



Rural Populations and Health Disparities

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Rural Health Seminar

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Populations with Health Disparities

- **Racial/ethnic minorities defined by census**
- **Less privileged socio-economic status**
- **Underserved rural residents**
- **Sexual and gender minorities**
- **A health outcome that is worse in these populations compared to a reference group defines a health disparity**
- **Social disadvantage that results in part from being subject to discrimination or racism, and being underserved in health care**



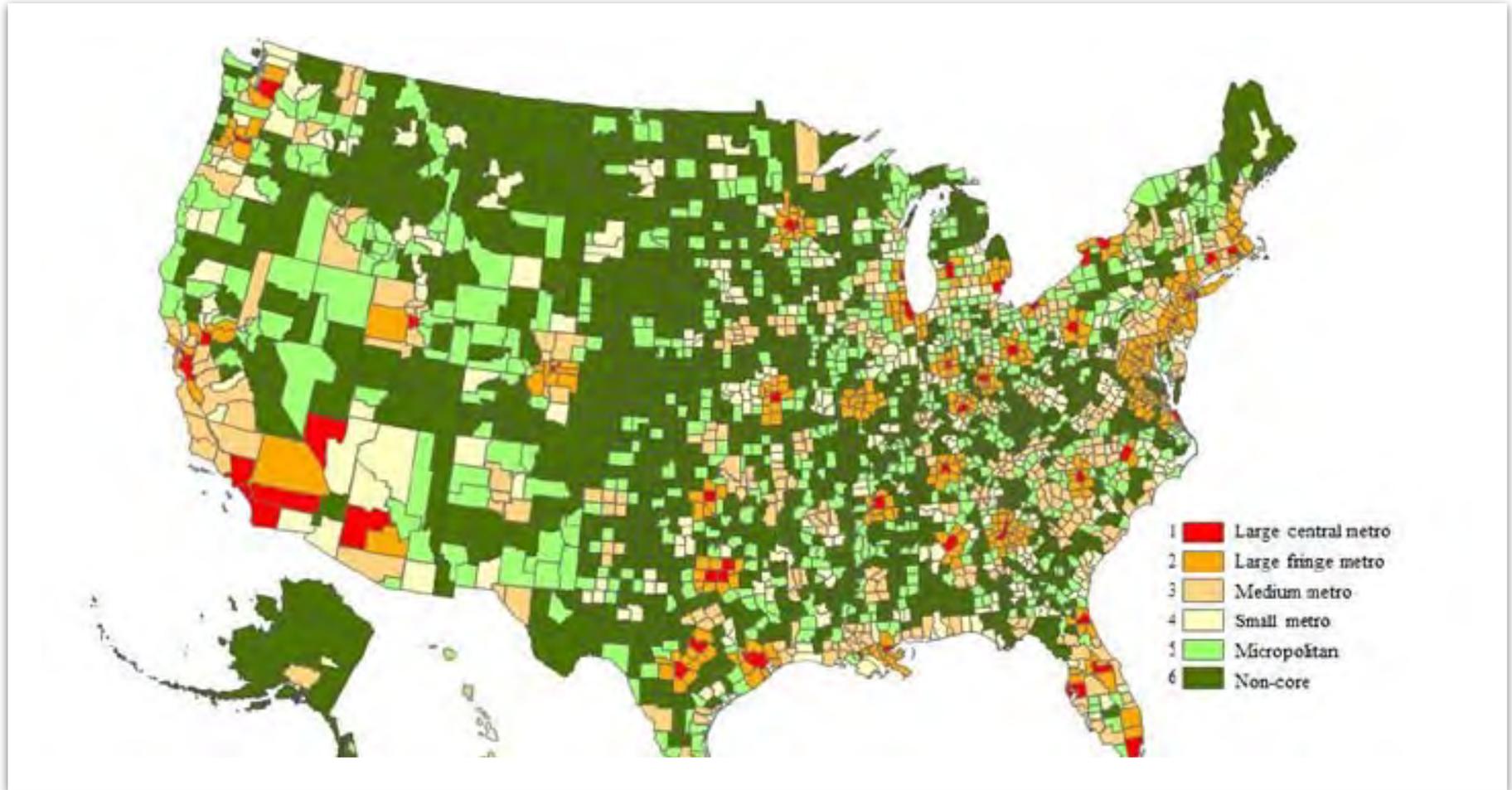
Race and Socioeconomic Status are Fundamental in Determining Health

- **Race/ethnicity predict life expectancy and mortality that are not fully explained**
- **African Americans have more strokes with the same SBP when compared to Whites**
- **Poor people smoke and drink more, have higher BMI and have higher rates of most chronic diseases**
- **Among persons with diabetes, all race/ethnic minorities have less heart disease and more ESRD compared to Whites**



Distribution from Metropolitan to Rural

18% population, 65% Counties, 445 frontier counties



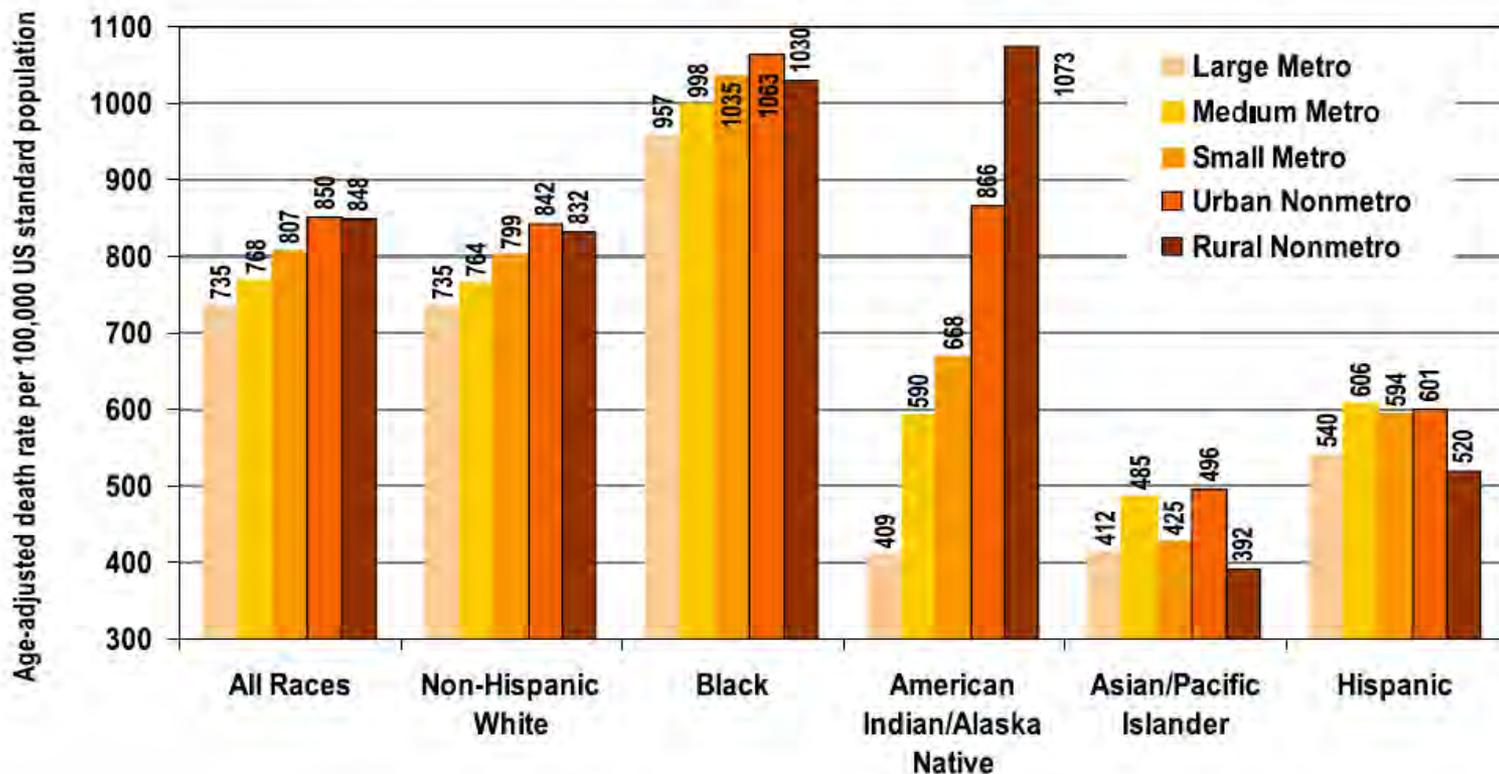
Racial and Ethnic Disparities in Rural America, 2012-2015 (MMWR SS, Nov 17, 2017; 66: 1-10)

- Distribution varies: Blacks and Latinos in the South, Whites in South/Midwest, AI/AN in West/Midwest, Asian, NH/PI and Latinos in West
- Blacks and Latinos have less CRC and breast cancer screenings; Pap screening is similar
- Binge drinking highest in Whites (16.3%)
- Current smoking highest in AI/AN (36.7%)
- Leisure time physical inactivity highest in Blacks (38.2%) and Latinos (35.4%)
- BMI ≥ 30 : Blacks 45%, Latinos 36%, AI/AN 39%, Whites 32%



Widening Rural–Urban Disparities in All-Cause Mortality and Mortality from Major Causes of Death in the USA, 1969–2009

RURAL–URBAN TRENDS IN US MORTALITY



Trends in Suicide Rates by Race and Urbanization

MMWR, Surveillance Summaries, October 6, 2017, 66: 1-9

	2001-03	2013-15
Whites	13.7/16.8	17.2/22
Blacks	6.2/6.2	6.6/6.1
Asians/PI	6.1/8.3	6.7/9.4
AI/AN	10.6/20.3	14/29.1
Latinos	6.4/9.2	6.4/10.2



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Social Determinants of Health

- **Demographics including family background**
- **Urban or rural residence or geographic region**
- **Cultural identity, religiosity, spirituality**
- **Language proficiency, Literacy, numeracy**
- **Structural determinants: housing, green space, broadband, economic opportunity, transportation, schools, healthy food access, public safety**
- **PhenX Toolkit on Social Determinants of Health:**
<https://www.phenxtoolkit.org/collections/view/6>

National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

National Institute on Minority Health and Health Disparities, 2018

*Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority
Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region

Racism as Research Construct

- *Interpersonal*. Most work done, good measures developed, associations established
- ***Structural*: History, culture, institutions, policies and codified practices that perpetuate inequity; imperative to research**
- *Internalized*. How discrimination effects individuals who are not aware or sublimate; accept cultural or biological inferiority
- Perceived societal discrimination and
- Second-hand effects of racism



Supplements to Support Rural Health Disparities Multi-Sectoral Research Resource Hubs

- Three supplements awarded to San Diego State University, Tuskegee University, and Morehouse School of Medicine
- Focused on different rural catchment areas: US/Mexico Border, Alabama Black Belt, and southwest Georgia
- Collectively, proposed coalition partners represent health, public health, local government, law enforcement, transportation, agriculture, faith-based, community philanthropic, and academic sectors
- If successful, hubs can serve as a pilot for a larger initiative involving other NIH ICs and Federal partners



<https://grants.nih.gov/grants/guide/notice-files/NOT-MD-20-010.html>



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Challenges in Rural Communities

- Structural social determinants of health:
 - Transportation options limited – distance
 - Broadband access and cell phone service
- Health care system challenges
 - Fewer clinicians, more transient
 - Quality of care in small hospitals
 - Access to preventive care
- Interpersonal issues: Stigma
- Build on positive features
 - Less air pollution
 - Promote access to healthy food



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