

Key Facts in Rural Health

August 2015

The Intersection of Residence and Area Deprivation: The Case of Hospitalizations from Ambulatory Care Sensitive Conditions Among Children

The South Carolina Rural Health Research Center used a nine-state sample of inpatient hospitalizations (2011 data) to examine how area deprivation and rural residence might contribute to potentially preventable hospitalizations among children. Area deprivation was measured using an index that brings together five measures of community resources: income, poverty, unemployment, high school graduation rate, and single parent homes.

Among children who were hospitalized for any reason, approximately 24% of rural children and 25% of urban children were hospitalized for potentially preventable reasons, also called ambulatory care sensitive conditions. Rural residence alone did not lead to more hospitalizations from potentially avoidable conditions among children. However, we did find that hospitalization rates from these conditions increased steadily in rural counties as the level of deprivation worsened. This was not the case in urban communities.

These findings suggest that the effect of social and economic disadvantage on hospitalizations from potentially avoidable conditions may be more detrimental in rural communities than in urban. Examining rurality alone may misrepresent the potential relationships between residence and selected outcomes when underlying levels of vulnerability are not well defined.

Key Findings

Rural residence alone was not predictive of ACSC hospitalization, but the effect of rural was greater in communities with higher levels of deprivation

Hospitalization rates from ACSC did increase with the worsening of area deprivation

Rates of hospitalization were higher among children with Medicaid as an expected source of payment

African American children and those of Hispanic ethnicity experienced higher rates of ACSC hospitalization than white children

