Poverty, rural living linked to increased COPD mortality in the US

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New research from the Centers for Disease Control and Prevention (CDC) underscores the widespread disparities associated with chronic obstructive pulmonary disease (COPD) mortality by state, poverty level, and urban vs rural location. The study, presented at CHEST 2012, the annual meeting of the American College of Chest Physicians (ACCP), found that COPD mortality is highest in rural and poor areas.

"Many factors contribute to the differences in COPD mortality, including smoking prevalence, air quality, and access to health care," said study co-author James B. Holt, PhD, MPA, of the CDC in Atlanta. "People with COPD who live in rural or poor areas have an even greater disadvantage. COPD patients, especially those in rural and poor areas, may benefit from additional case management and risk reduction."

To determine the geographic disparities related to COPD mortality, Dr. Holt and his research team from the CDC examined the influence of county-level rural-urban status and poverty on COPD mortality. The team obtained the 2000-2007 US mortality, population, and 2006 urban-rural categorization data from the National Center for Health Statistics and county-level poverty data from the US Census. Age-specific death rates (per 100,000) were calculated.

Preliminary results from the study indicate there were 962,109 total deaths with COPD as the underlying cause in 2000-2007 in the United States. Of the total COPD deaths, 87.6% was seen in ages ≥65; 11.9% in ages 45-64; and 0.5% in ages

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