

Health Disparities: A Rural – Urban Chartbook



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June 2008



Funding Acknowledgment:

This report was prepared under Grant Award No 6 U1C RH 03711-04-01 with the Federal Office of Rural Health Policy, Health Resources and Services Administration



Rural Health Research
& Policy Centers

Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

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Executive Summary

Rural minorities experience disparities in health and health care delivery. Previous studies have illustrated many of the health disparities experienced by rural residents, such as poorer health status, higher obesity prevalence, more with activity limitations, and higher mortality rates. The Chartbook seeks to expand the work of the National Healthcare Disparities Reports, issued annually by the Agency for Healthcare Research and Quality. These Reports are limited in their discussion of disparities experienced by rural residents and present little data regarding disparities among rural minority populations. The present Chartbook expands upon prior work by examining potential disparities among rural populations in health, health behaviors, preventive services and diabetes care.

Information for the Chartbook was drawn from three sources: the 2005 and the 2006 Behavioral Risk Factor Surveillance Surveys (BRFSS) and the 2005 Area Resource File (ARF). Urban/Rural residence was defined at the county level using Urban Influence Codes (UICs). Counties were categorized as “micropolitan” rural (UIC Codes 3, 5 & 8), “small rural adjacent to a metro area” (UIC Codes 4, 6 & 7), and “remote rural” (UIC Codes 9, 10, 11, & 12). If UIC Codes were 1 or 2, then the county was coded as “Urban”. Race / Ethnicity was defined using the BRFSS race definitions, including: Non-Hispanic white (hereafter “white”), non-Hispanic black (hereafter “black”), Asian and Pacific Islander (API, hereafter “Asian”), and American Indian and Alaska Native (AI/AN, hereafter “American Indian”). All other races, as well as respondents who either refused to identify their race or did not know what their race was, were collectively classified as “other.” All Hispanics were grouped together, regardless of race.

Key findings of the Chartbook include:

Health & Health Behaviors

- Residents in any rural county were more likely to report fair to poor health status than were residents of urban counties (19.5% versus 15.6%).
- Rural adults were more likely to report having diabetes than were urban adults (9.6% versus 8.4%).
- Rates of diabetes were markedly higher among rural American Indian (15.2%) and black adults (15.1%).
- Rural residents were more likely to be obese than were urban residents (27.4% versus 23.9%).
- Rural black adults were particularly at risk for obesity; their obesity rate ranged from 38.9% in rural micropolitan counties to 40.7% in remote rural counties.
- Rural residents were less likely than urban residents to meet CDC recommendations for moderate or vigorous physical activity (44.0% versus 45.4%).
- Rural black adults were less likely to meet recommendations for physical activity than other rural residents; this difference persisted across all levels of rurality.

Access to Healthcare Services

- Rural residents were more likely to be uninsured than urban residents (17.8% versus 15.3%).
- Hispanic adults were most likely to lack insurance, with uninsured rates ranging from 40.8% in rural micropolitan counties to 56.1% in small remote rural counties.

- Most rural and urban residents report having a personal health care provider (81.0% and 79.4%, respectively). Across rural counties, residents in remote rural counties were least likely to have a personal physician (78.7%).
- Rural white adults were more likely to report having a personal health care provider than were other adults. Among Hispanic adults, the proportion with a personal provider ranged from 60.4% in rural micropolitan counties to 47.7% in remote rural counties.
- Rural adults were more likely than urban adults to report having deferred care because of cost (15.1% versus 13.1%).
- Black, Hispanic and American Indian rural adults were more likely to report having deferred care due to cost than were white rural adults.

Receipt of Preventive Services

- Rural women were less likely than urban women to be in compliance with mammogram screening guidelines (70.7% versus 77.9%).
- Rural women were less likely to report having a pap smear done within the past three years than urban women (86.0% versus 91.4%).
- Rural residents over age 50 were less likely ever to have had a colorectal cancer screening than were urban residents (57.7% versus 61.4%).

Quality of Diabetes Care

- The proportion of adults with diabetes who reported receiving at least two hemoglobin A1c tests within the past year was low among both rural (33.1%) and urban (35.0%) residents.
- White rural residents with diabetes were more likely than black or Hispanic residents to receive at least two hemoglobin A1c tests in the past year.
- Only 64.2% of rural and 69.1% of urban adults with diabetes reported receiving an annual dilated eye exam (not significantly different).