

# What is Different About Rural Washington-A rural health snapshot

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**How Rural is Washington State?** In 2005, 784,000 persons (12.5% of state population) resided in rural counties<sup>i</sup> which are 59.4% of Washington's land area.

The population in all counties in Washington grew between 1990 and 2005. The populations of most small town rural and isolated rural counties grew more slowly than urban counties. Population growth in 4 large town counties - Asotin, Chelan, Douglas and Skagit led to their reclassification as urban counties.

	Number of Counties		Population in Counties (2005) <sup>ii</sup>	
	1990	2005	1990	2005
Urban	12	16	4,058,246 – 83.5%	5,472,600 – 87.5%
Rural	27	23	808,417 – 16.5%	783,800 – 12.5%

**Who lives in Rural Washington?** Rural populations are older and less diverse. The composition of the minority population also differs between urban and rural counties. Blacks and Asian/Pacific Islanders are a larger share of the minority population in urban counties. Hispanics and American Indians are a larger share of rural minority populations.

	Total Population	Percent Over 65 Years of Age (2005) <sup>iii</sup>	Percent Minority Population(2003) <sup>iv</sup>
Urban	5,472,600	10.7%	22.9%
Rural	783,800	15.3%	16.4%

Rural residents are more likely to live in poverty and have significantly lower median incomes.

	Total Population	Percent Below 100% of Federal Poverty Level (2003) <sup>v</sup>	Median Incomes in 2004 (\$000) <sup>vi</sup>
Urban	5,472,600	10.7 %	53.3
Rural	783,800	13.4 %	38.8

**Who Pays for Health Services in Rural Washington?** Rural populations are more likely to be enrolled in Medicaid and Medicare and to lack health insurance. Rural Medicare enrollees were three times less likely than urban enrollees to participate in Medicare managed care (6.2% vs 17.1%).

	Total Population	Percent enrolled in Medicare (March 2005) <sup>vii</sup>	Percent Enrolled In Medicaid (2004) <sup>viii</sup>	Percent Uninsured (2004) <sup>ix</sup>
Urban	5,472,600	12.6 %	12.9%	9.4%
Rural	783,800	18.1 %	16.4%	12.3%

**What are the health concerns of Rural Washington?** Rural populations have higher mortality and hospitalization rates and report greater health risks in some areas. Some of this difference is linked to higher poverty rates, an older age structure, and differences in minority composition for rural populations. The following table summarizes some health indicators. An asterisk (\*) indicates significantly high mortality and hospitalization rates.

Age Adjusted Rate per 100,000 (2001-2003) <sup>x</sup>	Urban	Rural
<b>Mortality (ICD 10 Codes)</b>		
All Causes	786	819*
Males Ages 1-24	49.9	63.9*
Females Ages 1-24	19.5	29.7*
Transport Accident (0.9978, .0006)	12.3	23.3*
Suicide (.9962, .0005)	12.3	15.5*
Homicide (.9983,.0006)	3.4	3.1
Infant Mortality Rate (per 1000 births)	5.6	5.9
Diabetes ( 1.0082,.0011)	25.6	27.5*
<b>Hospitalizations (primary cause – ICD 9 Code)</b>		
All Hospitalizations	9542	10181*
AIDS (042-044)	8.4	2.9
All Cancers (140-208)	353.3	369.7*
Diabetes (250)	94.1	107.5*
Alcohol related (includes secondary cause)	351.6	341.1
Illicit drug related (includes secondary cause)	277.3	209.4

**Is Access to Physicians Different in Rural Washington?** Rural populations have fewer physicians available. The gap is greater for specialty care.

# of Physicians per 100,000		
	Primary Care Physicians (2005) <sup>xi</sup>	Specialist Physicians (2000) <sup>xii</sup>
Urban	74	135
Rural	62	78

<sup>1</sup> The Rural Urban Commuting Area Codes (RUCA) system is a classification system based on census tract geography developed by the US Department of Agriculture and based on 2000 census data. Both population size and commuting relationships are used to classify census tracts. The Washington state Office of Community and Rural Health developed a five-Tiered Consolidation of RUCA codes for general analyses of county level data. Urban - Over 50% of the county population resides in urbanized census tracts or tracts where more than 30% of the commuter flow is to an urbanized area. An urbanized area is a built up area of 50,000 or more  
Rural counties: Adams, Clallam, Columbia, Ferry, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skamania, Stevens, Wahkiakum, Walla Walla, and Whitman.

<sup>ii</sup> Office of Financial Management, Official April 1, 2005 Population Estimates

<sup>iii</sup> Office of Financial Management, 2005 Population Trends, Table 10

<sup>iv</sup> Office of Financial Management, September 2004, Race and Minority Data for Washington State and its Counties 1990, 2000, 2003, 2005 – Table 4C (2003) weighted to 2005 population data

<sup>v</sup> US Bureau of the Census 2003 SAIPE estimates weighted to 2005 OFM population data

<sup>vi</sup> Office of Financial Management Median Household Income Estimates by County October 2005

<sup>vii</sup> US Center for Medicare and Medicaid Services. Quarterly Report on Medicare Managed Care – March 2005.

<sup>viii</sup> Washington State Department of Health and Human Services. Provider Access in Washington State. <http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/>

<sup>ix</sup> Office of Financial Management. State Population Survey data aggregating results for East and West Balance regions. Excludes San Juan and Island County. Includes Cowlitz, Asotin, Chelan and Douglas County

<sup>x</sup> Mortality data – Death Certificate Data, Infant Mortality – Linked Birth/Death Certificate Data, Center for Health Statistics; Hospitalization data, Hospital Discharge Data, Office of Hospitalization and Patient Data Systems, Washington Department of Health. Rates calculated by Vince Schueler using Vista. Age adjusted to year 2000. High rates could be tied to higher morbidity, poorer access, differences in practice patterns. Hospitalization rates are affected by the presence of military hospitals and missing data from some border counties

<sup>xi</sup> Office of Community and Rural Health. Primary Care Clinic Inventory. August 2005. Primary care capacity for King County was estimated and may be high. This may inflate urban ratios by 5-10%. Quarterly Report on Medicare Managed Care – March 2005.

<sup>xiii</sup> Larson E, Johnson K et al State of the Health Workforce in Rural America: Profiles and Comparisons: WWAMI Rural Health Research Center August 2003. Specialist data uses 2000 American Medical Association provider data and used 1990 Metropolitan vs Non-Metropolitan county classifications to classify counties as urban and rural.

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