

Promising Rural Public Health Practices for the Post ACA Implementation Era

2014 Keeneland Conference

Session 2A

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at the UNIVERSITY *of* CHICAGO

Agenda

- Rural Health Status Update
 - Background
 - Methods
 - Highlights from findings
- Evidence-Based Models
 - Background
 - Methods
 - Organization of the Toolkits
 - Examples from the Toolkits

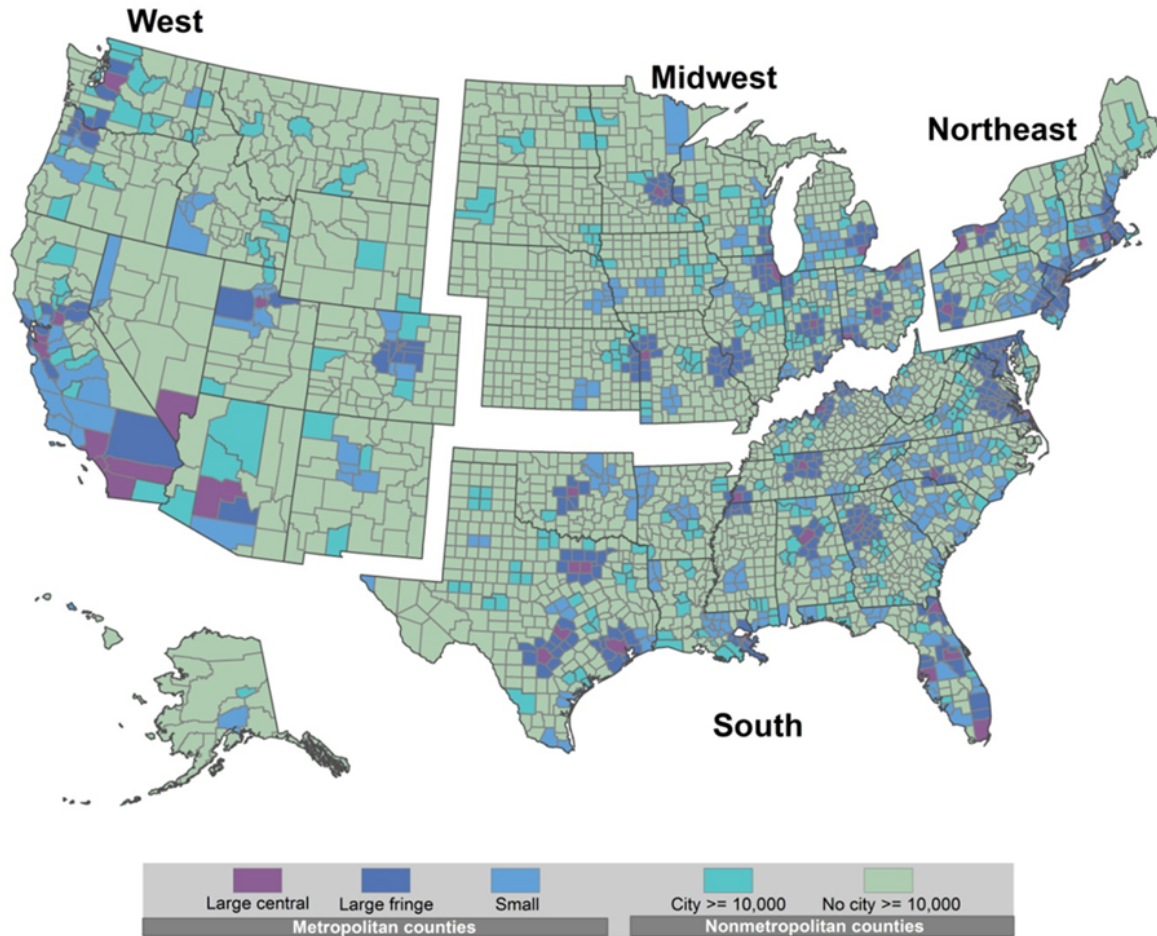
Examination of Trends in Rural and Urban Health: Establishing a Baseline for Health Reform

- 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

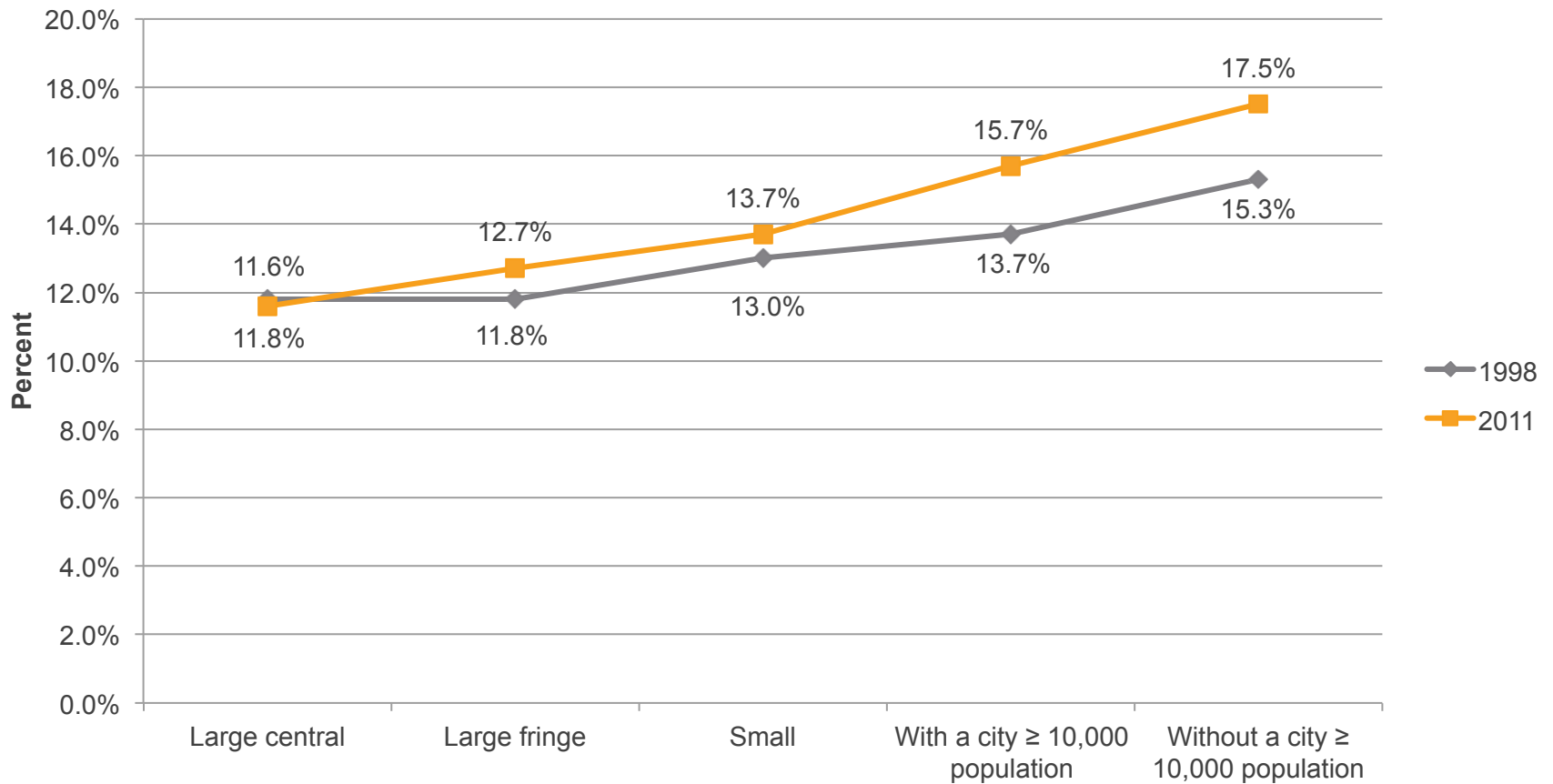
- Replicated analyses conducted in 2001 using most recent data available (2006-2011)
- Used same data source, when possible:
 - National Vital Statistics System
 - Area Resource File (HRSA)
 - U.S. Census Bureau
 - National Health Interview Survey (NCHS)
 - National Hospital Discharge Survey (NCHS)
 - 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 $\geq 10,000$ population, without a city $\geq 10,000$ population

Counties by Region and Rurality (2006)

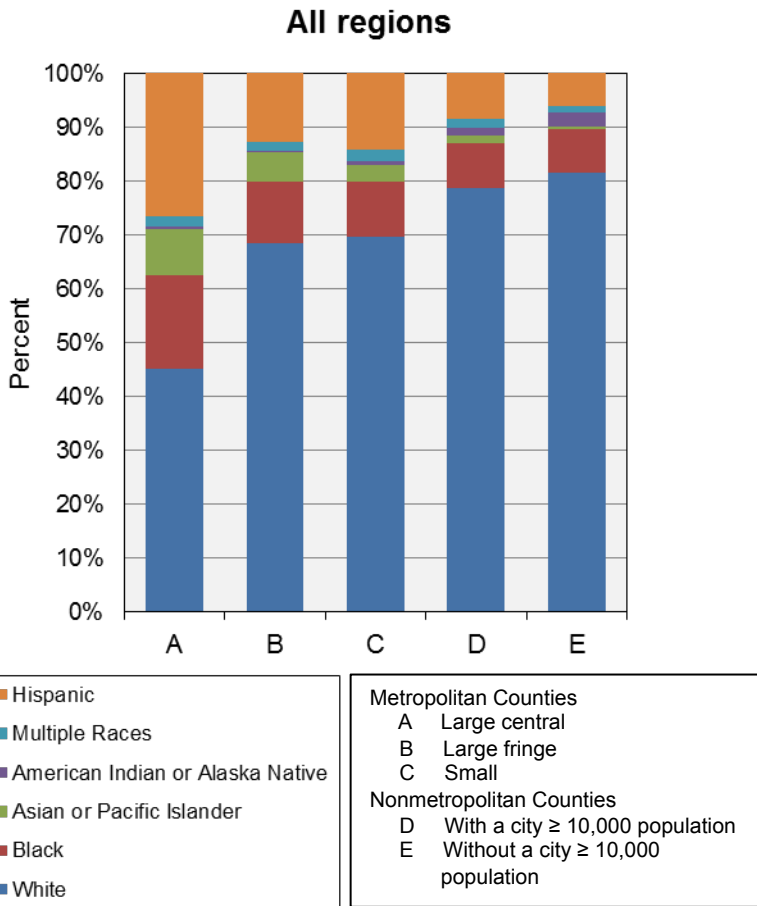


Population: Age

Population 65 years of age and over by rurality



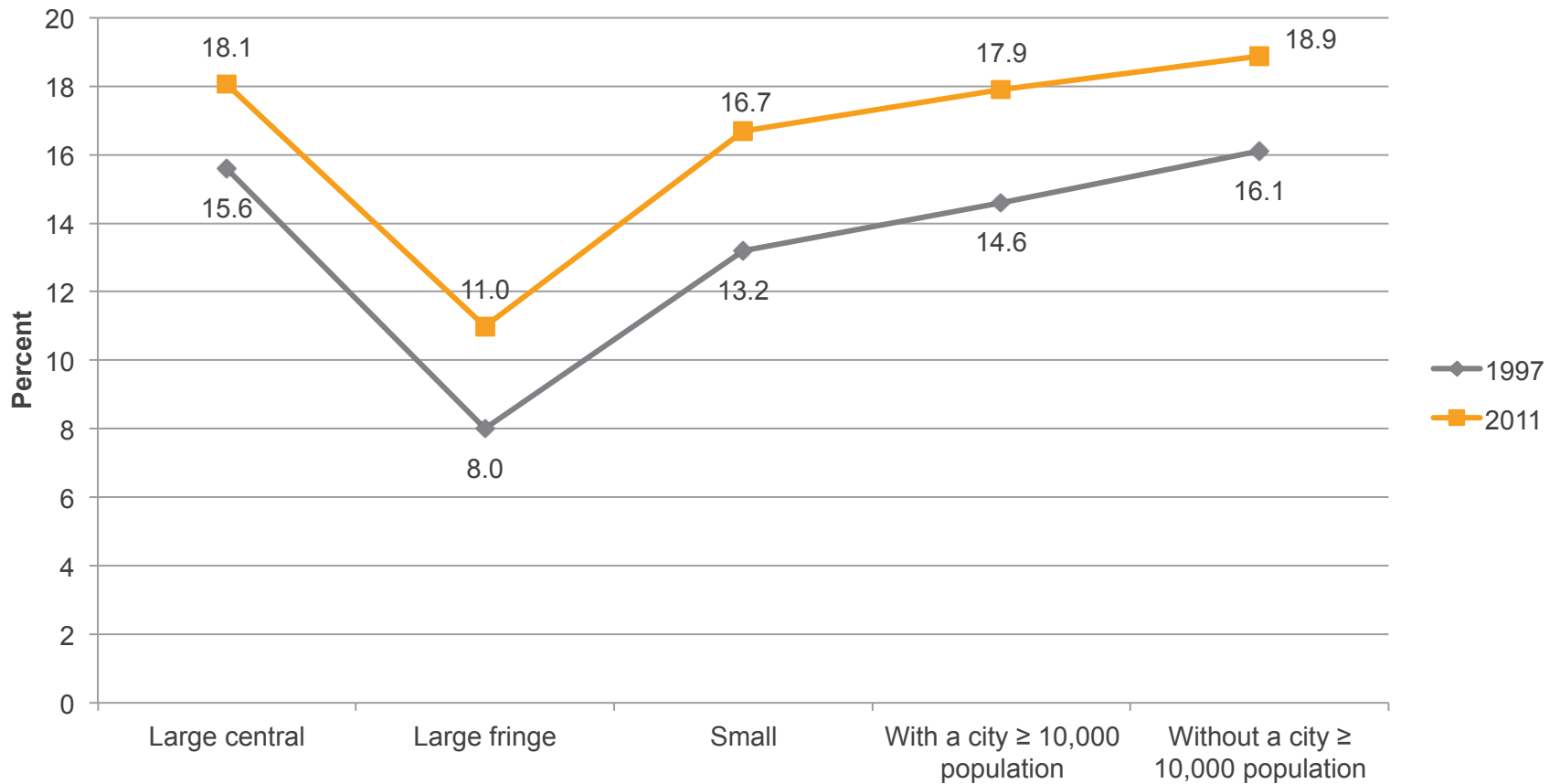
Population: Race and Ethnicity



- Non-Hispanic white persons represent over half of the population in fringe counties of large metro areas, small metro counties, and nonmetro counties, but only 45% in central counties.
- In the Midwest, white persons represented 81% of its population. The Northeast had a larger proportion of residents of Hispanic and Asian or Pacific Island origin compared with the Midwest.
- In the South, non-Hispanic black persons constituted a larger proportion of the population than in any other region.
- The West had a disproportionately high concentration of persons of Hispanic origin.

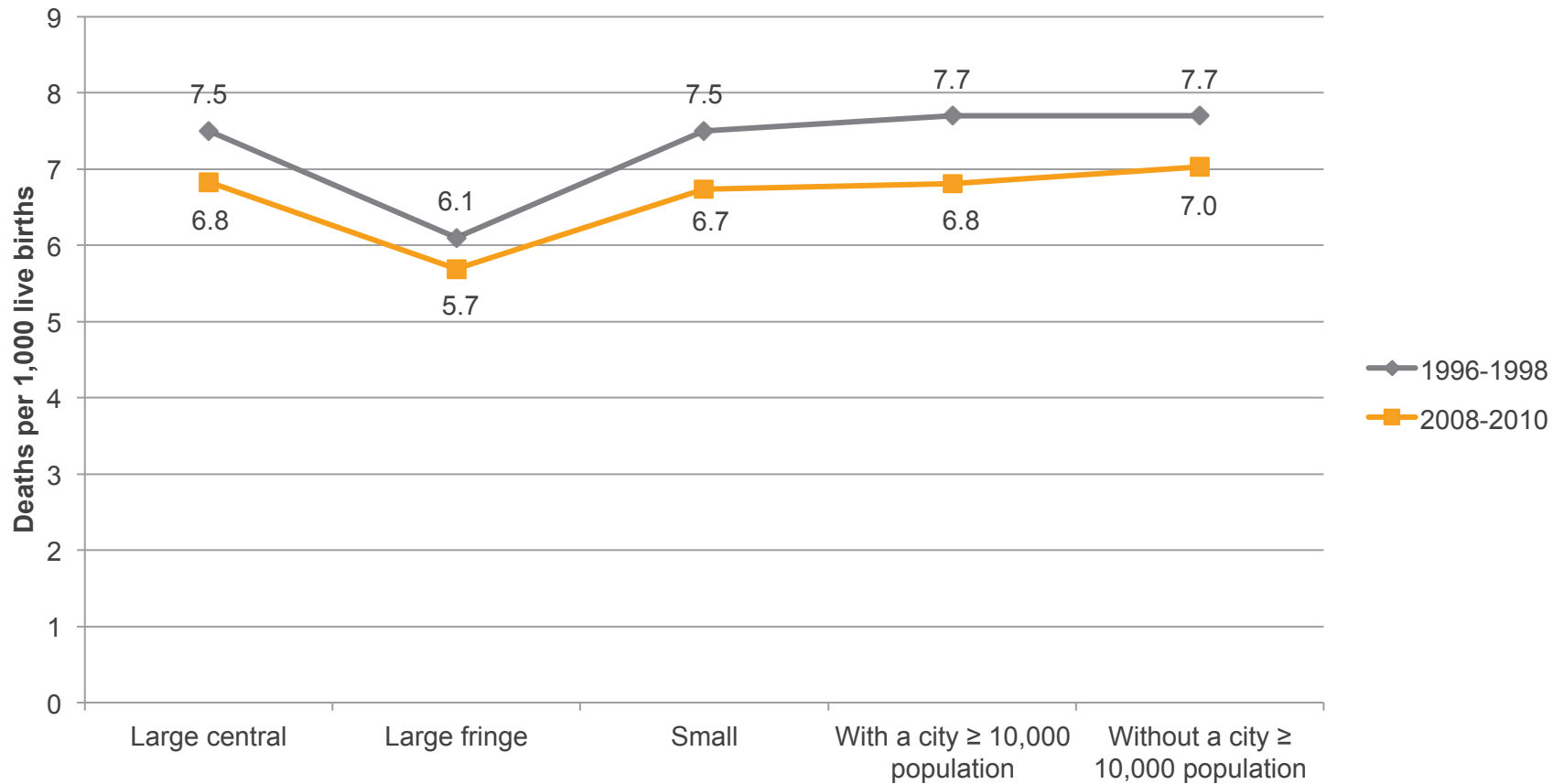
Population: Poverty

Population in poverty by rurality



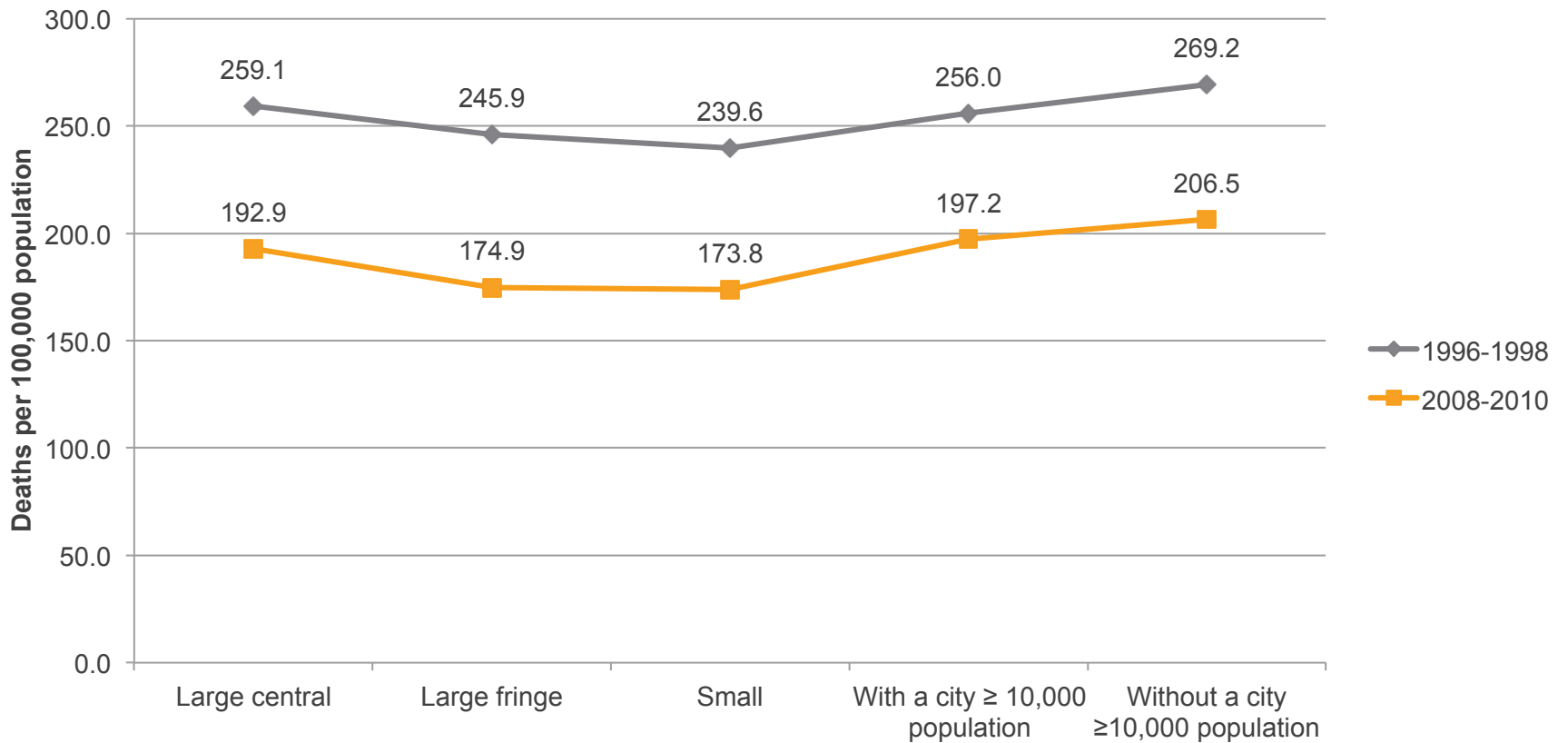
Mortality: Infants

Infant mortality by rurality



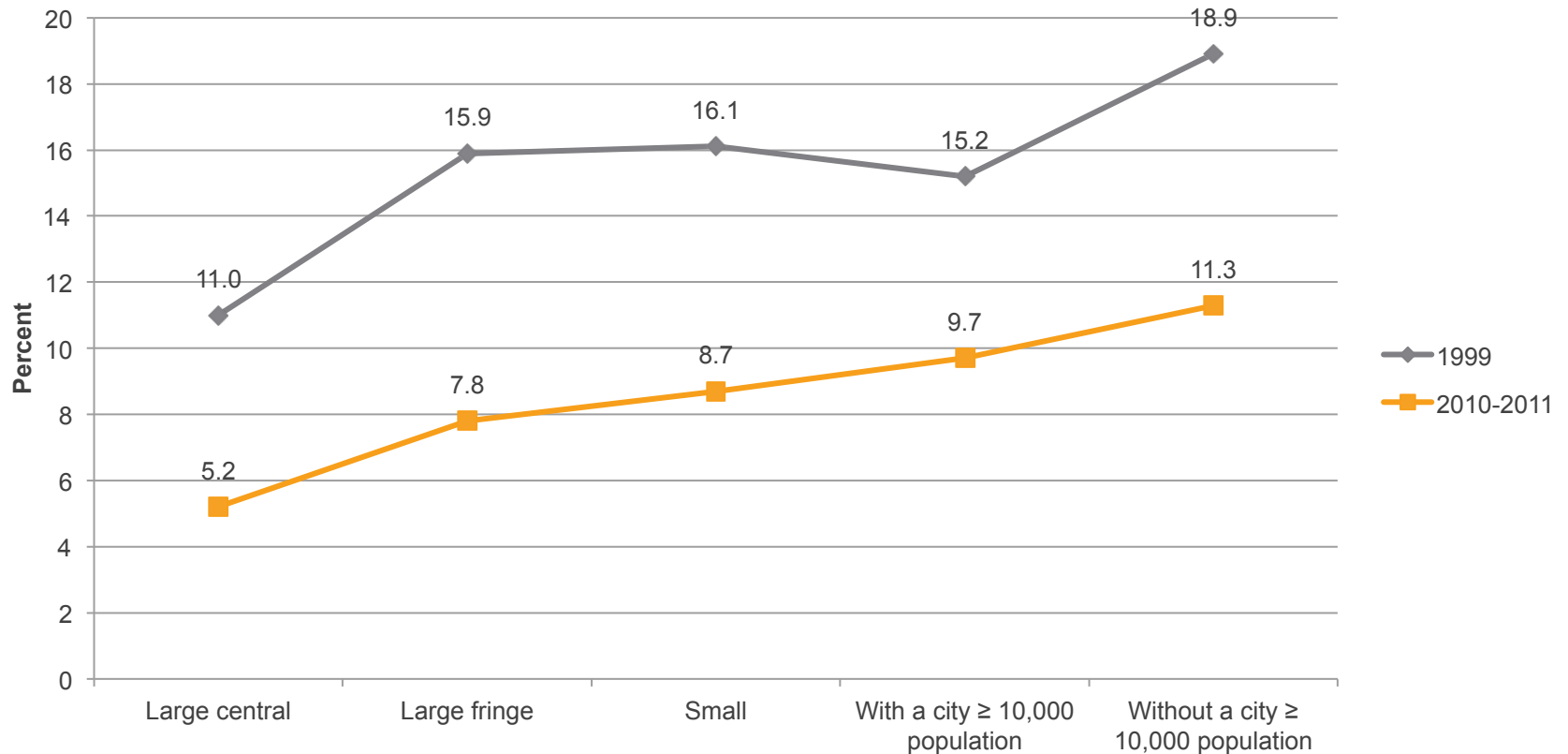
Mortality: Heart Disease

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



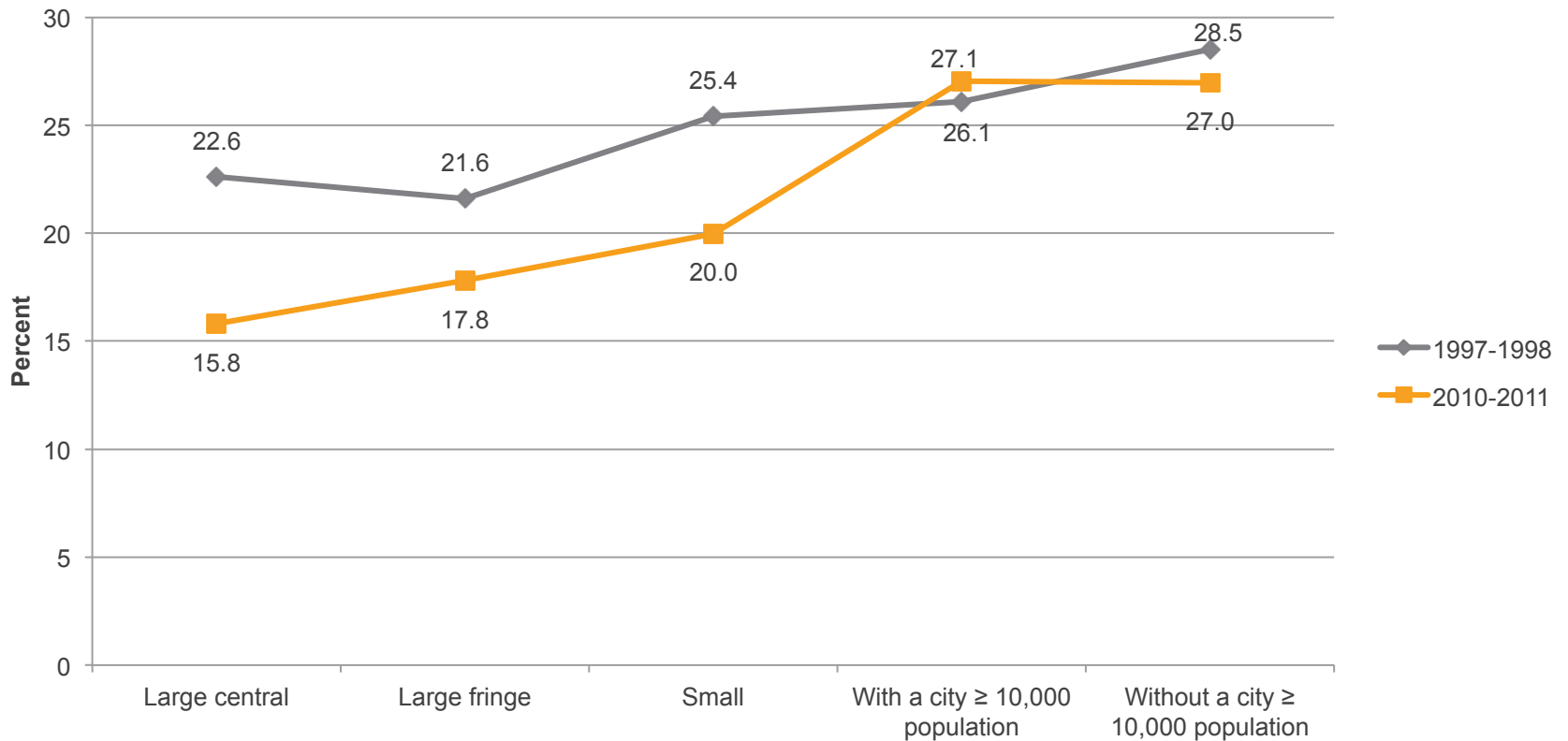
Risk Factors: Adolescent Smoking

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



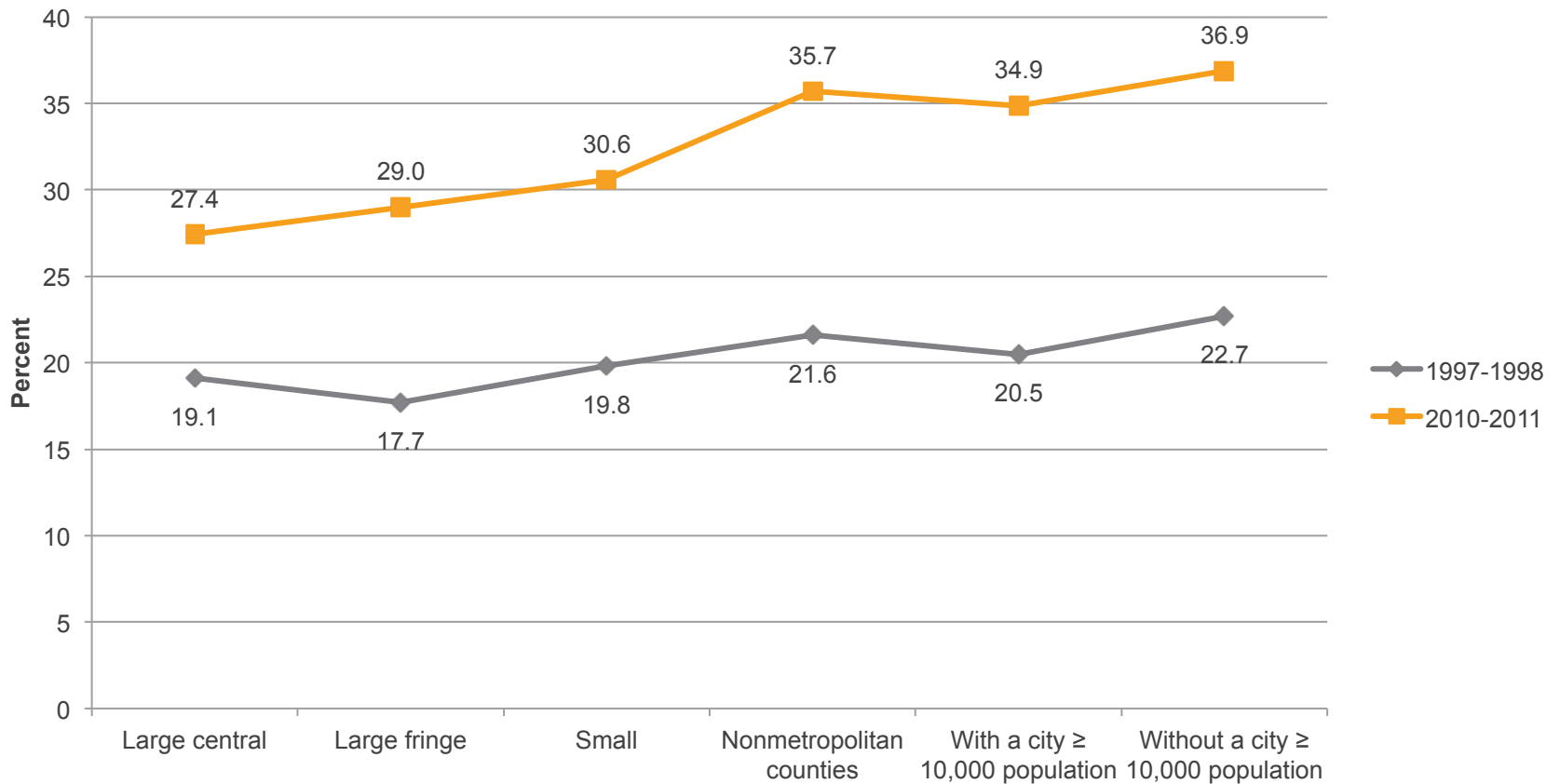
Risk Factors: Adult Smoking

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



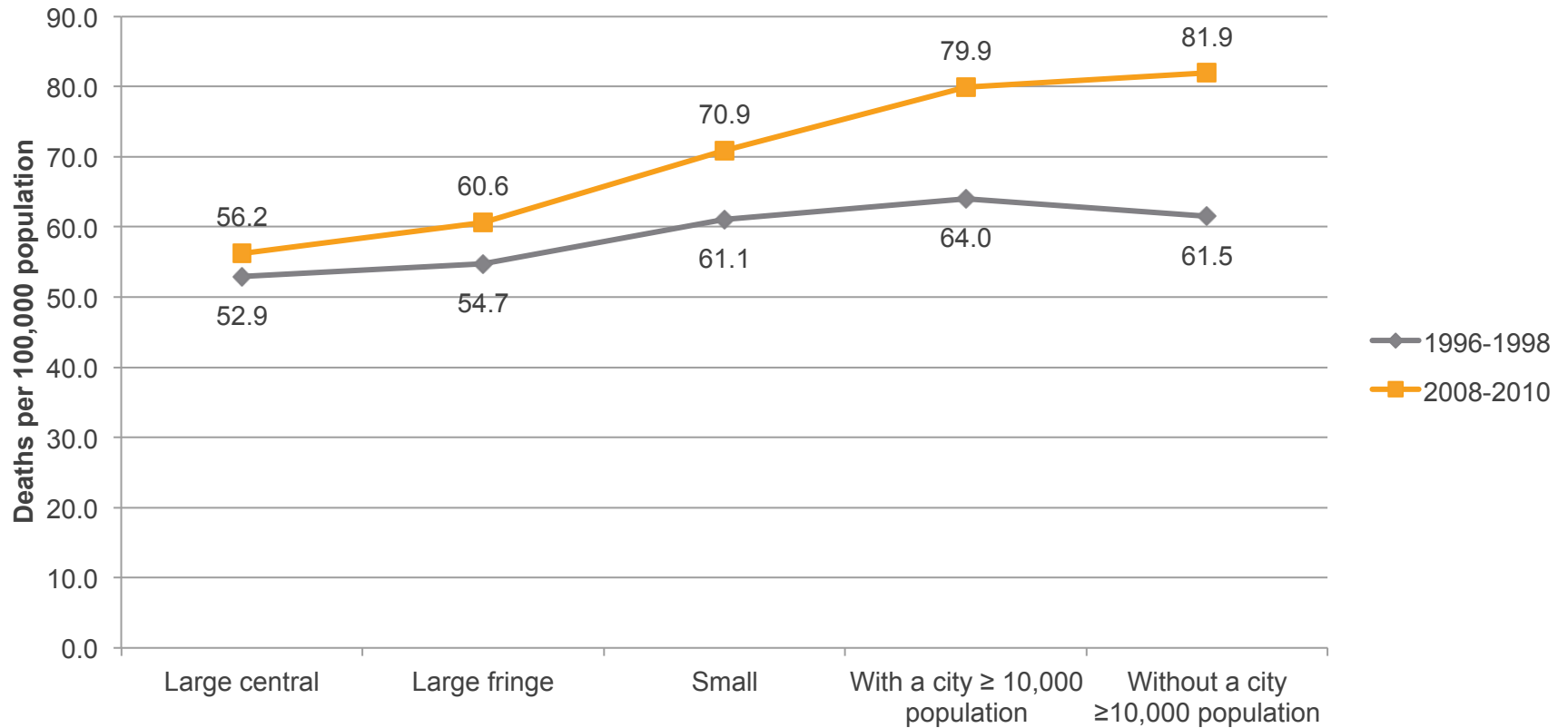
Risk Factors: Obesity

Obesity among persons 18 years of age and older by rurality



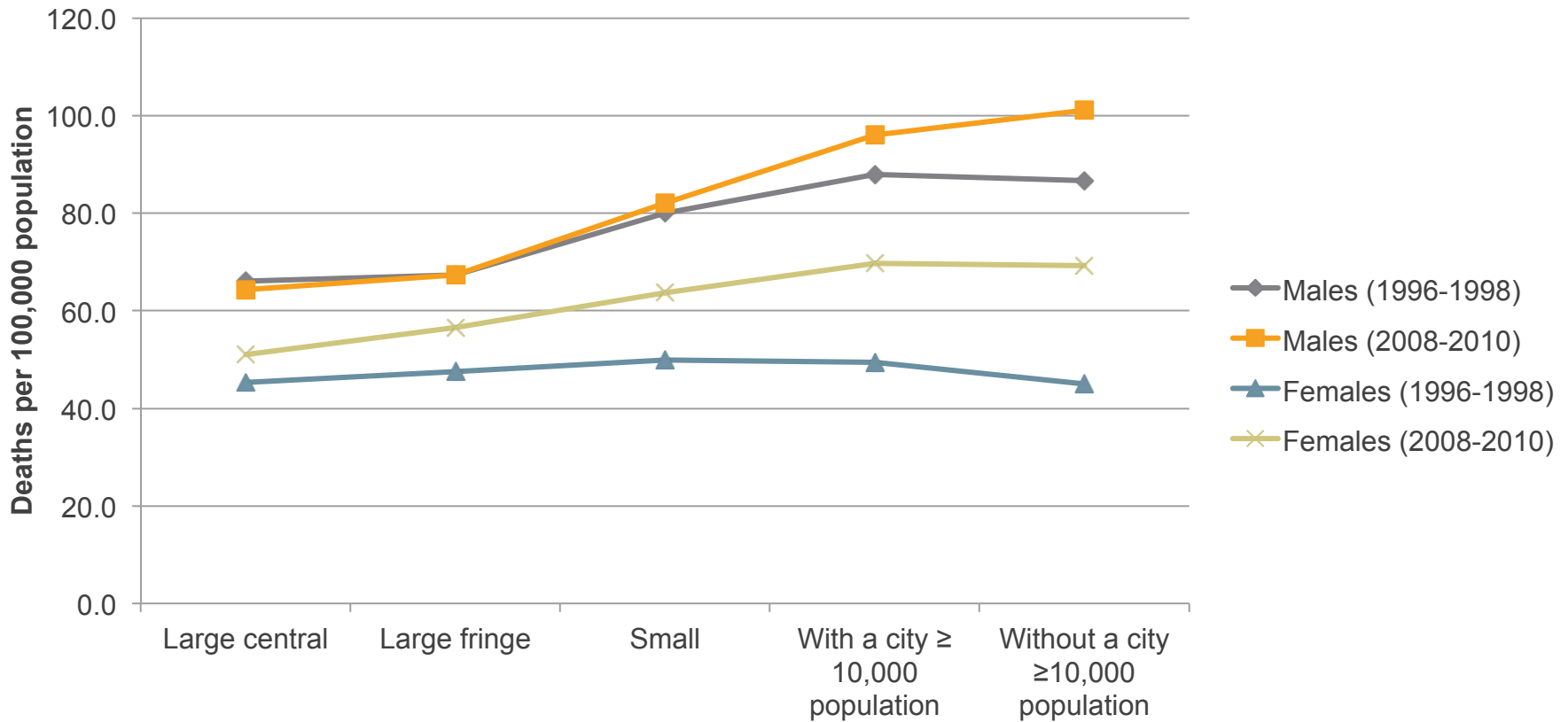
Mortality: Chronic Obstructive Pulmonary Diseases

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



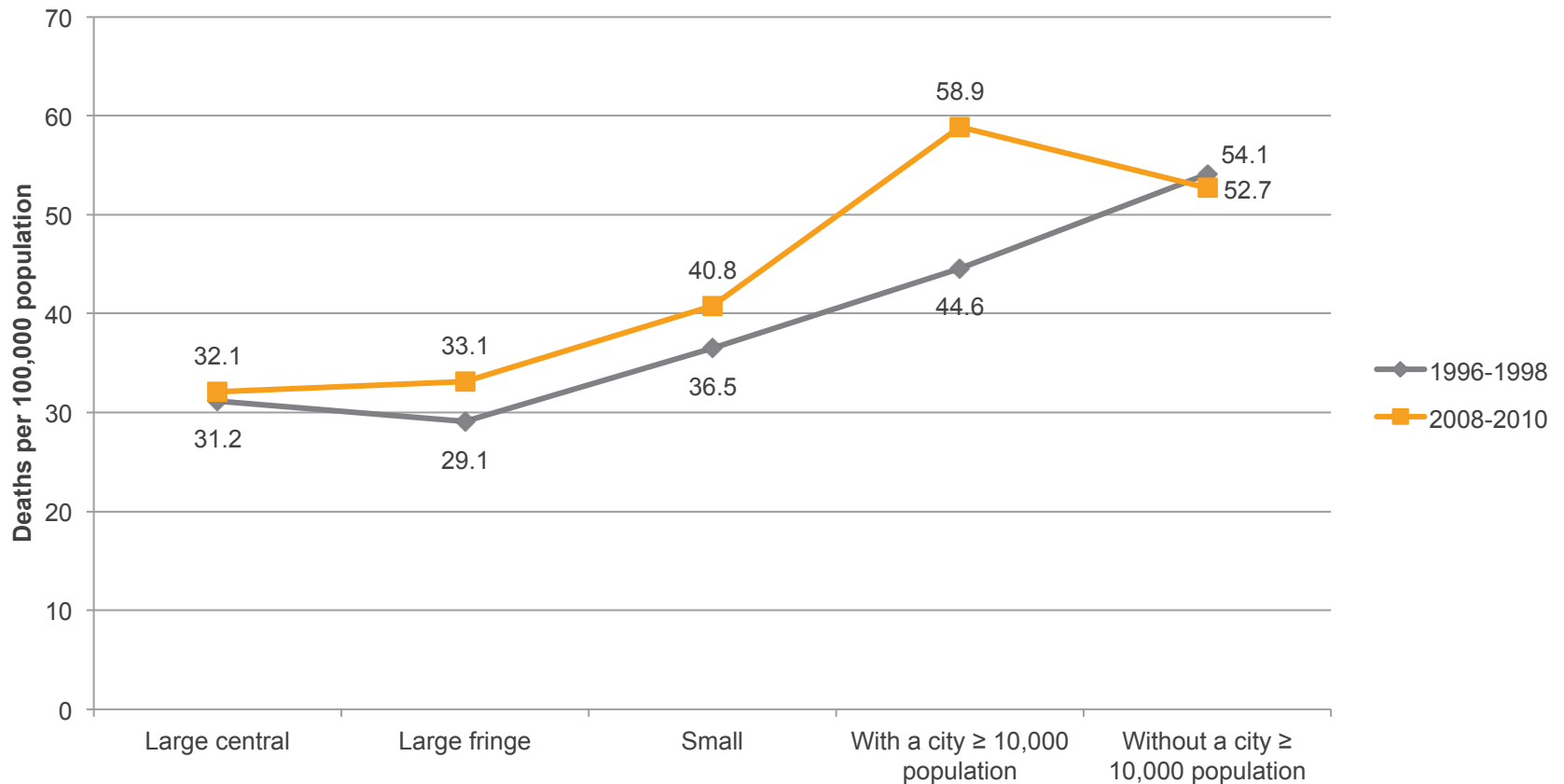
Mortality: Chronic Obstructive Pulmonary Diseases

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



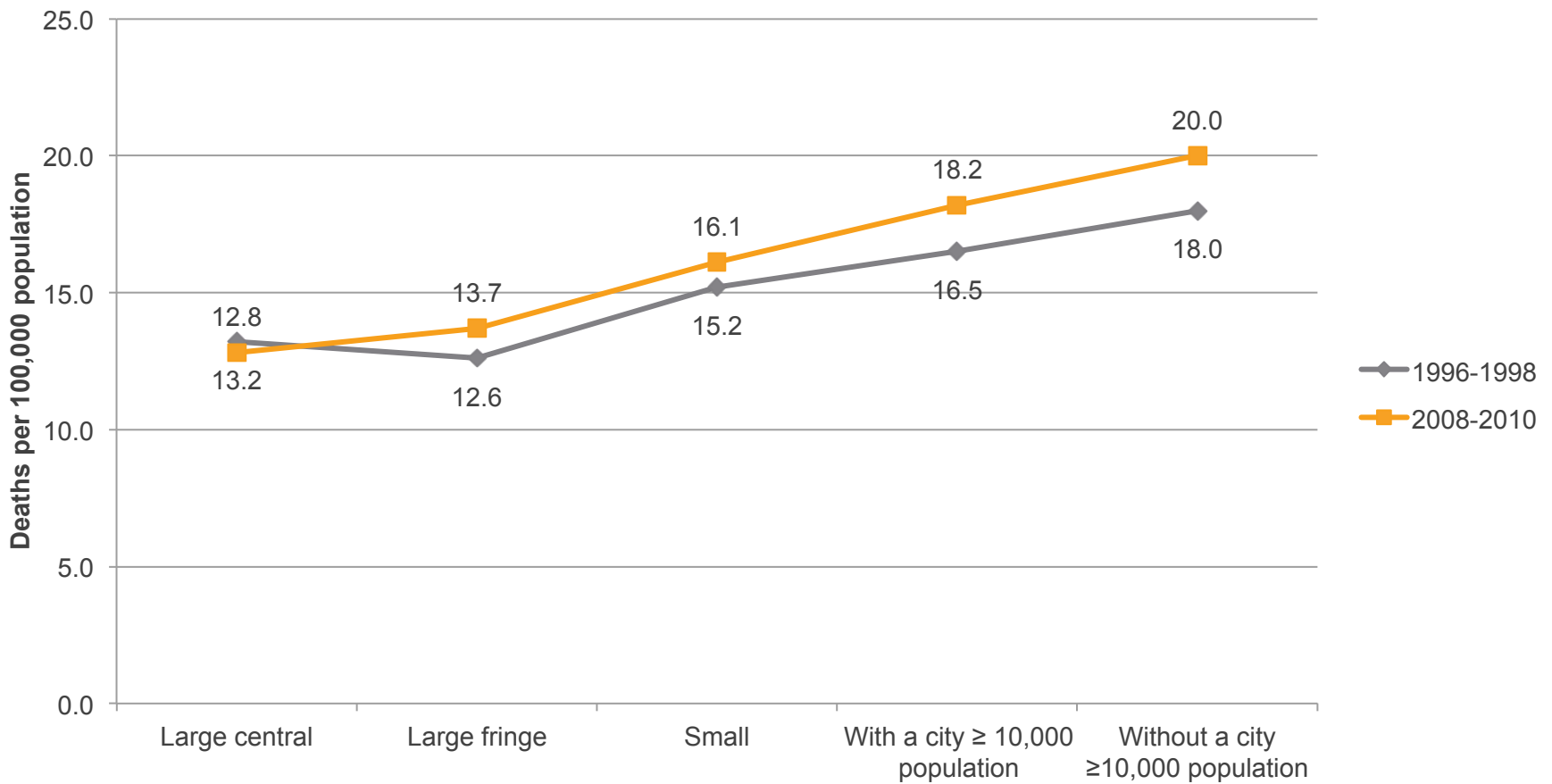
Mortality: Unintentional Injuries

Death rates for unintentional injuries by rurality



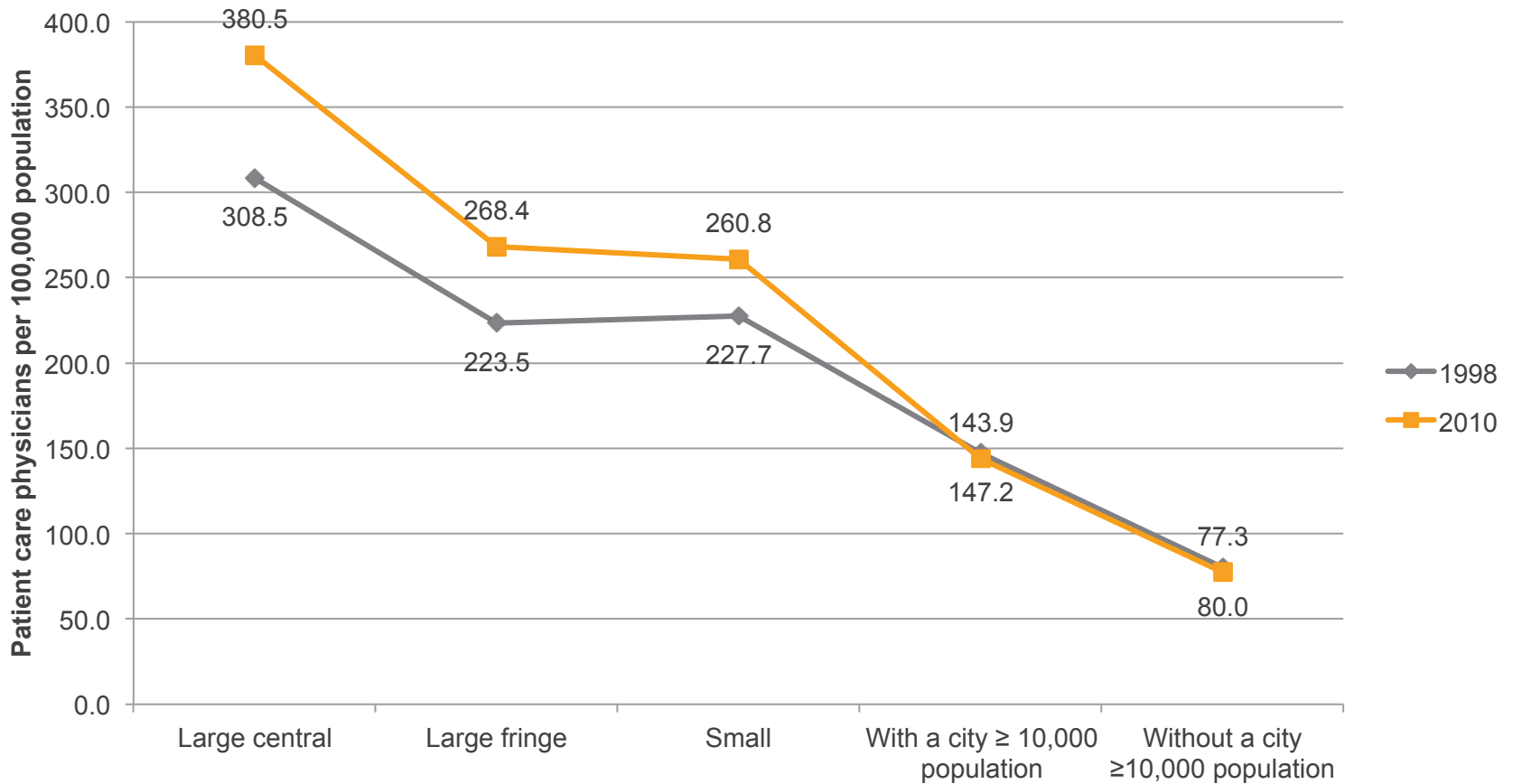
Mortality: Suicide

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



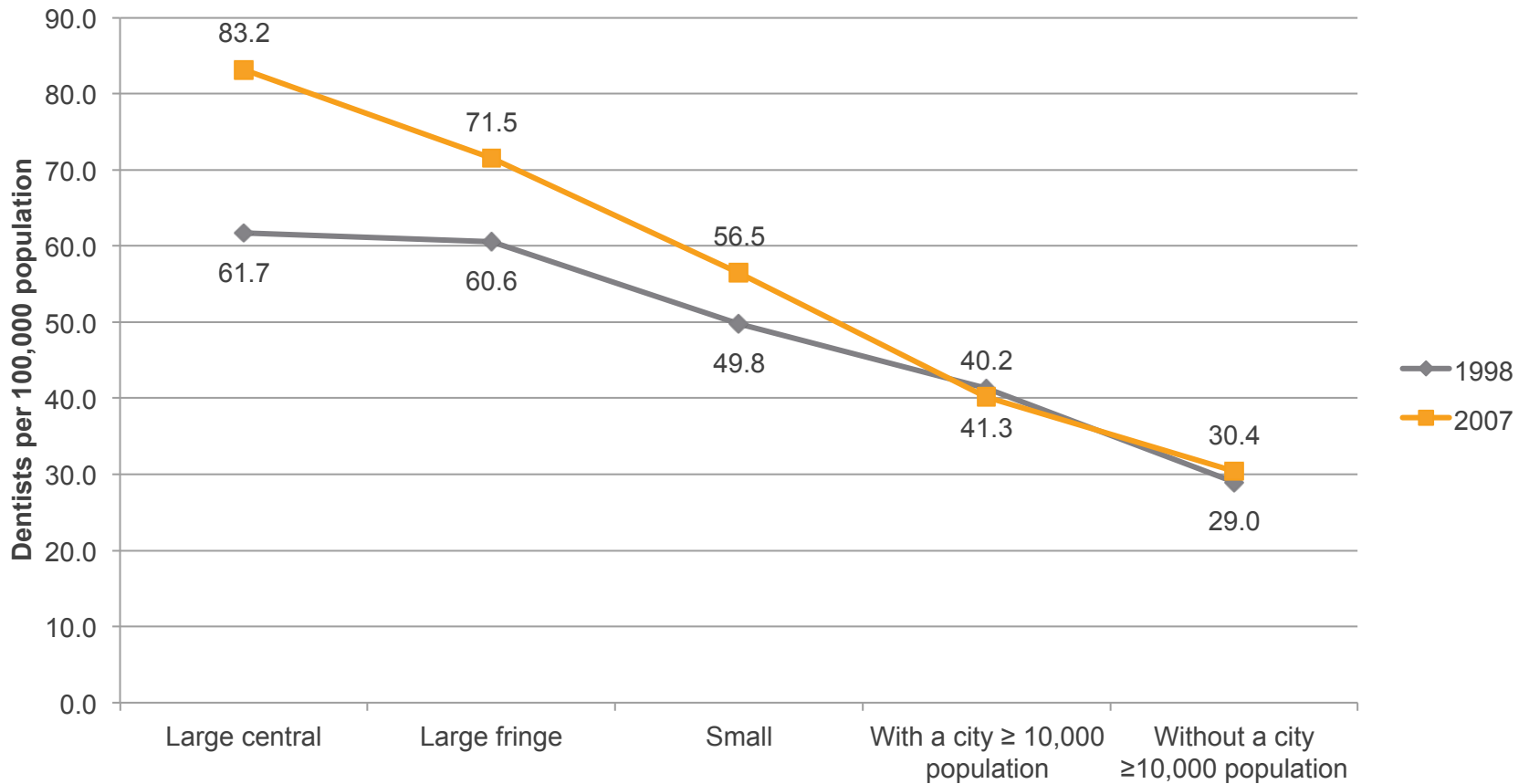
Health Care Access and Use: Physician Supply

Patient care physicians per 100,000 population by rurality



Health Care Access and Use: Dentist Supply

Dentists per 100,000 population by rurality



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The University of North Dakota
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The Walsh Center 
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NORC AT THE UNIVERSITY OF CHICAGO

Rural Community Health Gateway Evidence-Based Models

The Walsh Center
for Rural Health Analysis

NORC AT THE UNIVERSITY OF CHICAGO



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Evidence-Based Models Toolkit Series

- 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
- Applicable to organizations with different levels of knowledge and at different stages of implementation
- Hosted by the Rural Assistance Center on the 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 in this Gateway are chosen 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.
- [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.

Future Toolkits: Health Promotion and Education

Evidence-Based Program Examples

The Rural Health Models and Innovations Hub provides access to program models that have been shown to be effective:

- [Browse for programs by level of evidence](#)
- Learn about the [criteria and evidence-base](#) for included programs

You may also be interested in [other collections of program examples](#) from reputable sources, each of which use their own criteria for what types of programs are included.

About the *Rural Community Health Gateway*

The Rural Community Health Gateway showcases program approaches that you can adapt to fit your community and the people you serve, allowing you to:

- Research approaches to featured community health programs
- Discover what works and why
- Learn about common obstacles
- Connect with program experts
- Evaluate your program to show impact

Gateway resources are made available through the NORC Walsh Center for Rural Health Analysis and the University of Minnesota Rural Health Research Center in collaboration with the Rural Assistance Center. Funding is provided by the Office of Rural Health Policy (ORHP), Health Resources and Services Administration.

More Useful Tools

[Economic Impact Analysis](#)

Show how your program's grant funding affects your community's economic well-being and share this information with sponsors, funders and your community

[Planning for Sustainability](#)

Tools to help you plan and position your grant-funded projects so that services can be sustained over the long term.

[Rural Health Models and Innovations Hub](#)

Find examples of approaches you can adapt for your program, including models shown to be effective, as well as new and emerging ideas.

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