

## Rural Populations Have Higher Rates of Chronic Disease

Rural residents have higher rates of mortality, chronic disease, and disability than urban residents. Special challenges that may impair the health status of rural residents include their lower socioeconomic status, higher average age, and more limited access than urban households to affordable, nearby, high-quality health care (see “Taking the Pulse of Rural Health Care” in the September 2009 issue of *Amber Waves*). Individual risky behaviors by rural residents, such as smoking, also can lead to greater health risks in rural America.

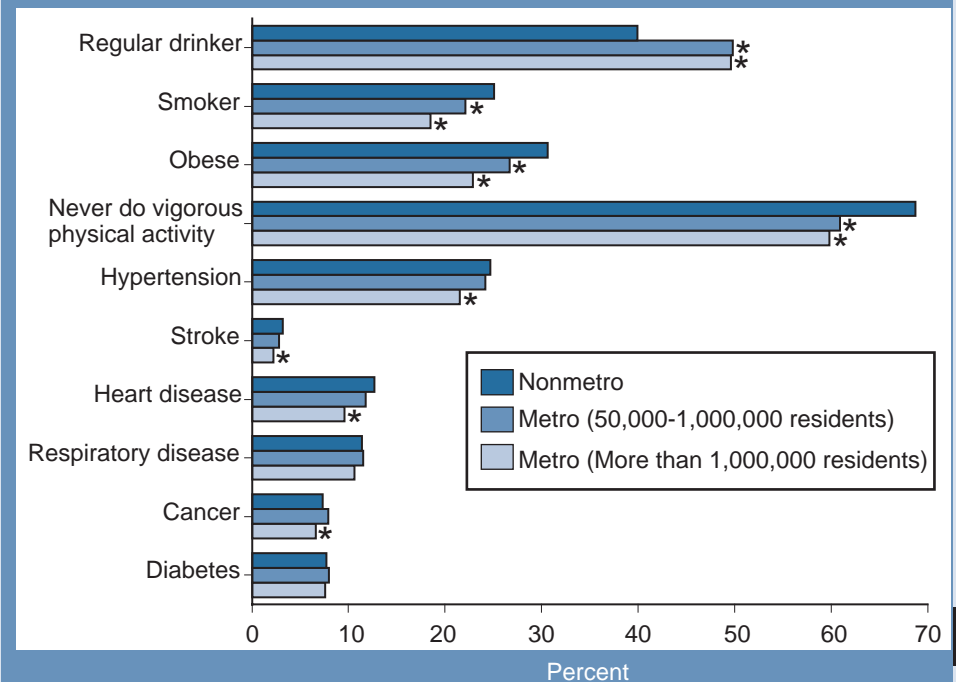
The leading causes of death in the United States are heart disease, cancer, stroke, chronic respiratory diseases, accidents, and diabetes, with heart disease and cancer accounting for roughly half of all U.S. deaths. The 2006 National Health Interview Survey (NHIS), conducted by the U.S. Department of Health and Human Services, asked adults about the incidence of chronic disease, along with various health risk factors. Adults in nonmetro households reported higher rates of hypertension, heart disease, cancer, and stroke than adults in households in large metro areas (more than 1 million residents).

Risky individual behaviors such as smoking, obesity, physical inactivity, and alcohol use compromise health. Higher shares of adults in nonmetro households were current smokers, obese, or inactive, according to the 2006 NHIS, but nonmetro adults had a lower rate of regular use of alcohol.

Cigarette smoking contributes to many chronic illnesses, including cancer, chronic obstructive pulmonary disease, heart disease, and stroke. Obesity and physical inactivity increase the risk of high blood pressure, diabetes, heart disease, stroke, arthritis, and cancer. Excessive alcohol use can lead to cardiovascular diseases, disability, and other conditions, as well as increased incidences of accidents and violence.

Reducing risky individual behaviors is an important strategy for reducing the burden of disease in the U.S.—in both metro and nonmetro areas. Complementary strategies to reduce the health disparities include increasing the availability of health insurance

### Nonmetro adults were more likely to engage in behaviors that impair health and to have chronic diseases in 2006



\*Indicates difference from nonmetro rate is statistically significant at 5-percent level. Rates are standardized for age differences by metro status.

Source: USDA, Economic Research Service using U.S. Department of Health and Human Services, Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2006, Vital and Health Statistics, Series 10, Number 235.

and health care professionals for rural residents. Health insurance coverage tends to increase the likelihood of timely access to health care, including preventive care, diagnostic tests, and prescriptions, which can help prevent escalation of health problems and increase survival rates from life-threatening disease. The health reform legislation enacted in March 2010 is designed to address rural disparities in health care by expanding health insurance coverage, while increasing its affordability for households and small businesses, and by increasing financial support for the health care workforce in underserved areas. **W**

**Carol Adaire Jones**, [cjones@ers.usda.gov](mailto:cjones@ers.usda.gov)

#### This finding is drawn from . . .

*Health Status and Health Care Access of Farm and Rural Populations*, by Carol Adaire Jones, Timothy S. Parker, Mary Ahearn, Ashok K. Mishra, and Jayachandran Variyam, EIB-57, USDA, Economic Research Service, August 2009, available at: [www.ers.usda.gov/publications/eib57/](http://www.ers.usda.gov/publications/eib57/)