

Understanding Rural Health in Minnesota

To provide equitable and effective health care, clinicians need to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities.

Rural communities have different health care needs and challenges than their urban counterparts. A greater proportion of rural patients are elderly, and tend to have high blood pressure and other chronic conditions. According to the National Rural Health Association, rural residents have less access to medical specialists and mental health workers. They also tend to be poorer, and rely more heavily on food assistance.

Rural Health Disparities

People in rural communities experience significant health disparities. Health disparities are differences in health status when compared to the general population, often characterized by indicators such as higher incidence of disease and disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering.

Rural risk factors for health disparities include geographic isolation, lower socio-economic status, higher rates



This Issue

- Clinical Corner 3
- News and Resources 4
- Events, Contacts 5

of risky health behaviors, and limited job opportunities. Higher rates of chronic illness and poor overall health are found in rural communities when compared to urban populations.

Several studies have shown that rural residents are older, poorer, and have fewer physicians to care for them. This inequality is intensified as rural residents are less likely to have employer-provided healthcare

Compared to Urban Regions in Minnesota, Rural Regions Have:

Fewer people with at least some college	Higher mortality rates due to pneumonia and influenza, especially in the older population
More people reporting "fair" or "poor" health	Higher diabetes, stroke, and heart disease mortality rates
More people reporting being current smokers	Lower homicide rates
More people identifying as obese	Higher suicide rates
Fewer people reporting exercising in the previous month	Lower unintentional injury mortality rates
More people that are uninsured	Higher mortality due to motor vehicle injury

Source: Health Status of Rural Minnesotans, <http://www.health.state.mn.us/divs/orhpc/pubs/workforce/status.pdf>,

coverage, and, if they are poor, often are not covered by Medicaid. Federal and state agencies and healthcare improvement organizations like Stratis Health are working to diminish these disparities. Some provide funding, information, and technical assistance to be used at the state, regional, and local level, while others inform state and federal legislators to help them understand the issues affecting health care in rural America.

Causes of Rural Health Disparities

Access to Health Care

Rural people experience many barriers to health care access which can contribute to health disparities. The following factors create access difficulties for rural populations:

- The uninsured rate is higher in rural counties than in urban counties
- Healthcare workforce shortages are prevalent with less than 10 percent of all physicians choosing to practice in rural settings
- Services available in rural areas are less likely to include specialized and highly sophisticated or high-intensity care. This worsens the problems with distance to care for people requiring higher levels of care. For some services, such as emergency medical services, the lower level of care available, when added to the increased time to services caused by distance, can be the difference in life or death.

Socioeconomic Status

Rural residents are more likely to be unemployed, have lower rates of post-secondary education, and have lower median household incomes

than urban residents. Those who have health insurance pay a greater percentage of their income in out-of-pocket healthcare costs. Research has shown that these and other social determinants of health have a significant effect on health status.

Health Behaviors

Rural adults are more likely than their urban counterparts to:

- Smoke
- Abuse alcohol and other substances
- Be physically inactive
- Be obese
- Have poor access to healthy foods

These poor health behaviors contribute to health disparities, such as disease incidence and lower life expectancies.

Social Determinants of Health

Social inequities and discriminatory beliefs that create poverty are shaped by overarching policy choices, such as distribution of money, power, and resources at global, national, and local levels. According to the World Health Organization (WHO), social determinants of health are mostly responsible for health inequities. Social determinants of health are the social and economic conditions in which people are born, grow, live, work, and age, including factors such as low income, food insecurity, and living in crowded housing—all factors associated with poor health and adverse health outcomes.

According to the USDA Economic Research Service, the average per-capita income for Minnesotans in 2013 was \$47,500, although rural per-capita income lagged at \$40,888. Estimates from 2013 indicate a

poverty rate of 12.3 percent exists in rural Minnesota, compared to a 10.9 percent level in urban areas of the state. The ERS reports that 10.1 percent of the rural population has not completed high school, compared to 7.3 percent of urban populations. The unemployment rate in rural Minnesota is 5.6 percent while in urban Minnesota it is 4.9 percent.

More equitable policies and systems that improve quality of life and working conditions, as well as provide opportunities for fair employment and reasonable compensation can have far-reaching impact on the health and well-being of the people in rural communities.

Health Disparities in Diverse Rural Populations

Rural ethnically diverse populations often experience health disparities related to their health status, rates of chronic disease, life expectancy, and rates of unintentional injury. Health disparities for rural minority populations as compared to other racial or ethnic groups, include:

- Rural blacks, Hispanics, and American Indians were more likely to report fair or poor health
- Rates of diabetes were higher among rural American Indian and black adults
- Rural black adults were at higher risk for obesity than their urban counterparts
- American Indians in small rural counties adjacent to urban areas were more likely to report limitations in their activities due to physical, mental, and emotional problems

[Continued on Page 3 >>](#)

Culture is essential in assessing a person's health and well-being. Understanding a patient's lifestyle and socioeconomic factors can allow providers to build rapport quickly and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known population or culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

Rural Health Resources

Everyone with Diabetes Counts.

Stratis Health is working with providers

and communities by supporting Diabetes Self-Management Education (DSME) to improve health outcomes and quality of life among rural and underserved Medicare populations. <https://www.lsqin.org/initiatives/diabetes-care/>

Rural Assistance Center (RAC). RAC helps rural communities and stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. <http://www.raconline.org/>

Rural Health Value. A website to help rural providers transform their care delivery system. www.ruralhealthvalue.org

Stratis Health Rural palliative care resources. Stratis Health assists communities to improve advance care planning, symptom management, communication, coordination, and

delivery of care for those with chronic diseases or life-limiting illness. www.stratishealth.org/palcare

Sources

Health Status of Rural Minnesotans, <http://www.health.state.mn.us/divs/orhpc/pubs/workforce/status.pdf>, viewed March 18, 2014

Rural Assistance Center Health Disparities, <http://www.raconline.org/topics/rural-health-disparities#organizations>, viewed March 18, 2014

World Health Organization, http://www.who.int/social_determinants/en/, viewed March 18, 2014

Rural Assistance Center State Guide, <http://www.raconline.org/states/minnesota>, viewed March 18, 2014

Download the information sheet: [Understanding Rural Health in Minnesota at CultureCareConnection.org](http://www.stratishealth.org/palcare/understanding-rural-health-in-minnesota-at-culture-care-connection.org)

CLINICAL CORNER



Latest Diabetes Care Guidelines Recommend Adjusting Type 2 Screening for Asian-Americans

In the American Diabetes Association's (ADA) 2015 Standards of Care guidelines, the body mass index (BMI) cut point for screening overweight or obese Asian Americans for prediabetes and type 2 diabetes was changed to 23 kg/m² (vs. 25 kg/m²). This change reflects the evidence that this population is at an increased risk for diabetes at lower BMI levels relative to the general population.

A recent article from the Joslin Diabetes Center in the *Annals of Internal Medicine* said the reason

Asian-Americans have a greater risk of diabetes at a lower weight is because their fat tends to deposit around their

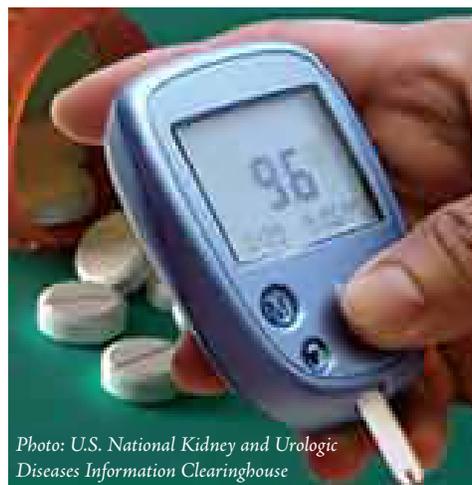


Photo: U.S. National Kidney and Urologic Diseases Information Clearinghouse

internal organs. This is known as visceral fat, and it increases the risk of insulin resistance, a precursor to type 2 diabetes.

This adjustment for the Asian-American population is part of a larger ADA emphasis on patient-centeredness. The new guide states that "Practice recommendations, whether based on evidence or expert opinion, are intended to guide an overall approach to care. Recognizing that one size does not fit all, these Standards provide guidance for when and how to adapt recommendations."

A patient-centered approach should include a comprehensive plan to reduce cardiovascular risk by addressing blood pressure and lipid control, smoking cessation, weight management, and healthy lifestyle changes that include adequate physical activity.

[Download the ADA 2015 Standards of Care Guidelines here.](http://www.stratishealth.org/palcare/ada-2015-standards-of-care-guidelines)

NEWS AND RESOURCES

MN Community Measurement 2014 Health Care Disparities Report Shows Improvement in Diabetes and Vascular Care for Low-Income Patients

Low-income patients in Minnesota with diabetes and vascular disease had better control over their conditions in 2014 than the year before, according to the eighth annual Health Care Disparities Report conducted by MN Community Measurement (MNCM) and sponsored by the Minnesota Department of Human Services (DHS). The report evaluates care outcomes for patients enrolled in Minnesota Health Care Programs (MHCP) on 12 quality performance measures.

The rate of optimal care received by MHCP patients with vascular disease increased by 8.5 percent while the rate of optimal care received by MHCP patients with diabetes rose 6.7 percent over the past year. High quality care for these conditions can reduce the risk of future complications such as nerve and eye damage, kidney disease, heart attacks, and stroke.

These significant increases are notable, in part, because optimal care for all Minnesotans with diabetes and vascular disease only improved by one percent each in the past year.

Medical groups that had particularly large increases in these measures attribute their success with MHCP patients to a broad focus on care coordination and patient outreach that has resulted in more regular follow up care.

[More >>](#)

[Download the report >>](#)

Integrated Care Initiative Reaches Across Minnesota, Adds Providers Serving Disabled, Rural Populations

Since January 2015, six new provider groups joined the Minnesota Department of Human Services' Integrated Health Partnerships (IHP) initiative, including providers serving people with disabilities, providers serving rural areas in Minnesota, and a collaborative of independent hospitals.

With these additions, the IHP project's scope is now 176,620 Medical Assistance enrollees, and the initiative now extends throughout Minnesota. In the first year of this demonstration in 2013, the original providers serving 100,000 MA enrollees spent \$10.5 million less than projected.

The new providers include:

- Bluestone Physician Services, a provider group serving people with disabilities
- Lake Region Healthcare, a rural health system focusing on primary care and specialty services to residents of west central Minnesota
- Lakewood Health System, an independent, rural health care system serving central Minnesota
- Mankato Clinic, one of Minnesota's largest physician-owned medical groups, offering comprehensive health care to residents of southern Minnesota
- Wilderness Health, a nonprofit regional collaborative of nine independent hospitals and health systems in northeastern Minnesota
- Winona Health, a community-owned rural health care system

The IHP project is implementing a

new payment model that prioritizes quality and preventive health care, and rewards providers for reaching mutually agreed-upon health goals.

[More >>](#)

MDH Report Offers Recommendations on Using Race, Ethnicity, Language Factors to Improve Quality Measures Data

The Minnesota Department of Health (MDH) issued a report which presents findings from its study of stratifying Quality Reporting System measures based on disability, race, ethnicity, language, and other socio-demographic factors that are correlated with health disparities and impact performance on quality measures.

The report lays out a series of recommendations that offer multiple pathways to stratification that acknowledge both the differing sources of data that make up the Quality Reporting System and the current state of the evidence.

[Download the report >>](#)

A Diabetes Care Article Collection: Health Disparities in Diabetes Care and Research

Diabetes Care recently published a collection of articles which report on research related to understanding health disparities. The topics include: the impact of community health worker-led interventions; understanding the role of language barriers on diabetic complications; evaluating cerebral structural changes in diabetic kidney disease in African Americans; and understanding racial differences in underlying biological factors.

[Access the articles here.](#)

EVENTS



April is National Minority Health Month.

This year's theme is "30 Years of Advancing Health Equity | The Heckler Report: A Force for Ending Health Disparities in America."

[More >>](#)

Wilder Foundation Immigrant Study Preview

April 7, 2015

9:00-11:00 a.m.

Metro Refugee Health Task Force Meeting
TIES Event Center,
1644 Larpenteur Ave. W, St. Paul, MN

Receive the latest information on the status of Hennepin and Ramsey County immigrants and refugees. Wilder Research staff will present initial findings from the foundation's new study of metro immigrants and refugees. The work focuses on Hmong, Karen, Latino, Liberian, and Somali immigrants and refugees, plus their adult U.S. born children. It explores experiences with employment, education, health care (including behavioral and mental health), housing and economic development, aging, safety and public health, resettlement, and social engagement.

For more information, contact [Danushka Wanduragala](#), 651-201-5587.



Achieving Health Equity in Minnesota

April 15, 2015

4:30-6:00 p.m.

University of Minnesota
717 Delaware St SE
Minneapolis, MN

[Program in Health Disparities Research](#) will host a presentation with Dr. Joseph Betancourt on "Achieving Health Equity in Minnesota." Dr. Betancourt is an Associate Professor of Medicine at Harvard Medical School, and directs the Disparities Solutions Center at Massachusetts General Hospital. Registration is free, but RSVPs are requested. [More >>](#)

STRATIS HEALTH CONTACTS

Mary Beth Dahl, RN, CPC,
CPHQ, Program Manager
mdahl@stratishealth.org
952-853-8546

Katie Carleton
Program Coordinator
kcarleton@stratishealth.org
952-853-8541

Cathy Weik, MAL, SPHR,
CCEP, Program Lead Health Disparities
cweik@stratishealth.org
952-853-8519

Mark Benjamin
Editor
mberjamin@stratishealth.org
952-853-8578

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

Stratis Health

2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525
952-854-3306 +952-853-8503 (fax)

Email: info@stratishealth.org
www.stratishealth.org

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