

RURAL AND URBAN WOMEN

Residents of rural areas tend to face greater socioeconomic disadvantage and live farther from health care resources than their urban counterparts. For example, rural areas have fewer physicians and dentists per capita than urban areas, and may lack certain specialists altogether. A variety of social, economic, and geographic factors are likely to contribute to higher rates of chronic disease, injury, and mortality observed in rural areas.⁸³

A common definition of rural and urban relies on residence outside or inside metropolitan statistical areas—counties with an urbanized area of at least 50,000 people or adjacent commuting counties. In 2010, over 19 million

women aged 18 and older lived in non-metropolitan or rural areas, representing 16.9 percent of all women.

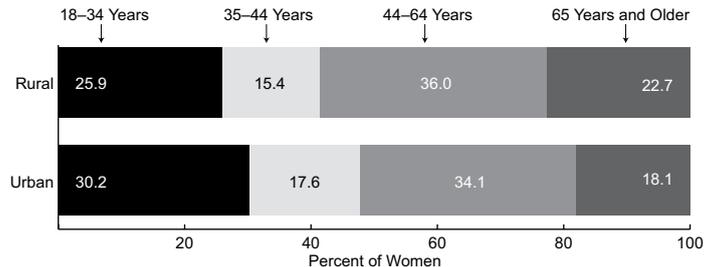
Rural women were more likely to be older and non-Hispanic White than their urban counterparts. In 2010, the median age of rural women was 3 years older than for urban women (49 versus 46 years, respectively; data not shown) and 22.7 percent of rural women were aged 65 years or older, compared to 18.1 percent of urban women. More than four out of five rural women were non-Hispanic White (81.7 percent) compared to 62.2 percent of urban women (data not shown). Non-Hispanic American Indian/Alaska Native women were

the only other racial and ethnic group to have greater representation in rural than urban areas (1.6 versus 0.4 percent, respectively).

Women living in rural areas also had lower levels of income and educational attainment than urban women. In 2010, 40.3 percent of rural women lived in households with incomes below 200 percent of poverty compared to 32.3 percent of urban women. Conversely, 38.4 percent of urban women had household incomes of 400 percent or more of poverty, compared to 27.1 percent of rural women. Among women aged 25 and older, 18.7 percent of rural women had a college degree or higher compared to 30.4 percent of urban women (data not shown).

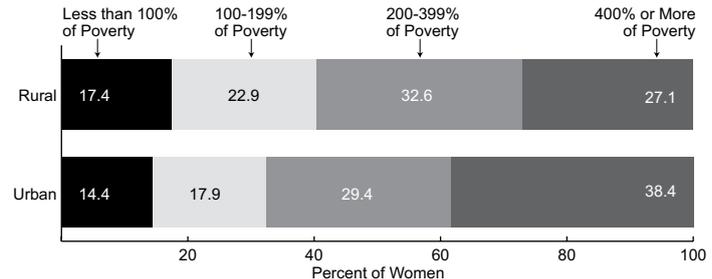
Rural and Urban* Women Aged 18 and Older, By Age, 2010

Source II.29: U.S. Census Bureau, American Community Survey



Rural and Urban* Women Aged 18 and Older, By Poverty Level, 2010

Source II.29: U.S. Census Bureau, American Community Survey



*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas.

*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas; percentages may not total to 100 due to rounding.

In 2010, one in five rural women reported smoking cigarettes (20.5 percent) compared to 14.4 percent of urban women. Women residing in rural areas were also more likely than those living in urban areas to be physically inactive (29.2 versus 25.1 percent, respectively) and obese (30.4 versus 25.9 percent, respectively). Opportunities for regular exercise may be less accessible in some rural areas that lack sidewalks or nearby trails. Reflecting greater barriers to care, rural women were also more likely than their urban counterparts to be uninsured (18.0 versus 14.3 percent, respectively) and to not have had a dental visit in the past year (35.6 versus 28.1 percent, respectively).

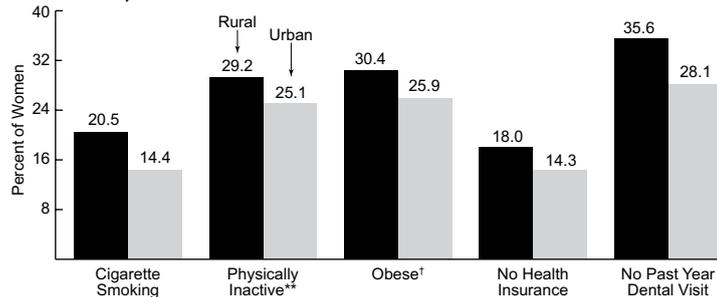
Consistent with poorer indicators of health status and access to health care, rural women tend to have higher mortality rates. In 2009, the age-adjusted mortality rate for rural women was 868.2 per 100,000 compared to 764.0 per 100,000 for urban women. Heart disease, chronic lower respiratory diseases, and unintentional injury ranked higher among the leading causes of death for rural than for urban women. However, mortality rates for every leading cause of death were higher for rural women. The largest absolute disparity between rural and urban women was for heart disease—an excess of 23.9 deaths per 100,000 (201.2 versus 177.3 per 100,000, respectively). Unintentional injury

mortality had the largest relative disparity; the mortality rate was 53.1 percent higher for rural versus urban women (42.1 versus 27.5 deaths per 100,000, respectively). In particular, motor vehicle accident deaths were more than twice as high for rural compared to urban women (14.4 versus 6.5 per 100,000; data not shown).

The Health Resources and Services Administration's Office of Rural Health Policy provides funding to rural hospitals and state offices of rural health to improve access and quality of care in rural areas.⁸⁴ Other HRSA programs, such as Community Health Centers and the National Health Service Corps, aim to improve health care capacity in underserved rural and urban areas.

Selected Health Indicators Among Women Aged 18 and Older, by Rural/Urban Residence,* 2010

Source II.7: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System



*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas; all estimates are age-adjusted. **No leisure time physical activity in the past month. †Body mass index ≥30.

Age-Adjusted Mortality Rates Per 100,000 Females Aged 15 and Older, by Leading Cause of Death and Rural/Urban Residence,* 2009

Source II.19: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

	Rural Rate (Rank)	Urban Rate (Rank)
Total	868.2 (-)	764.0 (-)
Heart Disease	201.2 (1)	177.3 (2)
Malignant Neoplasms	194.0 (2)	184.7 (1)
Chronic Lower Respiratory Diseases	56.7 (3)	46.0 (4)
Cerebrovascular Disease (Stroke)	56.3 (4)	46.1 (3)
Unintentional Injury	42.1 (5)	27.5 (6)
Alzheimer's Disease	36.2 (6)	31.2 (5)
Diabetes Mellitus	27.1 (7)	21.5 (7)

*Defined as residence in non-metropolitan (rural) and metropolitan (urban) statistical areas; all estimates are age-adjusted.