Social Determinants

World Health Organization definition:

"the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."
Social Determinants of Health

1) Economic stability
   • Poverty, employment, food security, housing stability

2) Education
   • High school graduation, enrollment in higher education, language and literacy, early childhood education and development

3) Social and community context
   • Social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization

4) Health and health care
   • Access to health care, access to primary care, health literacy

5) Neighborhood and built environment
   • Access to healthy foods, quality of housing, crime and violence, environmental conditions


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Social Determinants of Rural Health

- Rural residents tend to be poorer than urban residents
  - Average median household income is $42,628 for rural counties ($52,204 for urban counties) (2013)
  - The average percentage of children living (ages 0-17) living in poverty is 26% in rural counties (21% urban) (2013)

- Rural residents’ educational attainment (2009-2013) - Averaged across counties
  - 16.5% have < high school education (14.7% urban)
  - 36.3% have only a high school diploma (31.9% urban)
  - 17.4% have a Bachelor’s degree or higher (24% urban)
Social Determinants Impact on Access to Health Care

- Poverty, income, and employment status contribute to:
  - Health insurance coverage
  - The ability to pay out-of-pocket costs such as co-pays and prescription drug costs
  - Time off work to go to an appointment
  - **A means of transportation to visit a healthcare provider**
  - The skills to effectively communicate with healthcare providers
  - An expectation that they will receive quality care, whatever their race/ethnicity or income level.

Transportation Services Support Health and Well-Being

- Rural populations
  - Elderly, Veterans, Disabled, Tribal and Low-income
- Missed trips impact health
- Cost-effective and improves health
- Only 3.7% of rural households use public transportation, compared to 17.3% of all U.S. households
Who are you serving in rural America?
Examination of Trends in Rural and Urban Health: Establishing a Baseline for Health Reform

- CDC published *Health United States, 2001 With Urban and Rural Health Chartbook*
  - No urban/rural data update since 2001

- Purpose of this study:
  - Update of rural health status ten years later to understand trends
  - Provide baseline of rural/urban differences in health status and access to care prior to ACA implementation
Methods

- Replicated analyses conducted in 2001 using most recent data available (2006-2011)
- Used same data source, when possible:
  - National Vital Statistics System
  - Area Resource File (HRSA)
  - U.S. Census Bureau
  - National Health Interview Survey (NCHS)
  - National Hospital Discharge Survey (NCHS)
  - National Survey on Drug Use and Health (SAMHSA)
  - Treatment Episode Data Set (SAMHSA)
- Applied same geographic definitions, although classifications may have changed since 2001:
  - Metropolitan Counties: large central, large fringe, small
  - Nonmetropolitan Counties: with a city ≥ 10,000 population, without a city ≥ 10,000 population

Population: Poverty

Population in poverty by rurality

- 1997
- 2011
Mortality: Working-Age Adults

Death rates for all causes among persons 25-64 years of age by rurality

Mortality: Chronic Obstructive Pulmonary Diseases

Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by rurality
**Mortality: Suicide**

Suicide rates among persons 15 years of age and over by rurality

<table>
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<tr>
<th>Region</th>
<th>1996-1998</th>
<th>2008-2010</th>
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<tbody>
<tr>
<td>Large central</td>
<td>12.8</td>
<td>15.2</td>
</tr>
<tr>
<td>Large fringe</td>
<td>13.2</td>
<td>16.5</td>
</tr>
<tr>
<td>Small metro</td>
<td>13.7</td>
<td>16.2</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>15.2</td>
<td>18.0</td>
</tr>
<tr>
<td>Non-core</td>
<td>18.0</td>
<td>20.0</td>
</tr>
</tbody>
</table>

**Risk Factors: Adolescent Smoking**

Cigarette smoking in the past month among adolescents 12-17 years of age by rurality

<table>
<thead>
<tr>
<th>Region</th>
<th>1999</th>
<th>2010-2011</th>
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<tr>
<td>Micropolitan</td>
<td>15.3</td>
<td>15.7</td>
</tr>
<tr>
<td>Non-core</td>
<td>11.3</td>
<td>16.9</td>
</tr>
</tbody>
</table>
Risk Factors: Adult Smoking

Cigarette smoking among persons 18 years of age and older by rurality

Risk Factors: Obesity

Obesity among persons 18 years of age and older by rurality
Regional Mortality Study

- Purpose: To examine the impact of rurality on mortality and to explore the regional differences in the primary and underlying causes of death.

Methods

- Mortality data pulled from National Vital Statistics System (NVSS)
  - Years 2011-2013
- Data are Grouped by:
  - 2013 NCHS Urban-Rural Classification Scheme for Counties
    - (Large Central, Large Fringe, Small/Medium Metro, Micropolitan, Non-core)
  - HHS Regions
  - Age
  - Gender
  - Cause of Death
    - Top 10 Nation-wide causes of death for each age group
Regional Differences in Mortality: Females; 25-64; HHS Region 8

Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Females) Age 25 to 64 Years, in HHS Region 8 (CO, MT, ND, SD, UT, WY), by Rural-Urban Status: United States, 2011-2013

(Sources: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death. Suggested Citation: Rural Health Reform Policy Research Center. Regional mortality and urban-rural differences, August 2015. Bethesda, MD: 2015.)
Mortality Index: Heart Disease – Females, 25-64 yrs, HHS Region 7

Please select:
- Age: 25 to 64
- Gender: Female
- Cause of Death: Heart disease
- Region: HHS Region 7 (IA, KS, MO, NE)

Mortality Index: Female, 25 to 64, Heart disease; HHS Region 7, IA, KS, MO, NE

The blue area below 100 indicates the point at which the regional and national rates are equal.

Mortality Rates: Female; 25 to 64; Heart disease; HHS Region 7, IA, KS, MO, NE

Appalachian Region
Index for Mortality Rates for Cause Related to the National Mortality Rate among Persons (Males) Age 25 to 64 Years, In Appalachia Region, by Rural-Urban Status: United States, 2011-2013

Objects above the national line where states 10% indicates mortality rates higher than the national average, below the line are values below the average.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Accidental Cause of Death.
Rural Resources to Improve Health

- RAC’s Community Health Gateway
  - Conducted on behalf of the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (ORHP)
  - A compilation of evidence-based practices and resources that can strengthen rural health programs
  - New toolkits each year on different topics that target ORHP grantees, future applicants, and rural communities
- Rural Health Models and Innovations Hub
  - [https://www.raconline.org](https://www.raconline.org)
- Rural Health Research Gateway
  - [https://www.ruralhealthresearch.org/](https://www.ruralhealthresearch.org/)
Transportation to Support Rural Healthcare

Transportation is an important social determinant of health in rural communities. The availability of reliable transportation impacts a person’s ability to access appropriate and well-coordinated healthcare, purchase nutritious food, and otherwise care for him or herself. Rural populations most likely to need transportation services to maintain their health and well-being include:

- the elderly
- people with disabilities
- low-income individuals and families
- veterans and people with special healthcare needs, who often must travel long distances to access care

The guide focuses on how communities can provide transportation services to support access to rural healthcare, which may also benefit healthcare providers by decreasing inappropriate use of EMS services, improving utilization of healthcare services, and decreasing re-admission rates. The guide also highlights transportation as a community-based service that can allow the elderly and people with disabilities to live successfully in a community rather than entering a long-term care facility or leaving the community.

Frequently Asked Questions

- Where can I get help planning and funding transportation projects?
- Where can I get help finding local transportation programs and services?
- What are the health-related consequences of not having

Rural Community Health Gateway

Build What Works

The Rural Community Health Gateway can help you build effective community health programs and improve services you offer. Resources and examples on this Gateway are shown for effectiveness, and adaptability and drawn from programs with a strong history of service and community success. By starting from approaches that are known to be effective, you can make the best use of limited funding and resources.

Evidence-Based Toolkits

- Care Coordination Toolkit
  Resources and best practices to help you identify and implement a care coordination program.
- Community Health Workers Toolkit
  Resources to help you develop a community health worker (CHW) program to reach underserved populations, using evidence-based approaches from other rural communities.
- Health Promotion and Disease Prevention Toolkit
  Resources and best practices to help you identify and implement a health promotion program in your community.
- Mental Health and Substance Abuse Toolkit
  Resources to develop and implement programs to improve community mental health using proven approaches and strategies.
- Obesity Prevention Toolkit
  Resources to help you develop an obesity prevention program, building on best practices of successful obesity prevention programs.
- Oral Health Toolkit
  Resources and best practices to help you develop and implement a program to address oral health disparities in your community.
Alana Knudson, PhD
Email: knudson-alana@norc.org
Phone: 301-634-9326