

# Mortality rate higher for US rural residents

October 20 2020

---



Credit: CC0 Public Domain

A recent study by Syracuse University sociology professor Shannon Monnat shows that mortality rates are higher for U.S. working-age residents who live in rural areas instead of metro areas, and the gap is getting wider.

The study "Trends in U.S. Working-Age non-Hispanic White Mortality: Rural-Urban and Within-Rural Differences" was published recently by *Population Research and Policy Review*. Monnat, an associate professor of sociology at Syracuse University's Maxwell School of Citizenship and Public Affairs, said no single cause of death is to blame for the growing disparity.

"Smaller nonmetro declines in cancers and ischemic/circulatory system diseases and larger increases in suicide, alcohol-induced cause, mental/[behavioral disorders](#), cardiometabolic diseases, infectious diseases, and respiratory diseases are major culprits," Monnat said. "Mortality rate trends have been particularly problematic for females."

Monnat is director of the Lerner Center for Public Health Promotion and co-director of the Policy, Place and Population Lab in the Aging Studies Institute at Syracuse University. Here are the key findings from the study:

- The U.S. rural mortality penalty is wide and growing. This is the case for the rural population overall (all racial/ethnic groups combined) and for non-Hispanic whites, non-Hispanic blacks, and Hispanics individually.
- Smaller rural declines in mortality from cancers and cardiovascular disease (throughout the 1990s and 2000s) and larger increases in metabolic and respiratory diseases, suicide, alcohol-related, and mental/behavioral disorders (throughout the 2010s) collectively drove the growth in the rural disadvantage. Trends for females are particularly concerning. That the rural disadvantage is not limited to one or two specific causes of death but is pervasive across multiple disease and injury categories suggests that more than one underlying structural cause is to blame.
- However, the rural United States is not monolithic, and some

rural places have experienced much larger mortality rate increases than others over the past 30 years. There are large divisional disparities, with particularly poor trends in New England, South Atlantic, East South Central, West South Central, and Appalachia and more favorable trends in the Mid-Atlantic, Mountain, and Pacific. Mining-dependent counties have very high mortality rates and have diverged from other economies since the mid-2000s due to multiple causes of death, whereas farming counties have comparatively lower mortality rates.

- High and rising mortality rates across a variety of causes and rural places, some of which have been occurring since the 1990s and others that emerged more recently, suggest that there is not one underlying explanation. Instead, systemic failures across a variety of institutions and policies have contributed to rural America's troubling mortality trends generally and within-rural disparities more specifically.

Despite these findings, Monnat said "not all of rural America is in dire straits."

"While there is much to be concerned about in Appalachia, the South, and increasingly New England, some groups have seen improvement in the Mid-Atlantic, East North Central, and Mountain divisions," Monnat said. "My analysis of specific causes of death begins to offer insight into what's driving these disparities, but research is needed that identifies the specific upstream causal explanations for these trends, particularly those that are amenable to policy change."

In terms of policy recommendations, Monnat said, "Behavioral interventions targeting smoking, diet, and exercise have been widely advocated and have been attempted for decades, but they appear to have had little impact on reducing rural-urban or within-rural disparities. Far too often, the public health approach has been to apply health care and

behavioral intervention to places with the worst health profiles.

"This approach has been costly and ineffective because it treats problems after they arise rather than preventing their onset," she continued. "Instead, the more cost-effective and humane approach would be to apply upstream interventions that target the structural (economic, social, environmental), corporate, and policy determinants of health to prevent future generations from exacerbating these already problematic mortality trends." A recent study by Syracuse University sociology professor Shannon Monnat shows that mortality rates are higher for U.S. working-age residents who live in [rural areas](#) instead of metro areas, and the gap is getting wider.

The study "Trends in U.S. Working-Age non-Hispanic White Mortality: Rural-Urban and Within-Rural Differences" was published recently by *Population Research and Policy Review*. Monnat, an associate professor of sociology at Syracuse University's Maxwell School of Citizenship and Public Affairs, said no single cause of death is to blame for the growing disparity.

"Smaller nonmetro declines in cancers and ischemic/circulatory system diseases and larger increases in suicide, alcohol-induced cause, mental/behavioral disorders, cardiometabolic diseases, [infectious diseases](#), and respiratory diseases are major culprits," Monnat said. "Mortality rate trends have been particularly problematic for females."

Monnat is director of the Lerner Center for Public Health Promotion and co-director of the Policy, Place and Population Lab in the Aging Studies Institute at Syracuse University. Here are the key findings from the study:

- The U.S. rural mortality penalty is wide and growing. This is the case for the rural population overall (all racial/ethnic groups

combined) and for non-Hispanic whites, non-Hispanic blacks, and Hispanics individually.

- Smaller rural declines in mortality from cancers and cardiovascular disease (throughout the 1990s and 2000s) and larger increases in metabolic and [respiratory diseases](#), suicide, alcohol-related, and mental/behavioral disorders (throughout the 2010s) collectively drove the growth in the rural disadvantage. Trends for females are particularly concerning. That the rural disadvantage is not limited to one or two specific causes of death but is pervasive across multiple disease and injury categories suggests that more than one underlying structural cause is to blame.
- However, the rural United States is not monolithic, and some rural places have experienced much larger mortality rate increases than others over the past 30 years. There are large divisional disparities, with particularly poor trends in New England, South Atlantic, East South Central, West South Central, and Appalachia and more favorable trends in the Mid-Atlantic, Mountain, and Pacific. Mining-dependent counties have very high mortality rates and have diverged from other economies since the mid-2000s due to multiple causes of death, whereas farming counties have comparatively lower mortality rates.
- High and rising [mortality rates](#) across a variety of causes and rural places, some of which have been occurring since the 1990s and others that emerged more recently, suggest that there is not one underlying explanation. Instead, systemic failures across a variety of institutions and policies have contributed to rural America's troubling mortality trends generally and within-rural disparities more specifically.

Despite these findings, Monnat said "not all of rural America is in dire straits."

"While there is much to be concerned about in Appalachia, the South, and increasingly New England, some groups have seen improvement in the Mid-Atlantic, East North Central, and Mountain divisions," Monnat said. "My analysis of specific causes of death begins to offer insight into what's driving these disparities, but research is needed that identifies the specific upstream causal explanations for these trends, particularly those that are amenable to policy change."

In terms of policy recommendations, Monnat said, "Behavioral interventions targeting smoking, diet, and exercise have been widely advocated and have been attempted for decades, but they appear to have had little impact on reducing rural-urban or within-rural disparities. Far too often, the public health approach has been to apply health care and behavioral intervention to places with the worst health profiles.

"This approach has been costly and ineffective because it treats problems after they arise rather than preventing their onset," she continued. "Instead, the more cost-effective and humane approach would be to apply upstream interventions that target the structural (economic, social, environmental), corporate, and policy determinants of health to prevent future generations from exacerbating these already problematic [mortality](#) trends."

**More information:** Shannon M. Monnat, Trends in U.S. Working-Age non-Hispanic White Mortality: Rural–Urban and Within-Rural Differences, *Population Research and Policy Review* (2020). [DOI: 10.1007/s11113-020-09607-6](https://doi.org/10.1007/s11113-020-09607-6)

Provided by Syracuse University

Citation: Mortality rate higher for US rural residents (2020, October 20) retrieved 8 May 2024



from <https://medicalxpress.com/news/2020-10-mortality-higher-rural-residents.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.