

Out of sight, out of mind:

Unaddressed disparities among rural minority populations

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Overview

- Things are getting better – from a data point of view
- More research into rural minority health remains needed

Most analyses address race, residence separately

- Health US 2016, e.g. Table 38 (Self-reported prevalence of heart disease, cancer & stroke from NHIS):

- ◆ Age
- ◆ Sex
- ◆ Sex and age
- ◆ Race
- ◆ Hispanic origin & race
- ◆ Education
- ◆ Percent of poverty level
- ◆ Hispanic origin and race and percent of poverty level
- ◆ Geographic region
- ◆ Location of residence

Admittedly, major documents focus on major populations. HUS 2013 included race / urbanization analyses.

Residence is the only cross-tab that can't be performed from public use data.

2017: The year of rural

■ CDC:

- ◆ 11 rural-focused MMWR Surveillance Summary reports in 2017
 - ◆ 12 if an Iowa study is included
 - ◆ 8/11 included race/ethnicity cross-tabs
- ◆ Rural analysis workshop in December, 2017

■ AHRQ

- ◆ Chartbook on rural health care

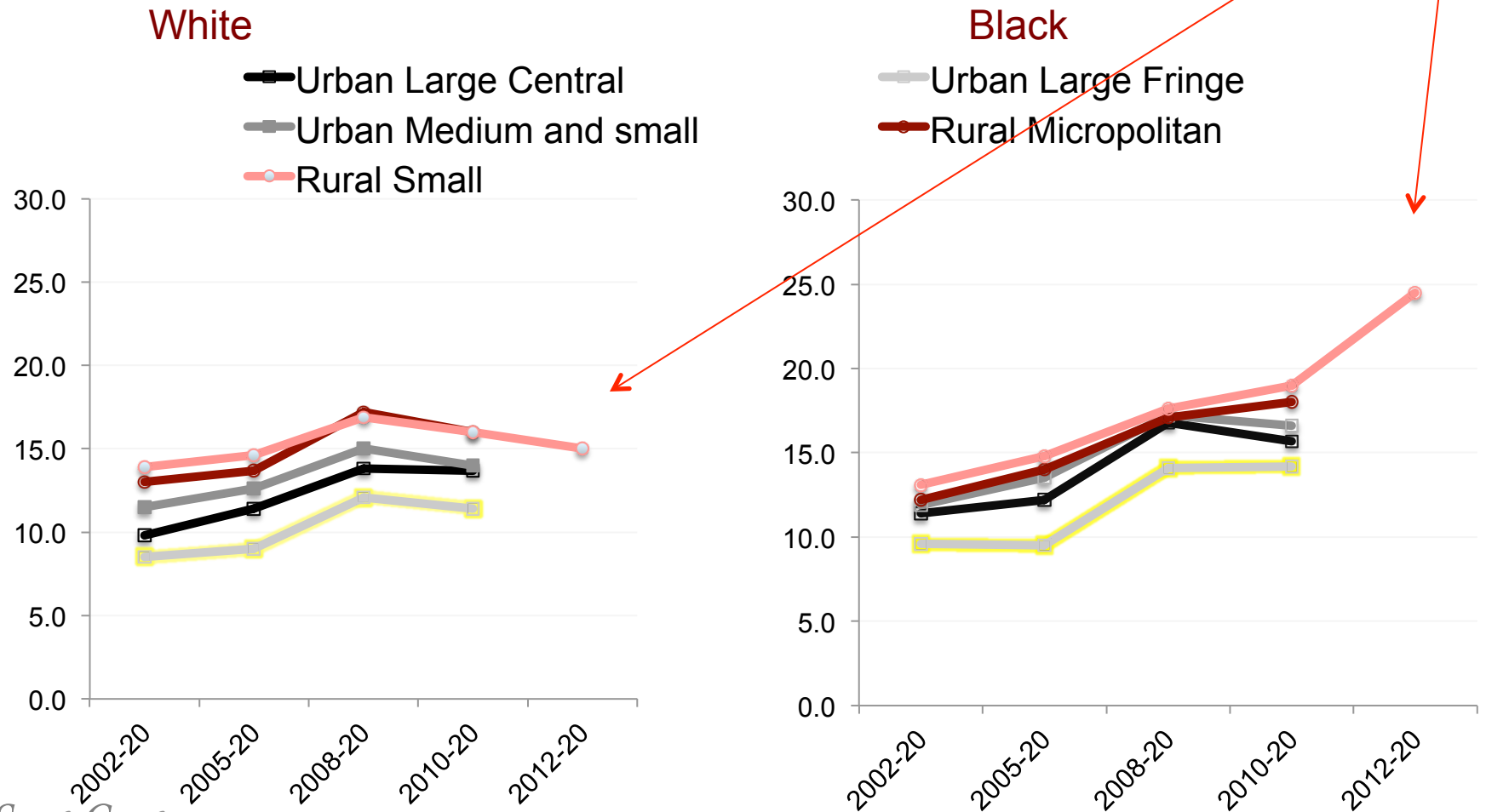
■ NCI

- ◆ Rural Cancer Control research emphasis

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- Rural effects
 - Race effects
 - Interactive effects ... does anyone look?

Clear residence effects and... ?

Percent of working age adults delaying care, by race & residence



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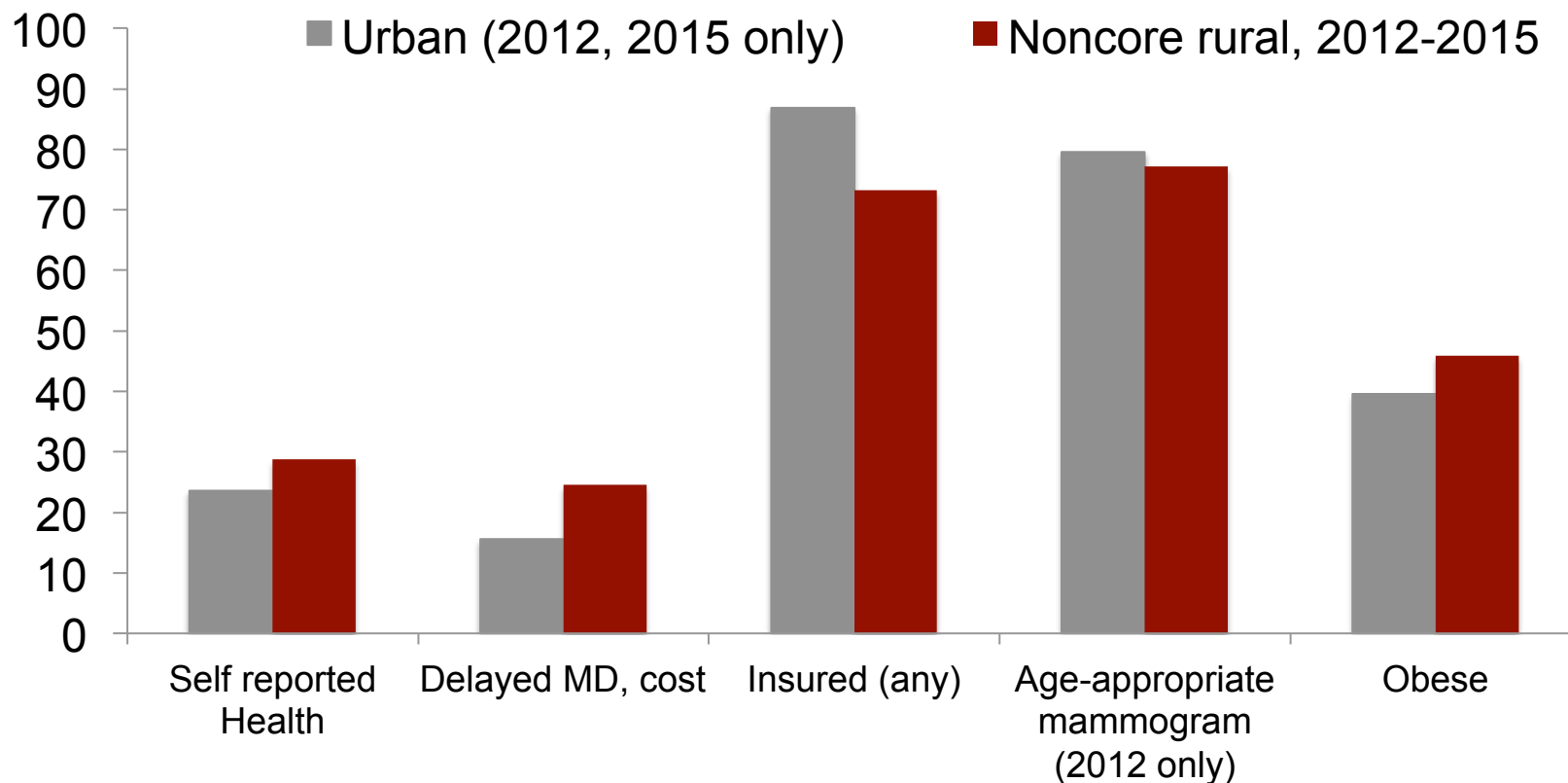
Source: HUS 2013 Table 75; CDC SS6623-H



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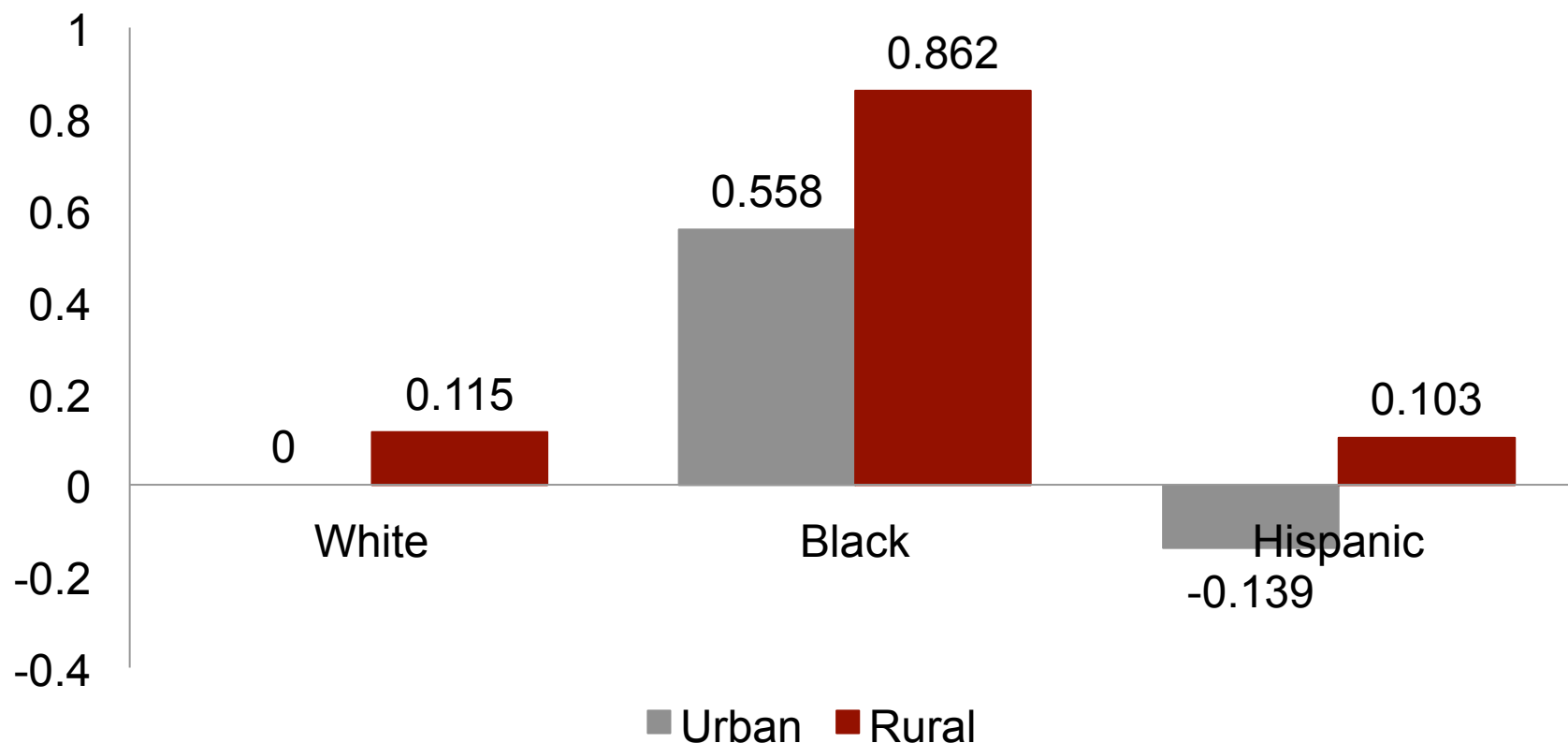
Quick comparative estimates: residence matters

Selected self-reported variables, black only, Metro counties compared to Noncore rural counties, BRFSS, selected years



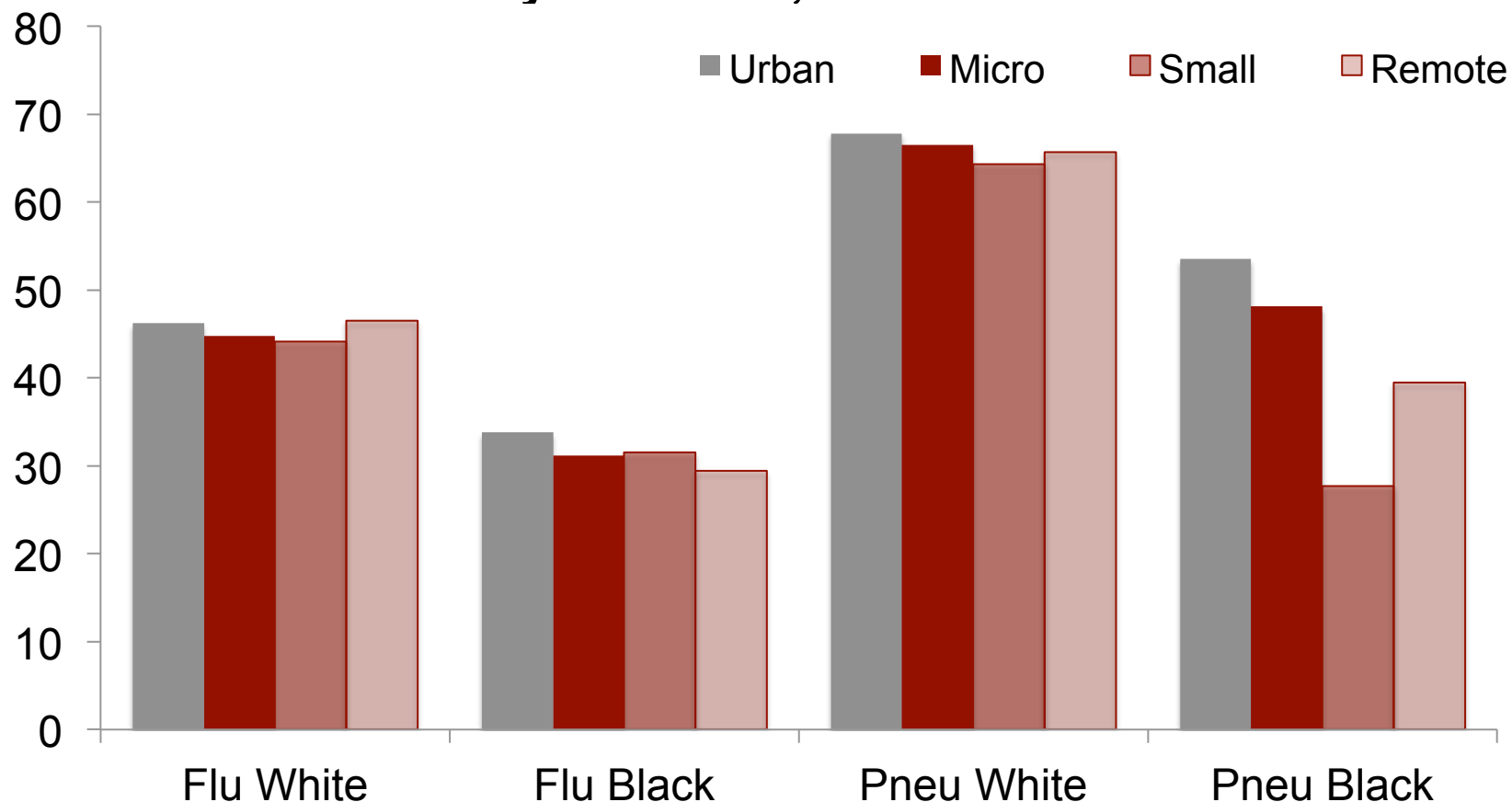
Clear interaction effect

Hazard ratio for death before age 65 among persons age 45-64 when interviewed, 1986-2000 NHIS LMF, adjusted for sex and age. Referent group = urban white.



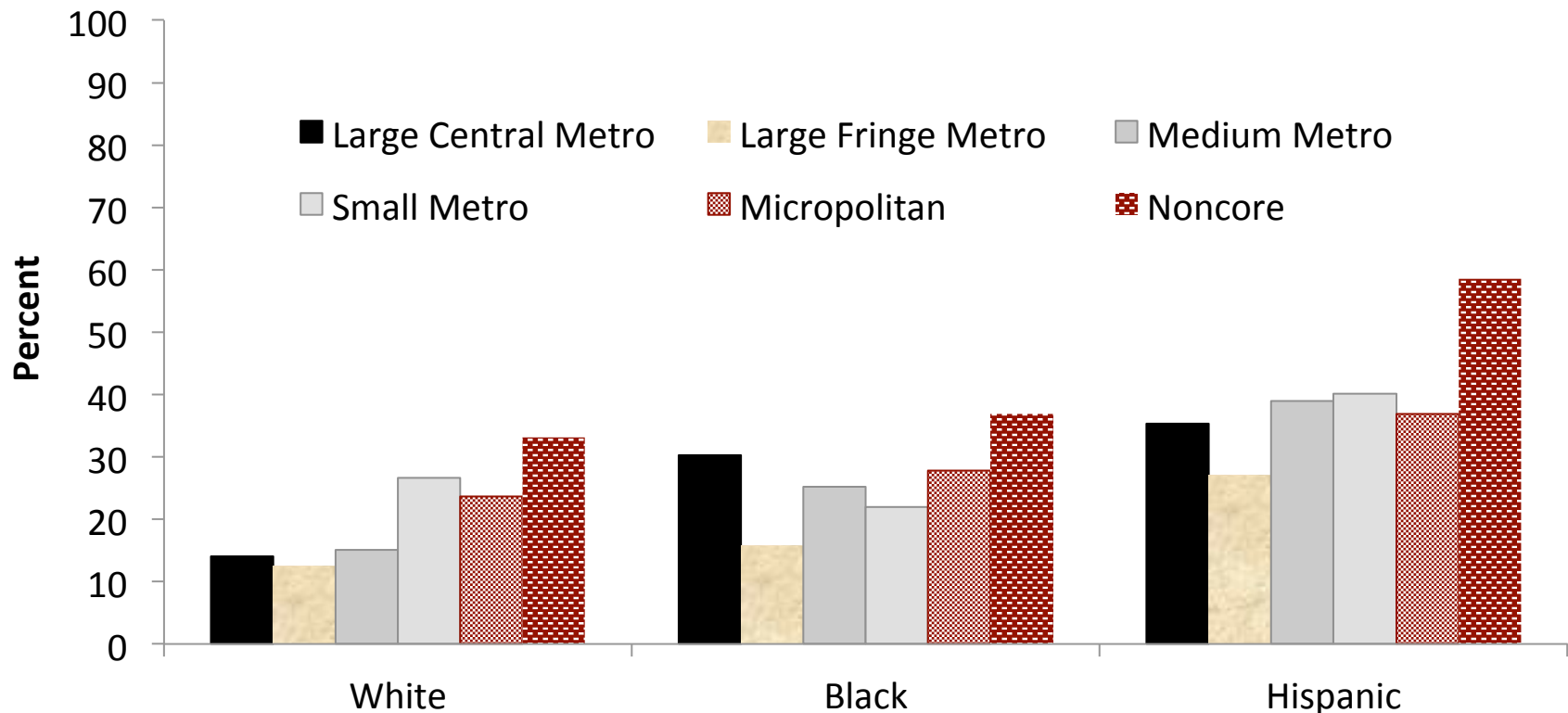
Race/ethnicity, some residence effects

**Adult immunization rates, selected races,
by residence, 2005 BRFSS**



Race/ethnicity and residence effects

People who identified a hospital, emergency room, or clinic as a source of ongoing care, by residence location, stratified by race/ethnicity, 2014 (Source: AHRQ)



Drawn from AHRQ Rural Health Disparities Chartbook, 2017

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2014.

Note: For this measure, lower rates are better. White and Black are non-Hispanic. Hispanic includes all races.



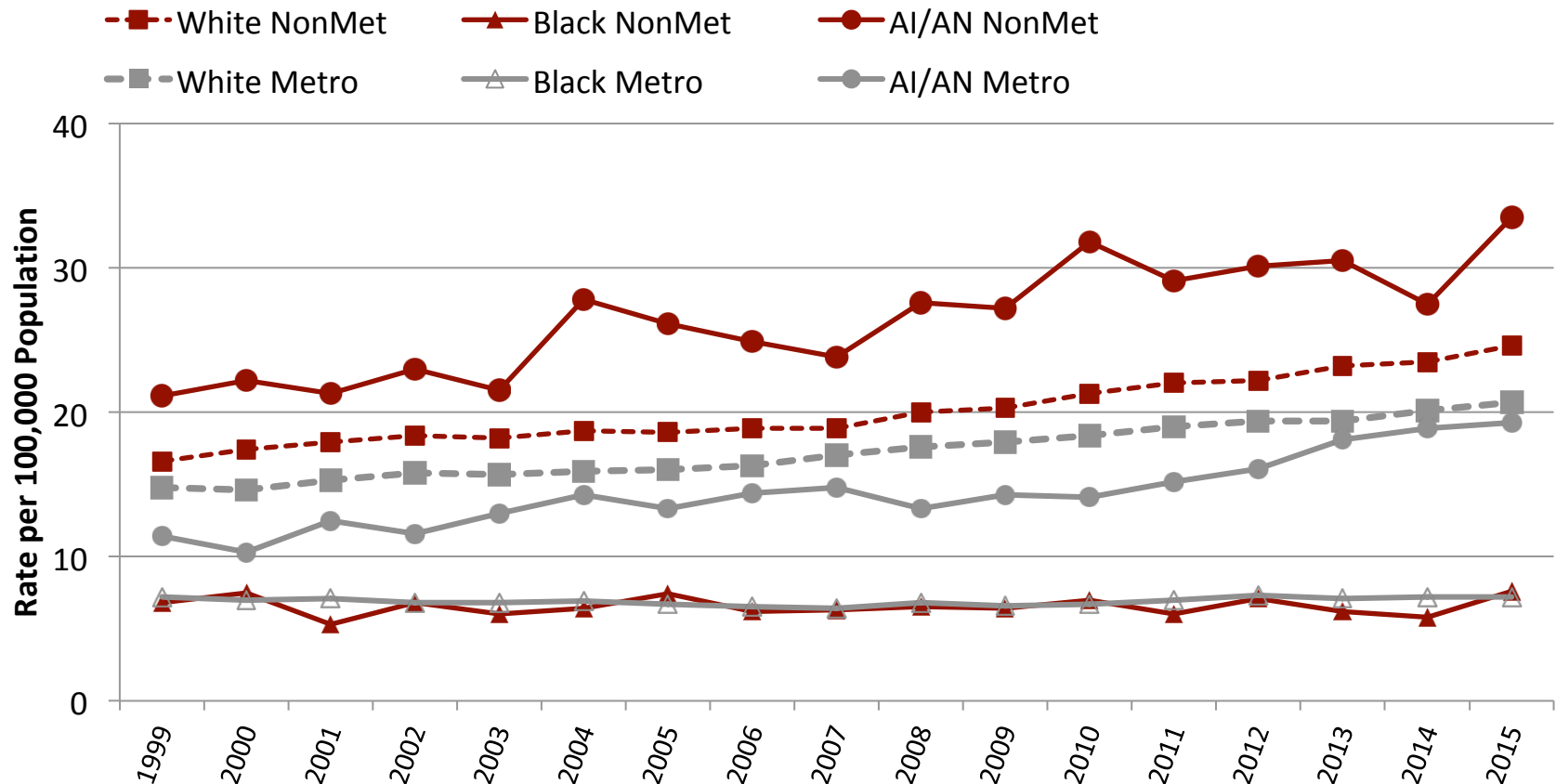
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Race, residence and time effects

Suicide rate per 100,000 population, by race/ethnicity and residence location, age 15 and over, 1999-2015



Increased attention, but ...

11 reports with 6 distinct classification approaches

Definitions of rural across 11 CDC Surveillance Reports

Geographic Unit	Categories	Number of Reports	With race/residence
County	Metro / Non metro	3	1
County	4 urban, 2 rural	3	3
County	Non-core rural <i>only</i>	2	2
County	2 urban, 2 rural	1	1
County	3 urban, 3 rural	1	1
ZIP Code Tabulation Area	1 urban, 3 rural	1	0

Geo analysis is complex

- Multiple levels of measurement
 - ◆ County
 - ◆ Census Tract
 - ◆ Public Use Microdata Sample
 - ◆ Care referral region
- Confusing terms
 - ◆ Metropolitan / non-metropolitan
 - ◆ Urban / rural

“Micropolitan:” the term from heck

- Greenwood, SC: 23,000 residents
- NOT a variant on metropolitan (urban) but a rural county with large town



Metropolitan

Rockville, MD: population 66,940



So, what do rural researchers want?

- Clear, consistent definitions of rural
 - ◆ Terms such as “micropolitan” are confusing
- Consistent testing for race/residence interaction effects
 - ◆ If no one looks, no one will find
- Access procedures to enhance geo-based research

Thanks!

- Our web site:
 - ◆ rhr.sph.sc.edu
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