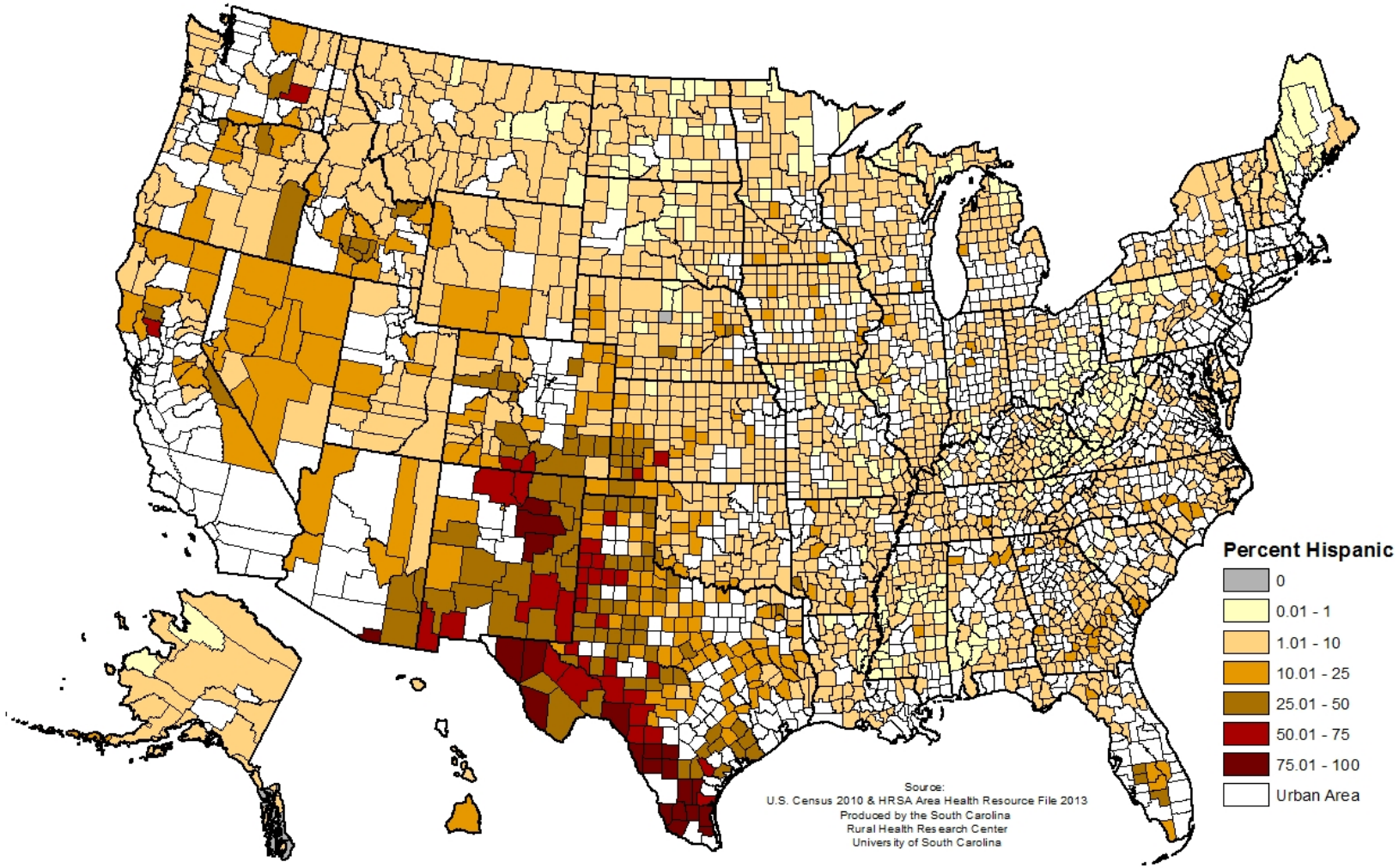


Persistent poverty counties

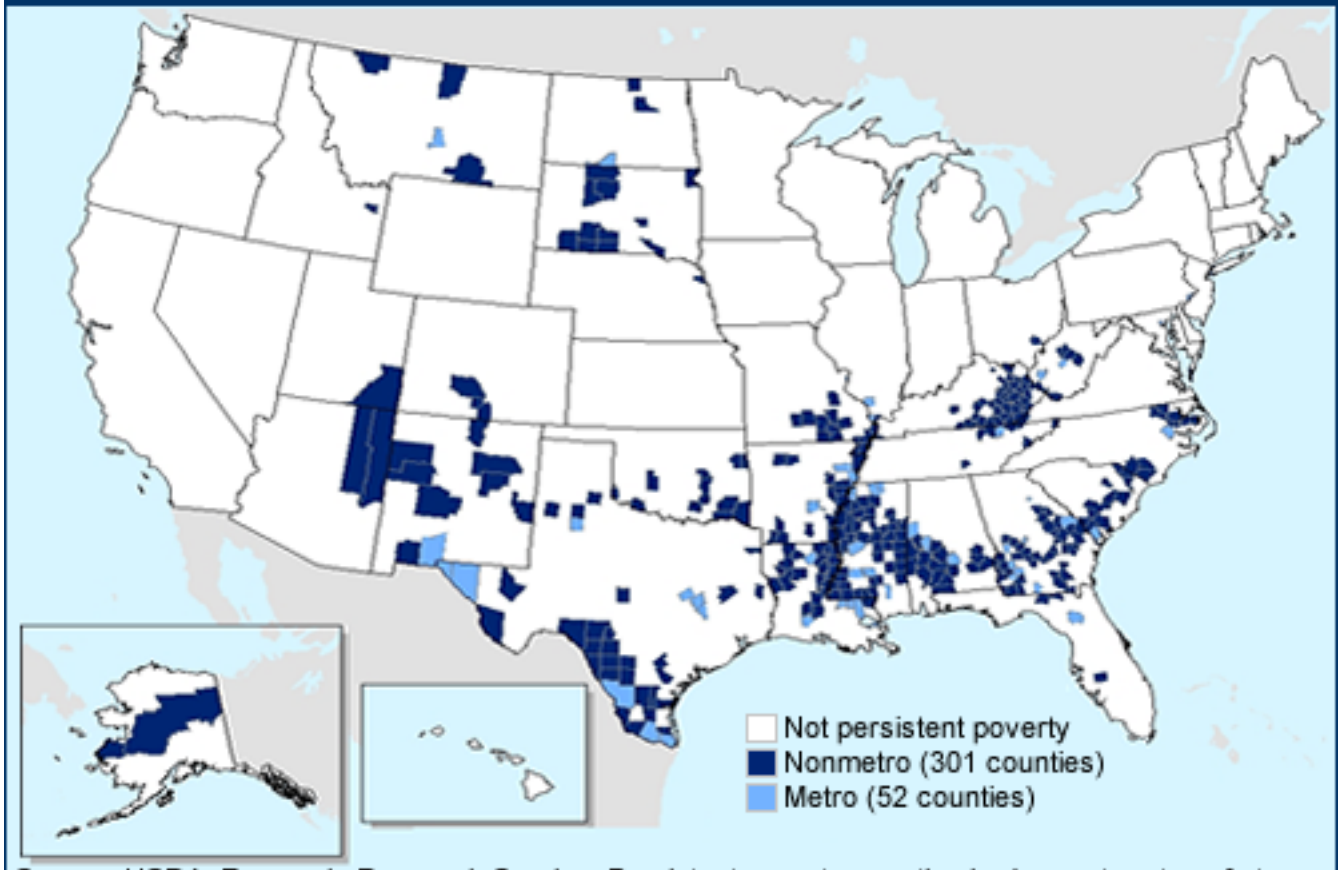


Source: USDA, Economic Research Service. Persistent poverty counties had poverty rates of at least 20 percent in each U.S. Census 1980, 1990, and 2000, and American Community Survey 5-year estimates, 2007-11.

Minority presence in rural America: Hispanics in rural counties

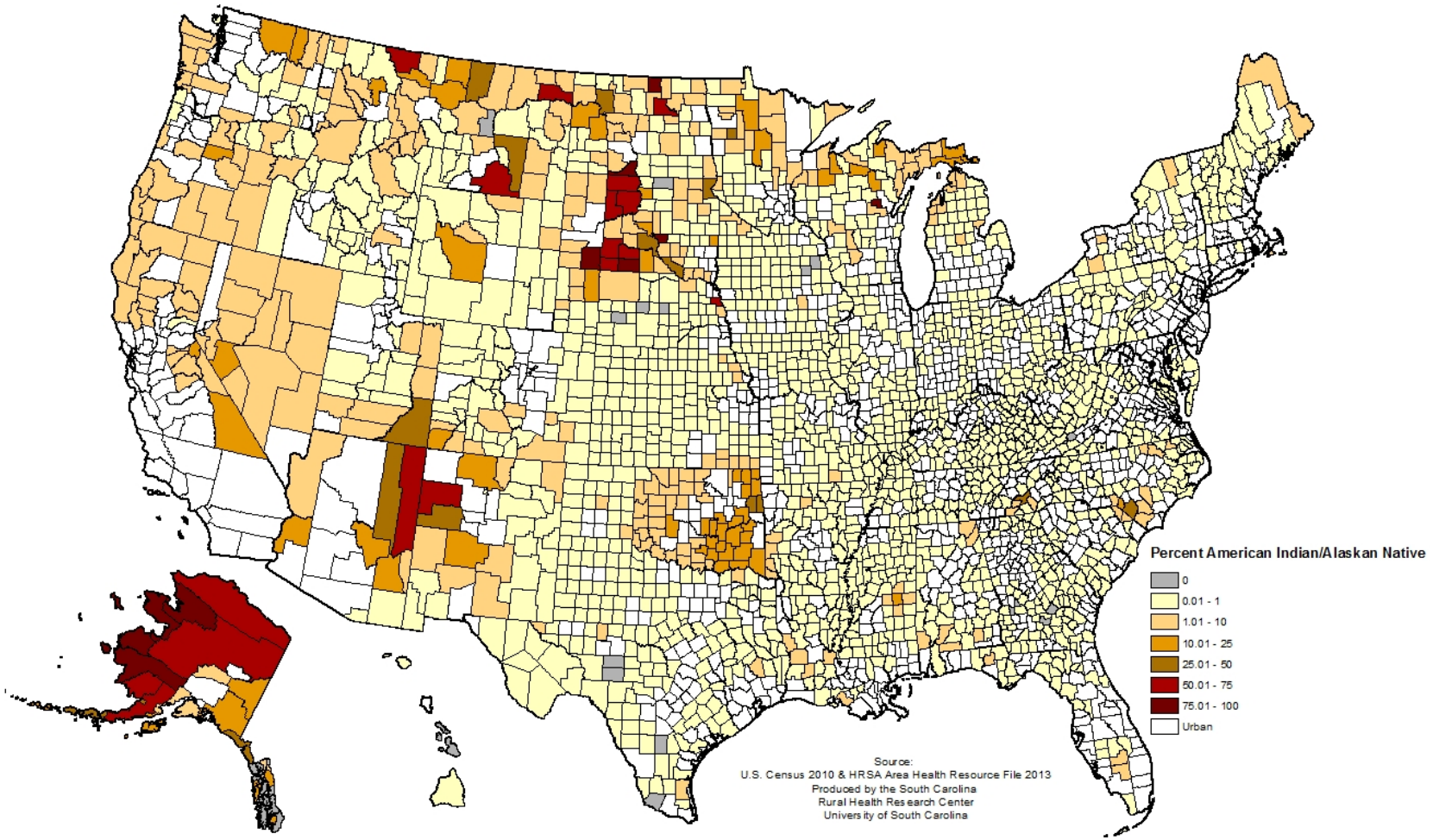


Persistent poverty counties



Source: USDA, Economic Research Service. Persistent poverty counties had poverty rates of at least 20 percent in each U.S. Census 1980, 1990, and 2000, and American Community Survey 5-year estimates, 2007-11.

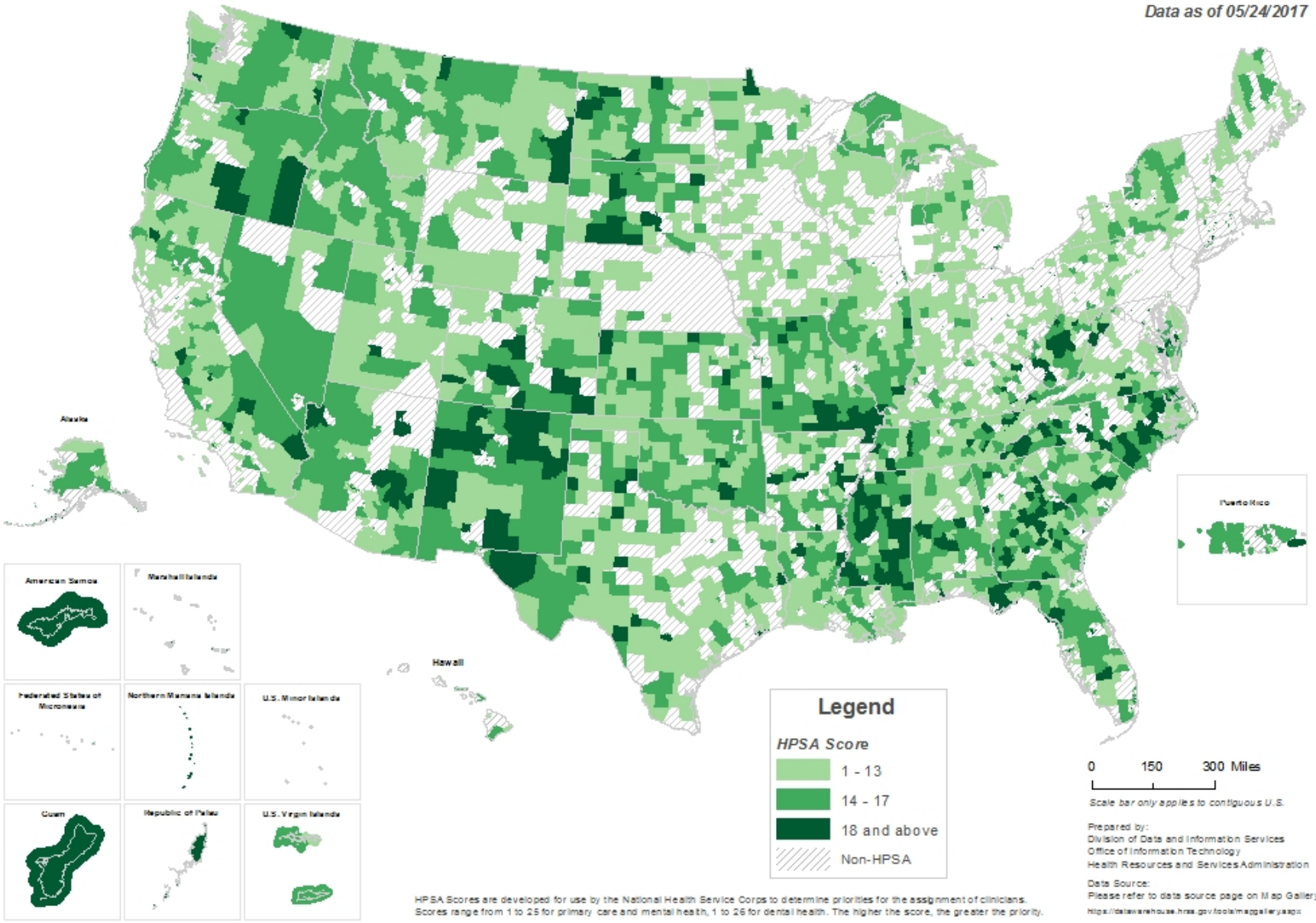
Minority presence in rural America: American Indian/Alaska native



HRSA
Health Resources & Services Administration

Health Professional Shortage Areas (HPSA) - Primary Care

Data as of 05/24/2017



HPSA Scores are developed for use by the National Health Service Corps to determine priorities for the assignment of clinicians. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental health. The higher the score, the greater the priority.

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration

Data Source:
Please refer to data source page on Map Gallery
https://datawarehouse.hrsa.gov/tools/mapgallery.aspx

Regional Mortality Study

Purpose: To examine the impact of rurality on mortality and to explore the regional differences in the primary and underlying causes of death.

Methods

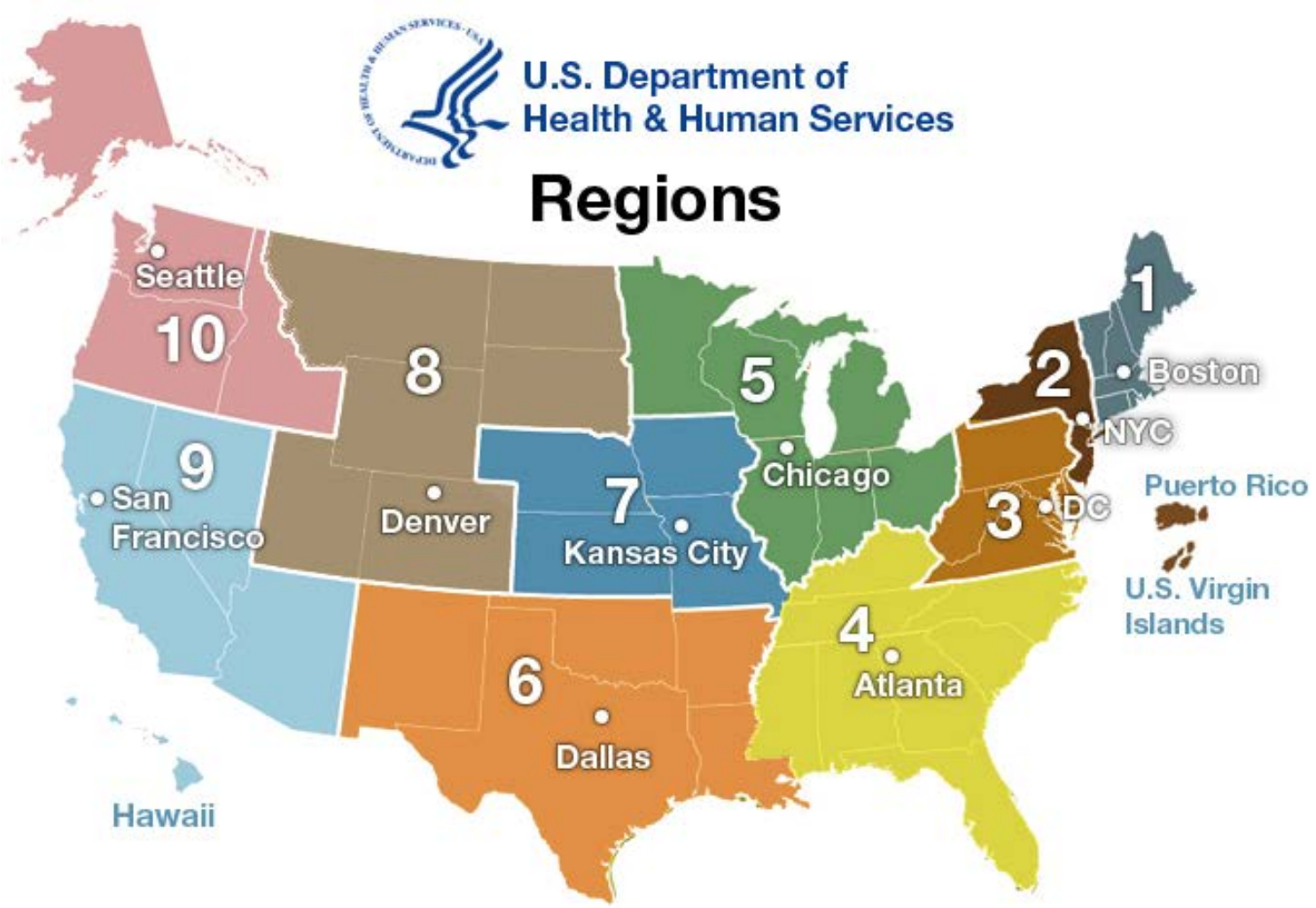
Mortality data pulled from National Vital Statistics System (NVSS)

- Years 2011-2013

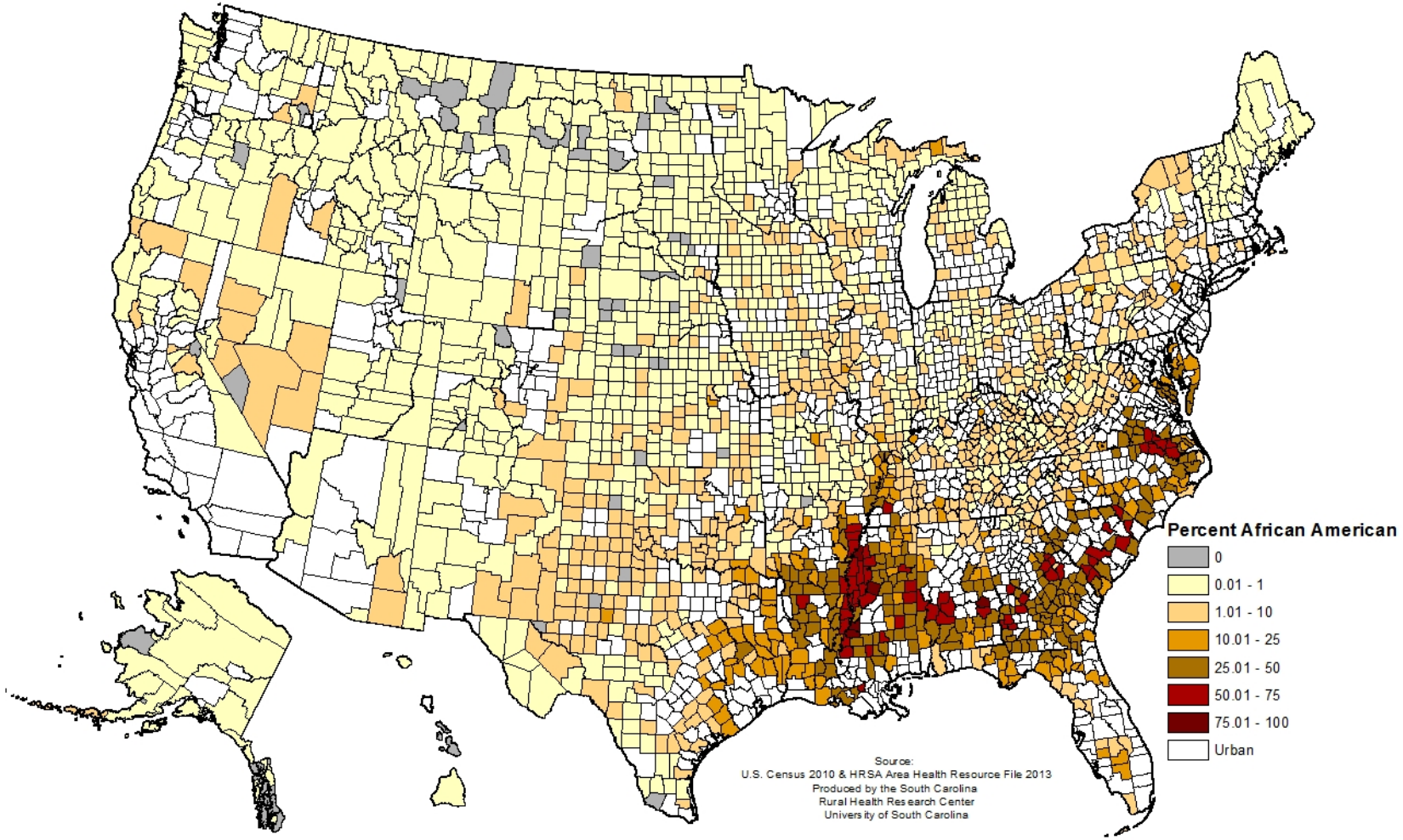
Data are Grouped by:

- 2013 NCHS Urban-Rural Classification Scheme for Counties
  - (Large Central, Large Fringe, Small/Medium Metro, Micropolitan, Non-core)
- HHS Regions
- Age
- Gender
- Cause of Death
  - Top 10 Nation-wide causes of death for each age group

HHS Regions


U.S. Department of
Health & Human Services
Regions
Seattle
10
8
5
1
2
Boston
NYC
9
San
Francisco
Denver
7
Kansas City
Chicago
3
DC
Puerto Rico
U.S. Virgin
Islands
4
Atlanta
6
Dallas
Hawaii

Minority presence in rural America: African Americans in rural counties



Rural Health Reform Policy
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Regional Differences in Mortality: Males; 25-64; HHS Region 4

Please select:

Age 25 to 64 Years

Sex Males

Region HHS Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)

Rural-Urban Status
- Large Central
- Large Fringe
- Medium/Small Metro
- Micropolitan
- Non-core

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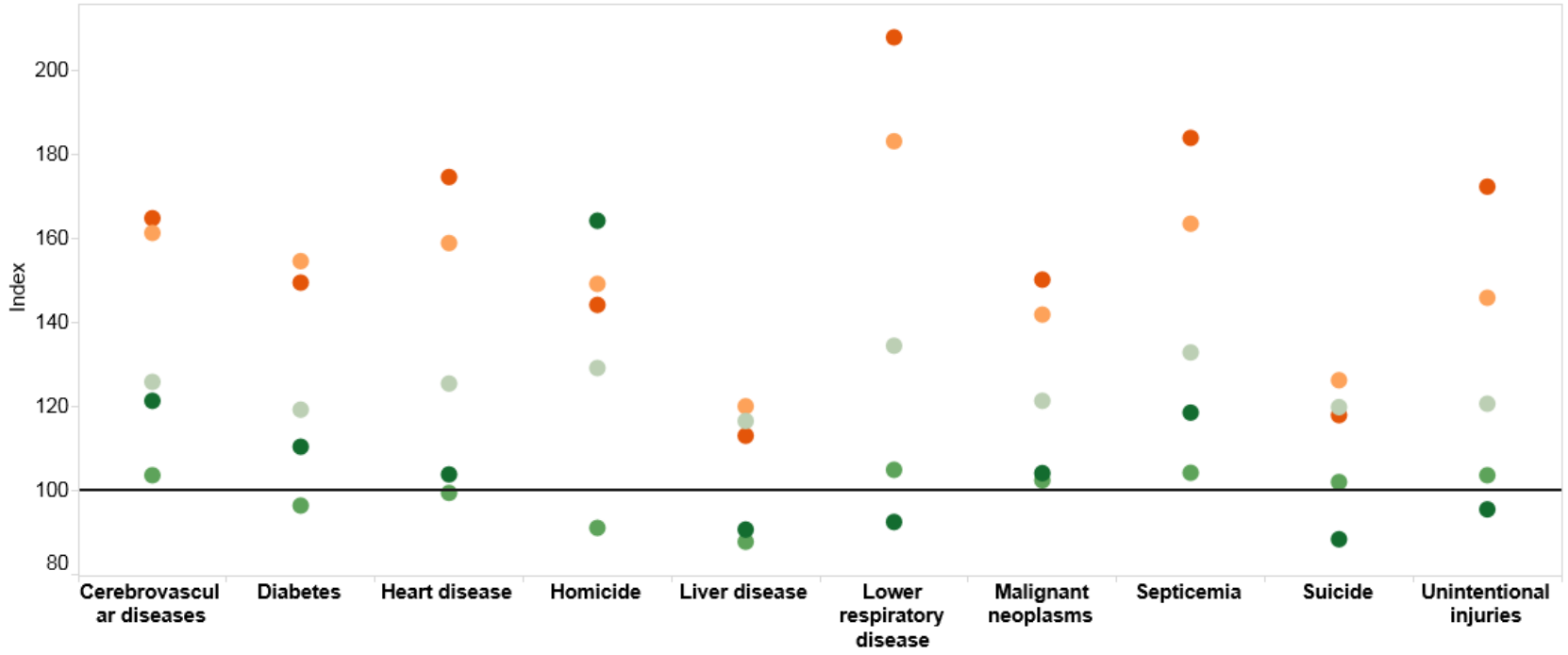
Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Males) Age 25 to 64 Years, in HHS Region 4 (AL, FL, GA, KY, MS, NC, SC, TN), by Rural-Urban Status: United States, 2011-2013

Objects above the horizontal line where index=100 indicates mortality rates higher than the national average, below the line are values below the average.



Rural Health Reform Policy
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Regional Differences in Mortality: Females; 25-64; HHS Region 4

Please select:

Age 25 to 64 Years

Sex Females

Region HHS Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)

Rural-Urban Status
- Large Central
- Large Fringe
- Medium/Small Metro
- Micropolitan
- Non-core

Rural Health Reform Policy
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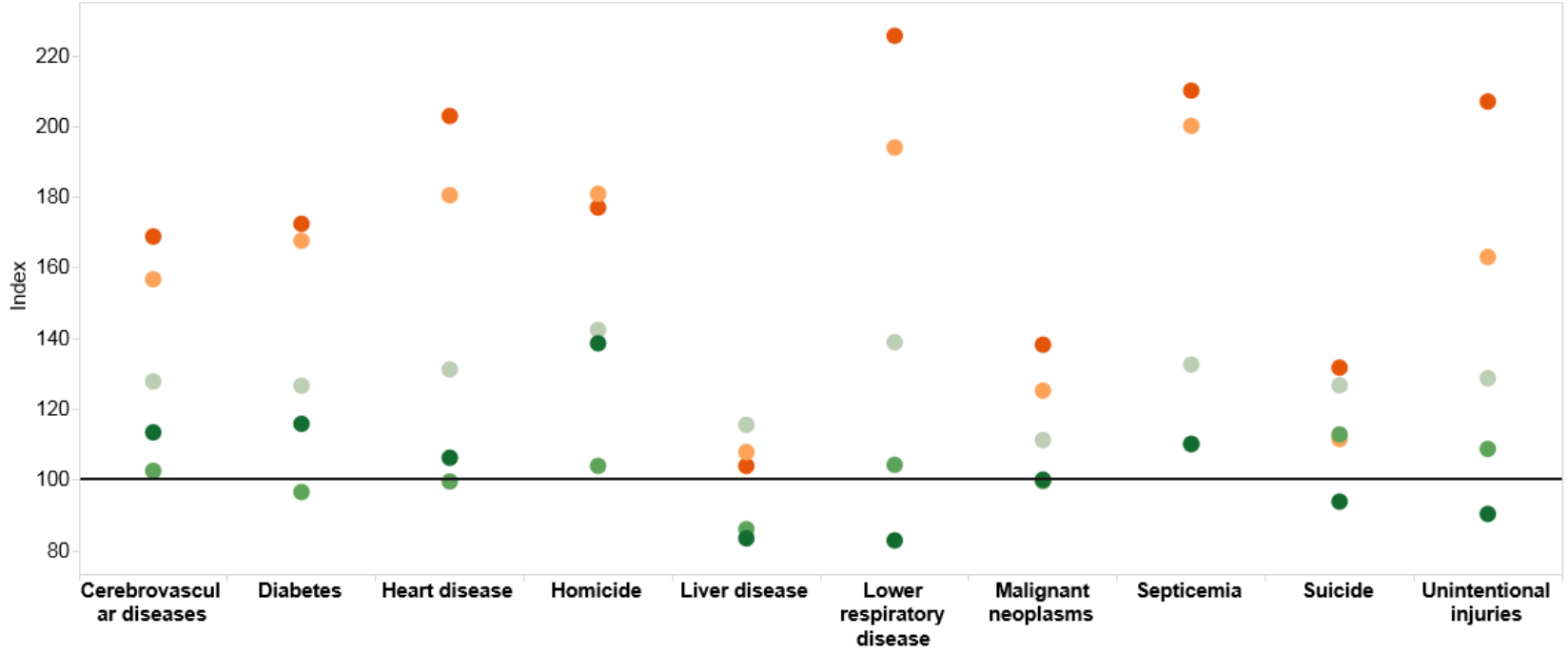
Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Females) Age 25 to 64 Years, in HHS Region 4 (AL, FL, GA, KY, MS, NC, SC, TN), by Rural-Urban Status: United States, 2011-2013

Objects above the horizontal line where index=100 indicates mortality rates higher than the national average, below the line are values below the average.



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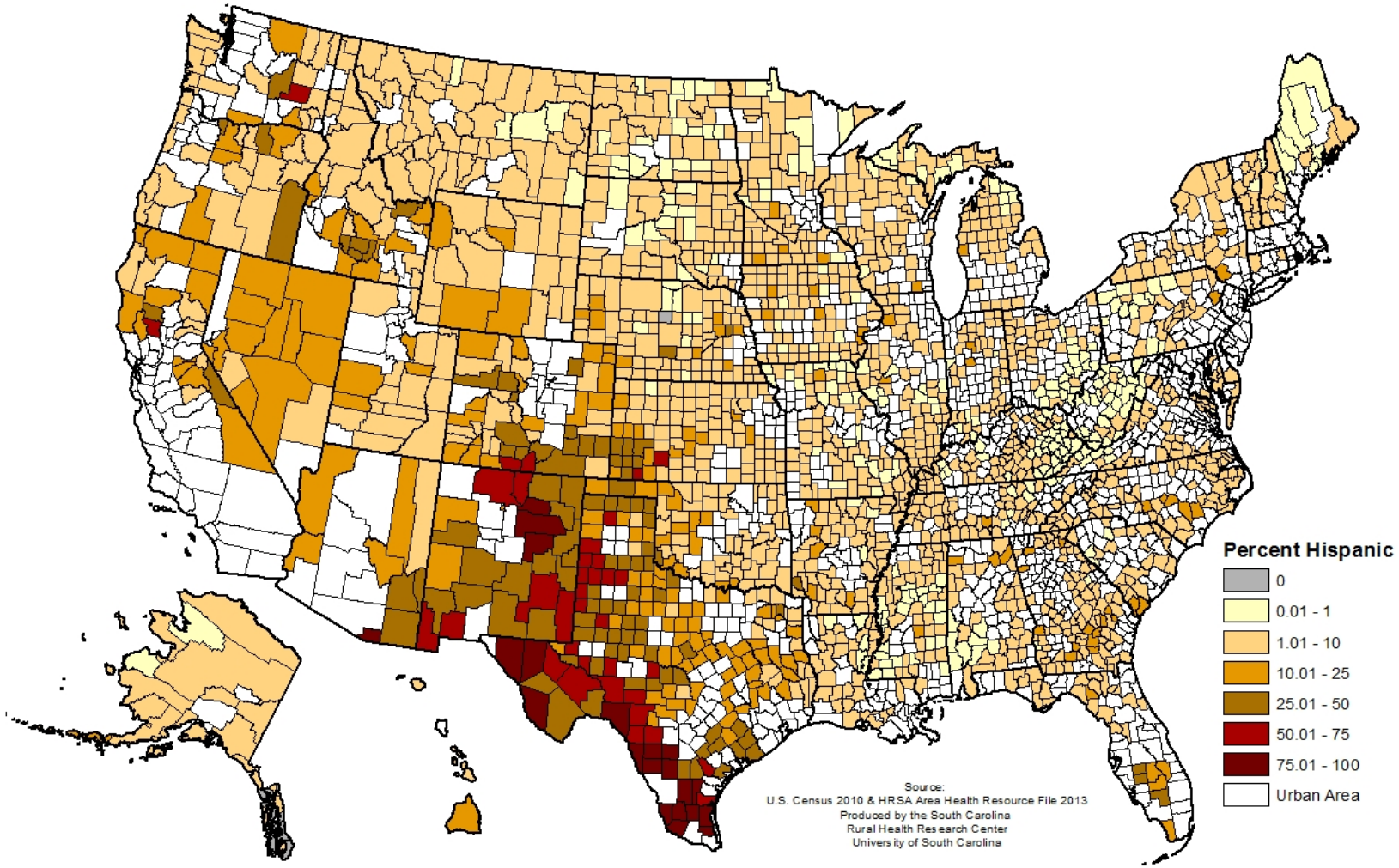

Regional Differences in Mortality: Males; 25-64; HHS Region 6

Age

25 to 64 Years

Males

HHS Region 6 (AR, LA, NM, OK, TX)

Rural-Urban Status

- Large Central
- Large Fringe
- Medium/Small Metro
- Micropolitan
- Non-core

Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Males) Age 25 to 64 Years, in HHS Region 6 (AR, LA, NM, OK, TX), by Rural-Urban Status: United States, 2011-2013

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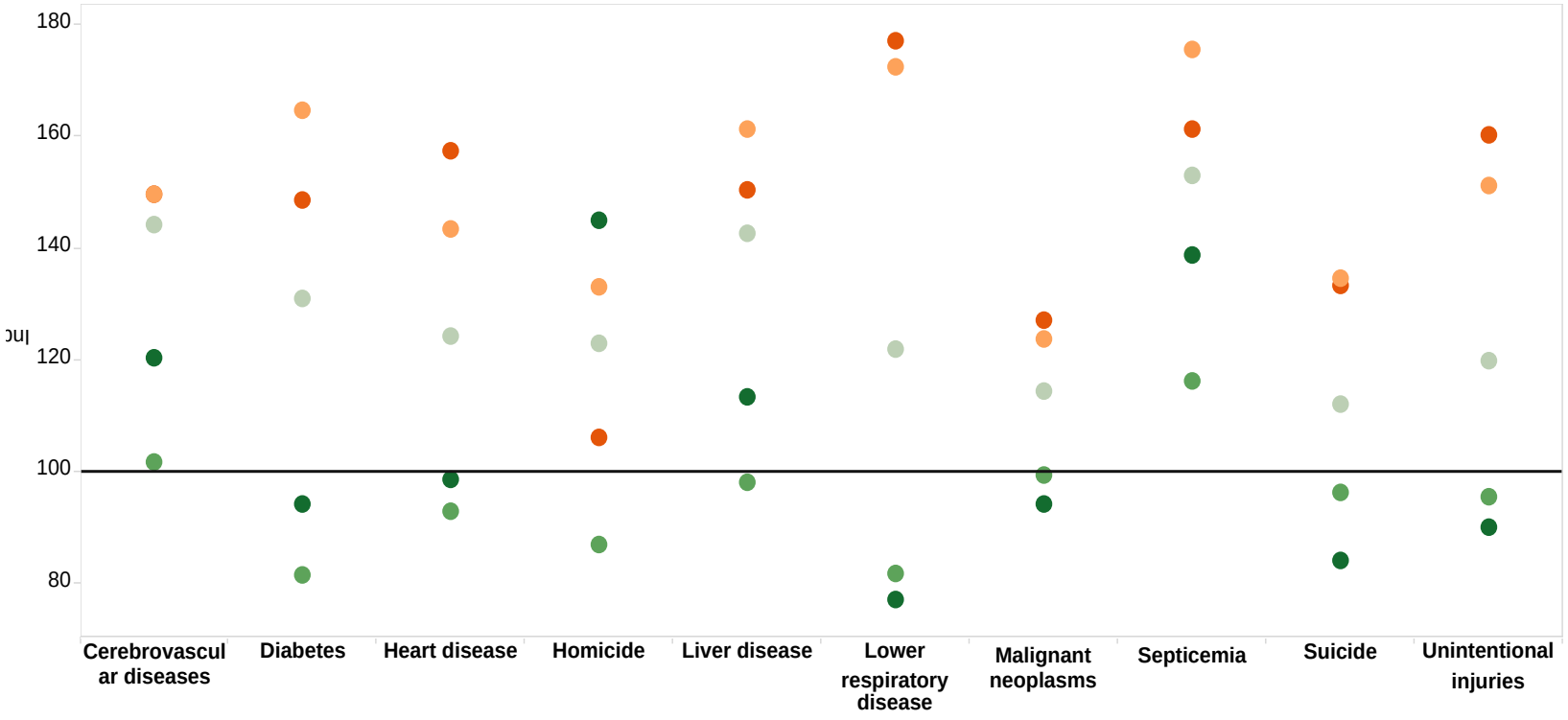

Regional Differences in Mortality: Females; 25-64; HHS Region 6

Please select:

Age 25 to 64 Years

Sex Females

Region HHS Region 6 (AR, LA, NM, OK, TX)

Rural-Urban Status
- Large Central
- Large Fringe
- Medium/Small Metro
- Micropolitan
- Non-core

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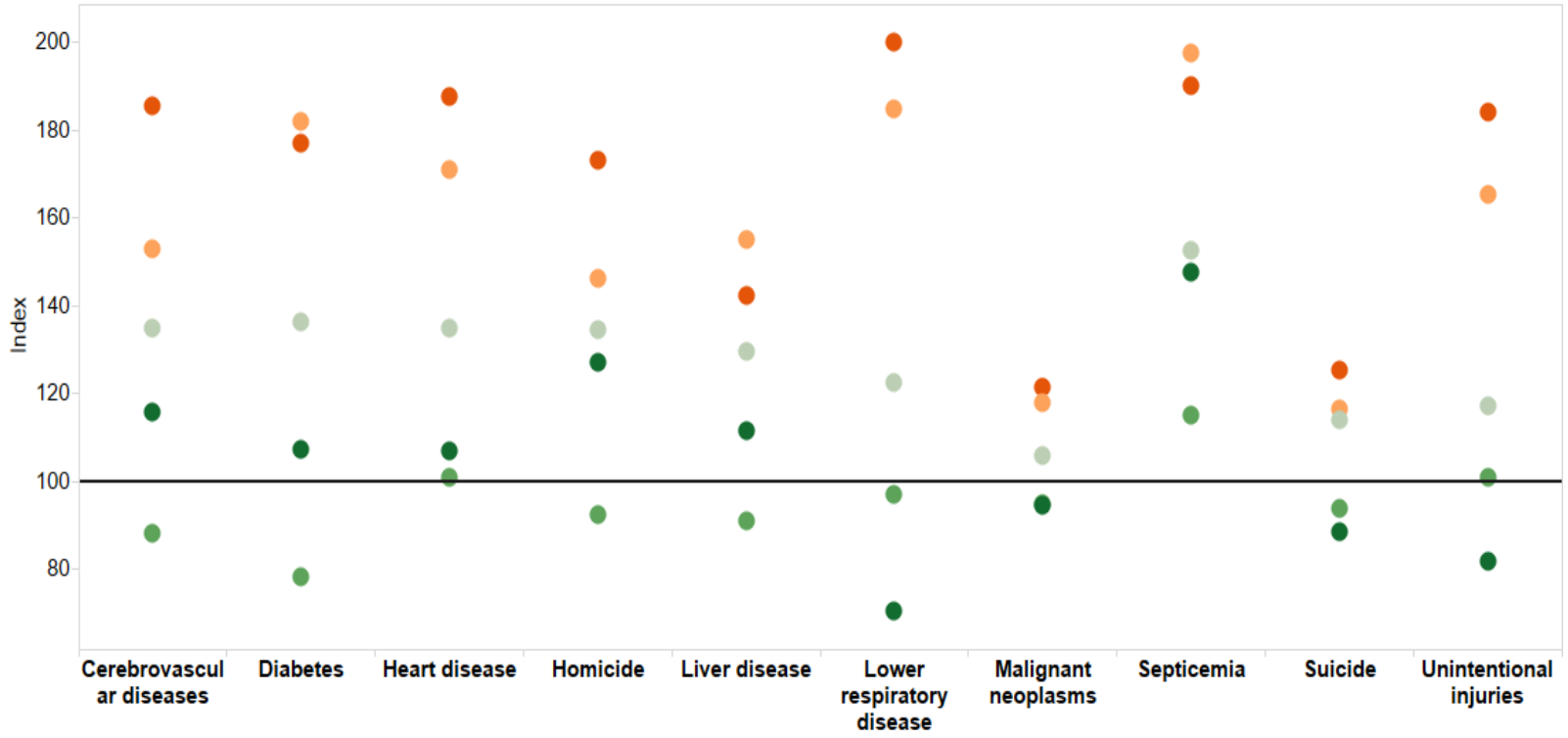
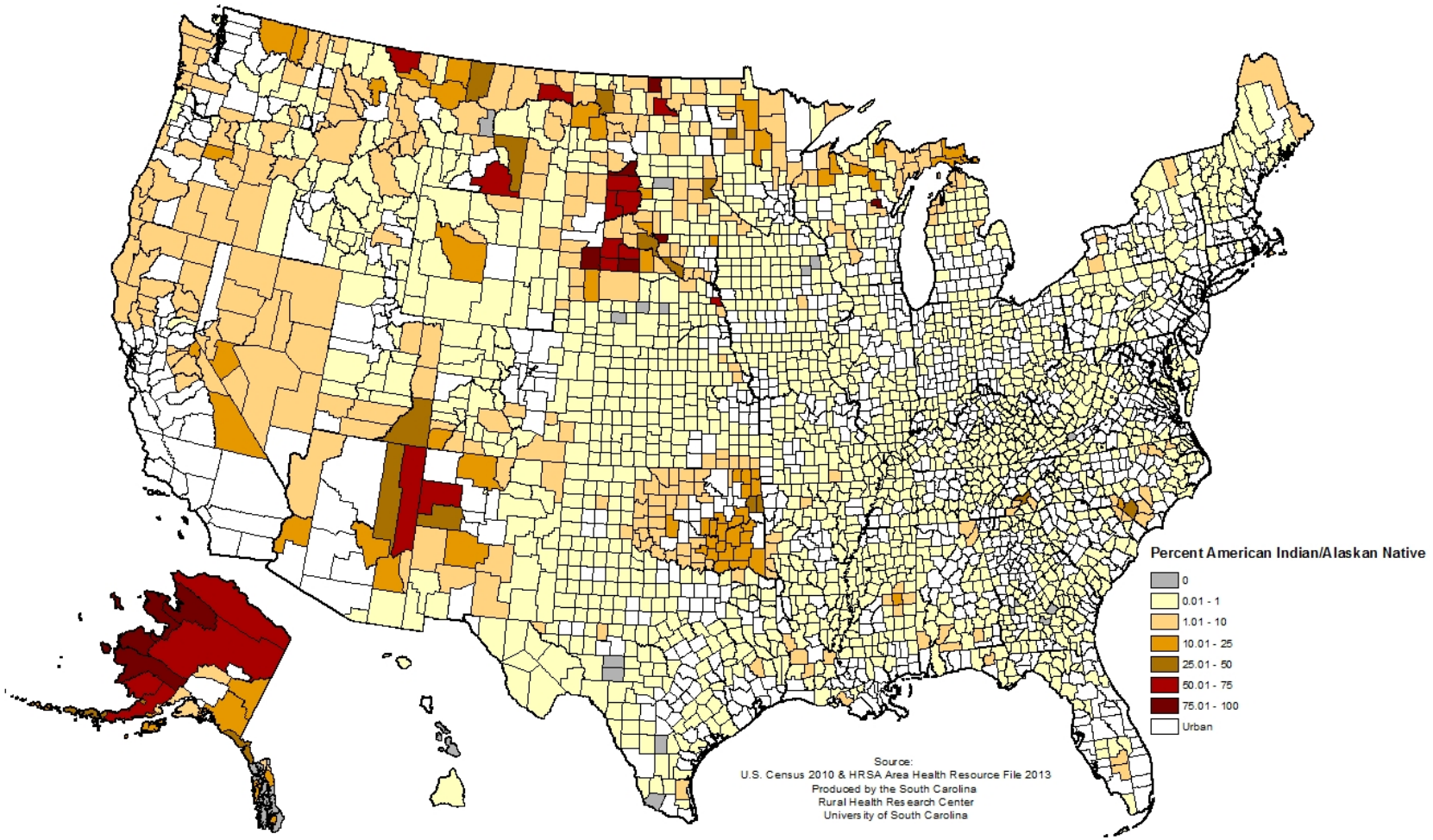
Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Females) Age 25 to 64 Years, in HHS Region 6 (AR, LA, NM, OK, TX), by Rural-Urban Status: United States, 2011-2013

Objects above the horizontal line where index=100 indicates mortality rates higher than the national average, below the line are values below the average.



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.

Minority presence in rural America: American Indian/Alaska native



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Regional Differences in Mortality: Males; 25-64; HHS Region 8

Age

25 to 64 Years

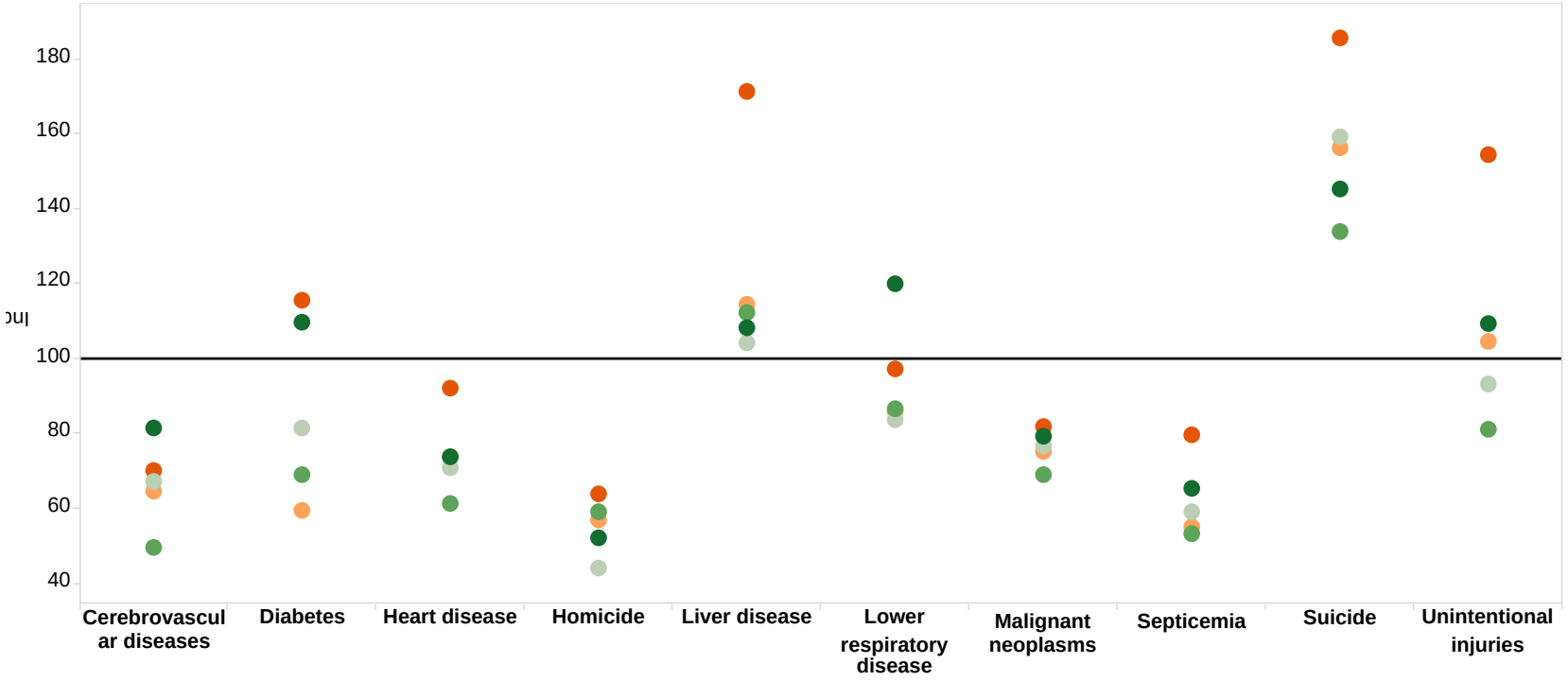
Males

HHS Region 8 (CO, MT, ND, SD, UT, WY)

Large Central
Large Fringe
Medium/Small Metro
Micropolitan
Non-core

Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Males) Age 25 to 64 Years, in HHS Region 8 (CO, MT, ND, SD, UT, WY), by Rural-Urban Status: United States, 2011-2013

Objects above the horizontal line where index=100 indicates mortality rates higher than the national average, below the line are values below the average.



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Regional Differences in Mortality: Females; 25-64; HHS Region 8

Age 25 to 64 Years

Females

HHS Region 8 (CO, MT, ND, SD, UT, WY)

Large Central
Large Fringe
Medium/Small Metro
Micropolitan
Non-core

Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Females) Age 25 to 64 Years, in HHS Region 8 (CO, MT, ND, SD, UT, WY), by Rural-Urban Status: United States, 2011-2013

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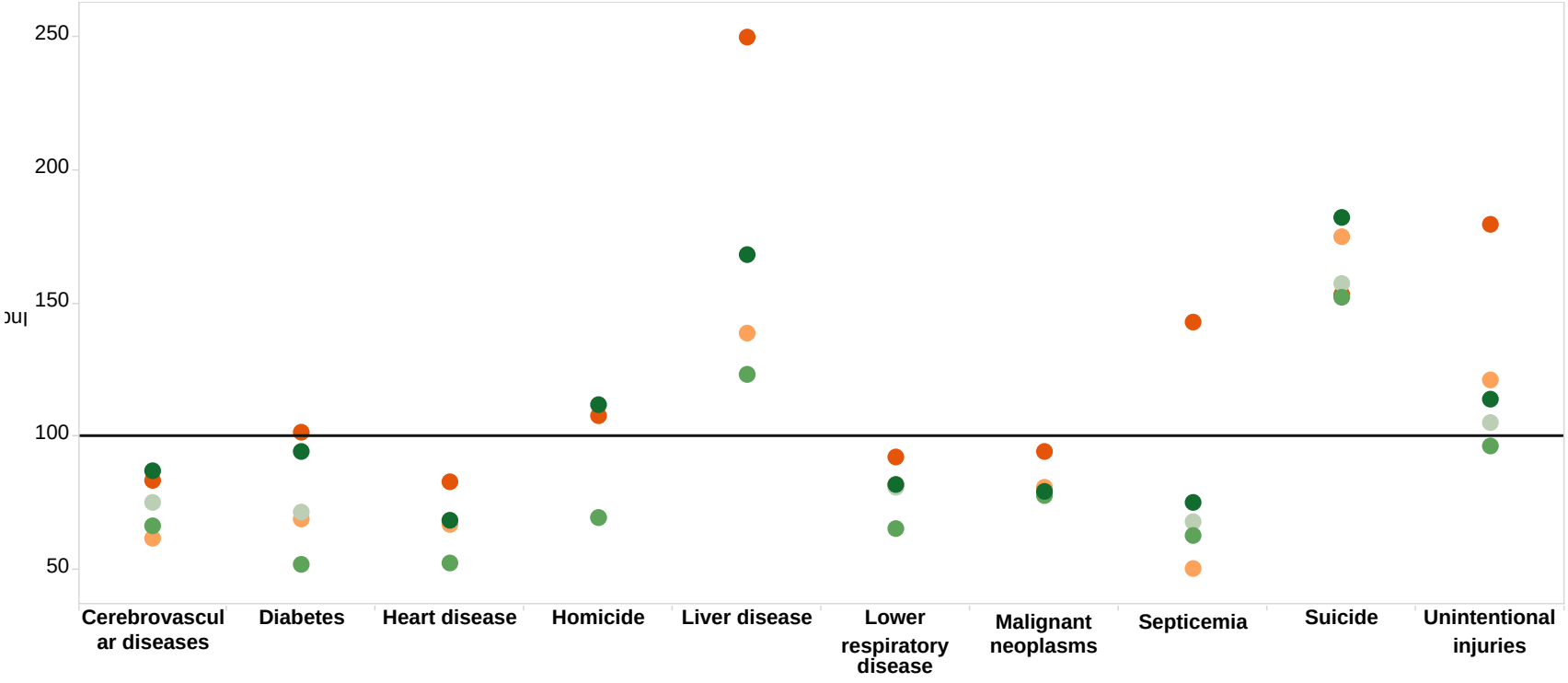
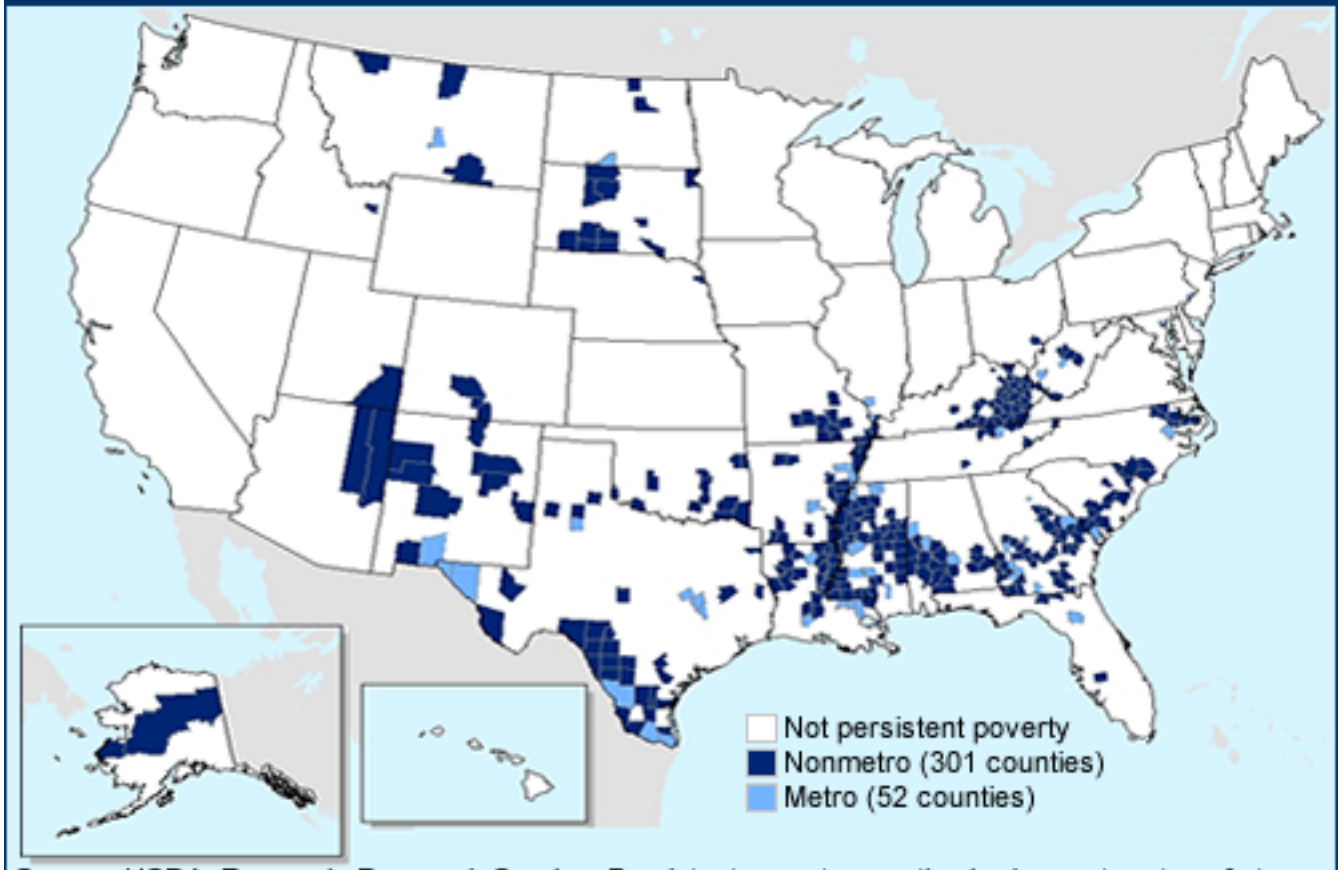


Persistent poverty counties



Source: USDA, Economic Research Service. Persistent poverty counties had poverty rates of at least 20 percent in each U.S. Census 1980, 1990, and 2000, and American Community Survey 5-year estimates, 2007-11.

Health & Science

U.S. life expectancy declines for the first time since 1993

By Lenny Bernstein December 8, 2016

To Your Health

An addiction crisis along 'the backbone of America'

By Joel Achenbach December 30, 2016

Health & Science

No longer 'Mayberry': A small Ohio city fights an epidemic of self-destruction

By Joel Achenbach December 29, 2016

National

Life lessons from a small-town undertaker as white women die younger in America

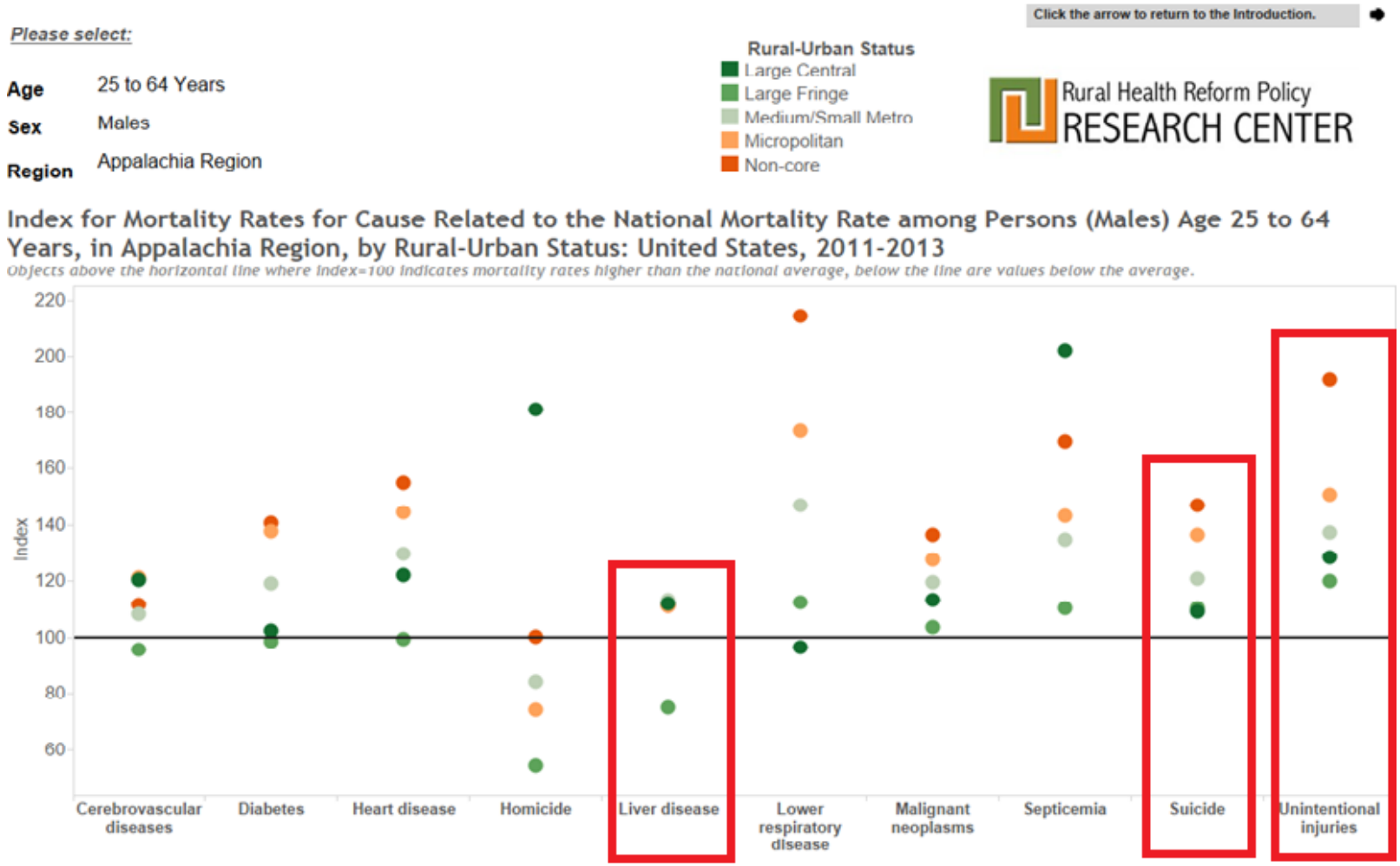
By Terrence McCoy August 20, 2016

Orphaned by America's opioid epidemic

After losing their parents to overdoses, three children in West Virginia confront what it means to grow up in the midst of one of the country's biggest public health crises.

Danielle Rindler, Eli Saslow and Bonnie Jo Mount | National | Dec 17, 2016

Regional Differences in Mortality: Males; 25-64; Appalachia



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.

Regional Differences in Mortality: Females; 25-64; Appalachia

Click the arrow to return to the Introduction.

Please select:

Age 25 to 64 Years

Sex Females

Region Appalachia Region

Rural-Urban Status
- Large Central
- Large Fringe
- Medium/Small Metro
- Micropolitan
- Non-core

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Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Females) Age 25 to 64 Years, in Appalachia Region, by Rural-Urban Status: United States, 2011-2013

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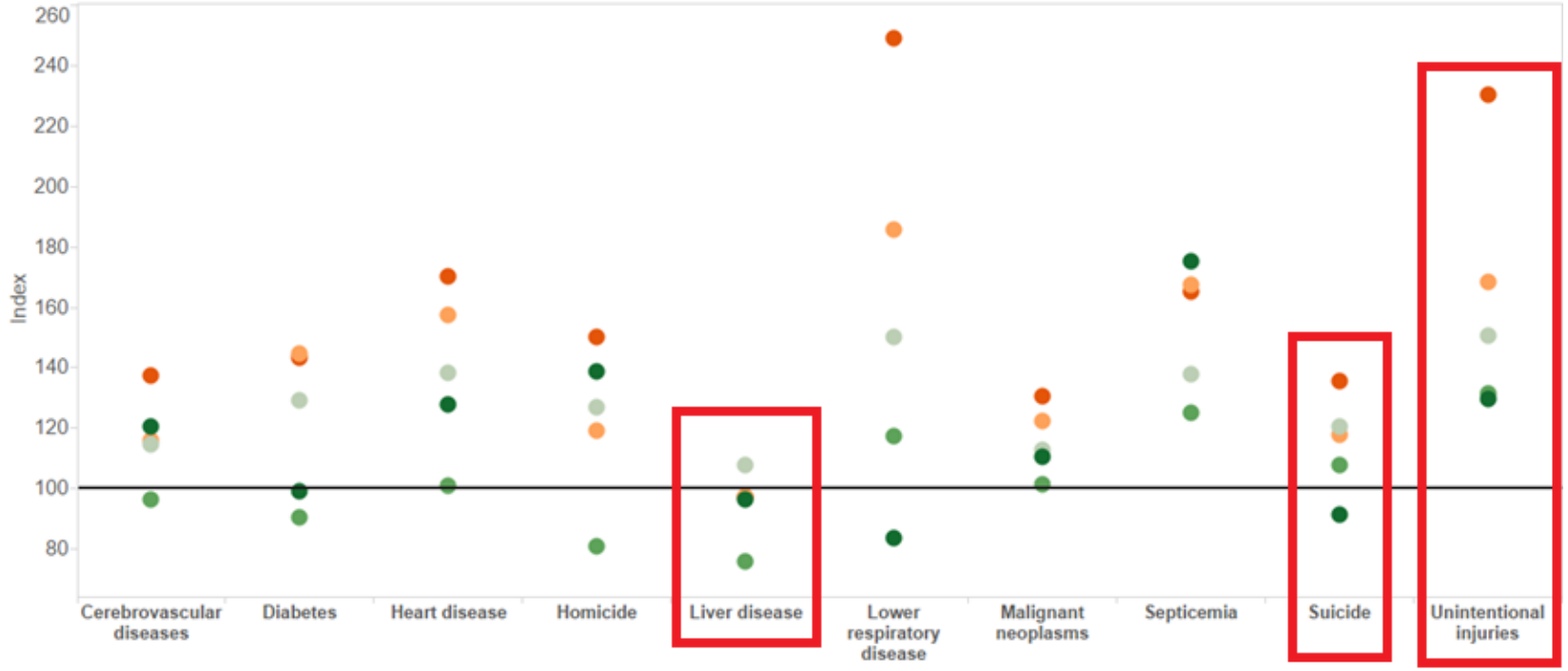
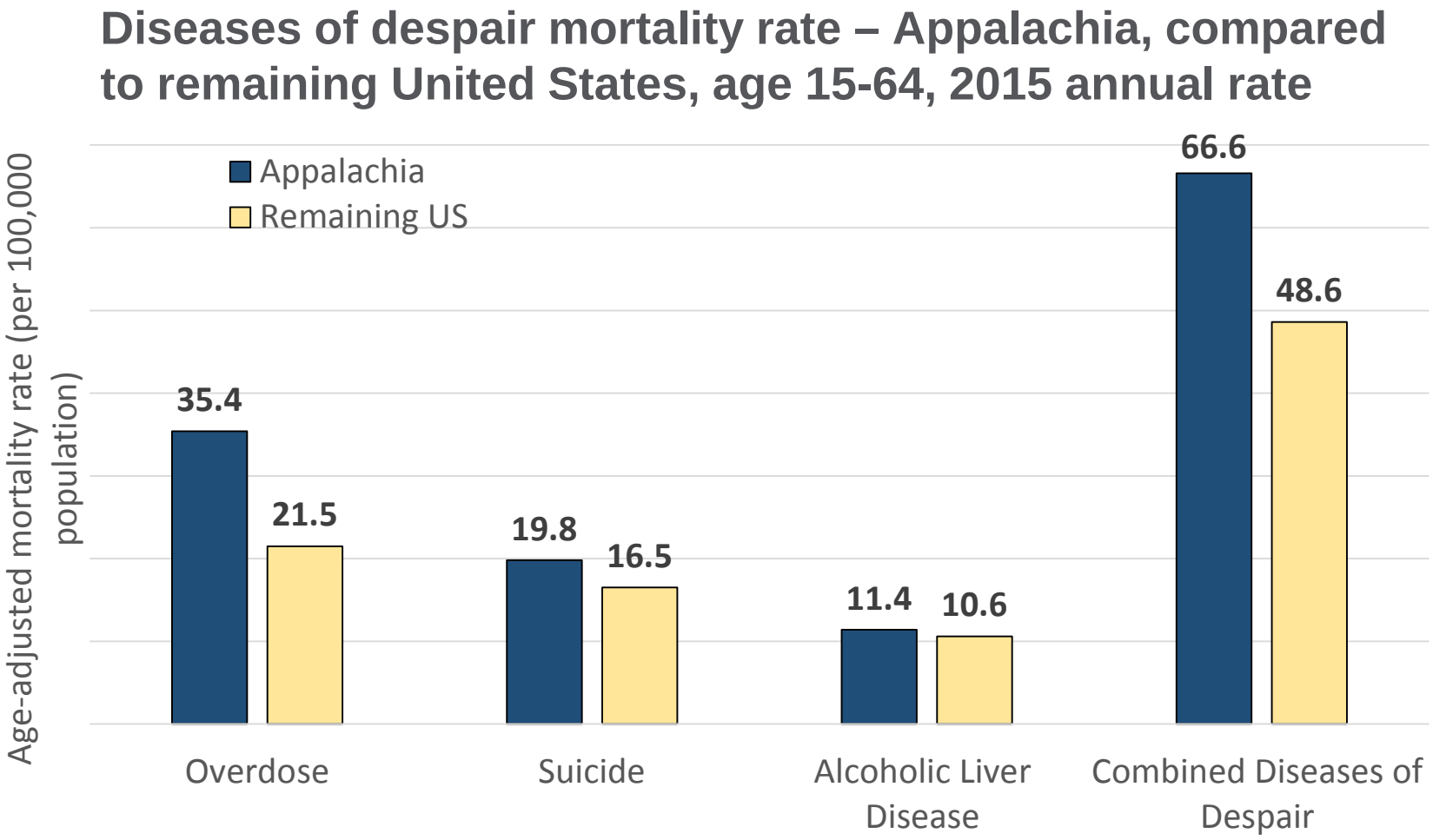


Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.

Preliminary Findings – NORC/ARC Diseases of Despair Study



Rates are represented as deaths per 100,000 population. Rates are age adjusted.
Source: Mortality Rates provided by Centers for Disease Control and Prevention, National Center for Health Statistics.
Accessed at http://wonder.cdc.gov/mcd-icd10.html

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Resources

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Evidence-Based Models Toolkit Series

The Walsh Center for Rural Health Analysis
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- Conducted on behalf of the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP)
- A compilation of evidence-based practices and resources that can strengthen rural health programs
- New toolkits each year on different topics that target FORHP grantees, future applicants, and rural communities
- Applicable to organizations with different levels of knowledge and at different stages of implementation
- Hosted by the Rural Assistance Center on the Community Health Gateway

Evidence-Based Toolkits for Rural Community Health

Step-by-step guides to help you build effective community health. Resources and examples are drawn from evidence-based and promising programs. By learning from programs that are known to be effective, you can make the best use of limited funding and resources.

- Care Coordination Toolkit
- Community Health Workers Toolkit
- Health Promotion and Disease Prevention Toolkit
- Mental Health and Substance Abuse Toolkit
- Obesity Prevention Toolkit
- Oral Health Toolkit
- Services Integration Toolkit

ABOUT THE EVIDENCE-BASED TOOLKITS

The Rural Community Health Gateway's evidence-based toolkits showcase program approaches that you can adapt to fit your community and the people you serve, allowing you to:

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

These toolkits 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 Health Information Hub. Funding is provided by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration.

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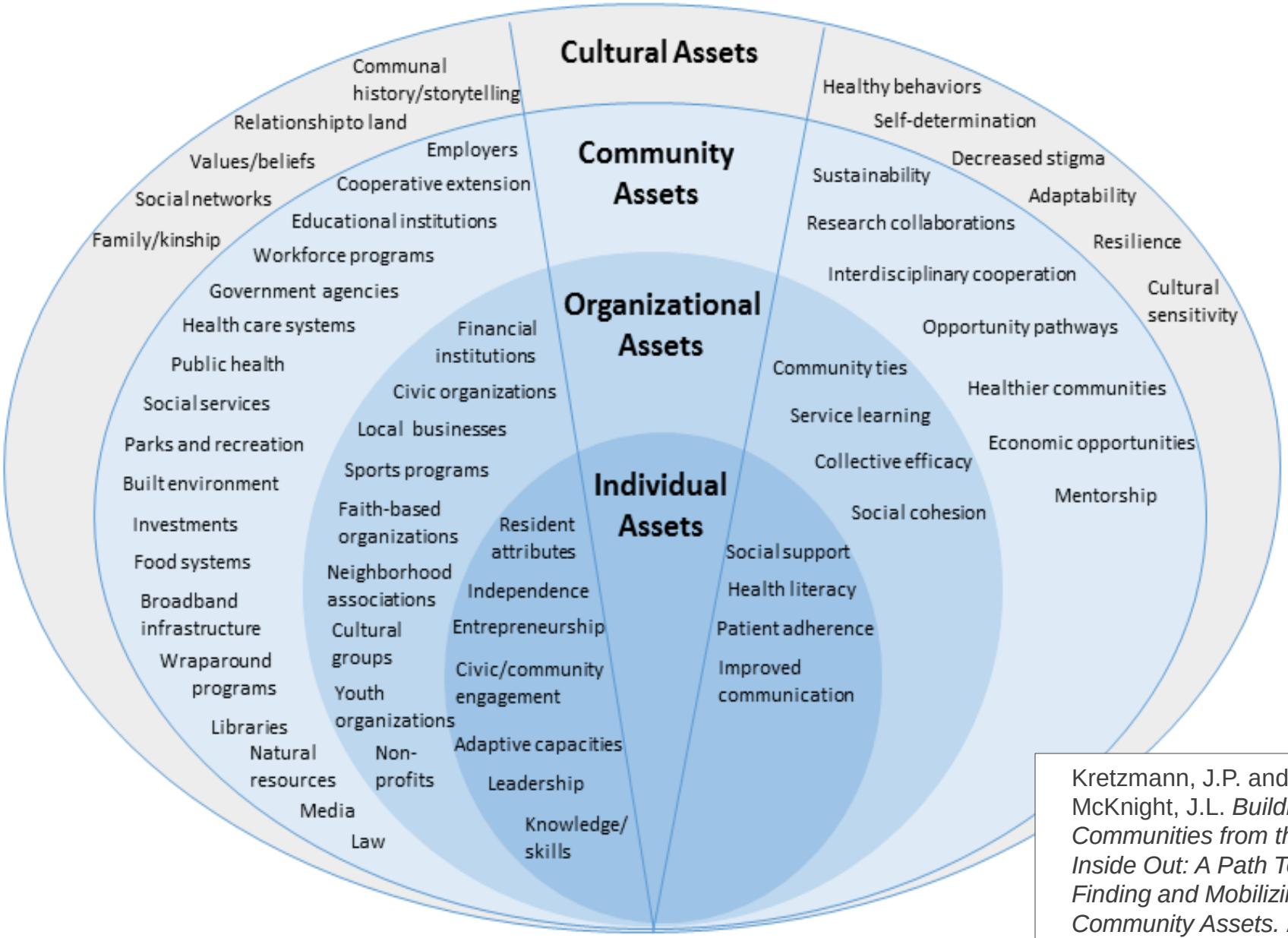
Leveraging Assets to Address Rural Health and Equity

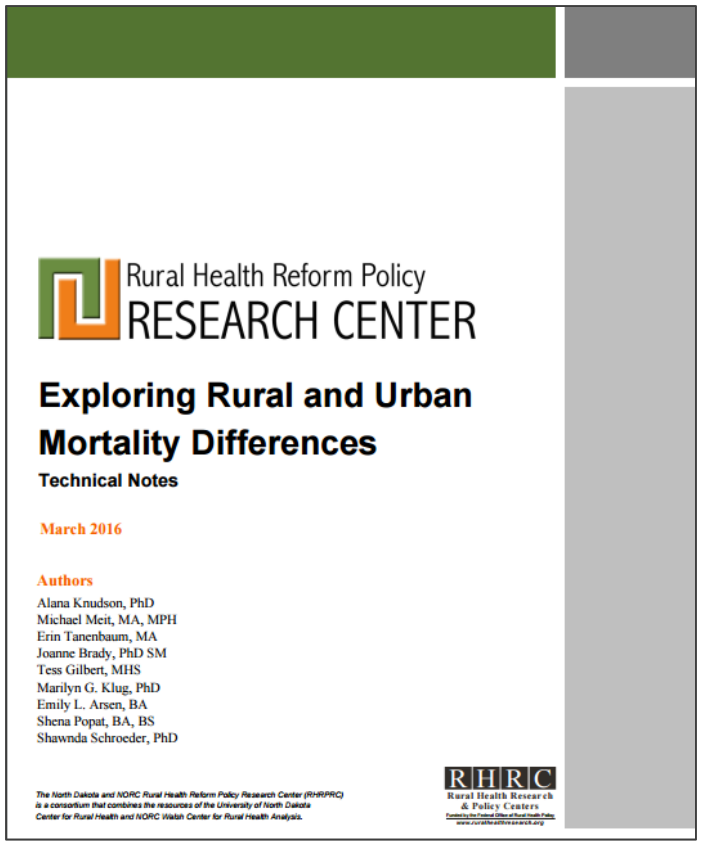
- New work funded by the Robert Wood Johnson Foundation with the following objectives:
  - Conduct formative research to identify strengths and assets, as well as opportunities, that will accelerate and improve health and well-being in rural communities.
  - Identify factors (and partners) that can influence health and well-being within rural communities, such as transportation, faith, education, business, etc.
  - Identify opportunities for action and a set of recommendations for diverse rural stakeholders and funders to support rural communities without duplicating or distracting from other efforts.



Kretzmann, J.P. and McKnight, J.L. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing Community Assets.* ACTA Publications, Chicago, IL: 1993.

https://walshcenter.norc.org

https://www.ruralhealthinfo.org



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Bethesda, MD 20814
301-634-9324
meit-michael@norc.org

Thank You!

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