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
  - Nonmetropolitan Counties: with a city ≥ 10,000 population, without a city ≥ 10,000 population
Population: Age

Population 65 years of age and over by rurality

Population: Poverty

Population in poverty by rurality

Mortality: Infants

Infant mortality by rurality
Mortality: Children and Young Adults
Death rates for all causes among persons 1–24 years of age by rurality

Mortality: Working-Age Adults
Death rates for all causes among persons 25-64 years of age by rurality

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.

Mortality: Suicide

Suicide rates among persons 15 years of age and over by rurality.
Risk Factors: Adolescent Smoking

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

Risk Factors: Adult Smoking

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

Risk Factors: Obesity

Obesity 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 rurality

Evidence-Based Models Toolkit Series

- Conducted on behalf of the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (ORHP)
- A compilation of evidence-based practices and resources that can strengthen rural health programs
- New toolkits each year on different topics that target ORHP 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
Our Changing Rural Public Health System

- While the Affordable Care Act (ACA) expands insurance coverage and coverage of clinical preventive services, it also shifts responsibility for some health department services to the provider setting.
- As demand for HHS-funded preventive services programs shifts, categorical funding for these programs is likely to decline.
- States in NORC’s ACA Impacts studies have already reported reduced volume in breast and cervical cancer screening programs and in immunization programs.
- CDC funds for immunization have already been reduced, and other programs may follow.
  - Are resources sufficient to serve a high-need remaining uninsured population?
  - Do LHDs enter the marketplace as a provider? If so, will reimbursement cover the costs?
  - What happens in rural communities with insufficient numbers of providers?

APHA Rural and Frontier Subcommittee

- Vision is to host a Summit on Population Health in Rural America – targeting February 2016.
- Holding meeting at APHA Annual Meeting on 11/16 at 3pm – to establish Rural Caucus.

Thank You!