

## RURAL AND URBAN CHILDREN

Urban and rural children differ in their demographic characteristics, which, in combination with geographic factors, can affect their health status and access to health care. For instance, children living in rural areas are more vulnerable to death from injuries,<sup>1</sup> are more likely to use tobacco and other substances,<sup>2,3</sup> and are more likely to be obese than their urban counterparts.<sup>4</sup> Rural families may also not have the same access to health care because health services are not always located nearby.<sup>5</sup> Understanding these potential risks can provide program planners and policymakers with information that can be used to design and target services.

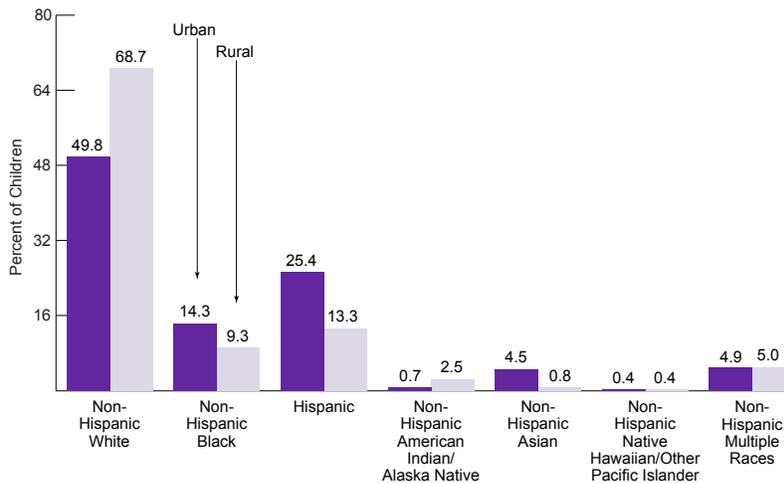
In 2011–2012, 84.5 percent of children lived in urban areas, while about 15.5 percent lived in rural areas. These areas were classified based on ZIP code, the size of the city or town, and the commuting pattern in the area. Urban areas include metropolitan areas and surrounding towns with populations of 50,000 and above.

The demographic distribution of the population of children in rural areas differs from that of urban children in terms of race, ethnicity, and nativity. Among urban children, 49.8 percent were non-Hispan-

ic White, compared to 68.7 percent of children in rural areas (figure 1). Children living in urban areas were more likely to be non-Hispanic Black and Hispanic than those living in rural areas, with more than one-quarter (25.4 percent) of urban children being of Hispanic origin compared to 13.3 percent of those living in rural communities. In contrast, non-Hispanic American Indian/Alaska Native children accounted for a greater proportion of children in rural areas, where they represent 2.5 percent of the population, compared to less than 1 percent in urban areas. Children living in rural areas were slightly more likely to have been born in the United States (98.2 percent) compared to those living in urban areas (95.2 percent).

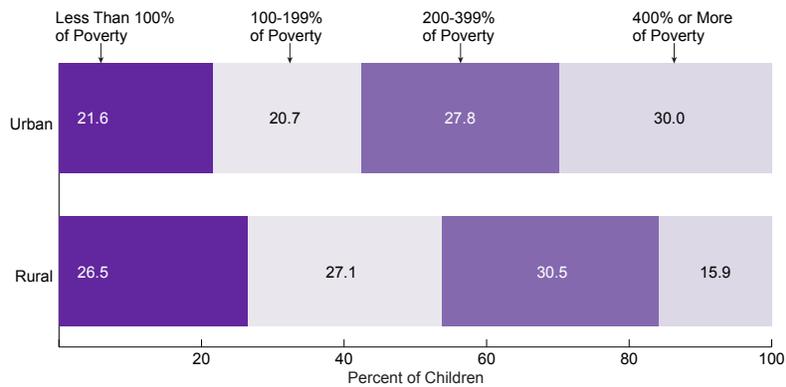
Children in rural areas were more likely than urban children to be living in low-income families. More than one-quarter (26.5 percent) of children in rural areas had household incomes below 100 percent of poverty, compared to 21.6 percent of urban children (figure 2). In contrast, nearly one-third (30.0 percent) of urban children had household incomes of 400 percent or more of poverty, compared to 15.9 percent of children in rural areas.

**Figure 1. Children Residing in Rural and Urban Areas,\* by Race/Ethnicity, 2011–2012**



\*Urban areas include metropolitan areas and surrounding towns from which commuters flow into an urban area, including suburban and less densely populated areas. Rural areas are composed of all other areas not classified as urban.

**Figure 2. Children Residing in Rural and Urban Areas,\* by Poverty Status,\*\* 2011–2012**



\*Urban areas include metropolitan areas and surrounding towns from which commuters flow into an urban area, including suburban and less densely populated areas. Rural areas are composed of all other areas not classified as urban. \*\*Based on the U.S. Department of Health and Human Services poverty guidelines, poverty was \$23,050 for a family of four in 2012.

**Data Sources**

Figure 1 and 2. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics. *2011–2012 National Survey of Children’s Health*. Analyses conducted by the Maternal and Child Health Bureau.

**Endnotes**

1. Chery DC, Huggins B, Gilmore K. Children’s health in the rural environment. *Pediatric Clinics of North America*. 2007; 54:121–133.
2. Johnston LD, O’Malley PM, Bachman JG, Schulenberg JE. *Monitoring the future: national survey results on drug use, 1975–2008*. NIH Publication No. 09-7402. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse; 2009.
3. Maine Rural Health Research Center. *Research and policy brief. Substance abuse among rural youth: a little meth and a lot of booze*. Available at: <http://muskie.usm.maine.edu/>. Accessed September 9, 2012.
4. South Carolina Rural Health Research Center. *Key facts and rural health: diet, physical activity, and sedentary behaviors as risk factors for childhood obesity: an urban and rural comparison*. Available at: <http://rhr.sph.sc.edu/>. Accessed September 9, 2012.
5. 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 U.S. National Household Travel Survey. *BMC Health Services Research*. March 9, 2007;7:40.

**Suggested Citation**

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at <http://mchb.hrsa.gov/chusa14/>