

# 2024 Forum on Rural Population Health & Health Equity



## Community Health Disparities Assessment: Using a Community Health Assessment Model to Identify Local Health Disparities Unique to Rural Counties

Vanessa A. Becker, M.P.H  
Douglas Public Health Network

# 2024 Forum on Rural Population Health & Health Equity

- Audio has been muted for all participants upon entry
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- Sessions will be recorded and available to attendees
- Please take the session surveys!

**“Three words are commonly repeated to describe rural America and its residents: older, sicker, poorer.”**

**-Washington Post, April 2024**



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## **What we will cover today**

What and Why? (a Community Health Disparities Assessment/CHDA)

Definitions & Language

CHDA Process and Larger Context

Example findings-Douglas County, Oregon

Resources & wrap-up



# National Trends in Disparities-Rural

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**Recent analysis of Robert Wood Johnson Foundation 2024 data by the Chartis Group, LLC found weakened community health status in rural areas.**

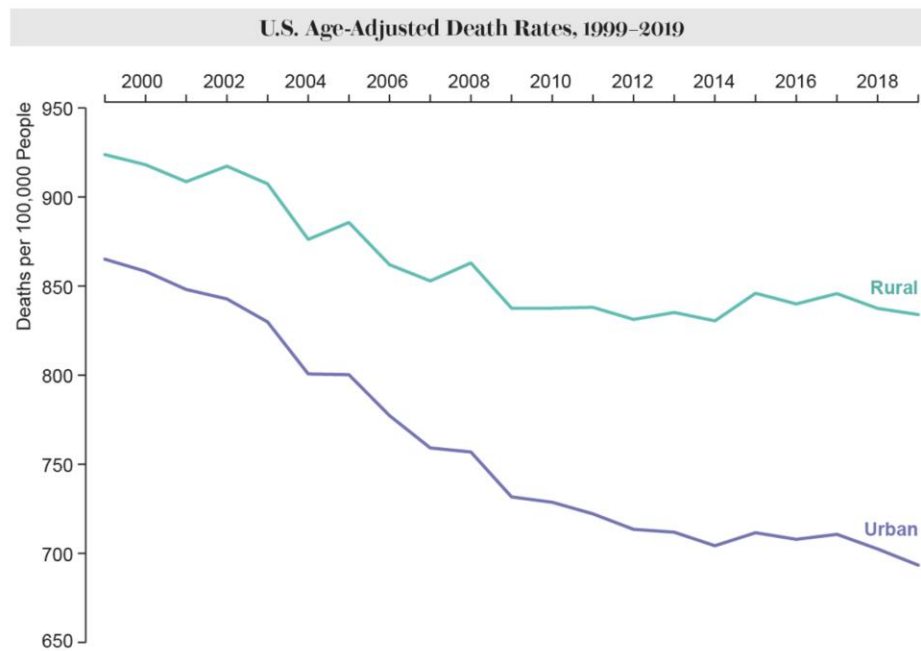
People living in rural areas were:

- ✓ Far more likely to be over 65 years old than urban communities
- ✓ Die earlier/premature death than urban communities
- ✓ Higher rates of chronic disease including obesity, diabetes
- ✓ Lower household income and higher rates of child poverty
- ✓ Higher rates of deaths of despair than urban areas
- ✓ Less access to obstetrics, chemotherapy, primary care, mental and dental care than urban communities

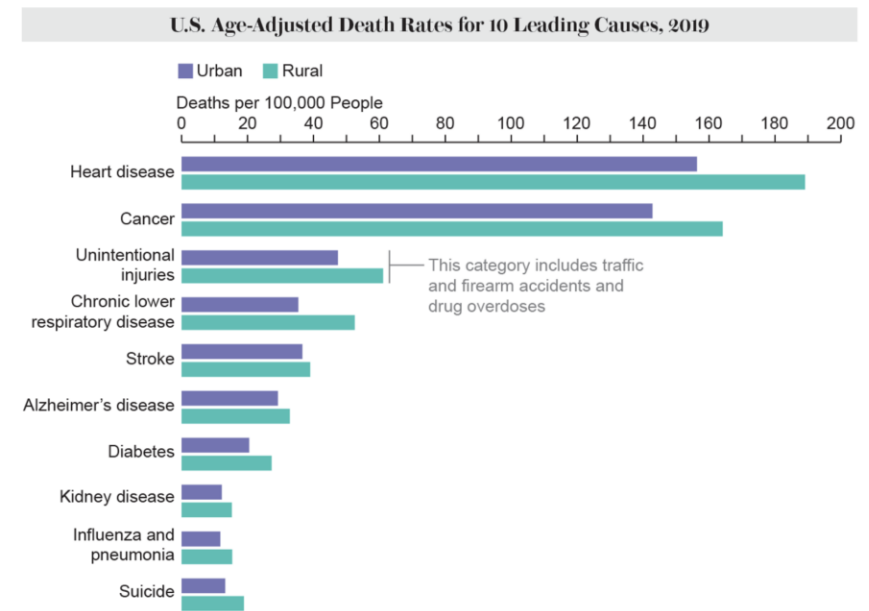


# People in Rural Areas Die at Higher Rates than those in Urban Areas

Scientific American December 2022 Article



Credit: Amanda Montañez; Source: "Trends in Death Rates in Urban and Rural Areas: United States, 1999–2019," by Sally C. Curtin and Merianne Rose Spencer, in National Center for Health Statistics Data Brief, No. 417; September 2021



Credit: Amanda Montañez; Source: "Trends in Death Rates in Urban and Rural Areas: United States, 1999–2019," by Sally C. Curtin and Merianne Rose Spencer, in National Center for Health Statistics Data Brief, No. 417; September 2021

This includes Opioid overdose, alcohol deaths, veterans suicide, suicide

“In summary, the **geographical** setting appears to be a **key driver** of DoD trends, with rural areas exhibiting the worst despair-related mortality outcomes.”



[Int J Environ Res Public Health](#). 2022 Oct; 19(19): 12395.

PMCID: PMC9566538

Published online 2022 Sep 29. doi: [10.3390/ijerph191912395](https://doi.org/10.3390/ijerph191912395)

PMID: [36231697](https://pubmed.ncbi.nlm.nih.gov/36231697/)

## Deaths of Despair: A Scoping Review on the Social Determinants of Drug Overdose, Alcohol-Related Liver Disease and Suicide

[Elisabet Beseran](#),<sup>1</sup> [Juan M. Pericàs](#),<sup>1,2,3</sup> [Lucinda Cash-Gibson](#),<sup>1,3,4</sup> [Meritxell Ventura-Cots](#),<sup>2</sup>

[Keshia M. Pollack Porter](#),<sup>3,5,6</sup> and [Joan Benach](#)<sup>1,3,7,\*</sup>

Paul B. Tchounwou, Academic Editor

# Washington Post Article-April 2024

**“Three words are commonly repeated to describe rural America and its residents: older, sicker, poorer.”**

THE HEALTH 202

## Rural Americans are way more likely to die young. Why?

Analysis by Jazmin Orozco Rodriguez

with research by [McKenzie Beard](#)

April 15, 2024 at 7:56 a.m. EDT

**“Rural Americans ages 25-54-considered the prime working-age population-are dying of natural causes such as chronic diseases and cancer at wildly higher rates than their age-group peers in urban areas.”** -(Based on USDA report using two three year periods 1999-2001 and 2017-2019)



# Why do we do a Community Health Disparities Assessment?

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A Typical CHA or CHNA:

- ✓ Use it to **increase our understanding** of health issues facing our community
- ✓ Help us **better plan** our programs & services
- ✓ Help us **meet requirements**

Why do we need an assessment specific to health disparities?

- ✓ Use it to **increase our understanding** of what health disparities and inequities exist in the county (or service area) & how they are similar or different from other areas in the state
- ✓ Help us **better plan** our programs & services to increase access to health for people living in the county/service area
- ✓ Can inform required **Health Equity Plans** and ultimately increase resources and focus on specific health inequities in the county/service area to improve health equity





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## **What** is a Community Health Disparities Assessment?

- CHDA is the acronym we use to refer to the community health disparities assessment
- Uses a process similar to broader community health assessments (CHA or CHNA) only the focus is on health disparities
- It is a process that produces informed data to lead to better planning of programs and initiatives that are focused on:
  - Reducing barriers to health care, reducing disparities and promoting health equity in a community
  - A Health Equity Plan (HEP) usually comes after the CHDA

## How is a CHDA different than a CHA?

Differences Between CHA & CHDA	
CHA	CHDA
Emphasis on health trends, assets, resources and challenges	Emphasis is only on identifying disparities in comparison to other counties/service area
Focus is not necessarily on health equity but broader community health status	Focuses on health equity, disparities and inequities in health status and upstream SDOH
Required for hospitals, public health, CCOs, FQHCs and by many oversight & funding bodies	Not required, can be part of a larger Health Equity Plan
Paints a picture of overall health of a community including things that are going well and things that are not going well	Paints a picture of what disparities people experience in a community compared to other communities to ultimately drive resource policy

### Similarities

- Both use similar process
- Both use primary and secondary population data and community engagement
- Both identify priorities for planning and change



# Definitions



# What is Health Equity?

The continual **process** of ensuring the elimination of unjust, avoidable and unnecessary barriers in the health and healthcare because of their social position or other socially determined circumstance. These barriers can be based on your background, where you live, the resources you have or systemic factors like racism and discrimination. Implies that **everyone should have a fair and optimal opportunity to attain their full health potential** and no one should be disadvantaged from achieving it.

-The Chartis Group, 2024 definition

# What is Health Equity-Oregon Definitions

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.*

*Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*

- The equitable distribution or redistribution of resources and power; and*
- Recognizing, reconciling, and rectifying historical and contemporary injustices.*

-Oregon Health Policy Board (OHPB) and OHA adopted this definition in October 2019

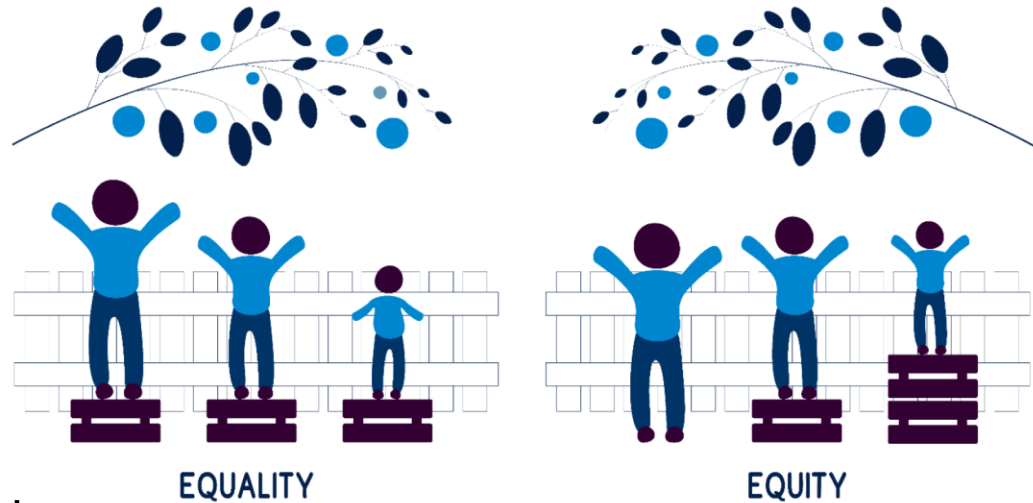
# Equality does not mean Equity

**Equality means everyone is given the same resources/opportunities**

typically seen in per capita funding formula arguments between rural and urban counties

**Equity recognizes that each person has different circumstances and allocates the resources and opportunities needed to reach an equal outcome**

**Equity looks different in different communities, the type of “box or stool” to stand on is not one size fits all, even when it comes to funding**





# Health Disparities

Health disparities are **preventable** differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location and environment.

-Centers for Disease Control and  
Prevention Definition Definition



# Health Disparities

Differences in the incidence and prevalence of health conditions and health status between groups based on: race/ethnicity, socioeconomic status, sexual orientation, gender, disability status, geographic location and/or a combination of these.

-National Institute on Minority Health and Health Disparities definition

# Health Inequities

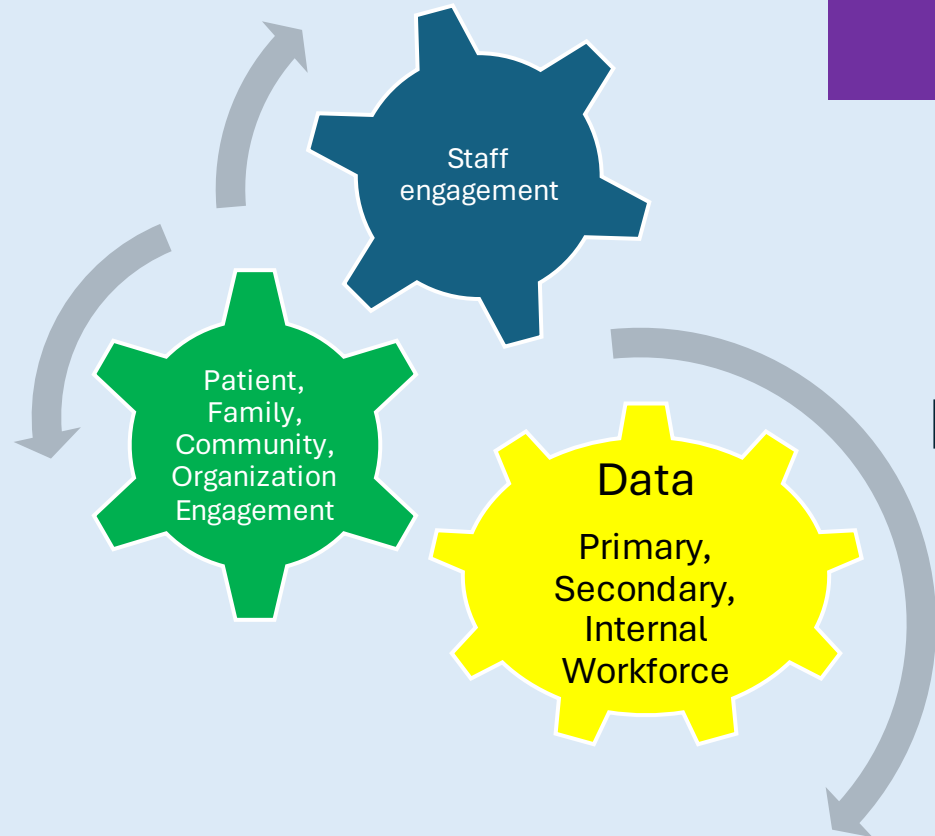
The systematic and unjust distribution of social, economic and environmental conditions needed for health.

-National Institute on Minority Health and Health Disparities definition

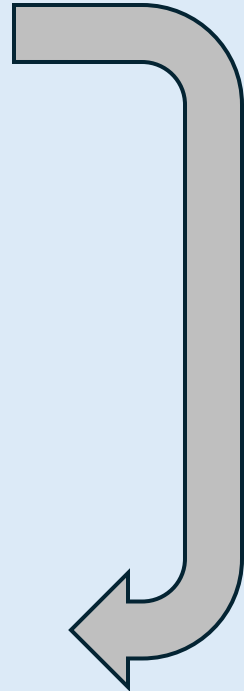


# **CHDA Process and Larger Context**

Components of Health Equity Plan



# Health Equity Plan Framework



CHNA, CHA, CHDA

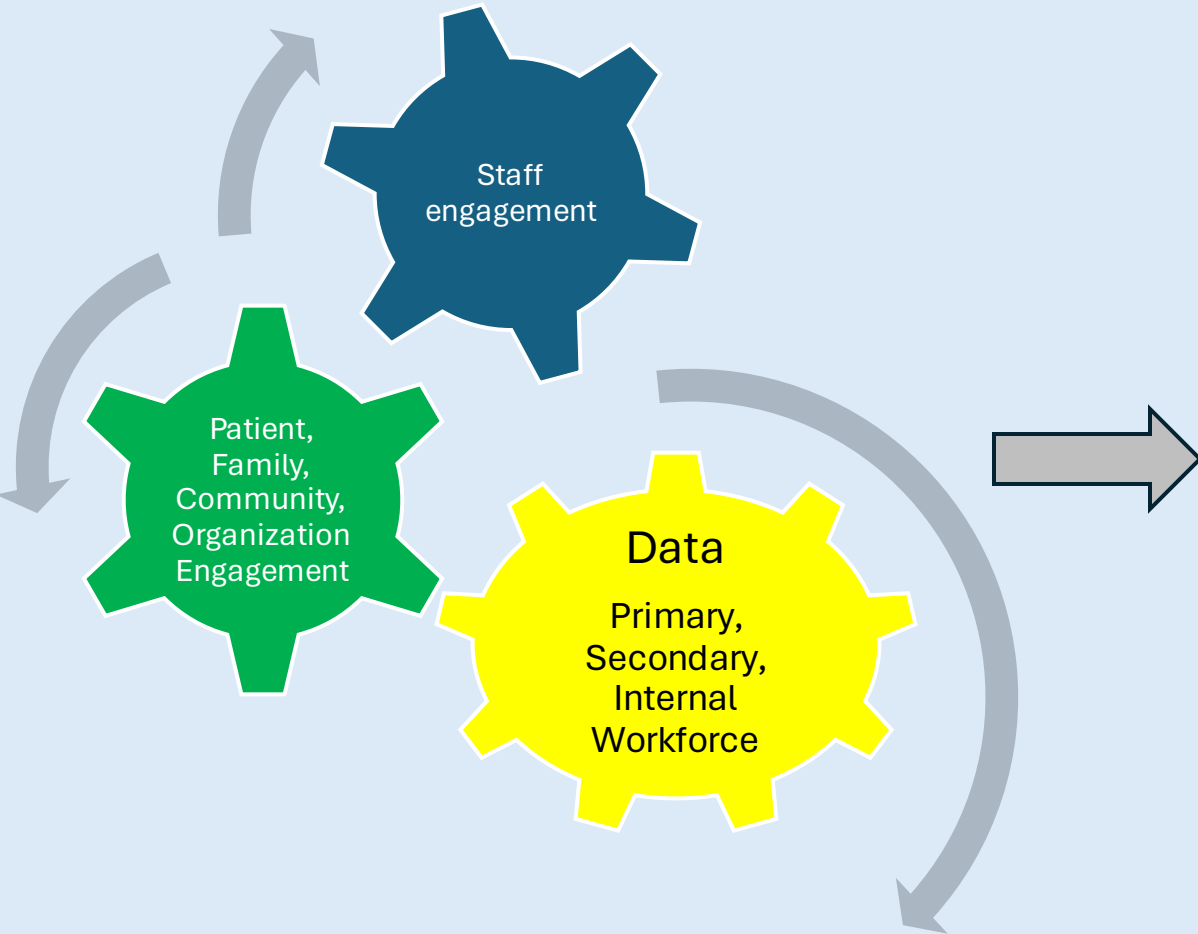
Assessments based on Components

### Outcomes Evaluated/Tracked

- Increased Health Equity/Reduced Disparities
- Increased health outcomes/status population
- Decreased Costs
- Improved patient experiences
- Increased workforce well-being & capacity
- Increased resources to address disparities/needs

# Health Equity Plan Model Framework

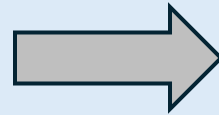
## Role of CHDA



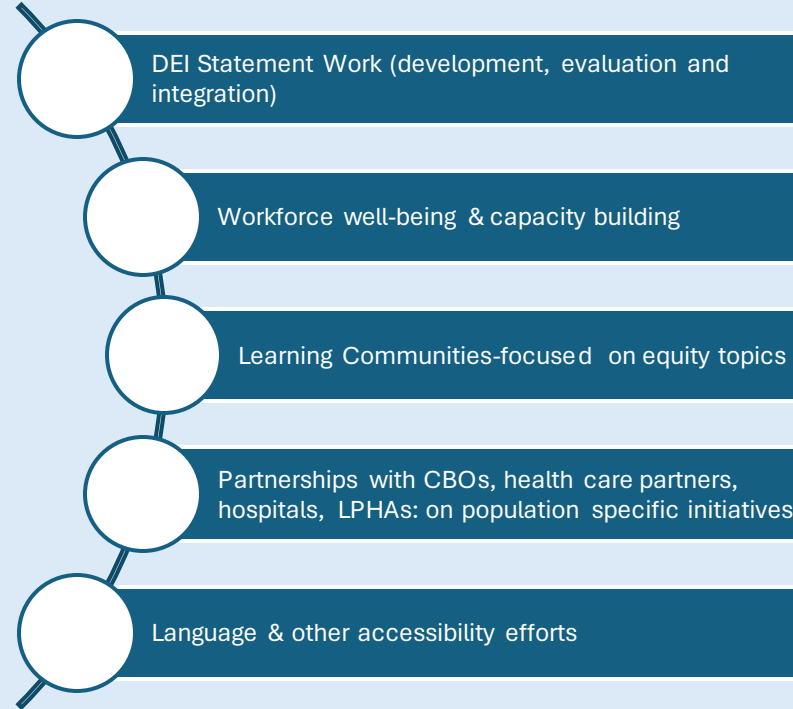
### Community Health Disparities Assessment What is and What it is not

YES-IS!	NO-IS NOT!
Follows your data values established at start	Diminishes disparities in other communities
Paints picture of disparities in a specific population	Substitute for a CHA or CHNA
Considers all SDOH	Only considers morbidity and mortality or a single SDOH
Utilizes multiple data sources & types	Stand alone, not connected to other plans
Includes many metrics such as SDOH, HRSN, ADI, primary and secondary data	Uses only one data collection method (like a satisfaction survey)
Built with evaluative metrics in mind to track progress	Squishy or no metrics of success built in
Led by population health experts with sincere and deep engagement of patients, families, communities and organizations	Single population group leads it
Infinite Pie philosophy	Make my disparity more important than yours, pie is only one size perspective
Uses gold standards of health assessment processes such as MAPP	Myopic view and process
Begins with understanding local demographics	Based on demographics that are not your own community

# Health Equity Plan Model Framework Activities & Outcomes



## Examples of Health Equity Plan Work/Activities



## Outcomes Evaluated/Tracked

- Increased Health Equity/Reduced Disparities
- Increased health outcomes/status population
- Decreased Costs
- Improved patient experiences
- Increased workforce well-being & capacity
- Increased resources to address disparities/needs

# Example Findings

# Possible Data Sets- to compare by county

## **Area Deprivation Index (ADI)**

- Based on a measure created by the Health Resources & Services Administration 30 years ago
- Adapted, refined & validated by Amy Kind, MD, PhD at University of Wisconsin
- Focused on rankings of neighborhoods by socioeconomic disadvantage including domains of income, education, employment and housing

## **Rural-Urban Commuting Areas (RUCA)**

- USDA Research based on census tracts measuring population density, urbanization and daily commuting

**Areas of Unmet Health Care Need Report, 2023, by our own Oregon Office of Rural Health!**

None of these stand alone



# Possible Data Sets-Health Status & Demographic Data

- County Health Rankings
- BRFSS
- OHA, Vital Records, Dashboards & CDC data
- Census-Demographic data
- Other secondary data sets including local data and topic specific-refer to your Comprehensive Community Health Assessment for data sources
- Portland State Population Research Center
- Oregon office of Rural Health

None of these stand alone

# Possible Data- Primary Data Collection

- Surveys
- Focus groups/listening sessions
- Key informant interviews

None of these stand alone


# Reminder: National Trends in Rural Disparities

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**Recent analysis of Robert Wood Johnson Foundation 2024 data by the Chartis Group, LLC found weakened community health status in rural areas.**

People living in rural areas were:

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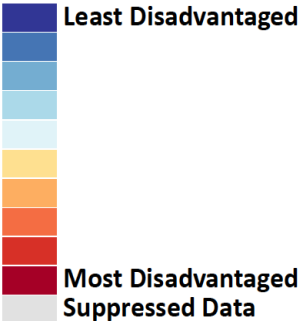
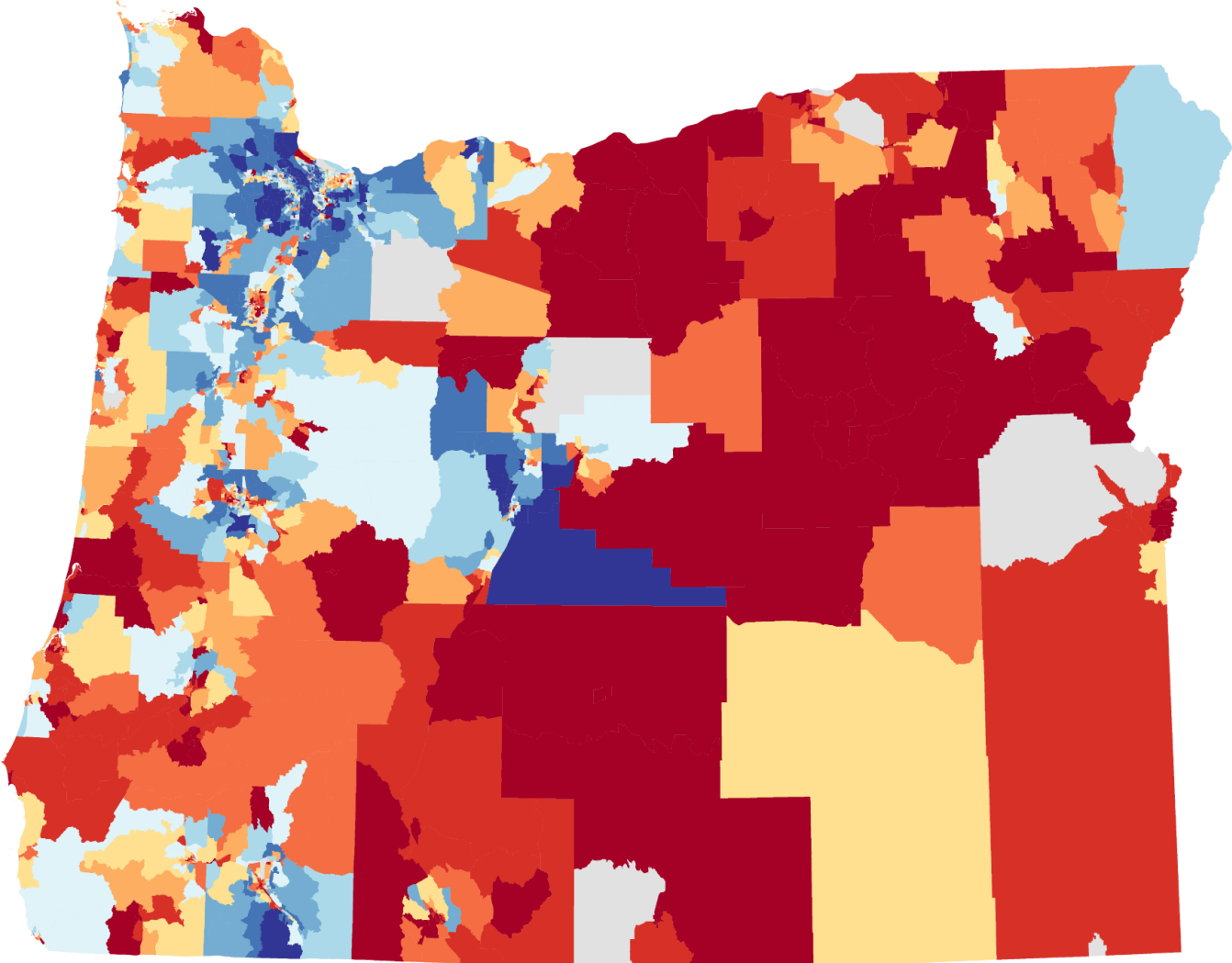
Recognizing this does not mean that we accept defeat, we can change this

# Oregon - 2021 ADI State Rankings

Using ADI only for  
comparison in Oregon

Reminder: ADI is focused on  
rankings of neighborhoods by  
socioeconomic disadvantage  
including:

- **Income**
- **Education**
- **Employment**
- **Housing**



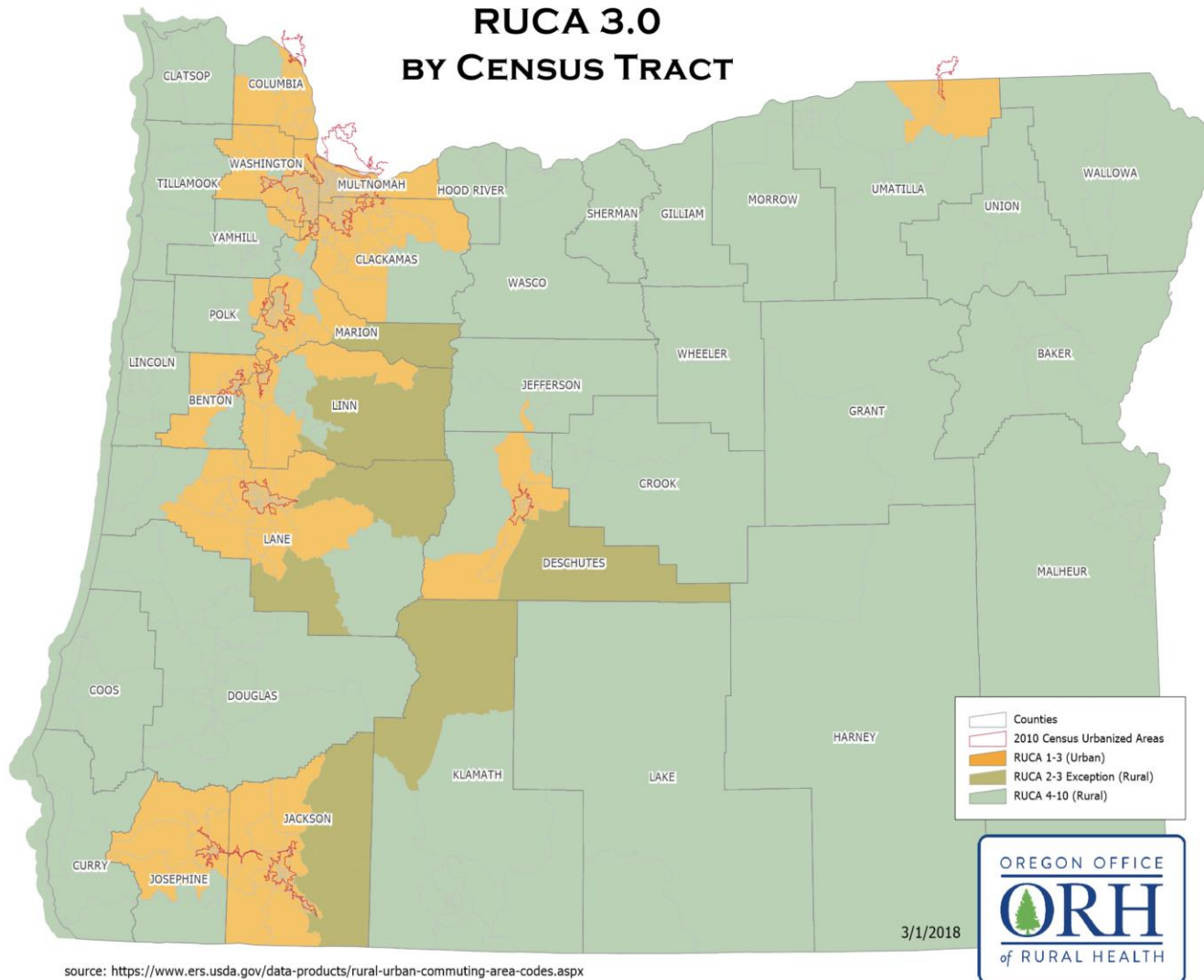


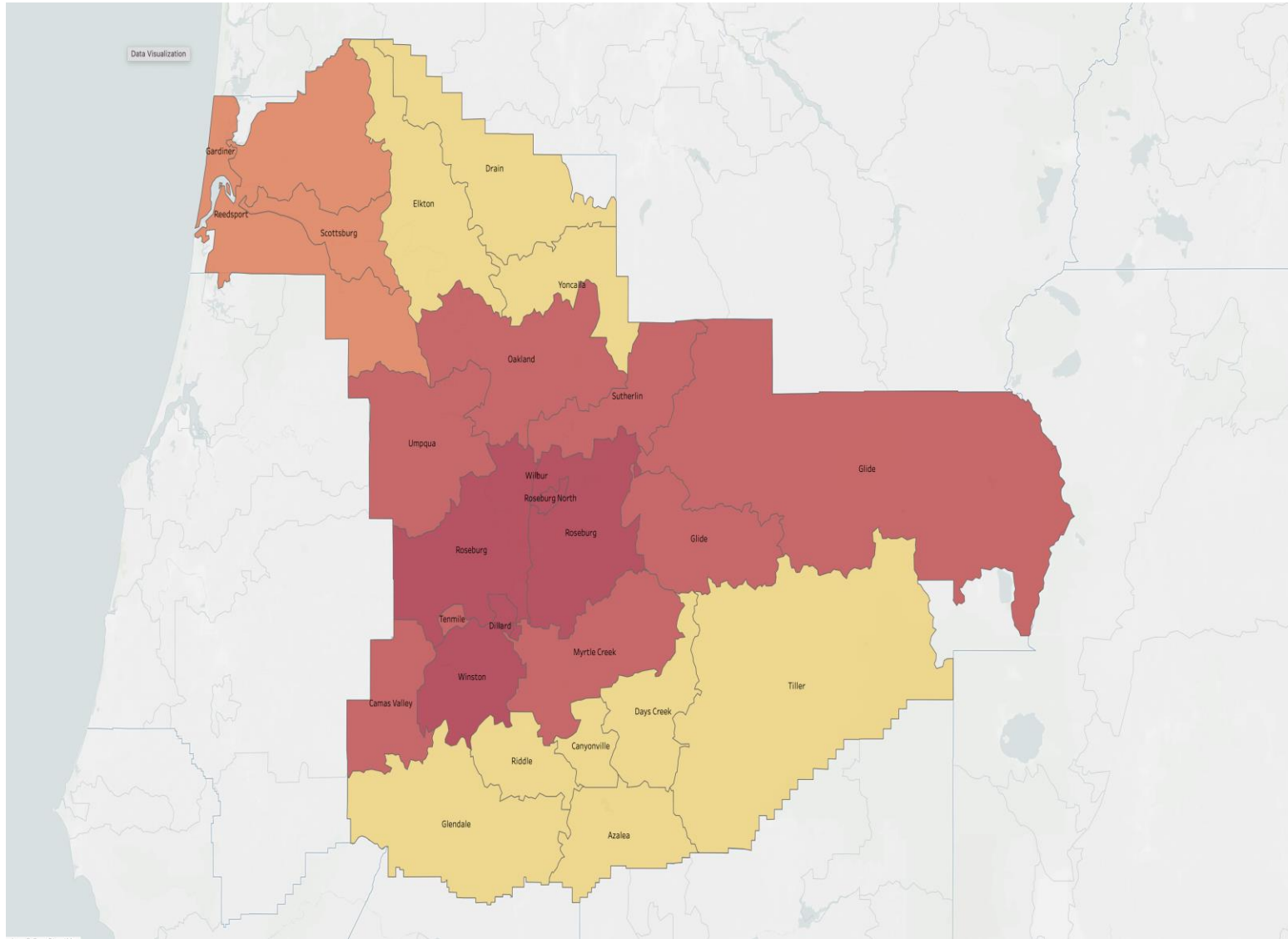
# Using RUCA only for comparison in Oregon

Reminder: RUCA is focused on comparisons between census tracts for:

- Population density
- Urbanization
- Daily commuting

Higher the RUCA score=higher Rurality





## Using RUCA only for comparison in Douglas County

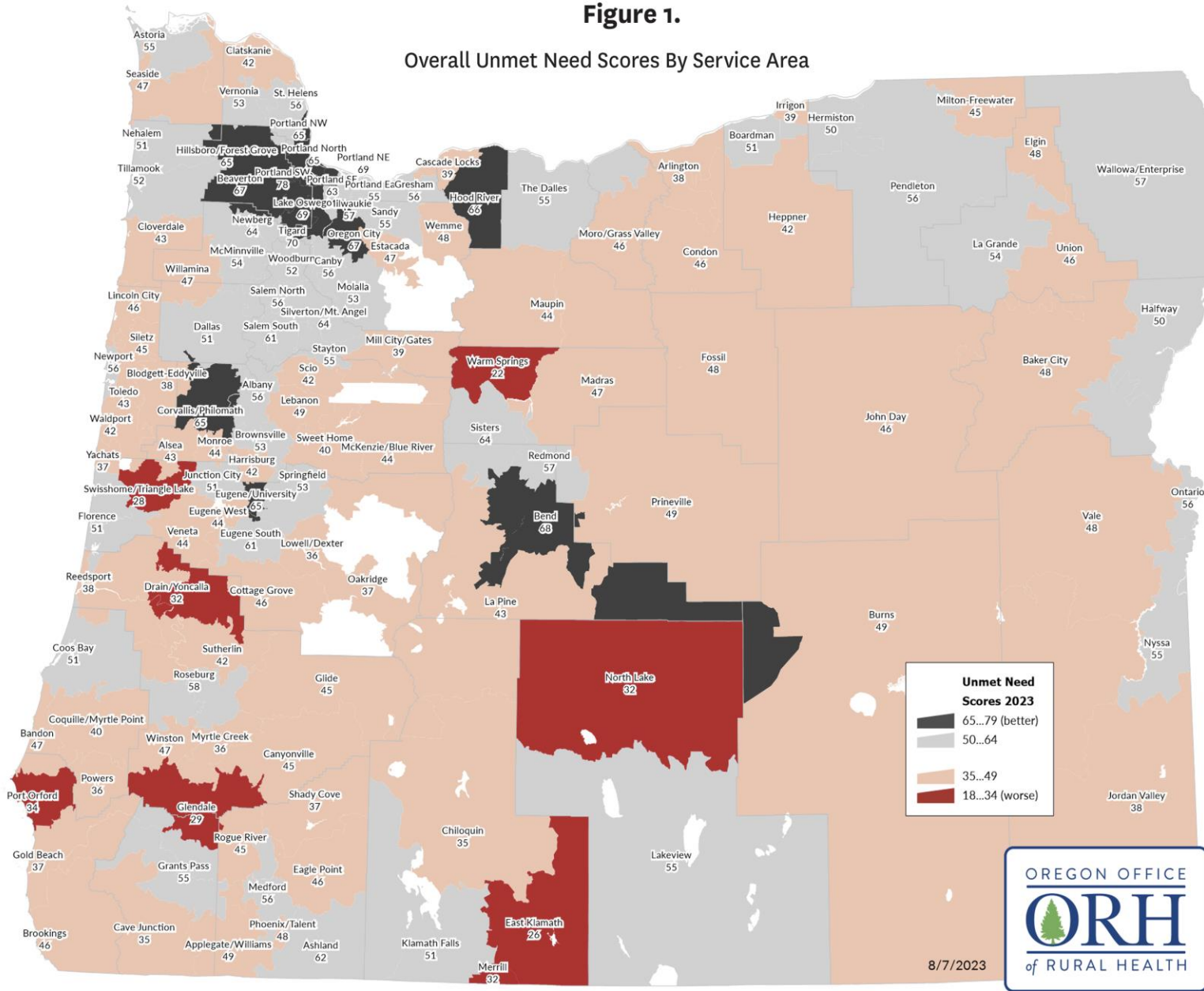
- Population density
  - Urbanization
- Daily commuting

Higher the RUCA score=higher Rurality



Figure 1.

Overall Unmet Need Scores By Service Area



# Using Overall Unmet Need Scores-2023 Report

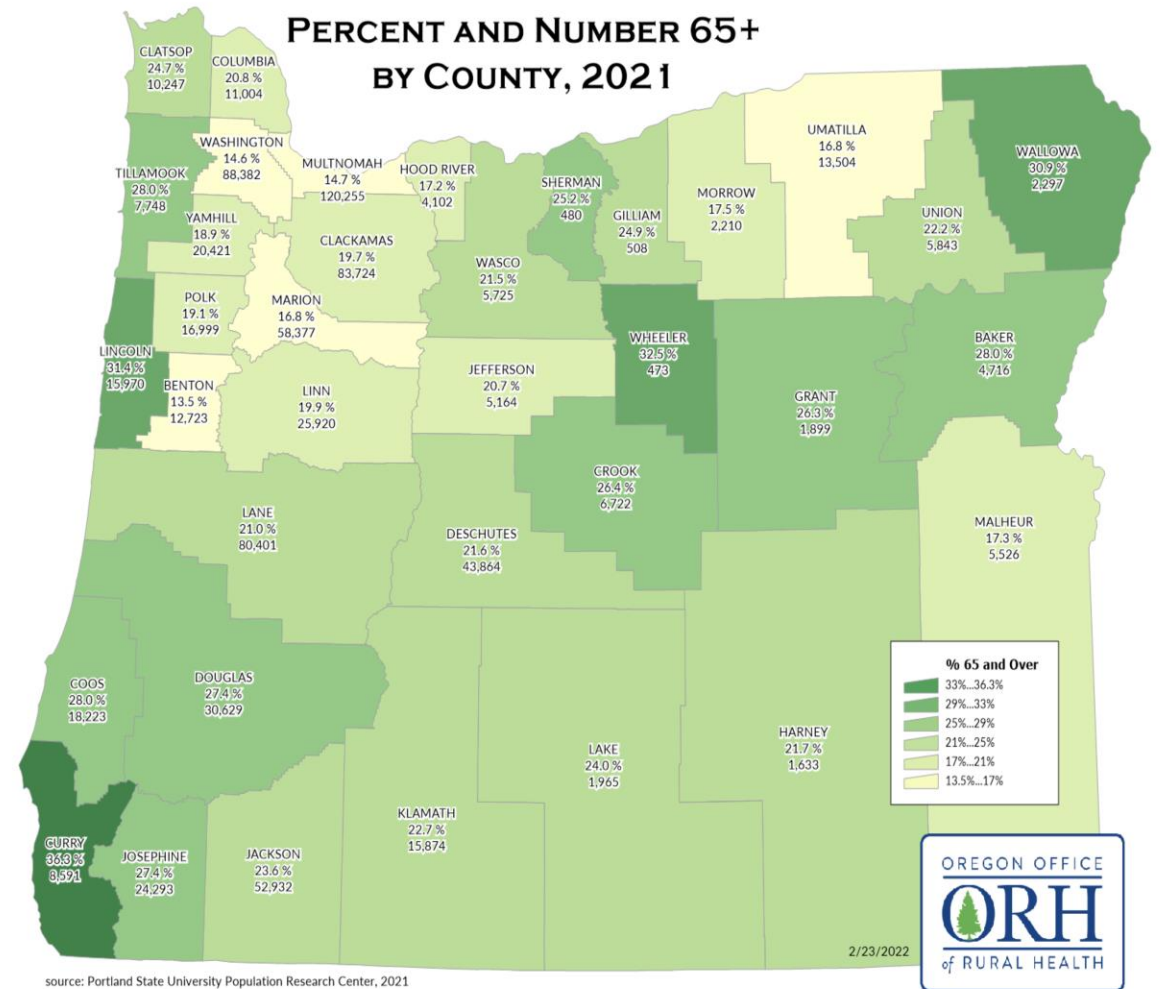
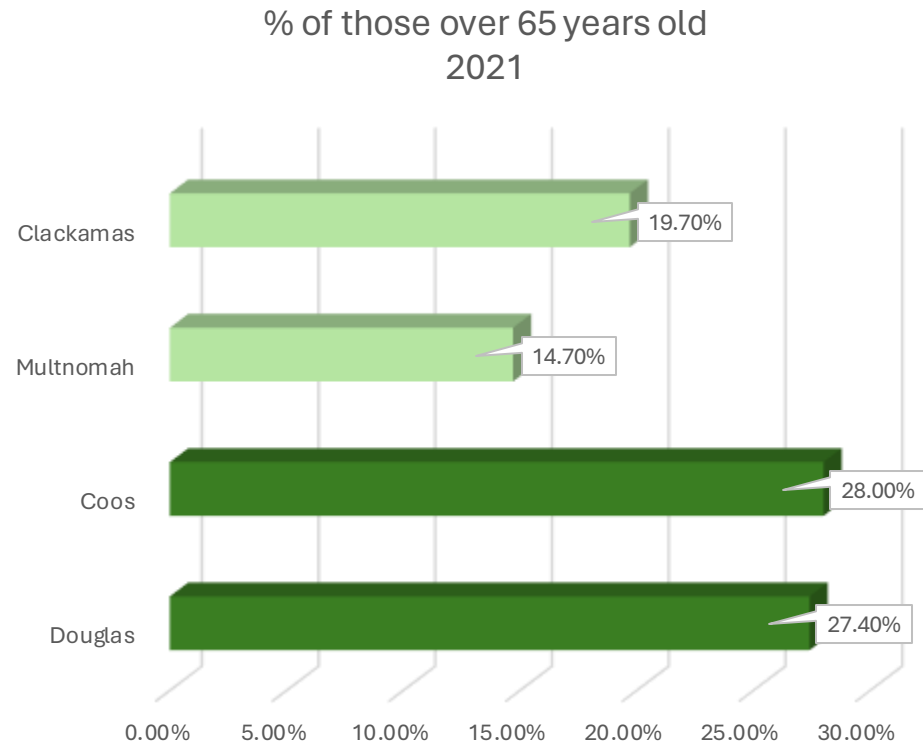
Reminder: based on 9 variables including availability of provider, ability to afford care, utilization

Higher the score=higher number of unmet needs

Douglas County has several of the top communities with the most unmet needs in Oregon

# Rural Counties tend to be Older, Sicker & Poorer

## Older Population



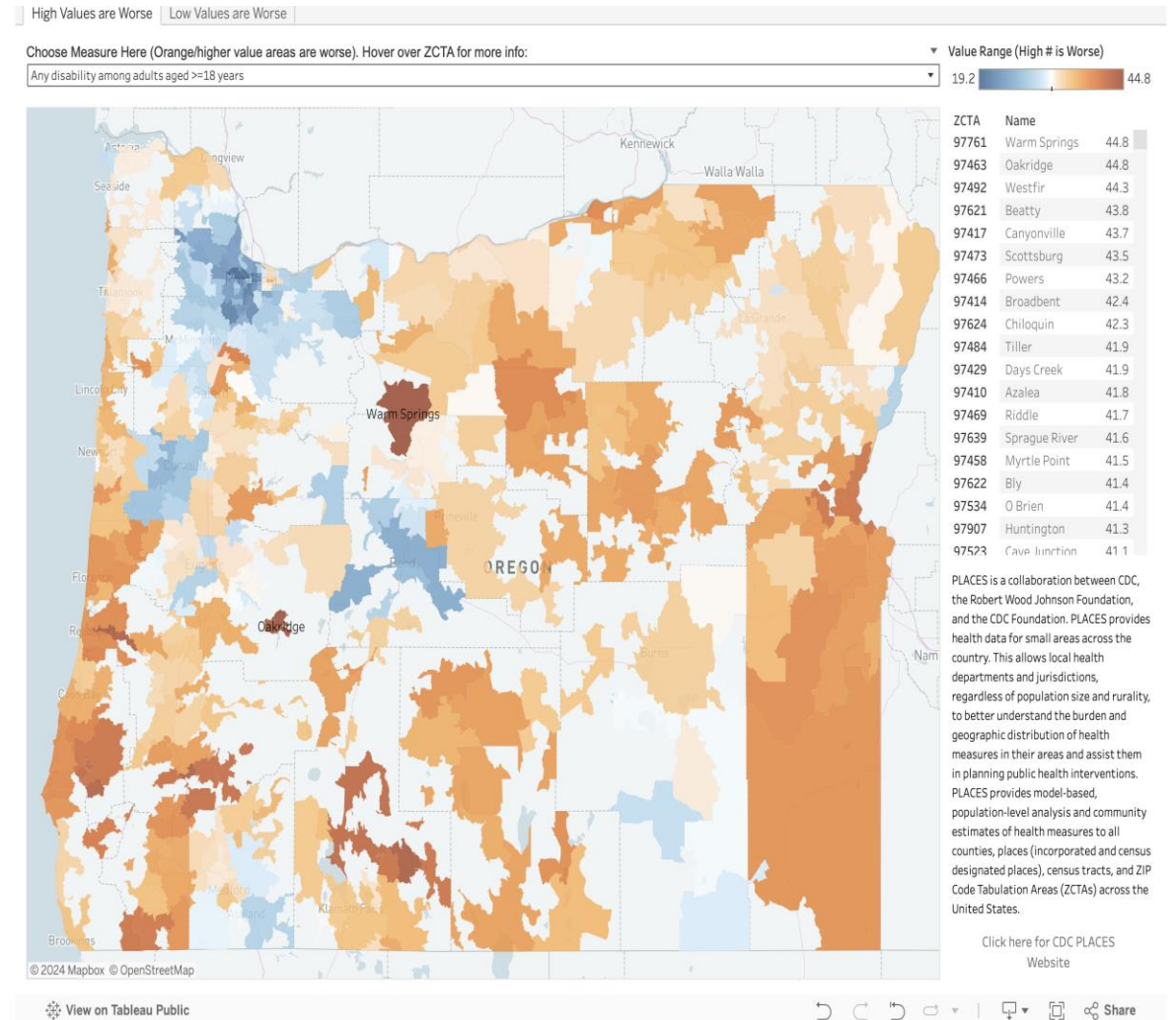


# Rural Counties tend to be Older, Sicker & Poorer

## Disability

Adults over 18 with any disability is also higher in rural counties

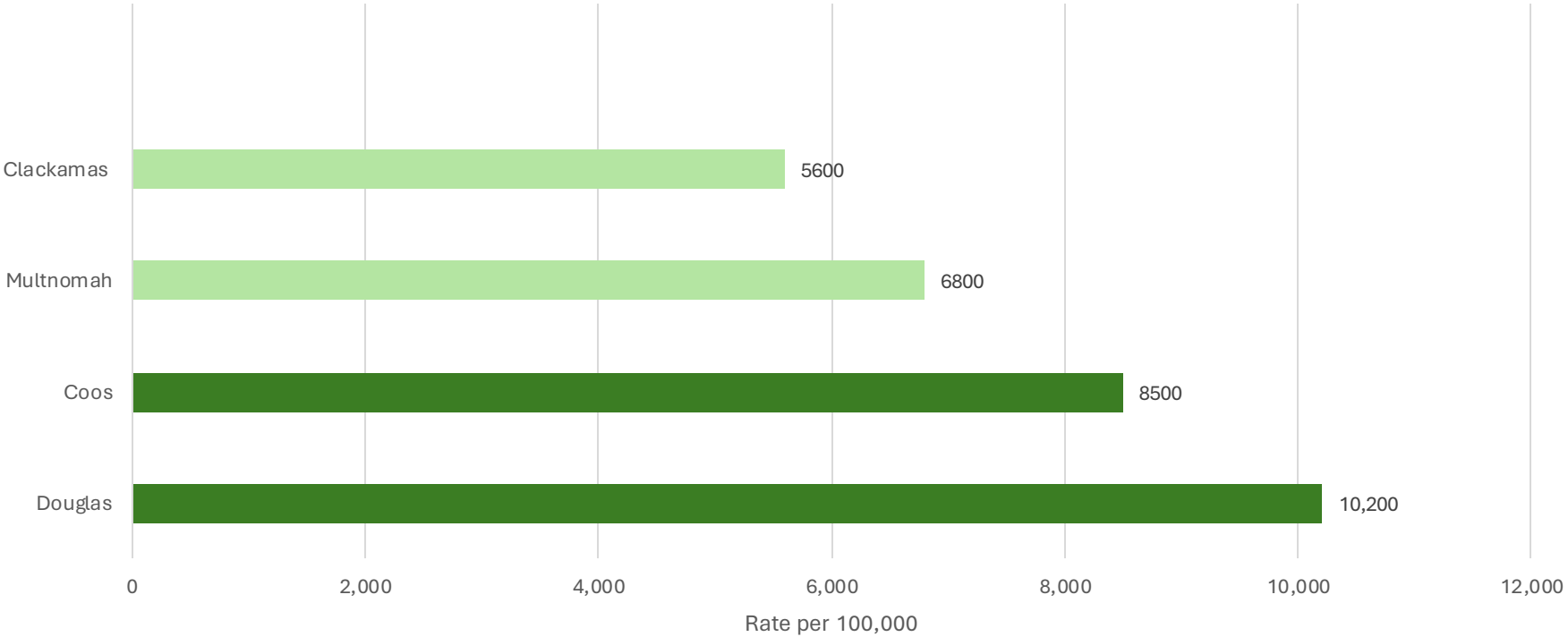
CDC Places map (posted by ORH) shows multiple spots above 40% of the population in Douglas and Coos Counties while only a sliver and one single spot over 35% in Multnomah and highest in Clackamas at 32.5%.



# Rural Counties tend to be Older, Sicker & Poorer

## Premature Death

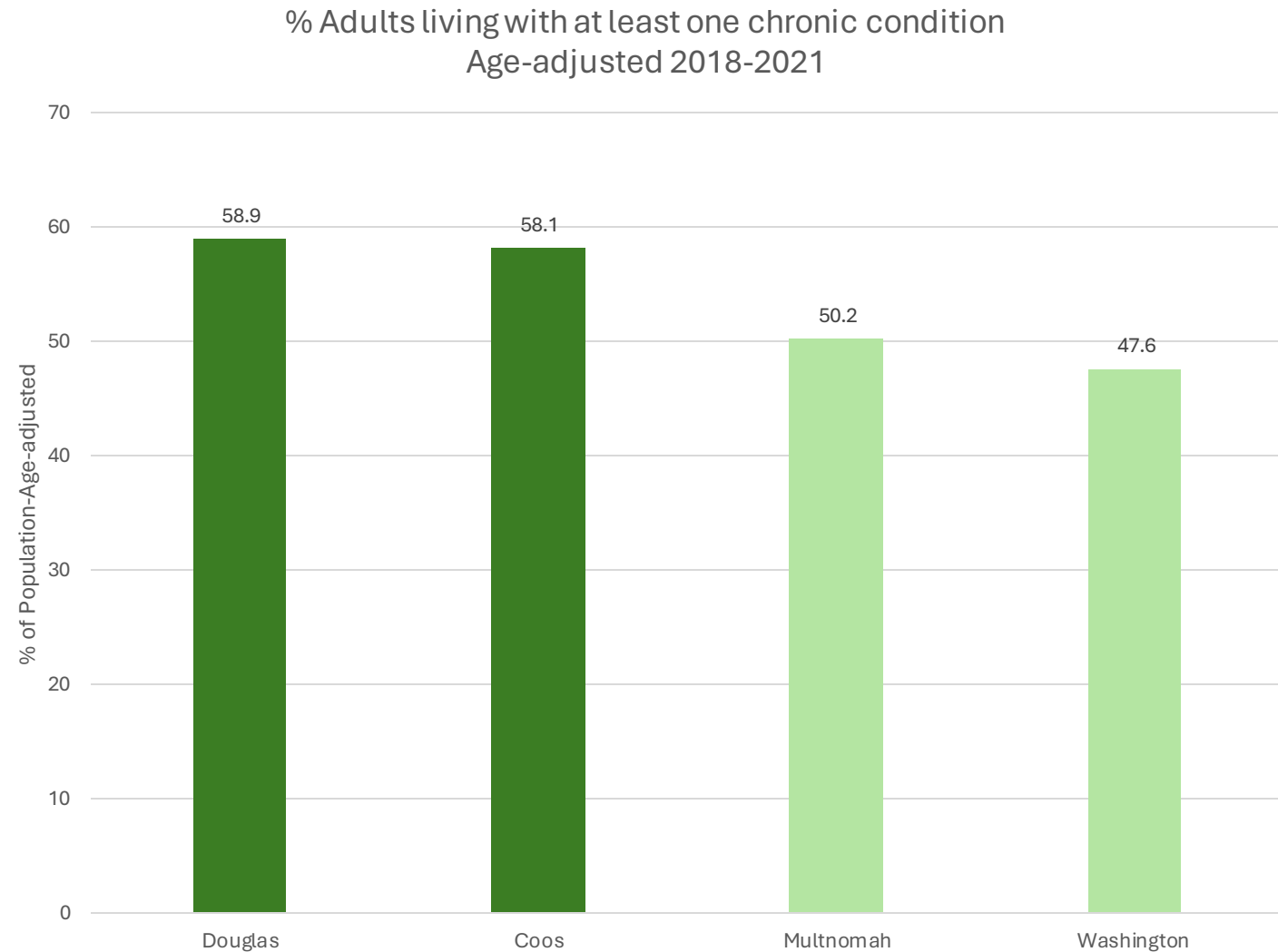
Premature Death: Years of Potential Life Lost before age 75  
2021 (age-adjusted)



Source: Oregon Health Authority

# Rural Counties tend to be Older, Sicker & Poorer

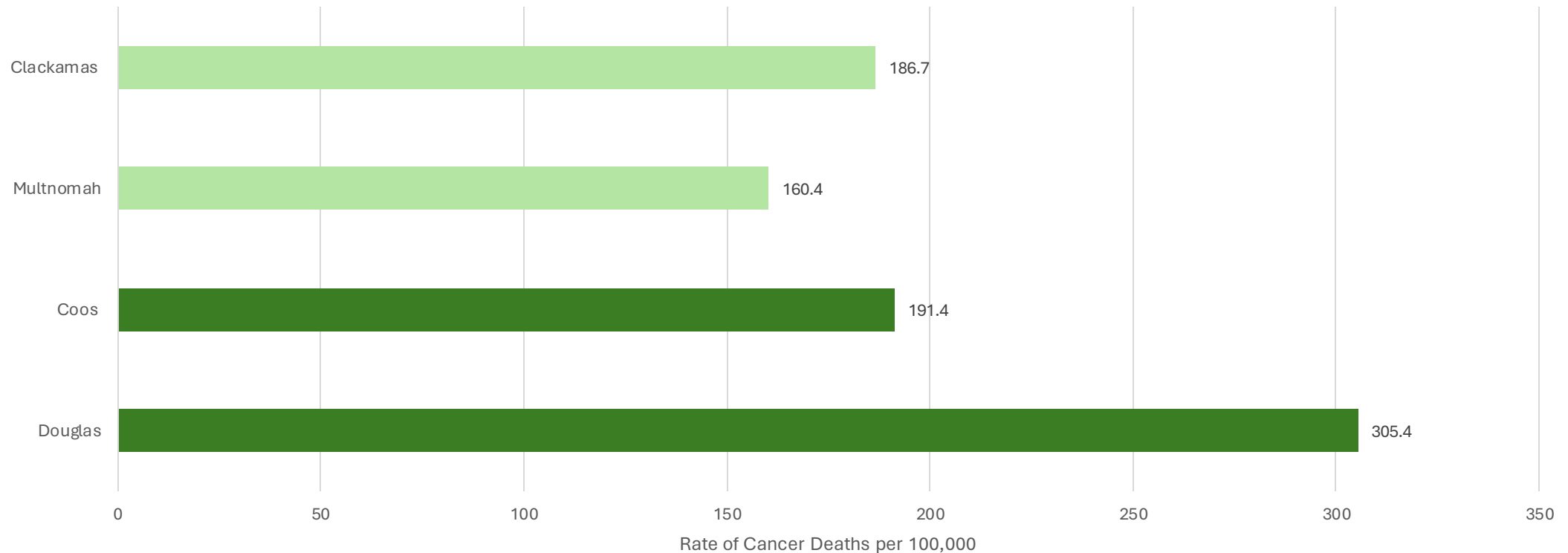
## Chronic Conditions



# Rural Counties tend to be Older, Sicker & Poorer

## Causes of Death-Cancer

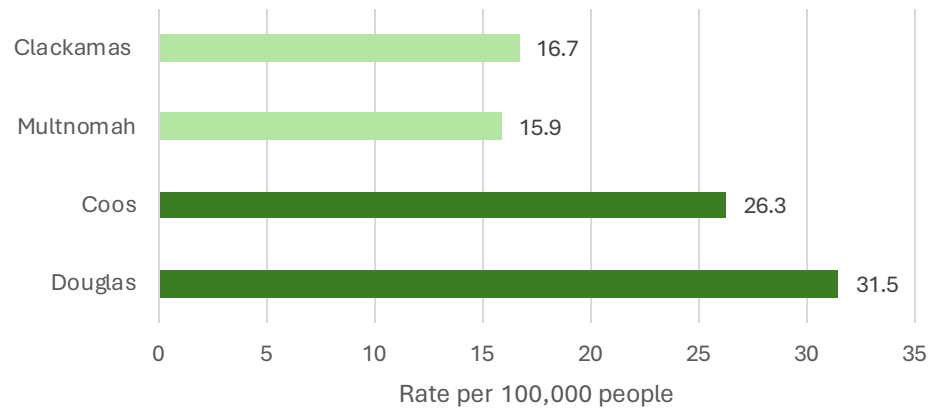
Crude Cancer Death Rate per 100,000-from Cancer  
2022



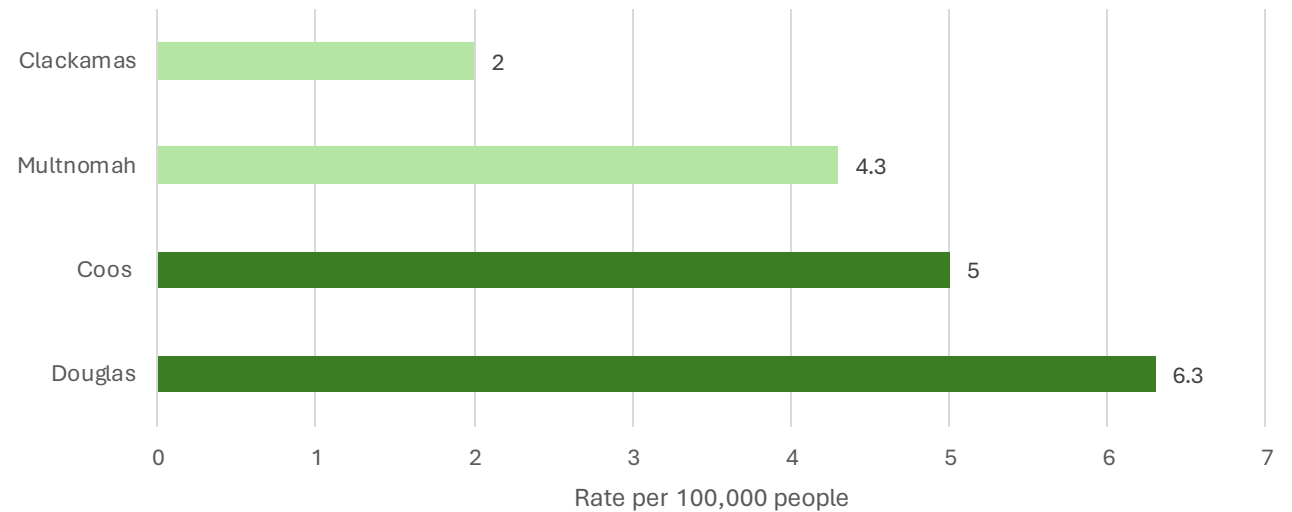
# Rural Counties tend to be Older, Sicker & Poorer

## Deaths of Despair

Suicide Deaths, 2010-2021 Age-Adjusted per 100,000

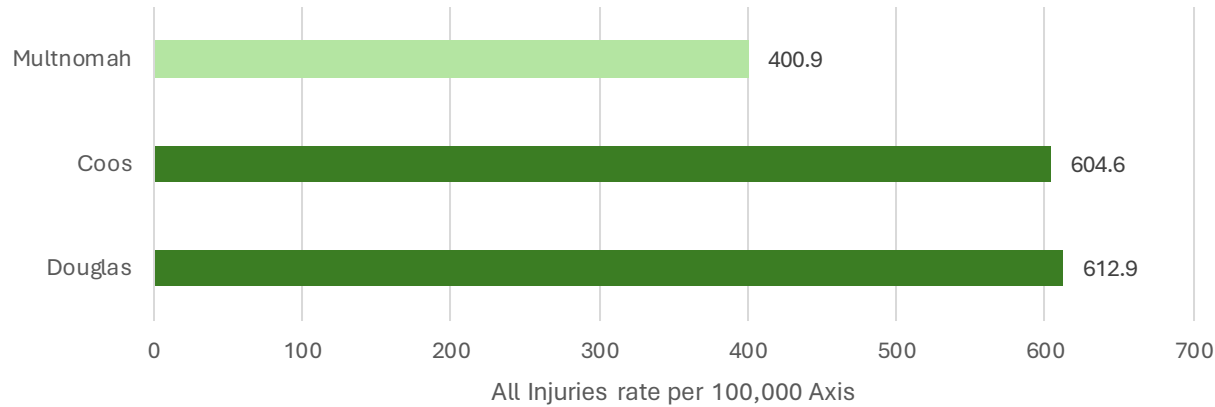


Homicide data, 2012-2021, Age-Adjusted per 100,000

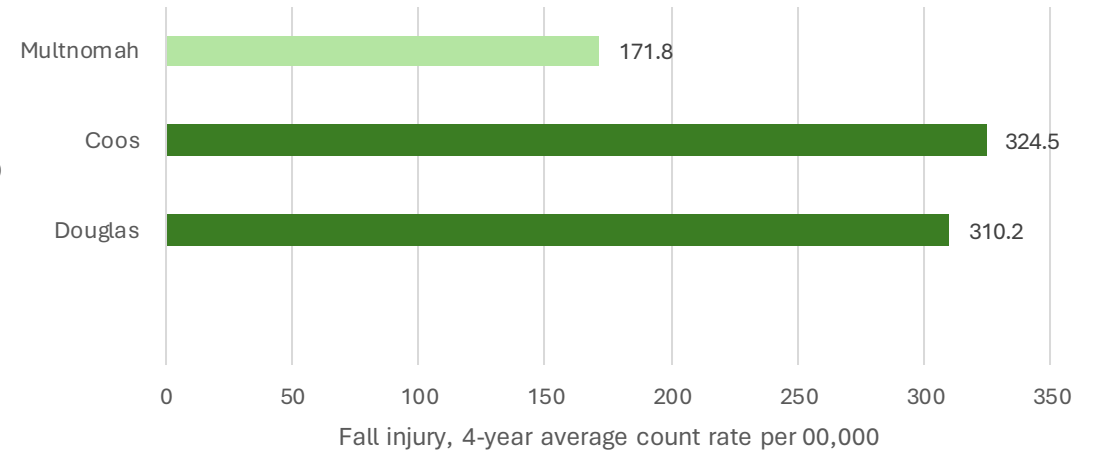


# Rural Counties tend to be Older, Sicker & Poorer Injuries

All injuries, 4-year average count rate per 100,000 hospital visits



Fall Injury, 4-year average per 100,000 hospital visits





# Rural Counties tend to be Older, Sicker & Poorer

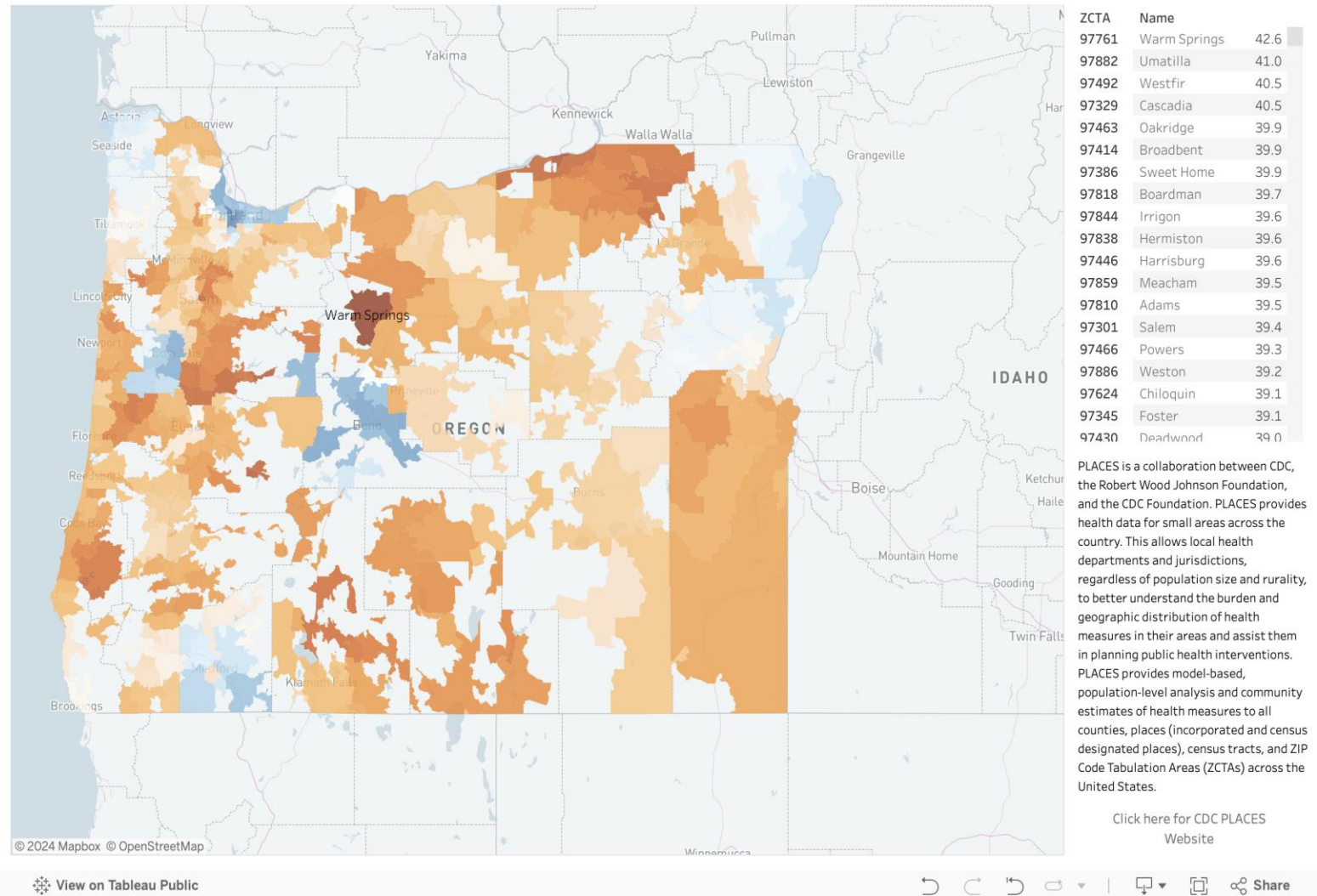
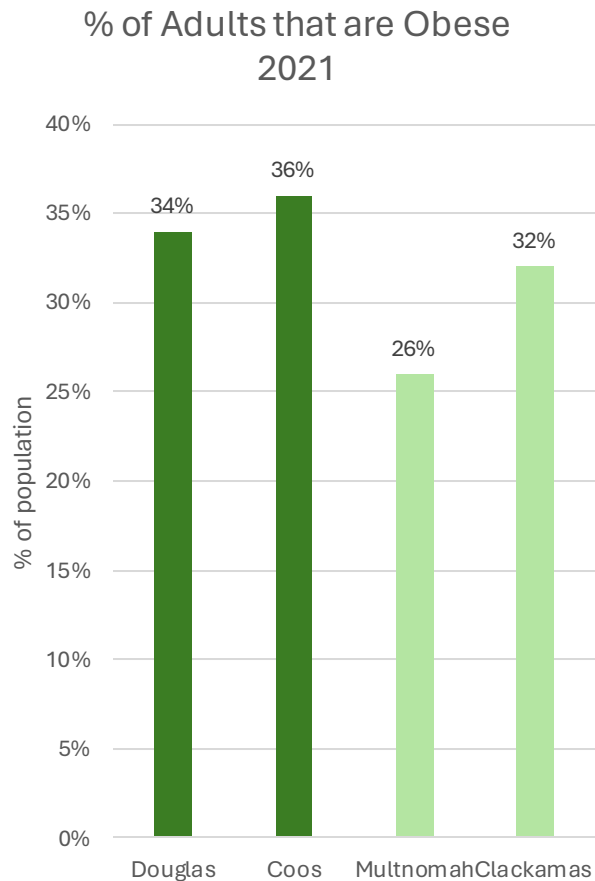
## Obesity

Choose Measure Here (Orange/higher value areas are worse). Hover over ZCTA for more info:

Obesity among adults aged >=18 years

Value Range (High # is Worse)

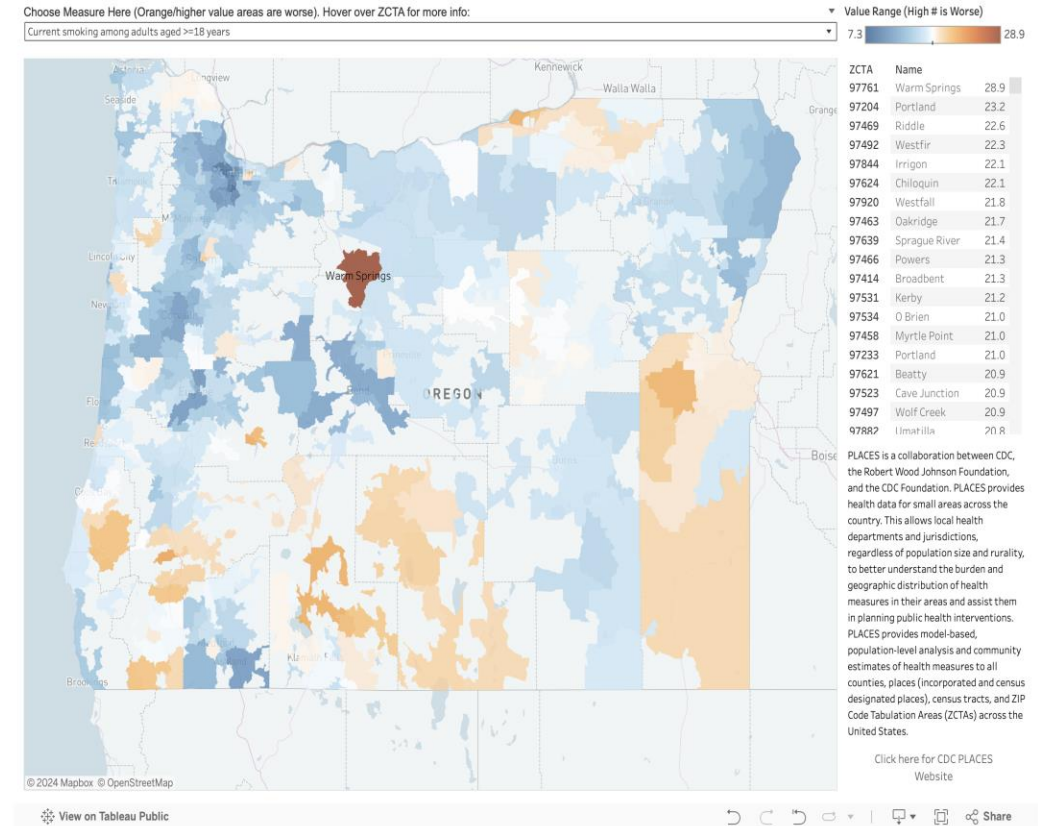
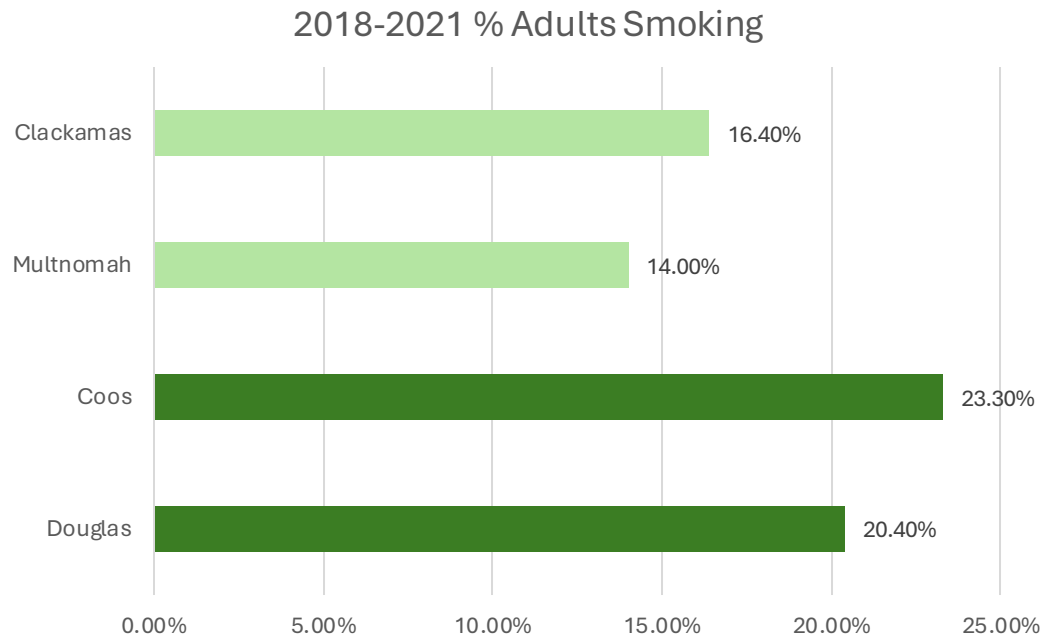
20.1 42.6





# Rural Counties tend to be Older, Sicker & Poorer

## Adult Smoking



# Rural Counties tend to be Older, Sicker & Poorer

## Poverty



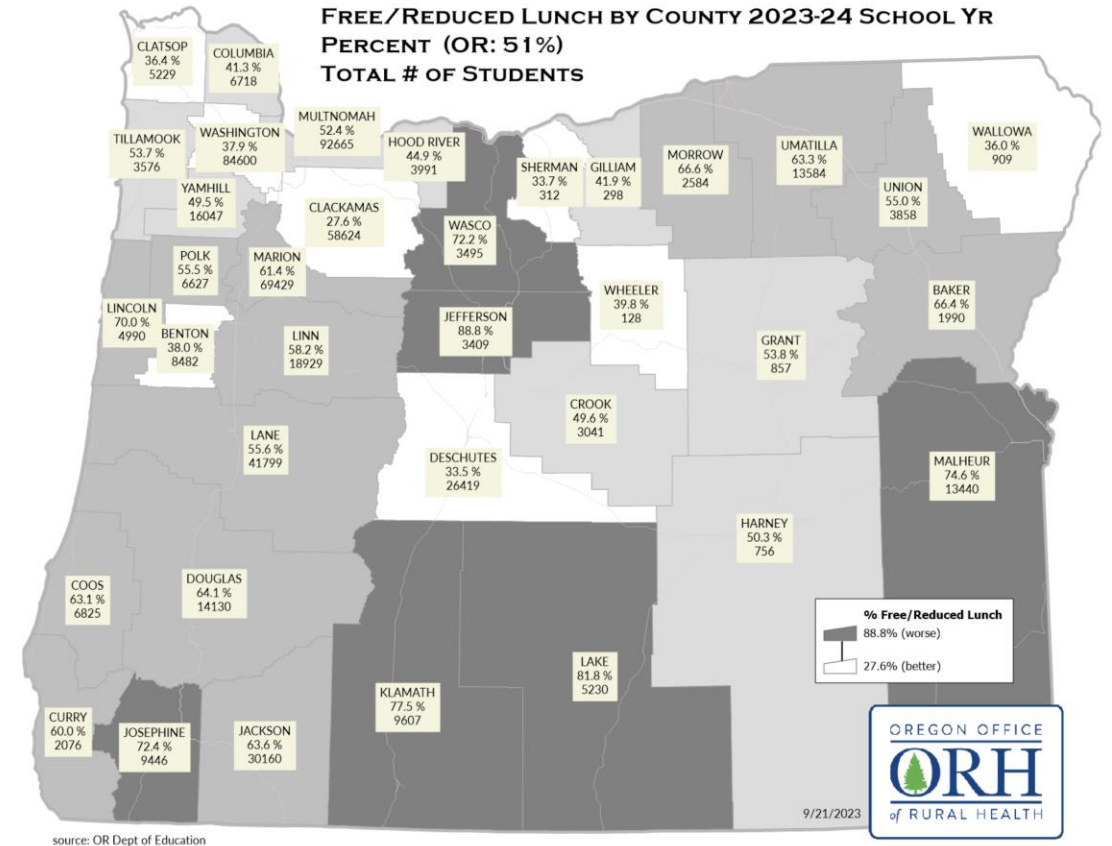
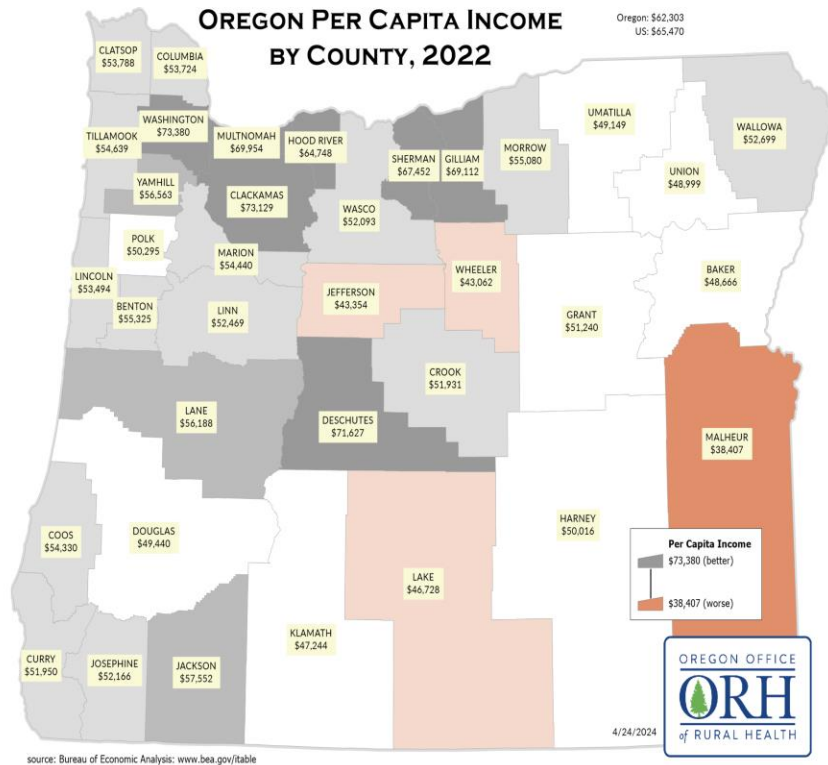
OHSU

Search OHSU



OHSU

Search OHSU



Some districts in Douglas County report as high as 94.5% eligible children for FRL Program while some in Urban

Counties are as low as 2.33%

# Process & next steps for Douglas CHDA



Finalize primary and secondary data assessment by Epi-team



Internal workforce data gathering & work on health equity



Incorporate both CHDA and internal health equity work into formal Health Equity Plan



Identify and set up metrics of success of The Health Equity Plan



Continue to track and collect data as it becomes available, continue to engage with community

# Resources

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In addition to the data sources listed in the beginning, a few national studies and sites are useful in **framing rural health disparities & inequities**

- [Scientific American Article](#)-People in Rural Areas Die at Higher Rates than Those in Urban Areas
- [ADI-Neighborhood Atlas](#)
- [National Library of Medicine-International Journal of Environmental Research and Public Health Deaths of Despair](#)
- [Washington Post April 2024-Rural Americans are way more likely to die young. Why?](#)
- [Center for Rural Health](#)-Chartis, several articles, resources, research etc.

# Resources

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## Health Equity Plan Definitions, Resources and Disparities

- [Health Equity](#) –Stratis Health
- [NIH-National Institute on Minority Health and Health Disparities](#)
- [Institute for Healthcare Improvement-Framework for Improving Health Equity](#)
- [CDC Office of Health Equity](#)
- [NACCHO Health Equity Program](#)
- [Cross Cultural Health Care Program](#)
- [BARHII-Health Equity Planning & Resource](#)

# Thank you for your time and attention today!

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Vanessa A. Becker, M.P.H.

541-817-6552

[vanessa@douglaspublichealthnetwork.org](mailto:vanessa@douglaspublichealthnetwork.org)

# 2024 Forum on Rural Population Health & Health Equity



Thank you to our partners!

