



Rural Health Snapshot (2017)

Across many important population characteristics, the rural-urban divide is considerable. Residents of rural areas are disadvantaged in several aspects, including socioeconomics, health behaviors, and health outcomes. In order to better understand the disparities in health outcomes, and the factors leading to those disparities, this Rural Health Snapshot presents data across multiple health and health-related domains. In addition to mortality, this product contains data on other characteristics associated with the health of a population. By understanding these differences, policymakers, researchers, and local stakeholders will be better equipped to address the challenges facing their particular community.

There are several different ways to measure rurality, and rural-urban comparisons using different definitions may yield different conclusions. Because the bulk of data are available at the county level, this Snapshot uses the 2015 Office of Management and Budget (OMB) definitions, which categorize U.S. counties as either Metropolitan (Metro), Micropolitan (Micro), or Neither (Non-core). Thirty-seven percent of counties are considered Metropolitan, but contain about 86% of the U.S. population. Approximately one fifth of counties are considered Micropolitan and contain nine percent of the population; 42% of counties are neither Metro nor Micro and contain six percent of the population.

Note: The U.S. Census Bureau uses an alternative definition of rurality, which designates urbanized areas (50,000 or more people) and urbanized clusters (between 2,500 and 50,000 people) throughout the country; all population, housing, and territory not included in an urbanized area or cluster is rural. A certain degree of dissimilarity exists between the OMB and Census definitions. For example, about 88% of Metropolitan counties are Census-designated urbanized areas and clusters. Comparatively, about half of Micropolitan counties and only about 15% of neither Metro nor Micro counties are considered urbanized areas or clusters by the Census Bureau. Thus, the degree of rural-urban disparity depends greatly on which definition of “rural” is used. For more information on alternate definitions of rurality, see <https://www.hrsa.gov/ruralhealth/aboutus/definition.html>.

POPULATION CHARACTERISTICS ¹				
	Urban (Metropolitan)	Rural (Non-Metropolitan)		
		All Non-Metro	Micropolitan	Neither/Non-Core
Counties (% in 2015) ²	37.1	62.9	20.9	41.9
Population (% in 2015) ²	85.7	14.3	8.6	5.7
Population change (% , 2010 to 2015) ²	4.6	-0.3	0.3	-1.2
People aged 65 and over (% in 2014) ³	14.0	17.8	16.8	19.2
Household income (median in 2014) ³	\$58,229	\$43,616	\$44,801	\$41,852
Children in poverty (% in 2014) ³	21.0	25.4	24.6	26.6
Adults with some college (% of adults aged 25-44 with some post-secondary education) ³	64.9	53.7	55.5	51.2
MORTALITY ⁴ (Age Adjusted Rate per 100,000)				
All-cause (2014)	703.5	830.5	819.7	846.0
Suicide (2014)	12.4	16.8	16.3	17.5
Unintentional injury (2014)	38.3	54.4	51.4	58.7
Drug poisoning (2014)	14.7	15.6	16.0	15.0

HEALTH BEHAVIORS ^{1,3}				
	Urban (Metropolitan)	Rural (Non-Metropolitan)		
		All Non-Metro	Micropolitan	Neither/Non-Core
Binge or heavy drinking (% in 2014)	17.9	16.4	16.8	15.9
Physically inactive (% reporting no leisure-time physical activity in 2012)	22.3	27.8	27.0	28.9
Chlamydia rate (per 100,000 in 2013)	457.1	340.2	367.5	299.4
Food insecure (% in 2013)	14.5	15.8	15.7	15.9
Insufficient sleep (% averaging <7 hours in 2014)	34.3	33.4	33.5	33.3
CLINICAL CARE ^{1,3}				
Primary care physician (per 100,000 in 2013)	79.3	55.1	60.1	47.5
Mental health provider (per 100,000 in 2013)	213.1	135.1	158.0	101.1
Health care costs (price-adjusted Medicare reimbursements per enrollee in 2013)	\$9,644	\$9,260	\$9,142	\$9,434
Preventable hospitalization (hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees in 2013)	50.6	64.6	60.5	70.6
HEALTH INSURANCE ⁵				
Uninsured under age 65 (2014) ²				
Total number	30,728,920	5,285,050	3,102,754	2,182,296
Percent of population	13.4	14.5	14.0	15.2
Medicare beneficiaries with parts A and B (2014) ⁶				
Total number	41,362,309	9,508,017	5,517,933	3,990,084
Percent of population	15.2	20.6	19.9	21.7
Health insurance marketplace enrollees (2015) ²				
Total number	7,565,824	1,271,961	721,470	550,491
Percent of population	2.7	2.8	2.6	3.0

NOTES AND DATA SOURCES

1. All differences in weighted population averages are statistically significant at the level of 5%.
2. Area Health Resources File [accessed November 18, 2016]. Available at: <http://ahrf.hrsa.gov/>
3. County Health Rankings [accessed November 18, 2016]. Available at: <http://www.countyhealthrankings.org/>
4. CDC Wonder [accessed November 18, 2016]. Available at: <https://wonder.cdc.gov/>
5. All differences in weighted population averages are statistically significant at the level of 5%, with the exception of "Percent uninsured under 65" Micro vs. Metro.
6. Centers for Medicare and Medicaid Services [accessed November 18, 2016]. Available at: <https://www.cms.gov/>

This study was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement # U1GRH07633. The information, conclusions and opinions expressed in this brief are those of the authors and no endorsement by FORHP, HRSA, HHS, or The University of North Carolina is intended or should be inferred.



UNC
THE CECIL G. SHEPS CENTER
FOR HEALTH SERVICES RESEARCH

North Carolina Rural Health Research Program
Cecil G. Sheps Center for Health Services Research
The University of North Carolina at Chapel Hill

919-966-5011 | www.shepscenter.unc.edu/programs-projects/rural-health

