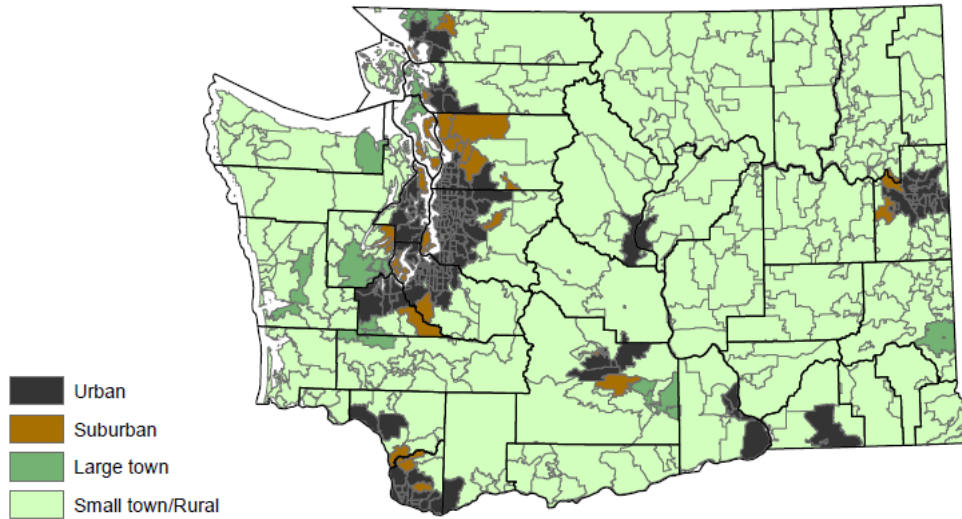


Office of Community Health Systems Series on Rural-Urban Disparities

Rural Washington: Closing Health Disparities

Four levels of geographical classification, based on census 2010 RUCA codes



RUCA: Rural Urban Commuting Area

Background

- Health disparities between communities in rural and urban areas are persistent problems. An exploration of health profiles of communities across selected classification variables, such as socio-demographic characteristics, modifiable risk factors, and health outcomes by geography; highlights existing disparities. This understanding can assist program planning and evaluation, and inform policy directions.
- Defining rurality is a complex endeavor, and to date there is no consensus on how to go about it. The definition of urban and rural areas varies, changes over time, and can produce different results and conclusions. For this fact sheet, we used a modified, four-level rurality classification, based on census 2010 RUCA 3.1 codes.
- The shared figures and information highlight selected summary statistics on self-reported community health profiles; use of preventive healthcare services, behavioral risk factors, and selected health outcomes. This report is based on data from the Washington State Behavioral Risk Factors Surveillance System.

Findings

- Overall, communities in rural areas are at a disadvantage on multiple health and health-related measures. Rural area residents face multiple barriers, such as degree of illness and lack of means of transportation. The burden is predominantly greater in large town and small town/rural areas (tables 1 and 2). The rates are also declining over the years, which may be a reflection of the positive effects of the Affordable Care Act.

Table 1. Percentages of Selected Utilization Measures by Rurality: Washington State, 2012-2015					
Measures	Year	Urban	Suburban	Large Town	Small Town/Rural
Adults with unmet medical needs due to cost	2012	16.0	16.7	12.3‡	16.9
	2013	15.4	14.3	21.0	17.9
	2014	11.8	8.5‡	13.1	16.5‡
	2015	11.0	12.9	11.8	12.3
Adults who had annual dental care visit	2012	69.1	68.4	66.2	60.2‡
	2014	69.0	70.7	57.5‡	60.7‡
	2015	68.7	64.9	60.3‡	59.8‡
Adults without preventive screening for breast cancer	2012	22.0	23.8	29.1	28.5‡
	2013	22.8	17.5	29.4	31.7‡
	2014	20.1	22.3	24.1	28.3‡
	2015	20.3	24.6	18.9	30.1‡
Adults without preventive screening for colon cancer	2012	31.2	32.0	34.6	39.8‡
	2013	30.9	31.9	37.0	36.5‡
	2014	29.4	26.3	26.2	37.9‡
	2015	28.6	28.3	31.8	37.4‡

‡ Statistically significant differences compared to urban at $p < 0.05$ level

- Measures where communities in rural areas on average have predominantly higher rates than the average for urban areas:
 - Adults with unmet medical needs due to cost.
 - Women who did not use screening services for breast cancer.
 - Adults who did not use screening services for colorectal cancer.
 - Adults who currently smoke.
 - Adults who are obese.
 - Adults who are told by a healthcare professional that they have diabetes.
 - Adults who are told by a healthcare professional that they have coronary heart disease.
 - Adults who are told by a healthcare professional that they have cancer.

- Measures where residents in rural areas have predominantly lower rates than the average for urban areas:
 - Adults who had annual dental care visit.
 - Adults who reported mental health as not good.

Table 2. Percentages of Self-reported Risk Factors and Health Outcomes by Rurality: Washington State, 2012-2015					
Measures	Year	Urban	Suburban	Large Town	Small Town/Rural
Adults who currently smoke	2012	16.8	21.1	17.2	18.8
	2013	15.7	15.9	22.9‡	19.2‡
	2014	14.8	19.1	17.9	16.8
	2015	14.1	19.1‡	17.2‡	19.3‡
Adults who are obese	2012	26.0	29.9	32.8‡	28.0
	2013	26.1	26.6	29.7	31.6‡
	2014	25.7	27.0	31.5	31.7‡
	2015	25.2	27.8	31.6‡	30.8‡
Adults who had diabetes	2012	8.2	10.6	8.6	8.1
	2013	8.1	6.7	7.9	8.7
	2014	7.9	9.8	8.5	10.0‡
	2015	7.8	7.1	10.5	8.1
Adults who had coronary heart disease	2012	4.8	6.7	5.5‡	5.9
	2013	5.3	6.1	6.5	5.5
	2014	4.6	6.5	6.1	6.1‡
	2015	4.8	5.6	5.3	6.1‡
Adults who had cancer	2012	11.0	11.6	12.5	11.6
	2013	11.7	12.0	12.6	11.4
	2014	11.1	9.4	9.5	12.0
	2015	10.6	11.6	12.6	11.9
Adults who reported mental health as not good	2012	11.4	19.1‡	10.3	9.9
	2013	11.6	11.7	15.7	10.2
	2014	11.2	10.6	12.8	9.5
	2015	10.9	13.4	11.5	11.4

‡ Statistically significant differences compared to urban at $p < 0.05$ level

Public Health Systems Implications

- Health disparities between urban and rural area residents are real and persistent over time. The further away a place of residence is from urban areas, the greater the magnitude of health disparities.
- In general, people with high behavioral risk factors profile are very likely to have actual poor health status. Having poor health overburdens not only those affected and their families, but also the healthcare system.
- Access to adequate and quality healthcare services empowers people to take more control over their health and help build healthier behaviors.
- Collaborative and integrated efforts across the spectrum of health systems, and the proactive involvement of individuals, families and the community, are frequently cited strategies for a meaningful improvement in the health of populations.