

'Hidden' data exacerbates rural public health inequities

August 19 2019

Differences in the health of rural residents compared to their urban neighbors are startling. In Washington, for instance, rural residents are one-third more likely to die from intentional self-harm or 13 percent more likely to die from heart disease.

However, while statistics like these help guide [public health policy](#) and spending, they can hide even greater health disparities within those [rural communities](#), said Betty Bekemeier, director of the UW School of Public Health's Northwest Center for Public Health Practice and a professor in the UW School of Nursing.

"Populations in [rural areas](#) already have suffered disproportionately from a lot of negative health outcomes," she said. "Then on top of that, they lack the data, capacity and infrastructure to understand and better address those problems."

Yet, some of the data rural public health officials need to better serve their communities exists but is hard to access and use. So, what gives?

To find out, Bekemeier and her colleagues at the Northwest Center embarked on the SHARE-NW project: a five-year effort to identify, gather and visualize data in four Northwest states to help rural communities more effectively address health disparities and achieve health equity.

"Rural communities in Washington, Oregon, Idaho and Alaska face high

poverty and are home to large populations of Alaska Native, Native American, Latino and other residents who are often marginalized and impacted by health disparities," explains the SHARE-NW website.

The SHARE-NW project is currently in its third year. The results of the group's survey of rural leaders were published Aug. 18 in a special health equity issue of the *Journal of the American Medical Informatics Association* .

The UW researchers conducted phone interviews in 2018 with officials in the four Northwest states, including staff from the Alaska Native Tribal Health Consortium, the Panhandle Health District in Idaho, the Crook County Health Department in Oregon, the Wahkiakum County Health Department in Washington and 21 other rural health organizations.

"In our study with rural public health system leaders, we identified barriers to using data, such as 1) lack of easy access to timely data, 2) data quality issues specific to rural and tribal communities, and 3) the inability for rural leaders to use those data," wrote the study authors.

"You may have a very seemingly homogenous population on the face of it," said Bekemeier, the study's lead author. "But you have small population groups that are very disproportionately impacted by certain issues, and leaders in those communities may not be aware that these problems exist, let alone how deeply individuals are affected."

For instance, one agency told the researchers: "What immediately comes to mind is our migrant farmworker community, especially with their language barriers and their temporary status in our community ... It's really hard to get the data to know who we're looking at ..."

To address this problem, SHARE-NW is building a readily accessible

database and the related visualizations so local health officials can more easily talk about the makeup of their communities, identify local needs and foster data-supported decisions.

"If you have data, you can talk about what the issues are that need to be prioritized," Bekemeier explained. "Now, we're focusing on the six priority areas that were common across their community health assessments."

Those areas are: obesity, including physical activity and nutrition/food access; diabetes; tobacco; mental health, including suicide and substance abuse; violence and injury; and oral health, including access to dental care.

"We're doing this with them," Bekemeier said of the rural [health](#) leaders. One of the key elements for creating this robust data and tool set is local participation in not only using the data, but also adding to it from their own local research.

More information: Betty Bekemeier et al, Data, capacity-building, and training needs to address rural health inequities in the Northwest United States: a qualitative study, *Journal of the American Medical Informatics Association* (2019). [DOI: 10.1093/jamia/ocz037](https://doi.org/10.1093/jamia/ocz037)

Provided by University of Washington

Citation: 'Hidden' data exacerbates rural public health inequities (2019, August 19) retrieved 26 April 2024 from

<https://medicalxpress.com/news/2019-08-hidden-exacerbates-rural-health-inequities.html>

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