Addressing Rural Health Disparities in Virginia: A Rural-Urban Gap Analysis

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VPfWB

Agency Forum Slides

LinkedIn

Background & Need

- Identifies major rural-urban gaps across clinical, behavioral, and social determinants of health.
- Highlights indicators that align directly with the Virginia Plan for Well-Being, and local VPfWB implementation.
- Provides a foundation for targeted improvement strategies tailored to specific Virginia Plan Areas.
- Helps pinpoint where investments in vital resources can have the greatest impact.

Methodology

Literature Review	Data Collection	Indicator Selection
Explored surveys, such as BRFSS, U.S. Census, PRAMS, and more. Read into implications of RUCA identified rural-urban classifications.	Key informant interviews with Office of Health Equity, Eastern Shore and West Piedmont. Utilized the Virginia Plan for Well-Being data portal for primary data, outsourcing data gaps to external surveys.	Organized indicators into the 6 priority areas for the VPfWB. Looked at accessibility, SDOHs, VPfWB priorities, health outcomes, and EMS data. Selected based on need and interviews.
Rural-Urban Gap	**Statistical Analysis**	**Implications**
If using the VPfWB data portal, some data points given urban and rural, others I had to calculate. Positive or negative difference, based on larger volume in rural or urban areas.	Conducted a margin of error analysis, standard error analysis, Z-score calculation, and P-value for significance. Conducted a practical significance test, assuming practical significance = gap over 5.	Combined statistical data with qualitative interview data. Determined major trends and vulnerable populations from both sources. Looking forward to diving deeper into more indicators and localities.

Acknowledgements

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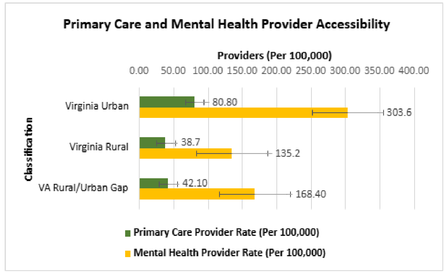
Analysis

Accessibility



Primary Care Providers

42.1

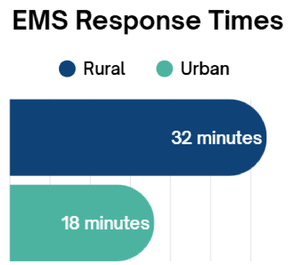
less providers in rural areas vs urban (per 100,000)

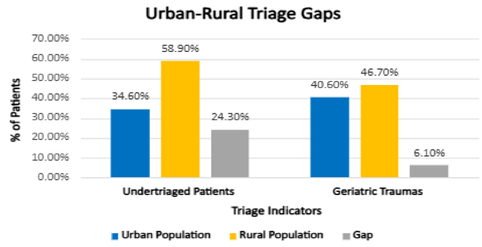
Mental Health Providers

168.4

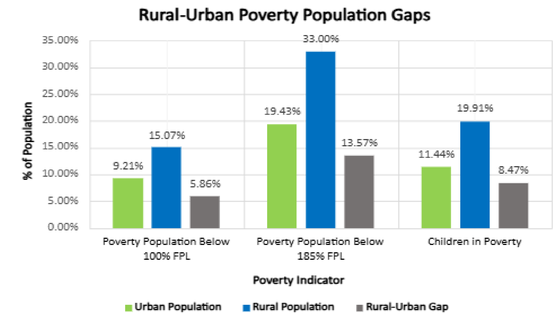
less providers in rural areas vs urban (per 100,000)

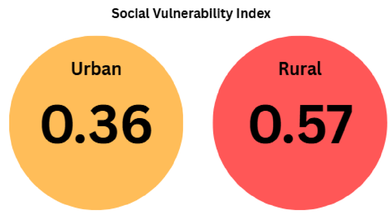
Emergency Medical Care



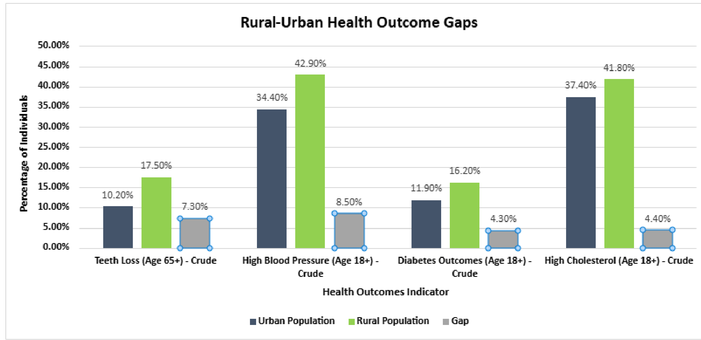


Social Determinants of Health





Health Outcomes



Virginia Plan for Well-Being

7.17 per 1,000 — **more babies are born with neonatal abstinence syndrome** in rural areas than in urban.

14.5 per 100,000 — **more motor vehicle crash deaths** occur in rural areas compared to urban.

5.9% — **higher obesity prevalence** among adults in rural areas compared to urban

9.99 per 100,000 — **more adults die from suicide** in rural areas compared to urban

8.8 per 100,000 — **more people die from drug overdoses** in rural areas compared to urban

11.8% — **higher rate of solo commuting** in rural areas than in urban.

Key Outcomes

Low Income Rural Families face overlapping barriers in transportation, provider access, and insurance coverage.

Children in High-Poverty Rural Areas face barriers through limited primary care and behavioral health access, affecting long-term wellbeing.

Older Adults in Rural Regions rely heavily on primary care, emergency services, and transportation, while facing significant shortages in all areas.

Rural Residents with Behavioral Health Needs experience the largest accessibility gaps due to provider shortages.

Communities with Limited Transportation face structural barriers due to distance and travel time, reducing access to care.