

RURAL HEALTH PLANNING

This session was organized and chaired by Stephen Barton, President of the American Rural Health Association.

Dr. Barton, in his opening remarks, reflected on the importance of computer cartography to the American Rural Health Association. He reviewed the role of automation in addressing human resource problems in rural settings.

Joseph Baldi of the U.S. Public Health Service presented a paper, "Cartography as an Aid for Targeting Federal Resources to Rural Areas". His paper is focused on the use of computer cartography in the planning and implementation of the Rural Health Initiative (RHI). It reflects on the value of computer-assisted cartography in the planning and administration of a wide range of Federal, State or local government programs.

Eugenia Calle of the Oakridge National Laboratory presented a paper "Health and Coal Utilization in the Rural South: A Cartographic Approach". She describes how populations exposed to the effluents of coal combustion in rural areas provide a unique opportunity to study the health effects of a single, primary source of local air pollution. The presentation offers two models for assessing geographic differences in population exposures to pollutants and suggests research approaches to the study of exposed rural communities.

James D. Leeper and his colleagues from the University of Alabama presented "Application of Domestic Information Display System to Alabama Infant Mortality". Their paper describes the use of the DIDS system to present data on a county basis and demonstrates the mapping capacity of this system to correlate a variety of cogent factors related to infant mortality studies. The further use of this capacity to assist in the determination of health policy is included in their paper.

David Coombs and his colleagues from the University of Alabama presented the last paper in this session:

"A Comparison of Cardiovascular Death Rates in Alabama by County of Residence and County of Occurrence: Implications for Rural Health Planning". This paper is focused on a comparison of cardiovascular death rates by county of residence and county of occurrence. It examines the difference of the death rates between medically underserved counties and those with greater proximity to medical service. It also explores the differences between rural and metropolitan counties' death rates. The geographic differentials are described and related to the existing medical services.