Rural Health Research & Policy
Relevance

Sarah Bryce, M.S.
Research Coordinator

Health Resources and Services Administration
U.S. Department of Health and Human Services
Health Resources and Services Administration (HRSA)

- Primary Federal agency for improving access to health care services for people who are uninsured, geographically isolated, or economically or medically vulnerable
Federal Office of Rural Health Policy (FORHP)

• Collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America
Federal Office of Rural Health Policy

- Policy Research Division
- Office for the Advancement of Telehealth
- Community Based Division
- Hospital State Division
SEC. 711. [42 U.S.C. 912] (a) There shall be established in the Department of Health and Human Services (in this section referred to as the “Department”) an Office of Rural Health Policy (in this section referred to as the “Office”). The Office shall be headed by a Director, who shall advise the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under titles XVIII and XIX on the financial viability of small rural hospitals, the ability of rural areas (and rural hospitals in particular) to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas.

(b) In addition to advising the Secretary with respect to the matters specified in subsection (a), the Director, through the Office, shall—

(1) oversee compliance with the requirements of section 1102(b) of this Act and section 4403 of the Omnibus Budget Reconciliation Act of 1987[23] (as such section pertains to rural health issues),

(2) establish and maintain a clearinghouse for collecting and disseminating information on—

(A) rural health care issues, including rural mental health, rural infant mortality prevention, and rural occupational safety and preventive health promotion,

(B) research findings relating to rural health care, and

(C) innovative approaches to the delivery of health care in rural area, including programs providing community-based mental health services, pre-natal and infant care services, and rural occupational safety and preventive health education and promotion,

(3) coordinate the activities within the Department that relate to rural health care,

(4) provide information to the Secretary and others in the Department with respect to the activities, of other Federal departments and agencies, that relate to rural health care, including activities relating to rural mental health, rural infant mortality, and rural occupational safety and preventive health promotion, and

(5) administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas.
Rural Health Research Centers (RHRC)

- 1st grant program from FORHP
- Cooperative agreement
- 4 year award
- 4 research projects/year
- $4.6 million/year investment
RHRC Cooperative Agreement FY2012-FY2016
Grantees
Feb
Research Directors’ Meeting

Mar - Aug
FORHP & RHRCs develop research portfolios

Sep
RHRCs receive research funding

12-18 Months Later
Policy Brief(s) released
Policy Briefs

• Presents findings of research product to non-specialized audience

• Highlights policy implications
Rural Health Research Dissemination

- Cooperative agreement
- Disseminate and market FORHP funded research products

www.ruralhealthresearch.org
Contact Information

Sarah Bryce, M.S.
Research Coordinator
301-443-5982
sbryce@hrsa.gov
Rural Health Research Gateway

Provides easy and timely access to research and findings of the FORHP-funded Rural Health Research Centers

https://vimeo.com/122313861
Rural Health Research Gateway Tools

• The Website
• Research Alerts
• RSS Feed
• Social Media
• Webinars
• *Dissemination of Rural Health Research: A Toolkit*
Rural Health Research Centers
Welcome to the Rural Health Research Gateway. This site provides access to publications and projects funded through the Federal Office of Rural Health Policy (FORHP).

- Learn more about the Rural Health Research Gateway
- Gateway Flyer

Research in Progress
Projects currently underway as part of the Rural Health Research Centers and Analysis Initiatives program.

Research Alerts
The Rural Health Research Alert Email provides periodic updates when new publications become available.

- Browse recent updates

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Featured Resources
- Rural Taxonomy of Population and Health-Resource Characteristics
- Hospital Views of Factors Affecting Telemedicine Use
- Variability in General Surgical Procedures In Rural and Urban U.S. Hospital Inpatient Settings
Rural Health Research by Topic

A

- African Americans
- Aging
- AIDS and HIV
- Allied health professionals
- American Indians and Alaska Natives

B

- Behavioral health, see Mental health
- Border and international health

C

- Capital funding
- Children
- Chronic diseases and conditions
- Collaboration, see Networking and collaboration
- Critical Access Hospitals and Rural Hospital Flexibility Program
- Cultural competency

D

- Defining rural
Rural Health Research Centers and Analysis Initiatives

The Federal Office of Rural Health Policy (FORHP) currently funds seven rural health research centers and three rural health policy analysis initiatives. In previous funding cycles, FORHP has also funded individual researchers and other research centers. See projects currently in progress by all centers.

Current Research Centers & Areas of Expertise

- Maine Rural Health Research Center
  Health Insurance and the Uninsured, Long Term Services and Supports, Rural Health Clinics (RHCs), Mental Health, Substance Abuse

- North Carolina Rural Health Research and Policy Analysis Center
  Medicare, Medicaid and S-CHIP, Health Care Financing, Health Policy

- North Dakota and NORC Rural Health Reform Policy Research Center
  Health Policy, Health Services, Frontier health, Workforce

- RUPRI Center for Rural Health Policy Analysis
  Health Policy, Medicare, Medicare Advantage (MA), Health Insurance and the Uninsured, Health Services

- South Carolina Rural Health Research Center
  Health Disparities, Minority Health, Health Services

- University of Minnesota Rural Health Research Center
  Quality, Health Information Technology, Health Services

- WWAMI Rural Health Research Center
  Workforce, Health Services
RUPRI Center for Rural Health Policy Analysis

Center funded by the Office of Rural Health Policy, Fiscal Years 2012-2016

RUPRI Center for Rural Health Policy Analysis
145 Riverside Drive
Iowa City, IA 52242-2007
Phone: 319.384.3832
Email: cph-rupri-inquiries@uiowa.edu
Website: View center's website

Director: Keith J. Mueller, PhD

The RUPRI Center for Rural Health Policy Analysis is based at the University of Iowa, in the Department of Health Management and Policy at the College of Public Health. The Center focuses on rural health care financing/system reform, rural systems building, and meeting the health care needs of special rural populations. Specific objectives include the following: Conducting original research and independent policy analysis that provides policymakers and others with a more complete understanding of the implications of health policy initiatives and disseminating policy analysis that ensures policymakers will consider the needs of rural health care delivery systems in the design and implementation of health policy.

Projects

The Center has 4 research projects currently underway.

In the past, the Center has completed 50 research projects.

Research Findings

View publications, including policy briefs, working papers, and final reports, on this topic:

- [RUPRI Center for Rural Health Policy Analysis publications by date](#)
- [RUPRI Center for Rural Health Policy Analysis publications A-Z](#)
RUPRI Center for Rural Health Policy Analysis

Publications

Listed by publication date. You can also view these publications alphabetically.

For a complete list of publications from the Center, which may include older publications and publications funded by other sources, please see the Center’s website.

2015

- **Hospital Views of Factors Affecting Telemedicine Use**
  Date: 04/2015
  This Policy Brief expands previous research examining hospital-based use of telemedicine by 1) determining the type of use by hospitals, whether it be providing services as a hub or receiving services as a spoke; and 2) then identifying factors from the hospitals’ perspective that affect use. Key informants at 36 hospitals were interviewed. The hospitals were evenly split between urban/rural and hub/spoke in 22 states, representing all four U.S. Census Regions. Respondents reported factors that initiated telemedicine use at their hospitals, such as a variety of start-up funding from federal, state, and foundation sources. They reported benefits, such as meeting hospital missions and improving patient access, as well as challenges, such as reimbursement procedures and clinician buy-in. They also discussed barriers to expansion, such as licensing and credentialing policies. While challenges and barriers are significant, both hub and spoke hospital respondents state considerable benefits for continued telemedicine use.

- **A Rural Taxonomy of Population and Health-Resource Characteristics**
  Date: 04/2015
  This policy brief reports the newly developed taxonomy of rural places based on relevant population and health-resource characteristics; and discusses how this classification tool can be utilized by policy makers and rural communities. Using the most current data from multiple sources, we applied the cluster analysis to classify 10 distinct types of rural places based on characteristics related to both demand (population) and supply (health resources) sides of the health services market. In descending order, the most significant dimension in our classification was facility resources, followed by provider resources, economic resources, and age distribution. Each type of rural places was distinct from other types of places based on one or two defining dimensions.

- **Developmental Strategies and Challenges for Rural Accountable Care Organizations**
  Date: 02/2015
  This Policy Brief draws insights into initial strategies and challenges of four Accountable Care Organizations.
RUPRI Center for Rural Health Policy Analysis

Publications

Alphabetical list. You can also view by publication date.

For a complete list of publications from the Center, which may include older publications and publications funded by other sources, please see the Center's website.

- **2012 Rural Medicare Advantage Quality Ratings and Bonus Payments**
  Date: 01/2014
  Analyzes differences in rural Medicare Advantage (MA) quality ratings and payments and suggests reasons why quality ratings vary by geography. Overall, the quality rating of MA plans in rural areas is lower than in urban areas, a result of the availability of, and enrollment in, different types of MA plans.

- **2014: Rural Medicare Advantage Enrollment Update**
  Date: 01/2015
  Rural Medicare Advantage (MA) and other prepaid plan enrollment in March 2014 was nearly 1.95 million, or 20.3 percent of all rural Medicare beneficiaries, an increase of more than 216,000 from March 2013. Enrollment increased to 1.99 million (20.4 percent) in October 2014. MA enrollment increased in both rural and urban areas despite reductions in payment and the conclusion of the MA bonus payment demonstration at the end of 2014.
  Some rural counties were reclassified, due to a change in population, and nearly 10 percent of the previously rural MA population is now considered urban; however, the percentage of the rural Medicare beneficiaries enrolled in MA did not change significantly. The majority of growth in rural MA enrollment was in Preferred Provider Organization plans, with over 56 percent of enrollment, while nearly a third of beneficiaries were enrolled in Health Maintenance Organization plans.

- **Accountable Care Organizations in Rural America**
  Date: 07/2013
  Reports that Medicare Accountable Care Organizations (ACOs) currently operate in 16.7% of all U.S. non-metropolitan counties.

- **Affordable Insurance Exchanges and Enrollment: Meeting Rural Needs**
  Date: 01/2012
  Reviews the principal characteristics of exchanges that will affect how well they meet the needs of rural residents, including the structure, governance, and process for enrollment.
Rural Health Research Gateway

The Rural Health Research Alerts provide periodic updates when new publications become available. Browse recent updates:

- **March 26, 2015**
  Variability in General Surgical Procedures in Rural and Urban U.S. Hospital Inpatient Settings

- **March 12, 2015**
  Perspectives of Rural Hospice Directors

- **March 4, 2015**
  The 21st Century Rural Hospital: A Chart Book

- **February 25, 2015**
  Developmental Strategies and Challenges of Rural Accountable Care Organizations

- **February 20, 2015**
  Rural Provider Perceptions of the ACA: Case Studies in Four States

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Perspectives of Rural Hospice Directors

Rural hospice care, as it is currently configured, is under pressure by a variety of factors (e.g., policy and regulation, economic and financial, and organizational and structural) which are reviewed in this document. However, a central core element of rural hospice remains the strong sense of community that is embodied in the system (i.e., typically a small non-profit arrangement) and design (i.e., a delivery system reliant on community connections and personal relationships) of care.

This policy brief is the result of a national phone survey of rural hospice directors or key staff in 47 states. Fifty-three directors or key staff members were interviewed during a three month period in 2013.

Contact Information:

Brad Gibbens, MPA
North Dakota and NORC Rural Health Reform Policy Research Center
Phone: 701-777-2569

Additional Resources of Interest:

• More information from the Rural Assistance Center, Hospice and Palliative Care topic guide
Social Media

Facebook

- Research Center Highlights
- Alerts
- Webinars
Social Media

Twitter Alerts

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Follow us to receive notifications of Federally-funded rural health research and policy analysis publications as soon they are released.
📍 Grand Forks, North Dakota
🔗 ruralhealthresearch.org
⏰ Joined November 2011

Who to follow · Refresh · View all

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ruralhealthresearch.org/alerts/archive … #RuralHealth

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The 21st Century Rural Hospital: A Chart Book ruralhealthresearch.org/alerts/archive… #RuralHealth
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RSS Feed

- What's new

- What is an RSS feed and how do I use it?
Publications via the Rural Health Research Gateway

Policy-relevant research publications from the Rural Health Research and Policy Centers, funded by the federal Office on Rural Health Policy

**Rural Taxonomy of Population and Health-Resource Characteristics**
Wednesday, April 08, 2015 7:00 PM

This policy brief reports the newly developed taxonomy of rural places based on relevant population and health-resource characteristics; and discusses how this classification tool can be utilized by policy makers and rural communities. Using the most current data from multiple sources, we applied the cluster analysis to classify 10 distinct types of rural places based on characteristics related to both demand (population) and supply (health resources) sides of the health services market. In descending order, the most significant dimension in our classification was facility resources, followed by provider resources, economic resources, and age distribution. Each type of rural places was distinct from other types of places based on one or two defining dimensions. 04 / 2015

**Hospital Views of Factors Affecting Telemedicine Use**
Tuesday, April 07, 2015 7:00 PM

This Policy Brief expands previous research examining hospital-based use of telemedicine by 1) determining the type of use by hospitals, whether it be providing services as a hub or receiving services as a spoke; and 2) then identifying factors from the hospitals perspective that affect use. Key informants at 36 hospitals were interviewed. The hospitals were evenly split between urban/rural and hub/spoke in 22 states, representing all four U.S. Census Regions. Respondents reported factors that initiated telemedicine use at their hospitals, such as a variety of start-up funding from federal, state, and foundation sources. They reported benefits, such as meeting hospital missions and improving patient access, as well as challenges, such as reimbursement procedures and clinician buy-in. They also discussed barriers to expansion, such as licensing and credentialing policies. While challenges and barriers are significant, both hub and spoke hospital respondents state considerable benefits for continued telemedicine use. 04 / 2015

**Variability in General Surgical Procedures in Rural and Urban U.S. Hospital Inpatient Settings**
Wednesday, March 25, 2015 7:00 PM

This report addresses rural/urban differences in surgical practices in commonly performed inpatient surgical procedures that are typically handled by general surgeons. National Inpatient Sample data from rural and urban hospitals in 24 states were used to examine the frequency of general surgical procedures, complications during hospitalizations and predicted resource demand. Findings indicate that rural hospitals concentrated on relatively common, low complexity procedures that can be handled by general surgeons, especially if they have received additional training in obstetrics/gynecology and orthopedics. Resource demand, length of stay, complication rates and mortality were lower for patients undergoing common procedures in rural hospitals. Rural training tracks for general surgery that provide a high case load for common general surgery, obstetrics/gynecology and orthopedics procedures may help sustain the general surgery workforce in rural areas. 03 / 2015

**Perspectives of Rural Hospice Directors**
Rural Health Research Gateway Webinars

- Present a Rural Health Research Center topic and product
- Open to anyone
- Host 2-3 a year
- Audio/Visual
- Archived webinars
- Advertised through e-mail Alerts and Social Media
Rural Health Research Gateway Webinars

Upcoming Webinars

There are no webinars scheduled at this time. If you would like to suggest a webinar, please email info@ruralhealthresearch.org.

Archived Webinars

- **The 2014 Update of the Rural-Urban Chartbook**
  Presentved Tuesday, December 9, 2014
  Alana Knudson, PhD from the North Dakota and NORC Rural Health Reform Policy Research Center discussed The 2014 Update of the Rural-Urban Chartbook.

- **Change in Profitability and Financial Distress of Critical Access Hospitals (CAHs) from Loss of Cost-Based Reimbursement by Mark Holmes**
  Presented Friday, October 31, 2014
  Mark Holmes, PhD from the North Carolina Rural Health Research Center discussed the financial performance and condition of Critical Access Hospitals.

- **Change in Profitability and Financial Distress of Critical Access Hospitals (CAHs) from Loss of Cost-Based Reimbursement**
  Presented Friday, September 19, 2014
  Mark Holmes, PhD and George H. Pink, PhD from the North Carolina Rural Health Research Center discussed the financial performance and condition of Critical Access Hospitals (CAHs).

- **Informing Rural Primary Care Policy: What Does the Evidence Tell Us?**
  Presented Thursday, September 23, 2010
  Dr. Mark Doeschler describes documented trends in rural primary care supply and demand issues, citing data related to physician specialty choice, family medicine training, nurse practitioners, physician assistants, and much more. Laura Tobler and Tom Ricketts serve as respondents to Doeschler’s presentation, examining the topic through the lenses of state-level budget crises and policy analysis, respectively.
Dissemination of Rural Health Research: A Toolkit

- Toolkit to teach researchers how disseminate findings to diverse audiences
- Highlights general guidelines, format, design, and language
Dissemination of Rural Health Research: A Toolkit

Dissemination Products
• Policy Brief
• Fact Sheet
• Full Report/Working Paper
• Journal Publication
• Chartbook
• PowerPoint Slide Presentation
• Poster Presentation
• Infographic
• Promotional Products

Elements of Dissemination Products
• Title
• Abstract

Modes of Dissemination
• Exhibit
• Social Media (Twitter/Facebook)
• Press Release & Media Interviews
Policy Brief

Policy briefs offer research findings and evidence informed policy options in a synthesized, neutral, and user-friendly format to a non-specialized audience. Policymakers have stated they prefer short, succinct, and easily accessible information and prefer when a product is without technical language, and provides both evidence and actionable recommendations. The World Health Organization states that “policy briefs improve the chances that policymakers will read, consider, and apply the contents of research summaries when reaching policy decisions.”

General Guidelines
- Focus on a single topic; limit brief to a particular and specific area of concern
- Aim for short and to the point; no more than 4-6 pages or no more than 3,000 words
- Employ non-technical, jargon-free language and spell out initial acronyms
- Use short paragraphs with several sub-sections to entice and direct readers
- Do not over-use statistics in text
- Briefs are more likely to be read if they are attractive, interesting, short and easy to read

Format
Format will vary, but typically follow a format similar to that which is described below.

- Introduction & Executive Summary: Key Findings: Both appear on the first page
  - Executive summary or key findings standout to provide highlights of the brief
  - Introduction discusses the significance of the study, entices the reader, provides a clear statement of the problem or issue of focus, and establishes policy relevance
- Methods/Methodology: Brief, one paragraph
  - Common audience is not interested in research/analysis procedures
  - Can address study aim and design with further details made available as a reference
- Findings: Typically largest section of a brief and utilizes design elements described below
- Conclusion/Discussion: Interpret meaning of the data
  - Provide concrete, evidence-based conclusions
- Implications/Recommendations: Recommendations based on firm evidence

Design
- Graphs: Usually first thing viewed before reading text; bar charts and pie charts are most effective, keep them very simple, legible labels, explanatory title
- Tables: Use sparingly and consider graph, have catchy title, highlight important cells, keep simple (4 columns, 6 rows); statistical significance levels are not appropriate
- Bulleted Lists: Express complete thoughts, more than one or two words per bullet; groupings of 5-7 bullets ideal, provides good visual break from narrative
- Callouts: Used to make emphasis of a salient point; structured as a sentence or sentence fragment in a font that is larger than the text, bolded and in a different color

Boxes & Side-bars
Readers can understand them without having to read main text, give box a title and refer to it in text; do not repeat message from text; make sure it adds something; make it short; be descriptive and stimulating

INTRODUCTION

At the 50th International Conference on Population and Development (ICPD), 178 governments came together to adopt and agree on a set of guidelines for women’s and girls’ health and reproductive rights that are necessary factors for sustainable development and a priority to improve the quality of life for all people. These rights are defined as the ability of people to determine freely and responsibly the number and spacing of their births and to have the information and means for doing so. They are all human rights.1

"The healthcare worker won’t sit on the same chair that I have sat on or use the same pen. When they look in my mouth they stand far away...We want to be treated the same as everybody else."

— Woman living with HIV, Viet Nam

The fact that HIV can be transmitted during sexual contact, pregnancy, childbirth or breastfeeding means that the HIV epidemic is sexual and reproductive health epidemic. Yet governments do not consistently integrate sexual and reproductive health services into their national HIV strategies, resulting in the fragmentation of care for women.1 In fact, the World Health Organization (WHO) estimates that 90% of women in resource-limited settings receive no antiretroviral therapy for HIV. Furthermore, governments inconsistently adhere to International Frameworks set forth to protect and promote reproductive health, strengthening the quality of available care. The result is that 20 years after the International Conference on Population and Development, the spurring on sexual and reproductive health of women in Asia was yet to be fully realized and support for pregnant women with HIV remains inadequate.2

In 2005, 60% of HIV-positive pregnant women in the World Health Organization’s (WHO) Western Pacific Region received antiretroviral (ARV) treatment to prevent infection to their infants, and only 20% received treatment in the Southeast Asia Region.3 This compares to the 56% coverage seen in sub-Saharan Africa.4 In countries with ARV coverage among pregnant women, there are clear implications for women’s health and increased risk of onward transmission to partners and infants.5

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For more information, contact:
Shawnda Schroeder, PhD
Shawnda.schroeder@med.und.edu
1(701) 777-0787
Rural Health Research and Policy Relevance

NRHA’s 38th Annual Rural Health Conference
April 15, 2015

Alana Knudson, PhD
Partners in Rural Health Research

- University of North Dakota Center for Rural Health
  - Gary Hart, PhD
  - Brad Gibbens, MPA
- NORC Walsh Center for Rural Health Analysis
  - Alana Knudson, PhD
  - Michael Meit, MA, MPH
Single Most Important Research Question

So what?
Considerations for Research Topics

- Has policy relevance
- Findings provide information for decision making
- Contributes to development of an evidence-base
- Addresses a question/issue not previously posed
- Impacts practice
What guides the research questions?

• Funders
• Policy makers
• Stakeholders
• Previous research
• Data
• Resources
• Audiences for research findings
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 10 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 metro
  • Nonmetropolitan Counties: Micropolitan, Non-core
Population: Age

Population 65 years of age and over by rurality

<table>
<thead>
<tr>
<th>Percent</th>
<th>Large central</th>
<th>Large fringe</th>
<th>Small metro</th>
<th>Micropolitan</th>
<th>Non-core</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>11.8%</td>
<td>11.8%</td>
<td>13.0%</td>
<td>13.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>2011</td>
<td>11.6%</td>
<td>12.7%</td>
<td>13.7%</td>
<td>15.7%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>
Population: Poverty

Population in poverty by rurality

- 1997: Large central 15.6, Large fringe 11.0, Small metro 8.0, Micropolitan 13.2, Non-core 14.6
- 2011: Large central 18.1, Large fringe 16.7, Small metro 17.9, Micropolitan 16.1, Non-core 18.9
Mortality: Heart Disease

Death rates for ischemic heart disease among persons 20 years of age and over by rurality

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**Graph Title:** Mortality: Heart Disease

**Subtitle:** Death rates for ischemic heart disease among persons 20 years of age and over by rurality

**Graph Description:**
- **Deaths per 100,000 population**
- **Legend:**
  - **1996-1998** (Gray line)
  - **2008-2010** (Orange line)

**Data Points:**
- **Large central**
  - 1996-1998: 259.1
  - 2008-2010: 192.9

- **Large fringe**
  - 1996-1998: 245.9
  - 2008-2010: 174.9

- **Small metro**
  - 1996-1998: 239.6
  - 2008-2010: 173.8

- **Micropolitan**
  - 1996-1998: 256.0
  - 2008-2010: 197.2

- **Non-core**
  - 1996-1998: 269.2
  - 2008-2010: 206.5
Mortality: Chronic Obstructive Pulmonary Diseases

Death rates for chronic obstructive pulmonary diseases among persons 20 years of age and over by sex and rurality

Deaths per 100,000 population
Mortality: Suicide

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

Deaths per 100,000 population

- Large central
- Large fringe
- Small metro
- Micropolitan
- Non-core

2016-1998
2008-2010
Preliminary Findings: Rural Mortality

HHS6 - Review of Large Fringe Mortality Rate compared to the Nation for Top 10 National Causes - Females Only

Regional Lg Fringe Index to National

National Rank

Size of bubble is the rate of death per 100,000 people.

Cancer
Heart Disease
Inintentional Injury
Lower Respiratory
Diabetes
Suicide
Cerebrovascular
Liver Disease
Septicemia
Homicide

HHS6 - Review of NonCore Mortality Rate compared to the Nation for Top 10 National Causes - Females Only

Regional NonCore Index to National

National Rank

Size of bubble is the rate of death per 100,000 people.

Cancer
Heart Disease
Inintentional Injury
Lower Respiratory
Diabetes
Suicide
Cerebrovascular
Liver Disease
Septicemia
Homicide
Preliminary Findings: Rural Mortality

Mortality Rates (per 100,000 pop) Among People Ages 25 to 64 Years in the Appalachia Region Compared to the National Rates by Gender, Rural-Urban Status, and Cause

Mortality Index
*The line where index=100 indicates the point at which the Appalachia and National rates are equal.*
Risk Factors: Adult Smoking

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

Large central  Large fringe  Small metro  Micropolitan  Non-core

Percent

15.8  17.8  20.0  25.4  28.5

1997-1998  2010-2011
Risk Factors: Adolescent Smoking

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

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<table>
<thead>
<tr>
<th>Rurality</th>
<th>Percent 1999</th>
<th>Percent 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large central</td>
<td>11.0</td>
<td>11.3</td>
</tr>
<tr>
<td>Large fringe</td>
<td>15.9</td>
<td>15.9</td>
</tr>
<tr>
<td>Small metro</td>
<td>16.1</td>
<td>9.7</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>15.2</td>
<td>18.9</td>
</tr>
<tr>
<td>Non-core</td>
<td>18.9</td>
<td>18.9</td>
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</table>
Risk Factors: Obesity

Obesity among persons 18 years of age and older by rurality

<table>
<thead>
<tr>
<th>Rurality</th>
<th>1997-1998</th>
<th>2010-2011</th>
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<tbody>
<tr>
<td>Large central</td>
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<tr>
<td>Small metro</td>
<td>19.8</td>
<td>30.6</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>20.5</td>
<td>34.9</td>
</tr>
<tr>
<td>Non-core</td>
<td>22.7</td>
<td>36.9</td>
</tr>
</tbody>
</table>
Health Care Access and Use: Uninsured

No health insurance coverage among persons less than 65 years of age by poverty status and rurality
Implications of Studies

• Increased awareness of rural health status
  • Health disparities among rural Americans continue to persist
• Creates a baseline for ACA implementation
• Informs policy
• Potentially impacts funding priorities
  • Prevention, wellness, public health
• Guides delivery of primary care
• Targets resources
Gary Hart, PhD, Director
Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences, Room 4909
501 North Columbia Road, Stop #9037
Grand Forks, ND 58202-9037
701.777.3848 • ruralhealth.und.edu • gary.hart@med.und.edu

Alana Knudson, PhD, Deputy Director
NORC Walsh Center for Rural Health Analysis
4350 East West Highway, Suite 700
Bethesda, Maryland 20814
301.634.9326 • walshcenter.norc.org • knudson-alana@norc.org