

Rural Health in the United States

Findings from the PRC National Health Survey



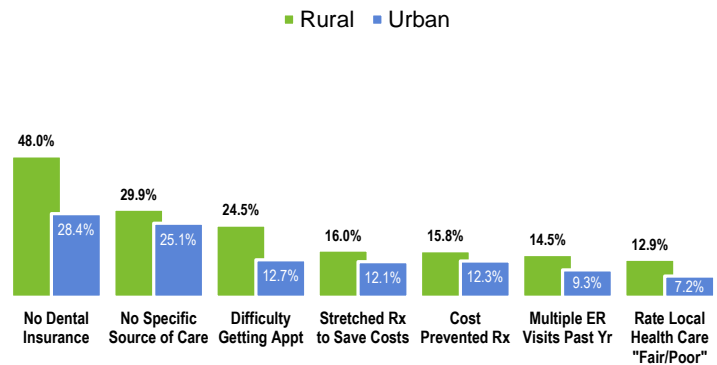
PRC is the only research firm to conduct regular national studies (since 1995) to collect comparative data for its CHNA clients. The latest **PRC National Health Survey** reflects a random sample of 1,000 Americans interviewed through a mixed-mode protocol, including telephone (landline and cell phone) and internet surveys.

ACCESS TO HEALTH CARE SERVICES

Rural Americans, in many ways, experience health and health care very differently from those in more urbanized areas. Rural communities tend to be older with increasing health needs, while health care resources in rural areas are often scarce and/or geographically distant. The 2020 PRC National Health Survey examines the experience of rural Americans by segmenting the national data based on the 2013 National Center for Health Statistics Urban-Rural Classification Scheme for Counties (https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf).

PRC finds that, while several indicators relating to access to health care services are similar between rural and urban areas of the country, rural Americans do face certain barriers to a significantly greater degree. For example, rural Americans are much less likely to maintain **dental insurance**, more likely to have difficulty getting a **doctor's appointment** when needed, and more likely to **rate local health care** services as "fair" or "poor."

Rural-Urban Differences in Access to Health Care Services (By Urban/Rural Status; US Adults, 2020)



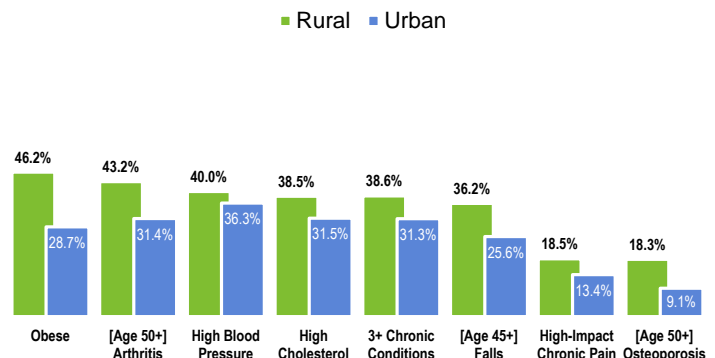
Source: • 2020 PRC National Health Survey; Professional Research Consultants, Inc.

CHRONIC CONDITIONS

PRC's national health data reveals that health outcomes can be very different for rural Americans as well. Adults in rural communities are much more likely to be **obese** than are those in urban areas (prevalence of 46.2%, versus 28.7%, respectively). They are more likely to experience **high-impact chronic pain** that limits their activities on most days. Older residents in rural areas are much more likely to suffer from **arthritis** or **osteoporosis**, and are more likely to have experienced a **fall** in the past year.

Rural Americans also tend to score local hospitals less favorably when asked to evaluate hospitals on **working to improve the health** of their communities (18.6% "fair/poor" vs. 9.2% among urban Americans).

Rural-Urban Differences in the Prevalence of Select Chronic Conditions (By Urban/Rural Status; US Adults, 2020)



Source: • 2020 PRC National Health Survey; Professional Research Consultants, Inc.



SOCIAL DETERMINANTS OF HEALTH

US adults living in rural areas are often more likely to face socioeconomic complexities that can adversely affect quality of life. In particular, note that rural Americans are more likely than urban Americans to:

- Live at or near the federal poverty level (30.2% below poverty vs. 13.0% in urban areas)
- Not have \$400 in emergency savings (38.0% vs. 22.2%, rural vs. urban)
- Have food insecurity, worrying about or running out of food in the past year (41.5% vs 32.6%, rural vs. urban)

DEATHS OF DESPAIR

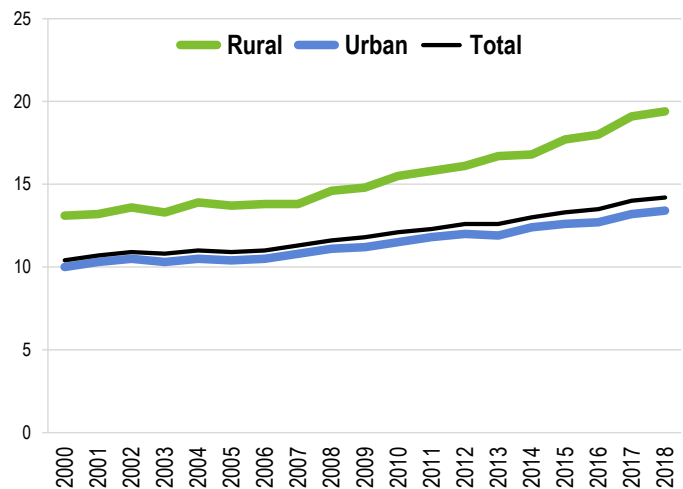
Quite alarming is the US **suicide** rate among rural Americans: 19.4 age-adjusted deaths per 100,000 population in 2018, which is much higher than in urban areas (13.4 per 100,000).

Suicides in rural communities have also increased by a remarkable 48% over the past two decades (<https://www.cdc.gov/nchs/data/databriefs/db373-H.pdf>).

Note the following related findings from the *2020 PRC National Health Survey* among rural Americans:

- 38.4% report that their lives have been directly **impacted by someone's substance abuse** issue
- 35.2% report a history that includes a period of two or more years feeling sad or depressed on most days (**chronic depression**)
- 20.7% describe their **mental health as "fair" or "poor"**
- 18.0% are **lonely**, based on a three-question loneliness screening
- 10.8% used a **prescription opioid** in the past year (increasing to 30.0% among those with high-impact chronic pain)
- 5.8% report needing, but **not being able to get, mental health services** in the past year

Rural-Urban Differences in Suicide Rates
(Age-Adjusted Deaths per 100,000 Population)



Source: • Centers for Disease Control & Prevention;
<https://www.cdc.gov/nchs/data/databriefs/db373-H.pdf>

A PRC Community Health Assessment provides *local*, detailed data like this to help improve the health of your community — visit www.PRCCustomResearch.com or email ImproveHealth@PRCCustomResearch.com to learn more.

