## Proposed Rural-Specific Objectives for Healthy People 2030

**Overview:**

In this document, the National Organization of State Offices of Rural Health (NOSORH) submits for consideration a set of rural-specific objectives to be included in Healthy People 2030. NOSORH was established in 1995 to assist State Offices of Rural Health (SORHs) in their efforts to improve access to, and the quality of, health care and are dedicated to improving the health of nearly 60 million rural Americans. All 50 states have a SORH, and each SORH helps their state's rural communities, critical access hospitals, certified rural health clinics, primary care providers, EMS and other stakeholders build effective health care delivery systems.

The objectives in the current Healthy People 2020 and the proposed objectives for Healthy People 2030 (HP 2030) do not include any rural-specific content. There are multiple demonstrable health disparities between populations in rural, non-metropolitan areas and populations in urban, metropolitan areas. The existence of these disparities is noted in one of the foundation documents for Healthy People 2020 [emphasis added]:

"Throughout the next decade, Healthy People 2020 will assess health disparities in the U.S. population by tracking rates of illness, death, chronic conditions, behaviors, and other types of outcomes in relation to demographic factors including:

- Race and ethnicity
- Gender
- Sexual identity and orientation
- Disability status or special health care needs
- **Geographic location (rural and urban).**"

Only two of these subpopulation groups – individuals with disability and LGBTQ individuals – have separate categories of health objectives proposed for Healthy People 2030.

Based upon different definitions, about 14%-19% of the U.S. civilian population has a disability. Similarly, 4%-6% of the population identifies as LGBT. In comparison, 19%-20% of the population resides in rural areas. Given the size of the rural population and the continuing health disparities between rural and urban populations, **NOSORH is recommending the creation of a separate *Rural Health* category for Healthy People 2030**.

NOSORH is further recommending the inclusion of key objectives within that category. These objectives and the rationale for their inclusion are detailed below:

- Fair or Poor Health Status,
- Functional Limitation,
- Adult Obesity,
- Serious Psychological Distress,
- Heart Disease Mortality,
- Suicide Mortality,
- Unintentional Injury Mortality,

- Infant Mortality,
- Child Vaccination,
- Access to Health Care,
- Access to Dental Care,
- Health Insurance, and
- Financial Barriers to Prescription Drugs.

## Proposed Objective – Fair or Poor Health Status

**Decrease the percent of persons in rural areas reporting fair or poor health status, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016, **11.4 percent** of persons in Rural Non-Metro areas reported being in fair or poor health, as compared to **8.6 percent** of persons in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons in Rural (Non-Metro) and Urban (Metro) areas reporting fair or poor health status is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Functional Limitation

**Decrease the percent of persons age 18 and older in rural areas reporting a complete inability or a lot of difficulty in performing routine functions, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016, **11.3 percent** of persons age 18 and older in Rural Non-Metro areas reported a complete inability or a lot of difficulty in performing routine functions, as compared to **8.1 percent** of persons age 18 and older in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons in Rural (Non-Metro) and Urban (Metro) areas reporting a complete inability or a lot of difficulty in performing routine functions is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Adult Obesity

**Decrease the percent of obese persons age 18 and older in rural areas, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the Centers for Disease Control and Prevention (CDC) show that in 2016, **34.2 percent** of persons age 18 and older in Rural Non-Metro areas self-reported obesity, as compared to **28.7 percent** of persons age 18 and older in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons age 18 and over in Rural (Non-Metro) and Urban (Metro) areas self-reporting obesity is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: Behavioral Risk Factor Surveillance System (BRFSS) data made available by CDC is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Serious Psychological Distress

**Decrease the percent of persons age 18 or over in rural areas reporting serious psychological distress, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2015-2016, **5.1 percent** of persons age 18 and older in Rural Non-Metro areas reported having serious psychological distress in the last 30 days, as compared to **3.3 percent** of persons in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons age 18 and older in Rural (Non-Metro) and Urban (Metro) areas reporting serious psychological distress in the last 30 days, is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2015-2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective - Heart Disease Mortality

**Reduce the death rate from heart disease in rural areas, decreasing the disparity between rural and urban heart disease mortality rates.**

**Rationale for Objective**: Detailed mortality tables made available by the Centers for Disease Control and Prevention (CDC) show that for each of the years 2015-2017, the age-adjusted death rates from heart disease in Rural (Non-Metro) areas was substantially higher than the corresponding rates in Metro areas. For the entire 3-year period in Non-Core (Non-Metro) areas, the age-adjusted rate was **196.9 per 100,000 population** as compared to **157.6 per 100,000 population** in Large Central Metro areas. Similar rural-urban disparities exist in all categories of urbanization.

**Proposed Baseline and Unit of Measure**: The age-adjusted death rate from heart disease per 100,000 population in Rural (Non-Metro) and Urban (Metro) areas is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 3-year combined rate for 2015-2017 is suggested as a proposed baseline.

**Proposed Data Source**: The Multiple Cause of Death Files maintained in the CDC Wonder Online Database are proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Suicide Mortality

**Reduce the suicide death rate in rural areas, decreasing the disparity between rural and urban suicide mortality rates.**

**Rationale for Objective**: Detailed mortality tables made available by the Centers for Disease Control and Prevention (CDC) show that for each of the years 2015-2017, the age-adjusted death rates from suicide in Rural (Non-Metro) areas was substantially higher than the corresponding rates in Metro areas. For the entire 3-year period in Non-Core (Non-Metro) areas the age-adjusted rate was **19.0 per 100,000 population** as compared to **10.7 per 100,000 population** in Large Central Metro areas. Similar rural-urban disparities exist in all categories of urbanization.

**Proposed Baseline and Unit of Measure**: The age-adjusted death rate from suicide per 100,000 population in Rural (Non-Metro) and Urban (Metro) areas is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 3-year combined rate for 2015-2017 is suggested as a proposed baseline.

**Proposed Data Source**: The Multiple Cause of Death Files maintained in the CDC Wonder Online Database are proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Unintentional Injury Mortality

**Reduce the unintentional injury death rate in rural areas, decreasing the disparity between rural and urban mortality rates from this cause.**

**Rationale for Objective**: Detailed mortality tables made available by the Centers for Disease Control and Prevention (CDC) show that for each of the years 2015-2017, the age-adjusted death rates from unintentional injury in Rural (Non-Metro) areas was substantially higher than the corresponding rates in Metro areas. For the entire 3-year period in Non-Core (Non-Metro) areas the age-adjusted rate was **62.6 per 100,000 population** as compared to **39.2 per 100,000 population** in Large Central Metro areas. Similar rural-urban disparities exist in all categories of urbanization.

**Proposed Baseline and Unit of Measure**: The age-adjusted death rate from unintentional injury per 100,000 population in Rural (Non-Metro) and Urban (Metro) areas is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 3-year combined rate for 2015-2017 is suggested as a proposed baseline.

**Proposed Data Source**: The Multiple Cause of Death Files maintained in the CDC Wonder Online Database are proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Infant Mortality

**Reduce the infant mortality rate in rural areas, decreasing the disparity between rural and urban mortality rates from these causes.**

**Rationale for Objective**: Detailed mortality tables made available by the Centers for Disease Control and Prevention (CDC) show that the infant mortality rate in Rural (Non-Metro) areas was **6.69 per 1,000 live births** for the 3-year period 2013-2015 in Rural (Non-Metro) counties as compared to **5.49 per 1,000 live births** in Large Urban counties. Similar rural-urban disparities exist for neonatal and post-neonatal mortality rates.

**Proposed Baseline and Unit of Measure**: The infant mortality rate per 1,000 live births in Rural (Non-Metro) and Urban (Metro) counties is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 3-year combined rate for 2015-2017 is suggested as a proposed baseline.

**Proposed Data Source**: The Infant Death Files maintained in the CDC Wonder Online Database are proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Child Vaccination

**Increase the percent of children aged 19-35 months in rural areas with the recommended 7-vaccine series, decreasing the disparity between rural and urban vaccination percentages.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016 **67.0 percent** of children aged 19-35 months in Non-Metro areas received the recommended 7-vaccine series on a timely basis as compared to **71.3 percent** of the same group in Central City Metro areas. Similar rural-urban disparities exist in other categories of urbanization.

**Proposed Baseline and Unit of Measure**: The percent of children aged 19-35 months with the appropriate 7-vaccine series in Rural (Non-Metro) and Urban (Metro) areas is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: The National Immunization Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Access to Health Care

**Increase the percent of persons in rural areas who had a health care visit in the last 12 months, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016, **16.4 percent** of persons in Rural Non-Metro areas had no health care visit (in doctor's office, emergency department or home visit) in the last 12 months as compared to **14.2 percent** of persons in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons in Rural (Non-Metro) and Urban (Metro) areas who had a health care visit (in doctor's office, emergency department or home visit) in the last 12 months is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Access to Dental Care

**Increase the percent of persons age 2 and over in rural areas who had a dental care visit in the last 12 months, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016, only **61.3 percent** of persons age 2 and over in Rural Non-Metro areas had a dental care visit in the last 12 months as compared to **69.9** percent of persons age 2 and over in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons age 2 and over in Rural (Non-Metro) and Urban (Metro) areas who had a dental care visit in the last 12 months is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Health Insurance

**Increase the percent of persons under age 65 in rural areas with health insurance coverage, decreasing the disparity between rural and urban health insurance coverage percentages.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016 **13.3 percent** of persons under age 65 in Rural Non-Metro areas had no health insurance coverage as compared to **9.9 percent** of persons under age 65 in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons under age 65 with no health insurance in Rural (Non-Metro) and Urban (Metro) areas is recommended as the unit of

measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.

## Proposed Objective – Financial Barriers to Prescription Drugs

**Decrease the percent of persons in rural areas who did not receive prescription drugs in the last 12 months due to cost, decreasing the disparity between rural and urban percentages for this measure.**

**Rationale for Objective**: Summary tables made available by the National Center for Health Statistics (NCHS) show that in 2016, **9.5 percent** of persons in Rural Non-Metro areas did not receive prescription drugs in the last 12 months due to cost, as compared to **6.2 percent** of persons in Metro areas. Similar rural-urban disparities exist in previous years.

**Proposed Baseline and Unit of Measure**: The percent of persons in Rural (Non-Metro) and Urban (Metro) areas who did not receive prescription drugs in the last 12 months due to cost, is recommended as the unit of measure for this objective. Non-Metro and Metro areas are as defined in the latest urbanization categories used by CDC. The 2016 data for this measure is suggested as a proposed baseline.

**Proposed Data Source**: National Health Interview Survey data made available by NCHS is proposed as the source of data for this objective.

**Anticipated Number of Data Points**: Annual updates of these files should provide 10 additional data points for the decade.