

Presentation Title	Place in Schedule
<p>Health, Safety and Well-being in Urban and Rural Counties: A Snapshot of Federal Region VII</p>	<p>Poster Session <i>Day 2 – Wednesday – May 9th, 2018</i> <i>8:30am-9:30am</i></p>
Description of Presentation	Presenter Name(s) And Credentials
<p>The states in Federal Region VII (Iowa , Kansas, Nebraska and Missouri) disproportionately suffer from higher burdens of occupational injury and illness, as well as high rates of unhealthy behaviors compared to other regions of the country. These states consistently show alarmingly high rates of occupational fatalities (ranging from 4.2 to 6.0 per 100,000 workers), well exceeding the national rate of 3.8 per 100,000 workers in 2014. In order to better understand and better address the needs of the states in our region, we examined raw data from the 2017 Robert Wood Johnson (RWJ) County Rankings. These data were combined with recent county-level population and business census data. Counties were classified as to rurality using 2013 National Center for Health Statistics urban-rural scheme code. Although these states are often thought of as a homogeneous patchwork of small, idyllic agricultural communities (325 of the region’s 412 counties are classified as rural), less than half (32.4%) of the region’s 13.8 million inhabitants live in a rural county. Rural counties had significantly fewer firms and establishments. However, the rural unemployment rate was not significantly different from urban counties. Rural counties had significantly lower rates of violent crime but significantly higher rates of injury deaths. Reported “fair or poor health” and mentally unhealthy days exhibited significant state and rurality variability with rural counties reported a higher percentage of “fair or poor health” but fewer mentally unhealthy days. Physically unhealthy days differed by state but not rurality. Urban counties scored significantly higher on</p>	<p>Diane S. Rohlman, PhD <i>Healthier Workforce</i> <i>Center/University of Iowa</i></p>

the food environment index (access to healthy food, food security) but that difference was compounded by regional variation

(counties in Iowa tending to score higher compared to other states in the region). To understand potential underlying occupation

components of the health data, we examined their association with the numbers of firms and establishments and unemployment.

The numbers of firms and establishments within a county were significantly associated with greater access to primary care

physicians, mental health providers, exercise and excessive drinking and negatively associated with preventable hospital stays.

Violent crime was positively correlated with the numbers of firms and establishments and the unemployment rate.

The injury death

rate was negatively correlated with the numbers of firms and establishments but positively correlated with the unemployment rate.

Percent reporting “fair or poor health”, physically unhealthy days, mentally unhealthy days as well as percent smokers were all

moderately highly correlated with unemployment. Our examination of the county level health data revealed significant variability

across the four states that was often independent of rurality. These findings suggest the need to more fully examine societal and

economic difference among the states with respect to occupational safety and health. Specifically, we need to pay greater

attention to the variation among these predominately rural states, and not simply to the urban-rural differences.