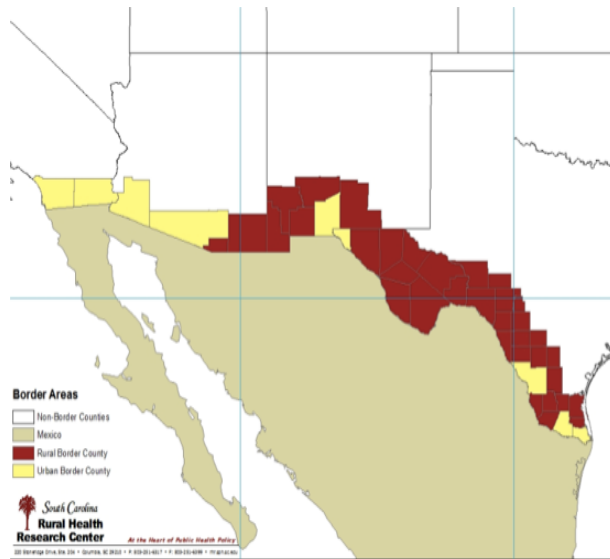


Key Facts in Rural Health

January 2013

Rural Border Health Chartbook

Our chartbook describes select health indicators previously identified as serious disparities warranting programmatic and policy interventions. Our analysis includes residents of US border states (Arizona, California, New Mexico, and Texas) comparing indicators by ethnicity (Hispanic vs. non-Hispanic), rurality (rural vs. urban), and proximity to border (border vs. non-border). We used data from the Behavioral Risk Factor Surveillance System, years 2005 – 2009. Highlights of our findings include:



Access to Medical Care:

Border county adults were less likely to have health insurance (82.6% v. 84.7%) or a usual source of care (81.6% v. 85.7% than were non-border residents.

Across rural border counties, women aged 40 years or older were more likely to report ever receiving a mammogram compared to their rural non-border peers [rural border women, 93.3%, rural non-border women, 83.9%].

Oral Health:

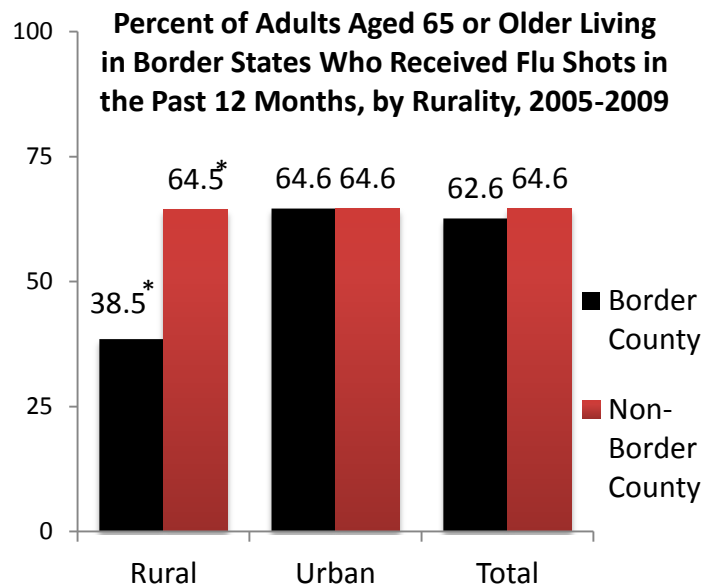
Among border county residents, non-Hispanic adults were more likely to have a dental visit in the past year than were Hispanic adults [Hispanic border adults, 58.8%, non-Hispanic border adults, 72.9%].

Behavioral Health:

Rural border county residents were less likely to report poor mental health compared to their non-border counterparts (24.1% vs. 38.6%). The same significant differences were found for urban residents (35.5% vs. 39.2%).

Influenza Prevention:

Among residents of rural counties in border states, adults age 65 years or older were less likely to receive a flu shot than their peers in non-border counties [rural border adults, 38.5%, rural non-border adults, 64.5%]. Border disparities were not present in urban counties. Too few respondents used nasal mist vaccines to include in the analysis.



A full copy of this report can be obtained from the SCRHC at <http://rhr.sph.sc.edu>

