National Conference of State Legislatures

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East Tennessee State University
Center for Rural Health Research
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Agenda

• Rural Health Disparities
  • United States
  • Southeastern States
  • Deaths of Despair

• Impacts of Poverty
  • United States
  • Southeastern States

• Rural Resilience
  • Strengths and Assets
FIGURE 6. Percentage of deaths that were potentially excess* among persons aged <80 years from the five leading causes of death, by urban-rural county classification — National Vital Statistics System, United States, 2017

* Potentially excess deaths are defined as deaths among persons aged <80 years in excess of the number that would be expected if the death rates for each cause in all states were equivalent to those in the benchmark states (i.e., the three states with the lowest rates).

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Females Age 25 to 64, in Georgia, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

*This leading cause of death includes all cerebrovascular disease.

NOTES: A missing dot indicates either: 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population subgroup (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
State Rural Health Inequity Dashboard – Georgia

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Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
State Rural Health Inequity Dashboard – Kentucky

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Females Age 25 to 64, in Kentucky, by Rural-Urban Status: United States, 2015 to 2017

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SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
State Rural Health Inequity Dashboard – North Carolina

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Females Age 25 to 64, in North Carolina, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

Rural-Urban Status
- Large Central Metro
- Large Fringe Metro
- Medium Metro
- Small Metro
- Micropolitan (Nonmetro)
- NonCore (Nonmetro)

*This leading cause of death includes all cerebrovascular disease.

NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

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*This leading cause of death includes all cerebrovascular disease.

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SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
State Rural Health Inequity Dashboard – South Carolina

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Females Age 25 to 64, in South Carolina, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

- **Cancer**
- **Diabetes**
- **Heart Disease**
- **Homicide**
- **Liver Disease**
- **Lower Respiratory**
- **Septicemia**
- **Stroke**
- **Suicide**
- **Unintentional Injuries**

**Rural-Urban Status**
- Large Central Metro
- Large Fringe Metro
- Medium Metro
- Small Metro
- Micropolitan (Nonmetro)
- NonCore (Nonmetro)

*This leading cause of death includes all cerebrovascular disease.*

**NOTES:** A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three-year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

**SOURCE:** Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Males Age 25 to 64, in South Carolina, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

*This leading cause of death includes all cardiovascular disease.

NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Females Age 25 to 64, in Tennessee, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

*Rthis leading cause of death includes all cerebrovascular disease.

NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: \( \frac{\text{local mortality rate}}{\text{national mortality rate}} \) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
State Rural Health Inequity Dashboard – Tennessee

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Males Age 25 to 64, in Tennessee, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

*This leading cause of death includes all cerebrovascular disease.

NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or if equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
State Rural Health Inequity Dashboard – Virginia

Index for Mortality Rates for Top 10 Leading Causes of Death Related to the National Mortality Rate among Males Age 25 to 64, in Virginia, by Rural-Urban Status: United States, 2015 to 2017

An index above the line (index=100) indicates that the mortality rate for that specific rural-urban designation is higher than the national average.

Rural-Urban Status
- Large Central Metro
- Large Fringe Metro
- Medium Metro
- Small Metro
- Micropolitan (Nonmetro)
- NonCore (Nonmetro)

Index:
- Cancer
- Diabetes
- Heart Disease
- Homicide
- Liver Disease
- Lower Respiratory
- Septicemia
- Stroke
- Suicide
- Unintentional Injuries

*This leading cause of death includes all cerebrovascular disease.

NOTES: A missing dot indicates either 1) an unreliable or suppressed rate or 2) identical values between an urban and rural estimate (where more urban cases cover the more rural cases). Suppressed data points occur when there are fewer than 10 deaths within the population sub-group (age, sex, rural-urban status, state). Refer to the single-cause mortality charts to further investigate whether the point is suppressed or of equal value to another estimate. If a cause is not listed on the graph, then all data points for that cause are suppressed. A graph with fewer than 10 causes of death indicates that all points are suppressed for the missing cause(s). Rates are three year average age-adjusted deaths per 100,000 population. Index is calculated as: (local mortality rate / national mortality rate) * 100 where the national mortality rate is calculated using age-specific and sex-specific death rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death.
• Update to study conducted in 2017 using 2015 data
• Analysis of 2018 mortality data\(^1\) among individuals ages 15 to 64 for the following causes of death ("diseases of despair"):
  • Overdose (Alcohol poisonings and overdoses of prescription and illegal drugs – accidental and intent-undetermined deaths)
  • Suicide
  • Alcoholic liver disease/cirrhosis

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\(^1\)CDC National Center for Health Statistics (NCHS)’s National Vital Statistics System (NVSS), accessed at http://wonder.cdc.gov/mort-icd10.html
Appalachian Deaths of Despair
Appalachian Deaths of Despair

Diseases of despair mortality rates for males, ages 15–64, by age and region (2018)*

Diseases of despair mortality rates for females, ages 15–64, by age and region (2018)*

1 Rates are presented as deaths per 100,000 population. Rates are age adjusted.
* For both genders, Appalachian rate is significantly different from the non-Appalachian U.S. rate, p < 0.05.
Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.
Appalachian Deaths of Despair

Diseases of despair mortality rates, ages 15–64, by state^ and disease (2018)‡

- For states within Appalachia, only the mortality rate for the Appalachian counties is shown.
- Rates are presented as deaths per 100,000 population. Rates are age-adjusted.

The Walsh Center for Rural Health Analysis
WORC at the University of Chicago

Center for Rural Health Research
East Tennessee State University
Appalachian Overdose Mapping Tool – [https://overdosemappingtool.norc.org](https://overdosemappingtool.norc.org)
Opioid Misuse Community Assessment Tool

Carter County, KY

Drug Overdose Mortality Rate
66.1 Deaths per 100k population (Age 5-64)
48.5 Kentucky Drug Overdose Mortality Rate
28.7 U.S. Drug Overdose Mortality Rate

See Behavioral Health Resources
See Property Index

52 Total Deaths
27,159 Population
Rural

Choose County Profile Data Time Period
- 2010-2014
- 2015-2019
- Change from 2010-2014 to 2015-2019

Note: Socioeconomic and economic data are provided to show composition of the total population; they DO NOT reflect the proportions of individuals who died as a result of overdose.

<table>
<thead>
<tr>
<th>SOCIODEMOGRAPHIC</th>
<th>Carter County</th>
<th>Kentucky</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity, White (non-Hispanic)</td>
<td>96.6%</td>
<td>84.0%</td>
<td>60.7%</td>
</tr>
<tr>
<td>African American (non-Hispanic)</td>
<td>0.9%</td>
<td>0.9%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1.4%</td>
<td>3.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian (non-Hispanic)</td>
<td>0.1%</td>
<td>1.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander (non-Hispanic)</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Indian/Native Alaskan (non-Hispanic)</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15</td>
<td>11.5%</td>
<td>18.8%</td>
<td>15.7%</td>
</tr>
<tr>
<td>15-64</td>
<td>63.2%</td>
<td>65.2%</td>
<td>65.0%</td>
</tr>
<tr>
<td>65+</td>
<td>11.3%</td>
<td>16.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Diploma (25+)</td>
<td>79.2%</td>
<td>86.2%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Bachelor's Degree or More (25+)</td>
<td>12.6%</td>
<td>24.2%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Disability Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Residents with a disability (18-64)</td>
<td>17.1%</td>
<td>16.0%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

ECONOMIC

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Carter County</th>
<th>Kentucky</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadband Access (3 or more providers)</td>
<td>80.0%</td>
<td>94.5%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$34,719</td>
<td>$50,559</td>
<td>$62,841</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>25.2%</td>
<td>12.2%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>5.8%</td>
<td>5.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Industry-specific Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>4.0%</td>
<td>4.2%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Mining and Natural Resources</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>12.3%</td>
<td>18.9%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Trade, Transportation, &amp; Utilities</td>
<td>24.3%</td>
<td>21.1%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>
Opioid Misuse Community Assessment Tool

Location of Substance Use Facilities

Drug Overdose Deaths in the United States

Drug Overdose Rate

Comprehensive Community Services: CCS
Greeneville CP
CP South West Area #1, 3, 2009

The Walsh Center for Rural Health Analysis
NORC at the University of Chicago

Center for Rural Health Research
East Tennessee State University
# Clay County, KY

## Drug Overdose Mortality Rate

- **38.2** Deaths per 100k population (Ages 15-64)
- **48.5** Kentucky Drug Overdose Mortality Rate
- **28.7** U.S. Drug Overdose Mortality Rate

See Demographics

See Behavioral Health Resources

### Overall Prosperity Index Score: 5

<table>
<thead>
<tr>
<th>Component</th>
<th>Score</th>
<th>Sub-Component</th>
<th>Clay County</th>
<th>Kentucky</th>
<th>United States</th>
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</thead>
<tbody>
<tr>
<td>Economic - Risk</td>
<td>5</td>
<td>Poverty Rate</td>
<td>36.6%</td>
<td>17.3%</td>
<td>13.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of Industry Dependencies</td>
<td>0.0</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Net Migration per 100 people</td>
<td>-13.4</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Labor Force Participation Rate</td>
<td>476%</td>
<td>776%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Economic - Resilience</td>
<td>5</td>
<td>Self-employment Rate</td>
<td>1.4%</td>
<td>2.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business Establishments per 100 workers</td>
<td>4.4</td>
<td>4.2</td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of Hospitals Beds per 10,000 population</td>
<td>24.4</td>
<td>22.9</td>
<td>28.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Median Household Income</td>
<td>$26,840</td>
<td>$50,589</td>
<td>$56,2843</td>
</tr>
<tr>
<td>Social - Risk</td>
<td>5</td>
<td>Digital Distress (1=Low Distress, 2=Medium Distress, 3=High Distress)</td>
<td>3.0</td>
<td>2.2</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School Dropout Rate</td>
<td>9.1%</td>
<td>4.3%</td>
<td>3.8%</td>
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<tr>
<td></td>
<td></td>
<td>Teen Birth Rate per 1,000 population</td>
<td>52.5</td>
<td>35.3</td>
<td>24.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All-cause Mortality Rate per 100,000 population</td>
<td>1191.6</td>
<td>984.4</td>
<td>816.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50.1% and 4.4% per 10,000 population</td>
<td>19.6</td>
<td>25.7</td>
<td>43.7</td>
</tr>
<tr>
<td>Social - Resilience</td>
<td>5</td>
<td>Educational Attainment - Bachelor's Degree or more</td>
<td>9.8%</td>
<td>24.2%</td>
<td>32.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Primary Care Providers per 10,000 population</td>
<td>40.8</td>
<td>25.0</td>
<td>21.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Voter Participation Rate</td>
<td>41.0%</td>
<td>56.0%</td>
<td>59.4%</td>
</tr>
</tbody>
</table>
### Forsyth County, GA

#### Drug Overdose Mortality Rate

<table>
<thead>
<tr>
<th>Component - Risk</th>
<th>Score</th>
<th>Sub-Component</th>
<th>Forsyth County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic - Risk</td>
<td>1</td>
<td>Poverty Rate</td>
<td>5.7%</td>
<td>15.1%</td>
<td>13.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of Industry Dependencies</td>
<td>0.0%</td>
<td>0.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Net Migration per 100 people</td>
<td>54.8%</td>
<td>8.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Labor Force Participation Rate</td>
<td>84.3%</td>
<td>81.1%</td>
<td>82.1%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Self-employment Rate</td>
<td>5.4%</td>
<td>4.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Business Establishments per 100 workers</td>
<td>5.8%</td>
<td>4.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of Hospitals Beds per 10,000 population</td>
<td>13.7%</td>
<td>26.1%</td>
<td>28.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Median Household Income</td>
<td>$107,218</td>
<td>$58,700</td>
<td>$62,843</td>
</tr>
<tr>
<td>Social - Risk</td>
<td>1</td>
<td>Diagnostic Distress (1 = Low Distress, 2 = Medium Distress, 3 = High Distress)</td>
<td>1.0%</td>
<td>2.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School Drop Out Rate</td>
<td>2.0%</td>
<td>4.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teen Birth Rate per 1,000 population</td>
<td>4.2%</td>
<td>28.6%</td>
<td>24.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All-cause Mortality Rate per 100,000 population</td>
<td>570.8</td>
<td>872.9</td>
<td>816.5</td>
</tr>
<tr>
<td>Social - Resilience</td>
<td>2</td>
<td>501-600 and 6+ per 10,000 population</td>
<td>16.4%</td>
<td>28.7%</td>
<td>43.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Educational Attainment - Bachelor's Degree or more</td>
<td>53.1%</td>
<td>31.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Primary Care Providers per 10,000 population</td>
<td>14.5%</td>
<td>19.9%</td>
<td>21.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Voter Participation Rate</td>
<td>76.0%</td>
<td>53.7%</td>
<td>59.4%</td>
</tr>
</tbody>
</table>

**Overall Prosperity Index Score:** 1
Impacts of Poverty
Rural Versus Urban Job Growth Since Recession

Employment index (2008 Q1=100)

Recession

Metro

Nonmetro

Premature Death (YPLL):
2% Wealthiest Counties vs 2% Poorest Counties

Adult Smoking Percentage
2% Wealthiest Counties vs 2% Poorest Counties

% Adult Smokers

Percent of Adult Smokers vs Percentile

12.9%
24.4%

All U.S. Counties
Poorest Counties
Richest Counties

Adult Obesity Percentage

2% Wealthiest Counties vs 2% Poorest Counties

% Obese

Percent of Obese Adults

24.4%

37.8%

All U.S. Counties
Poorest Counties
Richest Counties

Children Living in Poverty Percentage
2% Wealthiest Counties vs 2% Poorest Counties

- All U.S. Counties
- Poorest Counties
- Richest Counties

Percent of Children in Poverty:
- 7.0% for Richest Counties
- 44.3% for Poorest Counties

Source:
# Median Household Income: Southeastern States

<table>
<thead>
<tr>
<th>Richest 10 Counties</th>
<th>Median Household Income</th>
<th>Poorest 10 Counties</th>
<th>Median Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>State</td>
<td>Income</td>
<td>County</td>
</tr>
<tr>
<td>Loudoun</td>
<td>Virginia</td>
<td>$142,299</td>
<td>Breathitt</td>
</tr>
<tr>
<td>Falls Church City</td>
<td>Virginia</td>
<td>$127,610</td>
<td>Allendale</td>
</tr>
<tr>
<td>Fairfax</td>
<td>Virginia</td>
<td>$124,831</td>
<td>Emporia City</td>
</tr>
<tr>
<td>Arlington</td>
<td>Virginia</td>
<td>$120,071</td>
<td>Clay</td>
</tr>
<tr>
<td>Fairfax city</td>
<td>Virginia</td>
<td>$116,979</td>
<td>Quitman</td>
</tr>
<tr>
<td>Williamson</td>
<td>Tennessee</td>
<td>$112,962</td>
<td>Harlan</td>
</tr>
<tr>
<td>Stafford</td>
<td>Virginia</td>
<td>$111,108</td>
<td>Bell</td>
</tr>
<tr>
<td>Forsyth</td>
<td>Georgia</td>
<td>$107,218</td>
<td>Lee</td>
</tr>
<tr>
<td>Prince William</td>
<td>Virginia</td>
<td>$107,132</td>
<td>Wolfe</td>
</tr>
<tr>
<td>Alexandria City</td>
<td>Virginia</td>
<td>$100,939</td>
<td>Clay</td>
</tr>
</tbody>
</table>
Leading Causes of Death: Southeastern States

<table>
<thead>
<tr>
<th>Cause</th>
<th>10 Richest Counties</th>
<th>10 Poorest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>270.0</td>
<td>123.3</td>
</tr>
<tr>
<td>Cancer</td>
<td>220.0</td>
<td>131.3</td>
</tr>
<tr>
<td>Cerebrovasc.</td>
<td>53.6</td>
<td>34.8</td>
</tr>
<tr>
<td>Lower resp.</td>
<td>87.9</td>
<td>24.8</td>
</tr>
<tr>
<td>Accidents</td>
<td>85.5</td>
<td>35.4</td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>42.6</td>
<td>28.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>50.3</td>
<td>13.9</td>
</tr>
<tr>
<td>Flu/Pneumon.</td>
<td>35.6</td>
<td>12.2</td>
</tr>
<tr>
<td>Neph.</td>
<td>11.9</td>
<td>11.8</td>
</tr>
<tr>
<td>Suicide</td>
<td>21.2</td>
<td>26.9</td>
</tr>
</tbody>
</table>

CDC WONDER, Underlying Cause of Death, 2015-2019
All ages, rates are per 100,000 population
NOTE: for each cause of death, mortality rates for one or more of the counties included were unreliable or nonexistent, the 10 highest and lowest counties with data available are presented.
Premature Death (YPLL): Southeastern States

The YPLL from premature death before age 75 per 100,000 population among the Southeastern States’ poorest counties is 3.4 times to that of the richest counties.

County Health Rankings, 2019
Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Map of Prosperity Index Scores

Overall Prosperity Index

Prosperity Index:
- 1-Highest Prosperity
- 2
- 3
- 4
- 5-Lowest Prosperity
Prosperity Index vs. Cardiovascular Disease

Cardiovascular Disease Mortality

Prosperity Index

Source: CDC Interactive Atlas of Heart Disease and Stroke.
Prosperity Index vs. Diabetes

**Diabetes Prevalence**

Diagnosed Diabetes: Total adults aged 20+ years: Age-adjusted percentage, Non-Insured All Counties 2016

Source: CDC Diabetes Atlas.

**Prosperity Index**
An addiction crisis along ‘the backbone of America’

By Joel Achenbach  December 30, 2016

Health & Science

U.S. life expectancy declines for the first time since 1993

By Lenny Bernstein  December 8, 2016

Health & Science

No longer ‘Mayberry’: A small Ohio city fights an epidemic of self-destruction

By Joel Achenbach  December 29, 2016

National

Life lessons from a small-town undertaker as white women die younger in America

By Terrence McCoy  August 20, 2017

Orphaned by America’s opioid epidemic

After losing their parents to overdoses, three children in West Virginia confront what it means to grow up in the midst of one of the country’s biggest public health crises.

Danielle Rinder, Eli Saslow and Bonnie Jo Mount | National | Dec 17, 2016
Persistent poverty counties are those where 20 percent or more of county residents were poor, measured by the 1980, 1990, 2000 censuses, and the 2007-11 American Community Survey.

Note that county boundaries are drawn for the persistent poverty counties only.

Leveraging Strengths & Assets: A Real-World Example
# Leveraging Strengths & Assets: A Real-World Example

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay County</td>
<td>29.5 deaths per 100,000</td>
<td>-52.2 deaths per 100,000</td>
</tr>
<tr>
<td>Johnson County</td>
<td>38.8 deaths per 100,000</td>
<td>-49.7 deaths per 100,000</td>
</tr>
<tr>
<td>Floyd County</td>
<td>73.8 deaths per 100,000</td>
<td>-34 deaths per 100,000</td>
</tr>
<tr>
<td>Magoffin County</td>
<td>35.6 deaths per 100,000*</td>
<td>-32.8 deaths per 100,000</td>
</tr>
<tr>
<td>Breathitt County</td>
<td>46.4 deaths per 100,000</td>
<td>-32 deaths per 100,000</td>
</tr>
<tr>
<td>Bath County</td>
<td>44.2 deaths per 100,000*</td>
<td>-30.7 deaths per 100,000</td>
</tr>
<tr>
<td>Powell County</td>
<td>70.1 deaths per 100,000</td>
<td>-30.4 deaths per 100,000</td>
</tr>
<tr>
<td>Letcher County</td>
<td>46.3 deaths per 100,000</td>
<td>-28.8 deaths per 100,000</td>
</tr>
</tbody>
</table>
Leveraging Strengths & Assets: A Real-World Example

- Themes for why drug overdose mortality is declining in Eastern Kentucky
  - Increased access to treatment
  - Recovery community and initiatives (i.e., recovery housing, second chance employment)
  - Changing approach of the criminal justice system
  - Harm reduction
  - Reduced stigma
  - Partnerships, community coalitions, and longstanding commitment to addressing substance use
  - Primary prevention and education
  - Shifts in drug use patterns (i.e., increasing use of methamphetamine)

BUT, ground is being lost due to COVID-19
Monthly drug overdose deaths

- Total overdose deaths
- All opioid deaths
- Synthetic opioid deaths

Note: Synthetic opioid deaths exclude those from methadone. Specific drug-class deaths are not mutually exclusive.

Data: Final 2016–2019 monthly totals: CDC WONDER; Estimated 2020 monthly totals: Calculations based on National Vital Statistics System Provisional Drug Overdose Death Counts, CDC WONDER.

Source: Jesse C. Baumgartner and David C. Radclay, "The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward," To the Point (blog), Mar. 25, 2021. https://doi.org/10.26099/gvf5-3z49
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Twitter - @etsucrhr