

RURAL AND URBAN CHILDREN

The health risks facing children often vary by geographic location. For instance, children living in rural areas are more vulnerable to death from injuries,¹ and are more likely to use tobacco than their urban counterparts.² Rural families may also not have the same access to health care because health services are not always located nearby.³ Understanding these potential risks can provide program planners and policymakers information that can be used to design and target services.

In 2007, 81.7 percent of children lived in urban areas, while about 9 percent lived in large and small/isolated rural areas, respectively (data not shown). These areas were classified based on zip code, the size of the city or town, and the commuting pattern in the area. Urban areas include metropolitan areas and surrounding towns, large rural areas include towns with populations of 10,000 to 49,999 persons and their surrounding areas, and small/isolated rural areas include towns with populations of 2,500 to 9,999 persons and their surrounding areas.

Rural and urban children did not differ in the proportion who were insured; however, rural children were more likely to have public insurance (38.3 percent among those in small/isolated rural areas and 35.6 percent in large rural areas) compared to urban children (27.2 percent). While the majority of children had a preventive physical or oral health visit in the past

year (88.5 percent), children in both large and small/isolated rural communities were slightly less likely to have had either such visit compared to their urban counterparts (data not shown).

Rural and urban children did not differ in their overall physical and oral health status; however, differences were found for specific health indicators by location. Children aged 10-17 years in small/isolated rural areas were more likely to be overweight or obese than children in urban areas (35.2 versus 30.9 percent) and were also more likely to spend more than 1 hour per weekday watching TV or videos or playing video games than urban children of the same age (55.3 versus 50.9 percent). However, children in small/isolated rural areas were more likely to engage in

physical activity everyday (28.9 percent) than those in urban (24.6 percent) or large rural areas (23.3 percent) and also had a higher rate of daily shared family meals than children living in urban areas (40.7 percent versus 35.0 percent).

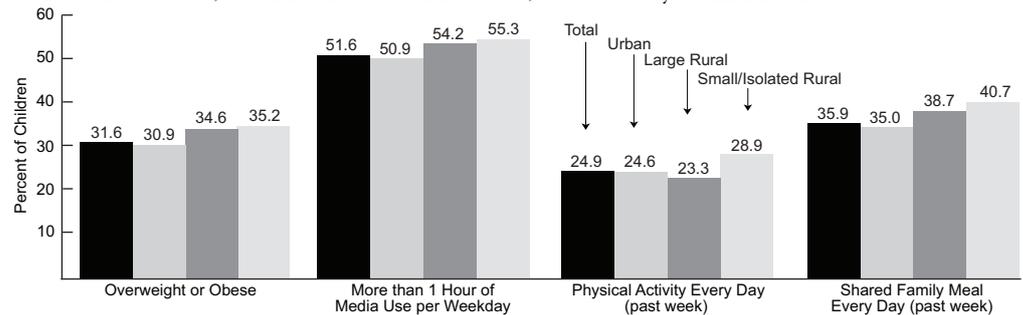
1 Cherry DC, Huggins B, Gilmore K. Children's health in the rural environment. *Pediatric Clinics of North America* 54 (2007):121-133.

2 Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. (2009) *Monitoring the Future: National Survey Results on Drug Use, 1975-2008*. (NIH Publication No. 09-7402.) Bethesda, MD: National Institute on Drug Abuse.

3 Probst JC, Laditka SH, Wang J-Y, Johnson AO. Effects of residence and race on burden of travel for care: cross sectional analysis of the 2001 US National Household Travel Survey. *BMC Health Serv Res* 2007 Mar 9;7:40.

Selected Indicators Among Children Aged 10-17, by Location,* 2007

Source (I.5): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health.



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