RURAL HEALTH CARE

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URBANIZATION LEVELS DEFINED

- LARGE CENTRAL METRO – Counties in large metropolitan areas (1 million population or more) that contain all or part of the largest central cities
- LARGE FRINGE METRO – Remaining counties in large metropolitan areas
- SMALL METRO – Counties in metropolitan areas with less than 1 million population
- LARGE RURAL – Non-metropolitan counties with a city of 10,000 or more population
- SMALL RURAL – Non-metropolitan counties without a city of 10,000 or more population
- MICROPOLITAN – Counties with at least one urban cluster of at least 10,000 but less than 50,000 people

Source: US Office of Management and Budget

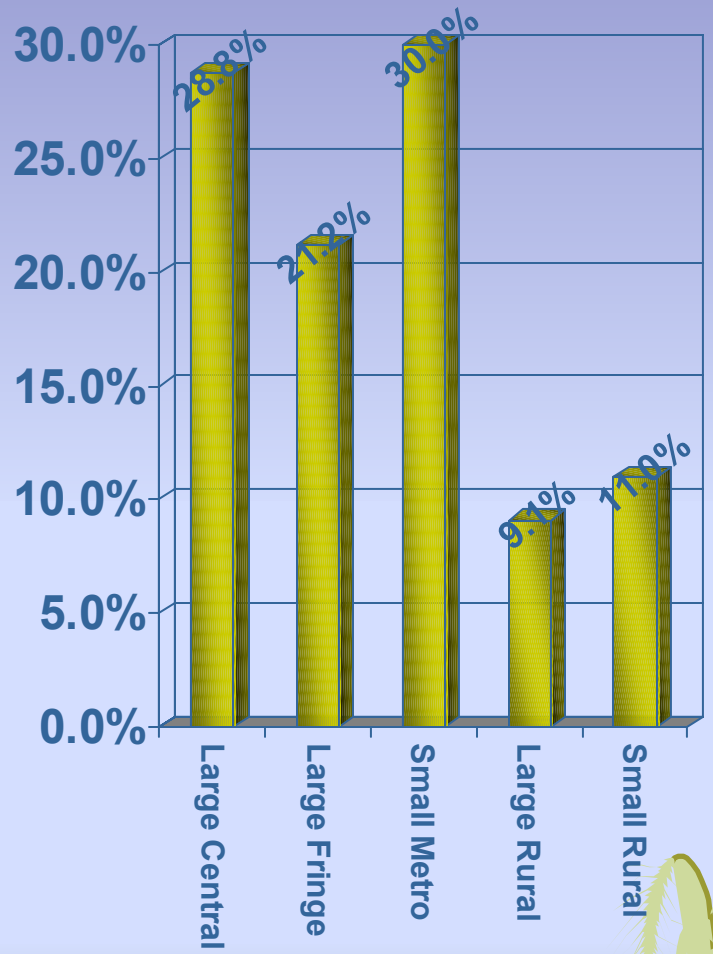
IMPLICATIONS OF URBANIZATION

Communities at different urbanization levels differ in their demographic, environmental, economic, and social characteristics. These characteristics influence the magnitude and types of health problems communities face. In addition, more urban counties tend to have a greater supply of health care providers in relation to population, and residents of more rural counties often live further from health care resources.

Source: Rural America: Opportunities and Challenges

URBAN-RURAL POPULATION

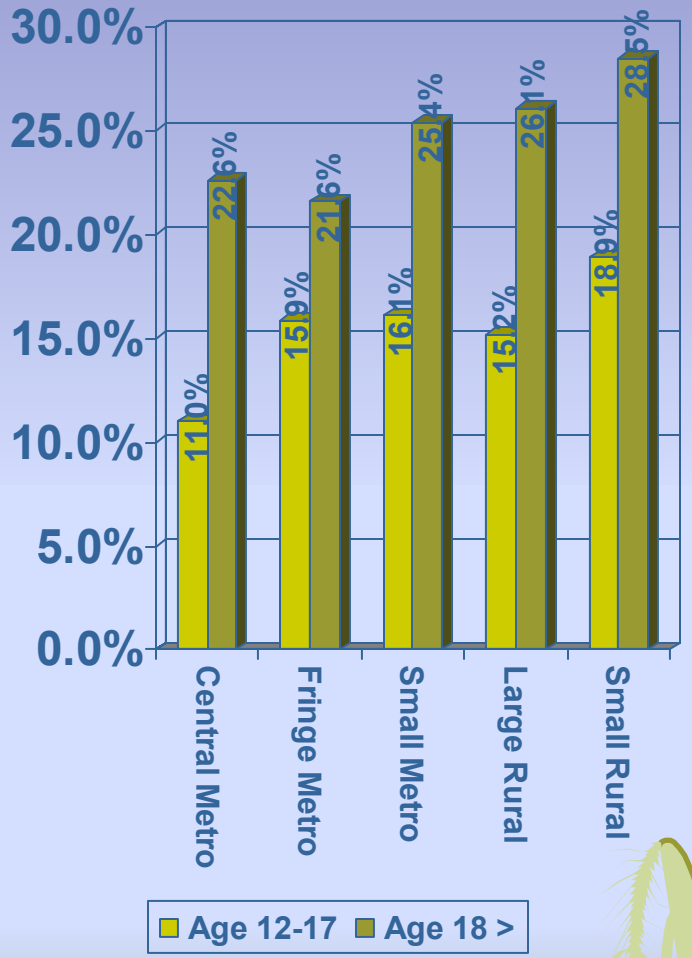
- One-half of all Americans live in large metropolitan areas. Almost ¾ of the US counties are classified as non-metropolitan, but they contain only 20% of the population
- The age structure of the population tends to get older as urbanization decreases
- Central counties of large metro areas are more racially and ethnically diverse than counties at other urbanization levels
- Fringe counties have the lowest level of poverty



Source: Health US, 2001

URBAN-RURAL HEALTH RISK FACTORS

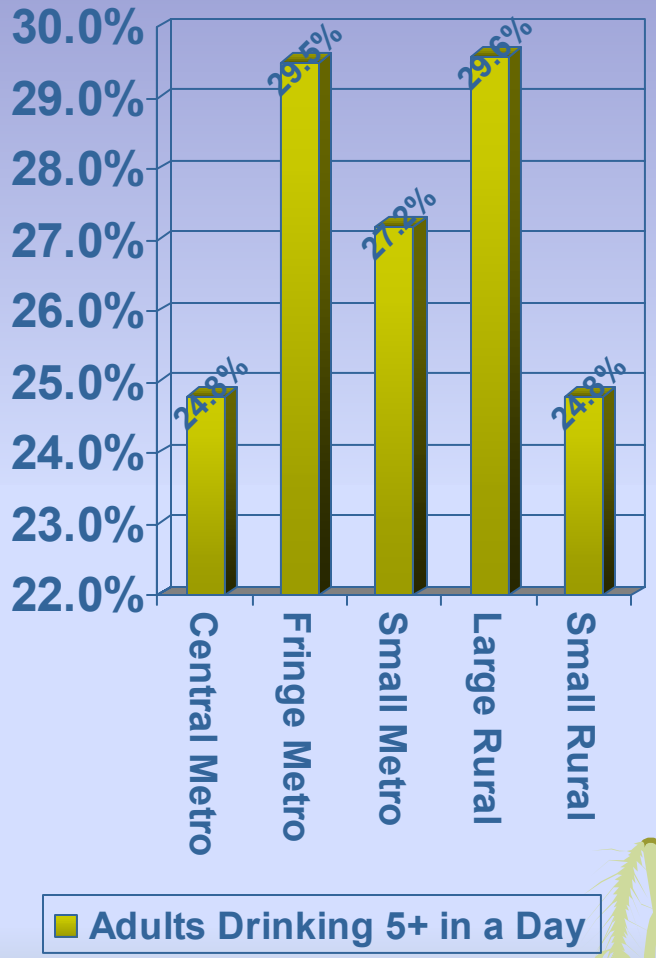
- Adolescents living in the smallest rural counties are the most likely to smoke, and those living in central metro counties are the least likely to smoke
- Adults living in the smallest rural counties are most likely to smoke, and those living in large metro areas (central and fringe) are least likely to smoke



Source: Health US, 2001

URBAN-RURAL HEALTH RISK FACTORS

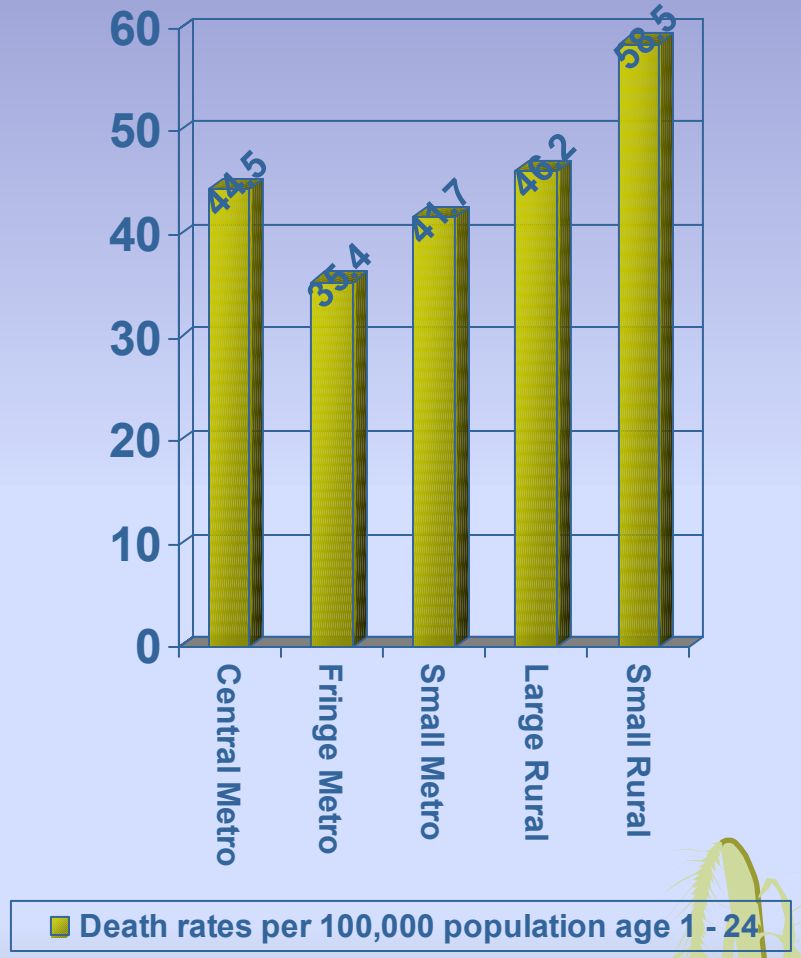
- Adults 18-49 living in Central Metro areas are less likely to report consuming five or more drinks in one day in the last year than those living in other urbanized areas
- Women living in fringe counties have the lowest prevalence of obesity and women living in most rural counties have the highest



Source: Health US, 2001

URBAN-RURAL MORTALITY

- Infant mortality rates are lowest in fringe counties
- Death rates for children and young adults (1-24) are lowest in fringe counties and highest in small rural counties
- Death rates for working age adults (25-64) are lowest in fringe counties
- Death rates among seniors (65>) are lower in central and fringe metro counties
- Death from unintentional injuries increase markedly as counties become less urban



Source: Health US, 2001

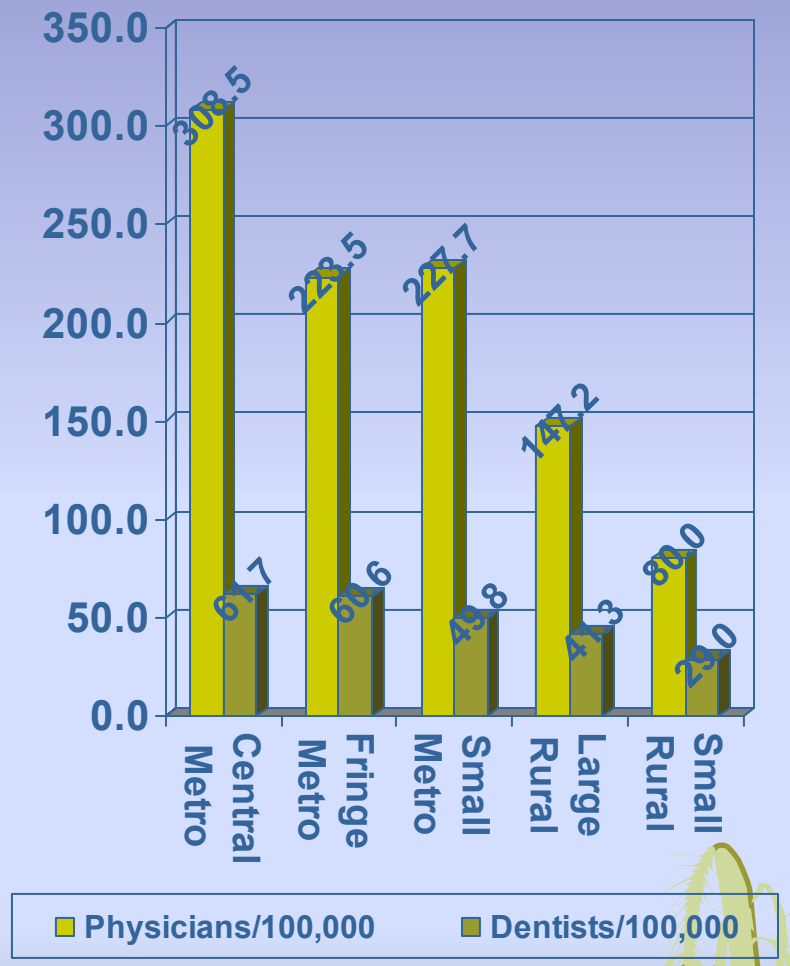
URBAN-RURAL HEALTH MEASURES

- Death rates for motor vehicle traffic-related injuries in the smallest rural counties are twice as high as the rates in central metropolitan counties
- The highest homicide rates are found in central metropolitan areas
- Suicide rates for males 15 and older increase steadily as counties become less urban
- The birth rate for adolescents (15-19) are lowest in fringe metro counties
- Limitation in activities due to chronic health conditions among adults is more common in rural areas than in large metro counties
- Total tooth loss among seniors generally increases as urbanization declines

Source: Health US, 2001

URBAN-RURAL HEALTH CARE ACCESS

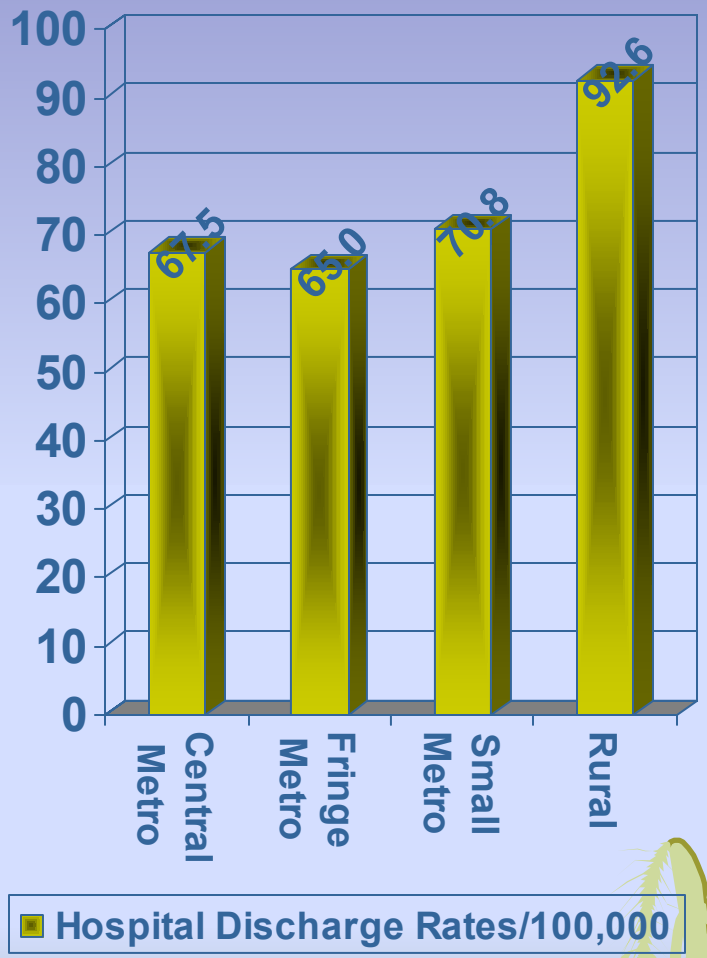
- Lack of health insurance among non-elderly Americans is least common in fringe metro counties, and most common in central metro counties and in small rural counties
- The urbanization pattern for physician supply depends on physician specialty
  - In 1999, the supply of general and family practice physicians rose slightly as urbanization decreases
  - By contrast, the supply of other types of physicians decreased markedly as urbanization decreased
- Dentist supply decreases markedly as urbanization decreases



Source: Health US, 2001

URBAN-RURAL HEALTH CARE USE

- The urbanization pattern for dental care use is similar to that for dentist supply—it decreases as urbanization decreases
- Inpatient hospital discharge rates among adults (18-64) are higher in rural counties than in metropolitan counties
- Age-adjusted average lengths of stay were longer among central county residents than among rural residents
- Alcohol treatment admission rates were higher in small metro and large rural counties than in other urbanization levels
- Admission rates for opiates and cocaine tend to decrease as urbanization decreases



Source: Health US, 2001

GENERAL CHARACTERISTICS

- One-fifth of America's population lives in rural areas
- In comparison with urban Americans, rural residents have
  - Higher poverty rates
  - A larger percentage of elderly
  - Tend to be in poorer health
  - Have fewer physicians, hospitals, and other health resources
  - Face more difficulty getting to health services
  - Face worse outcomes and higher risks of death from traumatic injuries

Source: Health US, 2001

KEY ASPECTS OF RURAL HEALTH DELIVERY

- Rural hospitals struggle to provide access to appropriate primary health care and specialty services for their clients
- Rural populations are relatively underserved
- Rural hospitals depend on local physicians for their patient volume
- There is a significant difference in the physician to population ratio in rural areas compared with urban and suburban areas
- On average, a rural resident must travel 5 to 15 times farther, compared to suburban counterparts, to get to a provider
- As a group, rural hospitals operate on thinner operating margins than urban/suburban hospitals

Source: Health US, 2001

SUMMARY

- Improving health behaviors to reduce the risk of disease and disability poses distinct challenges for central metropolitan counties, with their ethnically diverse and large economically disadvantaged populations. Equally difficult but different challenges confront the small rural counties with more dispersed and older populations
- A community's health depends not only on the socio-demographic characteristics and risk factors of its residents, but also on their access to and use of health care services. Factors affecting access include health insurance coverage, as well as provider supply

QUESTIONS?

