FACT SHEET

Health Care Disparities in Rural Areas

Selected Findings From the 2004 National Healthcare Disparities Report

The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Introduction

Disparities and Rural Health

Access to excellent health care is not evenly distributed in the United States. Rural residents often face barriers to high quality care. Compared with their urban counterparts, residents of rural areas:

- Report fair or poor health.
- More often have chronic conditions such as diabetes.
- Die from heart disease.[1,2]

However, despite greater need for health care, rural residents have fewer visits to health care providers and are less likely to receive recommended preventive services.[3] Rural minorities appear to be particularly disadvantaged, and differences are observed in cancer screening and management of cardiovascular disease and diabetes.[4,5]

Several factors may contribute to rural residents' poorer health and health care. For example:

- Although 20 percent of Americans live in rural areas only 9 percent of the Nation's physicians practice there.[6]
- Rural residents face longer distances to reach health care delivery sites.

Each year beginning in 2003, the Agency for Healthcare Research and Quality (AHRQ) produces the National Healthcare Disparities Report. Mandated by Congress, this report:

- Examines the status of racial and socioeconomic health care disparities in America.
- Tracks progress towards the elimination of disparities in quality and access, both for the Nation as a whole and for AHRQ's congressionally designated priority populations.[i]

[i] In addition to rural residents, AHRQ's "Priority populations" include racial and ethnic minorities, low income groups, elderly, women, children, and individuals with special health care needs.

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- Includes information about disparities in rural populations across metropolitan, micropolitan, and non-core based statistical areas.

Purpose of This Fact Sheet

This Fact Sheet presents findings related to rural health care from the 2004 disparities report by describing, for selected measures:

- Quality of care for diabetes and heart attack (acute myocardial infarction).
- Access to health insurance coverage.
- Utilization of dental services.

Quality of Care

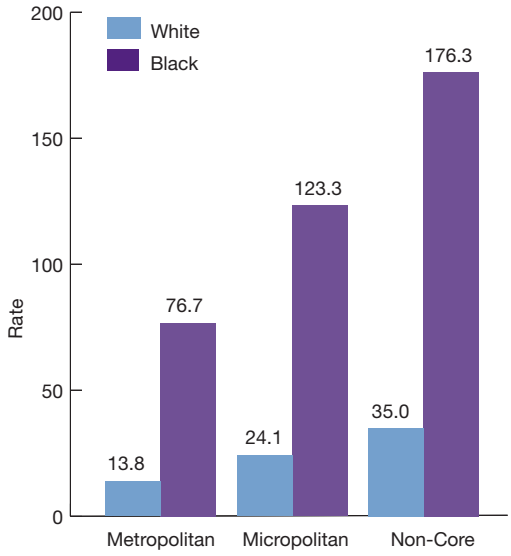
The disparities report examines quality of care in nine clinical condition or care setting areas. Findings in two of these areas, diabetes and heart disease, are briefly presented below.

Diabetes

Effective outpatient care for diabetes reduces admissions for uncontrolled diabetes. Although not all uncontrolled diabetes admissions can be avoided, rates in populations tend to vary with access to outpatient services.

- In 2001, rates of admissions for uncontrolled diabetes were higher among residents of micropolitan and non-core based statistical areas than among residents of metropolitan statistical areas (Figure 1), suggesting problems with outpatient care.
- Admission rates for uncontrolled diabetes were higher among blacks than among whites in all geographic areas and highest for blacks in non-core based statistical areas—176.3 admissions per 100,000 population.

Figure 1. Adult admissions for uncontrolled diabetes without complications per 100,000 population, by race



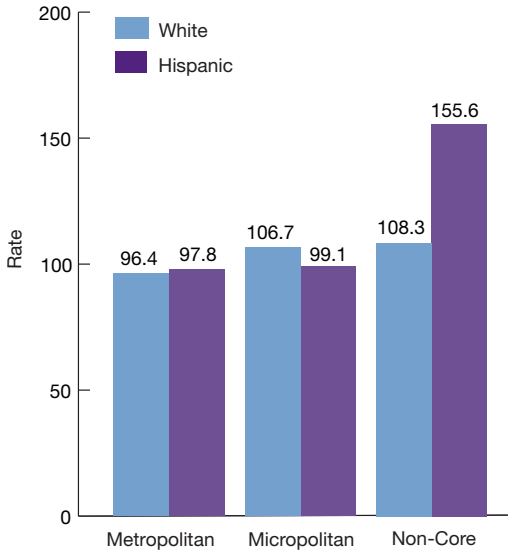
Source: Healthcare Cost and Utilization Project, State Inpatient Databases disparities analysis file, 2001.
Key: Metropolitan = 50,000 or more inhabitants; micropolitan = 10,000 to 50,000 inhabitants; non-core = not metropolitan or micropolitan.

Heart Attack

Inpatient death rates may in part reflect access to high quality hospital care. Although many inpatient deaths among patients hospitalized for myocardial infarction cannot be prevented, rates in populations may vary with quality of care.

- In 2001, inpatient deaths among adults admitted for acute myocardial infarction were higher among residents of micropolitan and non-core based statistical areas than among residents of metropolitan statistical areas (Figure 2), suggesting problems with quality of hospital care.
- Inpatient death rates were highest among Hispanics in non-core based statistical areas–155.6 deaths per 1,000 admissions.

Figure 2. Deaths per 1,000 adult admissions for acute myocardial infarction, by race/ethnicity



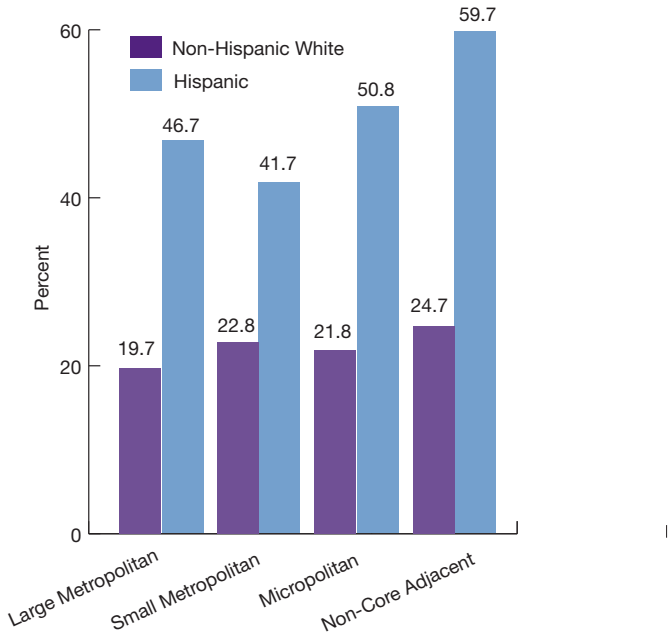
Source: Healthcare Cost and Utilization Project, State Inpatient Databases disparities analysis file, 2001.
Key: Metropolitan = 50,000 or more inhabitants; micropolitan = 10,000 to 50,000 inhabitants; non-core = not metropolitan or micropolitan.

Access to Health Insurance

Health insurance facilitates initial entry into the health care system. The uninsured report more problems getting care[7] and are sicker when hospitalized.[8] In 2002, 15.2 percent of Americans were uninsured.[9]

- In 2001, similar percentages of people under 65 in large metropolitan, small metropolitan, micropolitan, and non-core based adjacent statistical areas reported a period of uninsurance in the past year (Figure 3).
- The proportion of people under 65 with any period of uninsurance in the past year was higher among Hispanics compared with non-Hispanic whites in all four statistical areas.
- The percent of those uninsured sometime in the past year was highest among Hispanics in non-core based statistical areas adjacent to metropolitan or micropolitan areas–59.7 percent.

Figure 3. People under age 65 with any period of uninsurance in past year, by ethnicity



Source: Medical Expenditure Panel Survey, 2001
Key: Large metropolitan = 1 million or more inhabitants; small metropolitan = < 1 million inhabitants; micropolitan = 10,000 to 50,000 inhabitants; non-core adjacent = not metropolitan or micropolitan but adjacent to metropolitan or micropolitan area.

Dental Care Utilization

Routine dental care helps maintain healthy teeth. Lower utilization of dental services may suggest lack of access to care.

- In 2001, residents of non-core based statistical areas not adjacent to metropolitan or micropolitan areas were less likely to report a dental visit in the past year than residents of large metropolitan statistical areas (Figure 4).
- The proportion of people with dental visits in the past year was lower among blacks compared with whites in all four statistical areas.

For More Information

Further analysis and data from the National Healthcare Disparities Report as well as its companion National Healthcare Quality Report are available at: www.qualitytools.ahrq.gov.

Additional information on AHRQ and its programs and activities can be found at: www.ahrq.gov.

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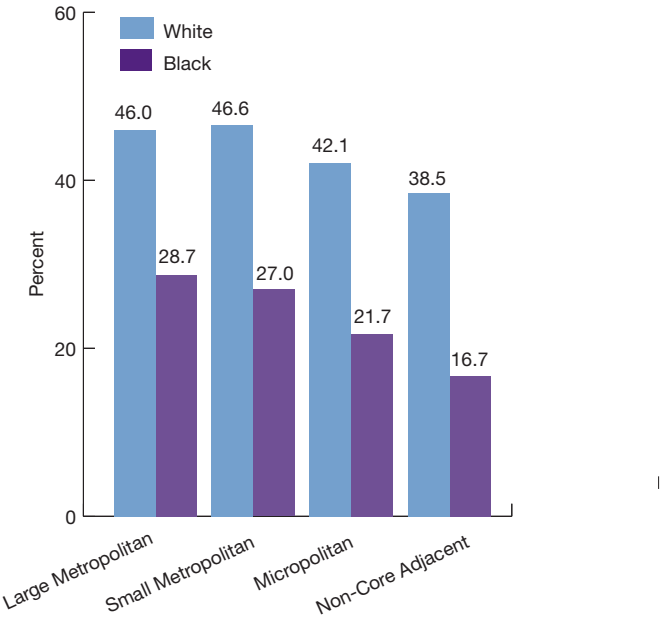
Figure 4. People with a dental visit in past year by race



Source: Medical Expenditure Panel Survey, 2001.
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