Social Determinants of Rural Health and Access to Care

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An Un-Meeting on Rural Health and Health Equity
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Rural Mortality Disparities

Heart disease
• More than 26,700 excess deaths
• 43.6% in rural areas; 27.9% in urban areas
• **56% higher** in rural areas than urban

Cancer
• More than 18,800 excess deaths
• Overall cancer deaths declined between 2003 - 2017
• declined less in rural (1% per year) vs. large urban areas (1.6% per year)

Unintentional injuries
• More than 13,200 excess deaths
• 59.6% in rural areas; 43.5% in urban areas
• **37% higher** in rural areas than urban

Chronic lower respiratory disease
• More than 11,600 excess deaths
• 56.0% in rural areas; 31.9% in urban areas
• **75% higher** in rural areas than urban
Rural Mortality Disparities: What Are the Drivers?

Rural Health Workforce Realities

- **Physicians**
  - MDs/DOs 5.5/10K non metro vs. 7.9/10K in metro

- **All Primary Care**
  - MD/DO/NP/PA 11.6/10K in non metro vs. 16.2/10K in metro

- **Dentists**
  - 3.6/10K non metro vs. 5.9/10K in metro

- **Dental Hygienists**
  - 4.5/10K in non metro vs. 5.0/10K in metro

**Decomposing Mortality Disparities in Urban and Rural U.S. Counties**

We examined whether these disparities were driven by changes in county characteristics or changes in how county characteristics affect health.

Urban mortality rates have fallen faster than rural mortality rates over the past few decades, resulting in a growing mortality disparity.

We find an increase over time in the relationship between county characteristics and mortality drives the growing rural/urban mortality divide.

Introduction

The social determinants of health are becoming an increasingly important framework for understanding and taking into account the broad range of factors that affect health outcomes in the United States. As the Department of Health and Human Services (HHS) considers how to incorporate the social determinants of health in its programs and policies, it will be important to understand the unique characteristics of rural communities that influence the ways that the social determinants manifest. For this reason, the National Advisory Committee on Rural Health and Human Services (NACRHHS or the Committee) offers this policy brief, informed by a field meeting and site visits in New Mexico, to provide recommendations as to how HHS can best contribute to addressing the social determinants of health in rural communities.

Setting a Rural Context

Over the years, the Committee has examined individual social determinants of health—poverty, access to services, economic opportunity, rates of chronic disease, homelessness, intimate partner violence, life expectancy—and found that rural communities often fare worse than their urban and suburban counterparts. While the social determinants of health serve as a general policy construct, the Committee believes that there are distinct rural considerations that policymakers must keep in mind when deciding how to develop and align health and human service systems such that they are able to improve population health in rural communities. This will be increasingly important in the coming years as the social determinants of health framework becomes embedded into HHS efforts.

The Eightheenth Meeting of the National Advisory Committee on Rural Health and Human Services

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Examples

- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, trans fat, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality
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<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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**Health Outcomes**
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

**Source:** Kaiser Family Foundation