

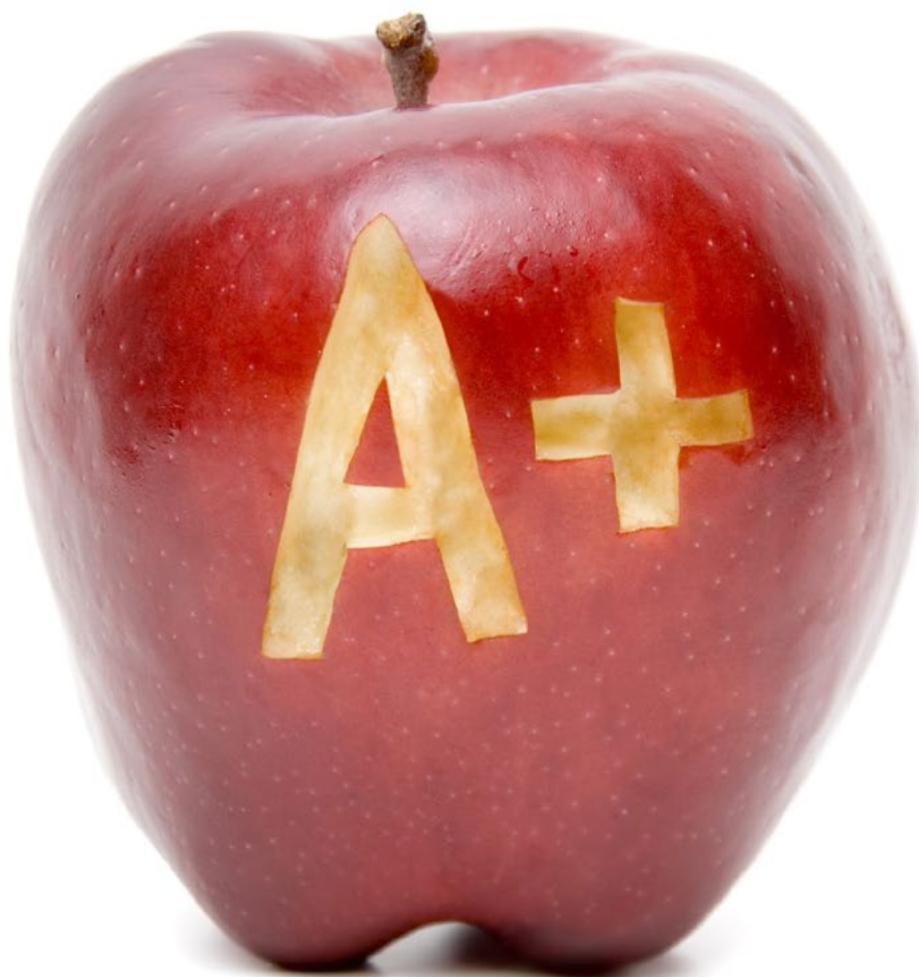
RHQ

Rural Health Quarterly

Winter 2018-19

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ISSUE**

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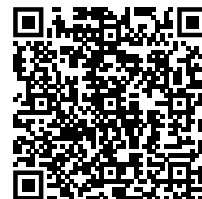
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RURAL HEALTH QUARTERLY
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Rural Health Quarterly

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Insurance is a Good Idea, and Time is Money!

I am not a fan of Big Government. A native Texan of my generation, raised on ranches or farms or in a small town, would have been taught to strive to be self-reliant. It was the entire culture of our up-bringing, and even though we



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knew there were those less fortunate than ourselves, most of us were taught in church that it was our duty to help them. Most of my generation worked more if we fell into that category of needing more, and we were

taught in church to give a little more when the offering plate came down the pew on Sunday mornings. We understood that it was up to us to care for one another.

We had some other ideas that were foundational, too; ideas of frugality and knowing a good deal when we saw it. Because we worked so hard for our dollars, we are known to pinch a penny until Abe flinches. We think that dollars earned by us are spent best by us and not some faceless bureaucracy across the Potomac. Best decisions are close-to-home decisions. That's one reason why old guys like me are called conservatives by younger generations. We are, but that doesn't deflect how we were raised and our basic human values.

So with that in mind, I am scratching my head about why Texas is one of only 14 states that has not

adopted a plan to expand Medicaid. Some states came on board early, when the first federal money became available. Some came on board with the 1115 waiver program or other modifications, including changing eligibility requirements, which is a hot topic currently. We published a story about the net beneficial rural results in the last issue of RHQ. On average, the uninsured rate in rural areas in the first 22 states that expanded Medicaid dropped from 35 to 16 percent, while in non-expansion states the uninsured rate in rural areas only declined from 38 to 32 percent, according to a study done by Georgetown University's Center for Children and Families and the University of North Carolina's Rural Health Research Program.

Texas has had an agreement with the federal government for the 1115 Healthcare Transformation Waiver program. This program brings \$6 billion a year to the state to support hospitals, especially in rural areas, and makes medical and behavioral health care more available to about one million Texans in need, especially children. It's money used on the most cost-effective primary care and prevention services. Without these funds, more rural hospitals will close because they rely heavily on payments from these programs. All of us know that the legislature is in Austin at the moment. It will be two years before they are back, and a Medicaid expansion amendment has already failed, although narrowly, for a fourth legislative session. This is despite the fact that a January poll of more than 1,200 adult Texans shows that 64 percent support Medicaid expansion in Texas.

It's a wonder to me that, given my upbringing and values (held by many policymakers in Austin right now), we are not talking more seriously about building on what we have learned. We ought to be talking

about this 1115 waiver program now, since it expires in 2021. Today is a good time to begin designing a program that builds out those things that have worked. More importantly, if we will need to negotiate with the federal government in the future, now is the time to craft a deal that both aligns with our values and also provides better access to care for Texans.

Leaving this important task for later is risky in three important ways. First, it's Texans that are responsible for caring for Texans that are in need. Second, that federal money that supports the 1115 waiver program is Texas money paid out in taxes, and we ought to get it back; we earned it, and we're the best ones to decide how to spend it. Third, we should enter into the negotiations with our best plans, and the best plans are thoughtful and backed up by what we know has and will work. It just seems odd that we would leave something as important as this to the last minute. As good as our policy and decision makers are, we ought not to burden the next legislature with this issue.

It's human nature to procrastinate and delay having hard conversations, especially if they are about complex things like how we ensure that all Texans are covered. However, we owe it to our values to think about self-reliance and the fact that it works, and we owe it to ourselves to get the best value for our hard-earned dollars, especially for those who have fallen on hard times. It's a Texas thing to do to take care of Texans. As sure as I am proud to be an old, conservative Texan, I am just as sure that we will come up with a way to expand Medicaid. Like the line from my fellow Lubbockite, Mac Davis, says, "Oh Lord, it's hard to be humble / when you're perfect in every way..." Our perfect system will be uniquely and quintessentially Texan! ■

RURAL REPORTS

- RURAL HEALTH REPORTING
- FROM ACROSS THE NATION
- AND AROUND THE WORLD

ALABAMA //

The University of Alabama Rural Medical Scholars program addresses the need for rural providers in the state. The program is predicated on the idea that physicians who grew up in rural areas are more likely to practice there. The program takes five years to complete.

apr.org | 11.01.18

ARIZONA //

The University of Arizona College of Public Health, in collaboration with the UA College of Nursing, has received a \$1.49 million federal grant to provide sexual assault nurse examiners training and certification to expand services to sexual assault victims in rural areas.

eurekalert.org | 28.11.18



CALIFORNIA //

An outreach nurse for University of California at San Francisco's Project ECHO is traveling to rural Northern California communities to help improve medical professionals' ability to treat patients with hepatitis C.

Traveling in a shiny, aluminum Airstream trailer, Jennifer Slepina will visit Sutter County for six weeks to help fight the spread of the disease.

appeal-democrat.com | 01.28.19

ALASKA //

Behavioral health services in some areas of rural Alaska are getting a financial boost, thanks to a six-figure grant from Premera Blue Cross Blue Shield of Alaska. Premera announced its granting \$450,000 to the Rural Alaska Community Action Program, Inc.

ktva.com | 10.18.18

ARKANSAS //

Slight declines in Arkansas' rates of obesity, smoking and diabetes helped the state improve its ranking by two spots, to No. 46, in an annual report on the health of state residents conducted by The United Health Foundation.

arkansasonline.com | 01.02.19



AUSTRALIA

While Australia has seen improvement in the size of its rural health workforce, especially in the number of doctors working in primary care settings, serious shortages continue, especially in allied health and nursing workforces.

pursuit.unimelb.edu.au | 10.25.18

MEXICO

Commercial telecom companies like Telcel and Movistar have declined requests to extend service in mountainous area of Mexico. Now a small nonprofit is fighting to bring cell service, along with lifesaving medical care and employment, to the country's indigenous groups. There are currently 3,400 registered users on the network.

According to Mexico's demographic agency, only four in ten rural Mexicans are internet users.

nymag.com | 11.01.18

BRAZIL

Tens of thousands of cases of leprosy are reported annually in Brazil, and these figures likely understate the actual prevalence of the disease. That's because most people in Brazil who wind up with these infections live in rural areas, where access to health care is limited.

60% of the armadillos in Brazilian forests carry *M. leprae* and frequently transmit it to the people living there, who eat it as a source of protein.

qz.com | 06.28.18

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CONNECTICUT //

Connecticut saw one of the biggest drops in the uninsured rate among low-income adults living in rural areas and small towns compared to other states, according to a national study by the Georgetown University Center for Children and Families and the North Carolina Rural Health Research Program.

ctmirror.org | 09.28.19

FLORIDA //

Florida is in the midst of a dental access crisis. There are too few dentists to go around, especially in rural areas. Dentists have been stepping up to provide more pro bono services, but there are 24 counties in Florida with a population-to-dentist ratio greater than 3,000 to one

tallahassee.com | 02.11.19



IDAHO //

An Idaho Nursing Workforce Center report and the Idaho Alliance of Leaders in Nursing outlined Idaho's nursing shortage. Seventy-six percent of hospitals in Idaho reported having at least one vacant nursing job for the entirety of last year and 83 percent of hospitals expect the problem to get worse. Rural areas have been hit especially hard. Nearly half of all Idaho's registered nurses practice in or near Boise, the most populated area in the state.

postregister.com | 11.13.18

ILLINOIS //

Rural Health Link in Anna, Illinois in southern Illinois was one of nine community health centers in the state awarded federal funding from HRSA. Rural Health Link is receiving \$2,490,495.

kfvs12.com | 01.30.19

INDIANA //

The Indiana State Department of Health says a new program is aimed at attracting psychiatrists and alcohol and substance use counselors to a region experiencing high numbers of opioid deaths. This program hopes to attract providers to 11 rural eastern counties by helping them pay off their loans.

theindychannel.com | 01.07.19

RUSSIA

In Russia, many people still live in small villages far from the nearest medical clinic. The situation has deteriorated in recent years as the government has been "optimising" medical care, closing thousands of rural hospitals and clinics to save money.

Now one region has taken matters into its own hands. Dozens of pensioners, mostly women, have been training in first-aid and offering emergency care to their neighbours.

www.bbc.com | 02.19.19



FRANCE

France's health system is "no longer one of the best." 59 percent of those surveyed say they believe the situation has worsened, with packed emergency wards and rural parts of the country now described as "medical deserts."

thelocal.fr | 09.28.18



RWANDA

Rwanda's government has made universal health insurance a reality, and a new university equips doctors and nurses with the tools to care for rural patients, even those without electricity or running water.

politico.com | 11.27.19

KANSAS //

The outgoing Governor of Kansas signed the Kansas Telemedicine Act which provides parity for telemedicine. Kansas has a shortage of mental health care providers and a rising demand for services.

gctelegram.com | 01.20.19

KENTUCKY //

Physician assistants (PAs) are leaving rural Kentucky to practice out-of-state because their ability to practice is restricted. Kentucky is the only state where a PA cannot prescribe a controlled substance. HB 93 would allow PAs to prescribe certain controlled substances.

amnews.com | 01.10.19

LOUISIANA //

After an overhaul in Louisiana's Medicaid program, now fewer than 1 in 10 people lack insurance. Before the changes, one in four people in this state did not have access to health care or insurance.

ktbs.com | 12.18.18

MAINE //

Northern Light Health is struggling to hire EMTs and paramedics in rural communities. To help resolve these issues, the company is reimbursing workers for tuition and offering a retirement plan with matching employer retribution.

beckershospitalreview.com | 02.04.19



MARYLAND //

While enrollment in health exchange plans in Maryland in 2018 was up about 2 percent, there were places where policies sold like hotcakes. Rural counties reported jumps as high as 28 percent from last year.

The reason? A “perfect storm” that made some policies sold under the Affordable Care Act the least expensive in the least populated areas.

baltimoresun.com | 12.19.18

MICHIGAN //

Professionals with a lower level of training than a dentist will now be allowed to provide “mid-level” dental care in Michigan. Seventy-eight of Michigan’s 83 counties have at least one dental shortage area.

fox17online.com | 12.27.18

MINNESOTA //

No state has had more hospitals stop delivering babies in the past decade, and yet, Minnesota still has a higher rate of rural hospitals providing obstetrics (OB) per women of childbearing age than almost any other state.

startribune.com | 02.07.19

MISSISSIPPI //

More Mississippians signed up for health insurance in 2018 through the Affordable Care Act’s marketplace than in the previous year. Mississippi is one of just five states that increased total marketplace enrollment over 2017.

mississippitoday.org | 12.28.18

MONTANA //

Montana ranks in the top five states for its rate of suicides. Montana State University Extension agents are bringing a program called Mental Health First Aid to rural counties that will help youth and adults alike identify, understand and respond to signs of mental illnesses.

helenair.com | 02.06.19



NEVADA //

Nevada ranks last in the country when it comes to mental health access and services statewide.

The state legislature is considering a bill that creates a pilot approach in rural Nevada to train law enforcement officers and first responders in crisis intervention training.

mynews4.com | 02.21.19



NEW MEXICO //

In 2018, Pecos Valley Medical Center began offering diabetes education to address a high rate of the disease among residents, and it opened a school-based clinic to ease access to medical care for kids. It also helped bring a nonprofit to town that aims to reduce food deserts by providing low-cost produce and other healthy goods.

santafenewmexican.com | 12.01.18

NORTH CAROLINA //

Southeastern Health and Campbell University are looking to train rural physicians with the hope that they will stay and work locally. One-fourth of the recent graduates remained in the area.

northcarolinahealthnews.org | 11.07.17

OKLAHOMA //

Oklahoma State University has a \$3.9 million plan to fight obesity in two rural counties in eastern Oklahoma, including one county that includes a town with the lowest life expectancy in the United States. The funding will come from a five-year federal grant.

tulsaworld.com | 12.09.1

PENNSYLVANIA //

The Clinical & Translational Science Institute at Penn State has been awarded a \$416,000 grant from the National Center for Advancing Translational Sciences for a pilot program to better understand the issues facing rural communities and address a decline in American life expectancy.

news.psu.edu | 10.12.18

SOUTH CAROLINA //

South Carolina saw approximately 7,400 potentially excess deaths in 2015 among the five leading causes of death, and almost half of these occurred among rural populations.

newsstand.clemson.edu | 01.16.19



TEXAS //

The late-July reopening of the Crockett Medical Center in Crockett, Texas makes it a pleasant surprise in a state that has led the nation in rural hospital closures. Since January 2010, 17 of the 94 shuttered hospitals have been in Texas, including two that closed in December, according to data from the University of North Carolina.

khn.org | 01.07.19

VERMONT //

The statewide rate of uninsured Vermonters is 3 percent, less than half that from just a decade ago (8 percent).

According to the 2018 Vermont Household Health Insurance Survey, nearly all counties in the state have rates of 4 percent or less, comparable to the best-performing states.

caledonianrecord.com | 01.10.19

WASHINGTON //

Plans for the first Rural Health Dental Clinic in Washington were presented to the public by Jefferson Healthcare during a community open house at the hospital.

peninsuladailynews.com | 10.05.18

WISCONSIN //

Twenty of Wisconsin's 72 counties don't have an OB-GYN, according to the AMA. For some women, that means driving more than an hour to reach a hospital, while a few have even given birth in their cars.

fox6now.com | 01.20.19

WYOMING //

Wyoming Medical Center has announced partnerships with two hospitals and conversations with three more to join its Telemed Wyoming network, which uses telemedicine to improve care for stroke patients in rural locations.

mhealthintelligence.com | 11.30.18



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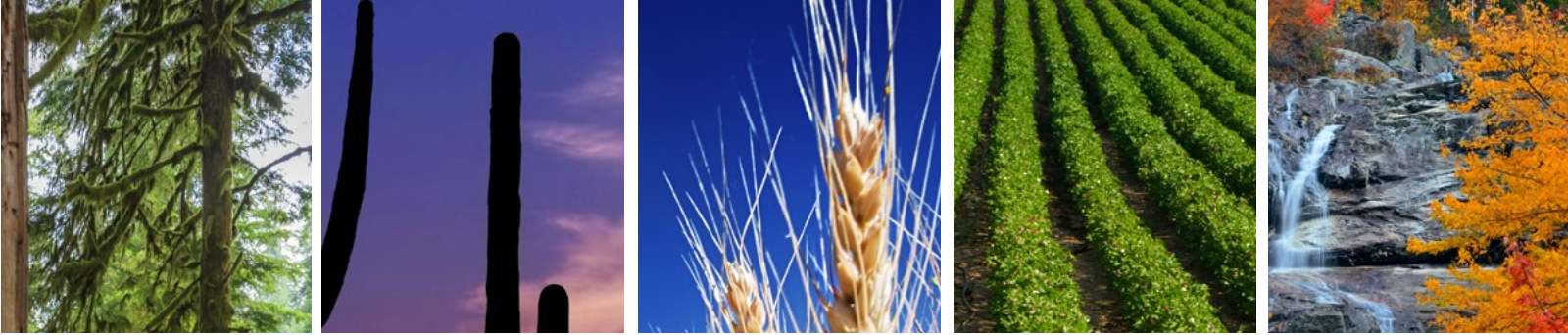
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THE STATE OF RURAL HEALTH IN AMERICA



2018 RURAL HEALTH REPORT CARD

RHQ is pleased to present our second annual U.S. Rural Health Report Card. Last year, we were humbled by the warm reception afforded our first attempt at ranking and grading states by rural health outcomes and access to care. We also learned a great deal from your feedback, and we've attempted to incorporate your suggestions into this year's Report Card.

Each state's individual report card page now includes a complete listing of all the indicators that went into that state's final score, and each also includes a more detailed discussion of "What's Good" and "What Needs Work" in the state. We've also begun to address what was perhaps the most glaring omission in last year's report: Telemedicine access.

Telemedicine plays an increasingly vital role in rural health care nationwide, and adoption of the technology is advancing so rapidly we would be remiss to ignore it. Reliable national telehealth usage data is still hard to come by, however, so we chose to begin where every rural community interested in adopting telehealth solutions must also begin: Broadband access. Going forward, every state will receive a rural broadband access grade that will be factored into that state's

final Access to Care score (see *Methodology*). This Broadband Access grade replaces 2017's Emergency Care Access grade, a measure of access to emergency care physicians that appears to have a weaker correlation to rural health outcomes than many other access measures.

We compiled this report to provide policymakers, practitioners and the public with a snapshot of each state's rural health status relative to other states across the nation. These state report cards underscore ongoing challenges that face many rural communities, but they also highlight health care success stories and improvements made by those who take direct action to reduce rural health disparities. We hope that the information we are providing will be of assistance to all rural health stakeholders in helping to craft effective solutions.

This research was supported by the Texas Tech University Health Sciences Center and the F. Marie Hall Institute for Rural and Community Health. We thank our colleagues who provided insight and expertise that greatly assisted in the creation of the 2018 U.S. Rural Health Report Card, including Billy Philips, Catherine Hudson, Gordon Gong, Debra Curti, Luciano Boas, Miguel Carrasco and Traci Butler Carroll.

METHODOLOGY

When it comes to defining rurality, counties are RHQ's sole unit of measurement. This has the virtue of allowing us to use well-established and reliable data sources. Unfortunately, this means excluding three states and Washington D.C. from our study. While Delaware, New Jersey and Rhode Island each contain small pockets of rurality, these states, like D.C., are largely urbanized, and none contains a single county with a non-metropolitan population.

We combined data from all rural counties in a state, and the rural/urban status of a county is defined according to the 2013 Rural Urban Continuum Codes (RUCC); i.e., the rural area of a state is an aggregate of all rural counties in a state. All counties in the U.S. are sorted as either metropolitan (urban) or non-metropolitan (rural). RUCC forms a classification scheme that distinguishes metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area.

The overall composite scores in the Report Card are calculated using 10 variables divided into three equally weighted categories: Mortality, Quality of Life and Access to Care (see Figure 1).

Mortality includes age-adjusted mortality rates for all

causes of death in all rural counties in a state. Mortality accounts for 1/3 of each state's final composite score. Grades are also assigned to the top-five causes of death in each state's report card for discussion purposes, but we use only the All-Cause Mortality rate (and not the rates of individual causes of death) to determine each state's composite score, rank and grade.

Quality of Life includes the percentage of babies born in rural counties with a low birth weight (2010-2016), the percentage of rural residents who reported having poor general health (2016), the number of poor physical health days reported by rural residents in the past 30 days (2016) and the number of poor mental health days reported by rural residents in the past 30 days (2016). Each state's combined Quality of Life score accounts for 1/3 of that state's final composite score.

Access to Care includes the number of non-federal primary patient care physicians practicing in rural counties in 2015 per 100,000 population, the number of non-federal psychiatrists practicing in rural counties in 2015 per 100,000 population, the number of dentists practicing in rural counties in 2015 per 100,000 population, the percentage of uninsured rural residents under 65 years of age in 2015, and the percentage of rural residents with

TABLE 1: FINAL RURAL HEALTH STATE RANKINGS AND GRADES

STATE	RANK	GRADE	STATE	RANK	GRADE	STATE	RANK	GRADE	STATE	RANK	GRADE
AL	46	F	IN	29	C-	MT	16	B	SC	43	F
AK	23	C+	IA	8	A-	NE	10	A-	SD	14	B
AZ	33	D	KS	22	C+	NV	30	D+	TN	44	F
AR	40	F	KY	42	F	NH	2	A+	TX	36	D-
CA	15	B	LA	45	F	NM	31	D+	UT	26	C
CO	11	B+	ME	13	B+	NY	19	B-	VT	5	A
CT	1	A+	MD	17	B	NC	34	D	VA	32	D+
FL	37	D-	MA	6	A	ND	7	A	WA	12	B+
GA	39	F	MI	24	C	OH	28	C-	WV	38	D-
HI	4	A	MN	3	A+	OK	41	F	WI	9	A-
ID	20	B-	MS	47	F	OR	21	C+	WY	18	B-
IL	27	C-	MO	35	D	PA	25	C			

*DE, NJ, and RI excluded.

access to "high-quality" broadband in 2016. Each state's combined Access to Care score accounts for 1/3 of that state's final composite score.

"High-quality" broadband access, a new metric added to the report cards this year, was defined by Congress in 2018 as the capability that allows users to "originate and receive high-quality voice, data, graphics, and video" services. The FCC retains the existing speed benchmark of 25 Mbps download/3 Mbps upload (25 Mbps/3 Mbps) for "high-quality" fixed services.

A variety of measures and data sources related to U.S. health care were reviewed for this study, but the three categories and ten variables selected appear to offer the most even-handed and accurate picture of the state of rural health across the nation. Other well-known national health rankings, like the County Health Rankings (CHR) model produced by the Robert Wood Johnson Foundation, rely heavily on a more holistic view of population health, but the RHQ U.S. Rural Health Report Card focuses instead on a narrow band of data related specifically to rural health outcomes and access. This choice should not be interpreted as a criticism of other models. Rather, RHQ's approach takes as a given that social and economic factors exert a powerful influence on health. Our report card instead seeks to highlight a limited set of key variables in an attempt to create a clear snapshot of state and regional differences in rural health care delivery.

GRADING SYSTEM

Each state was given a letter grade based on calculations using a Z-score. Grades were put into five traditional American grading categories: A, B, C, D and F. Positive and negative delineations (+ and -) were added to each letter grades except F to indicate the top three and bottom three performers in each quintile.

We used Z-scores to standardize each measure for each state relative to the average of all states where:

$$Z = (\text{state value} - \text{average of all states}) / (\text{standard deviation of all states}).$$

A positive Z-score indicates a value higher than the average of all states; a negative Z-score indicates a value for that state lower than the average of all states. Z scores for provider supplies (primary care physicians, dentists and psychiatrists) are reversed; i.e., a positive value is reversed to a negative one and negative one to a positive value.

For the 47 states included, each grade was based on their overall quintile ranking.

REPORT CARDS

The key findings for each state are summarized in each of the individual state report cards that follow this section.

Each state's final grade and overall rank appear prominently at the top of each page alongside a listing of each state's grades in each of 10 differently weighted rural health measures. Below the final grade for each state, numbers and arrows indicate each state's 2018 State Rural Health Rankings for the three equally weighted categories: Mortality, Quality of Life and Access to Care.

Each report card also includes a state map that delineates rural and urban counties by color (red means rural) along with a brief list of facts about each state's rural population.

Finally, every report card offers a summary of "What's Good," "What Needs Work," and the "Urban-Rural Divide" in state mortality rates. Urban-rural difference in mortality is defined as the result of the z-score of rural counties minus the z-score of urban counties of the same state; the county with the smallest value is ranked the highest.

In Figure 2, all nine U.S. Census regional divisions are numbered and color coded based on their final average rankings. The top third is in green, the middle third is yellow, and the bottom third is red. Further details about divisional rankings (composite scores calculated using all 10 health variables) are detailed in Table 3. The map in Figure 3 color codes each state individually and provides their final 2018 rankings at a glance.

DATA SOURCES & TOOLS

1. United States Department of Agriculture, Rural-Urban Continuum Codes.
2. United States Census Bureau, Census Regions and Divisions of the United States.
3. Centers for Disease Control and Prevention, National Center for Health Statistics.
4. Robert Wood Johnson Foundation, County Health Rankings.
5. Health Resources and Services Administration of U.S. Department of Health and Human Services.
6. United States Census Bureau. American Community Survey, American Factfinder (S2701)
7. Federal Communications Commission, 2018 Broadband Deployment Report
8. SAS Statistical Package 9.4 ■

FIGURE 1 : RURAL HEALTH RANKING SYSTEM - CATEGORIES AND WEIGHTS

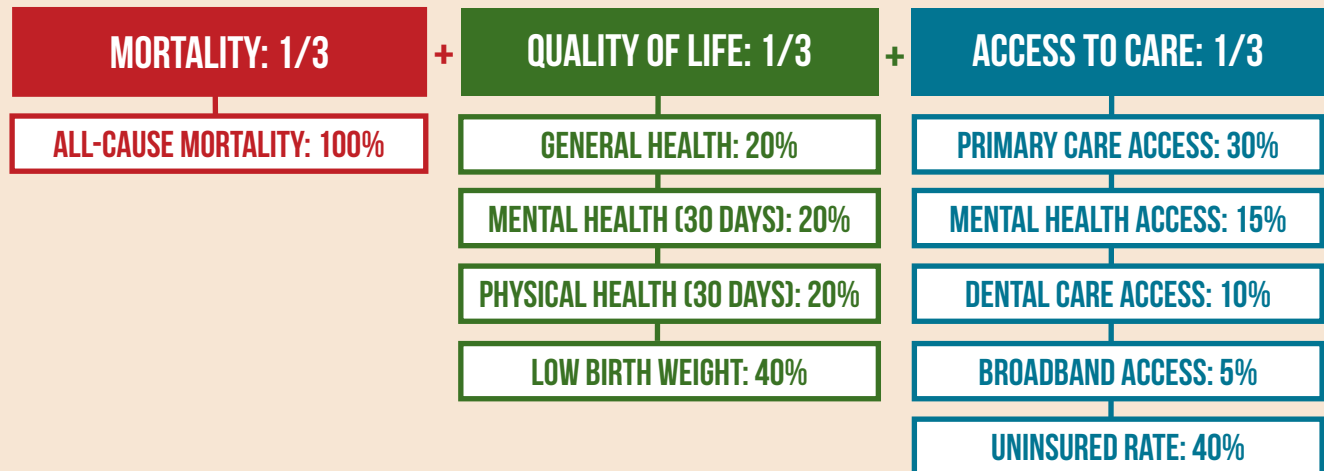


TABLE 2: U.S. RURAL HEALTH RANKINGS BY STATE - ALL CATEGORIES

STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. CONNECTICUT	2	1	6	1	17	14	4	2	1	3
2. NEW HAMPSHIRE	11	3	19	9	16	1	1	3	5	16
3. MINNESOTA	4	4	3	4	2	9	15	21	8	5
4. HAWAII	1	16	10	16	27	7	5	7	7	4
5. VERMONT	15	2	25	10	11	3	2	13	10	2
6. MASSACHUSETTS	6	5	34	15	3	5	6	5	11	1
7. NORTH DAKOTA	7	8	1	2	10	32	21	14	4	18
8. IOWA	14	6	5	3	9	20	22	23	6	7
9. WISCONSIN	10	9	11	12	4	11	18	19	34	9
10. NEBRASKA	9	11	4	5	8	15	37	11	23	21
11. COLORADO	3	12	12	8	36	6	19	10	27	26
12. WASHINGTON	5	18	20	29	5	25	35	16	2	19
13. MAINE	22	14	22	17	18	2	7	22	14	22
14. SOUTH DAKOTA	18	10	2	7	7	17	16	18	12	29
15. CALIFORNIA	19	22	21	20	6	12	8	4	39	17
16. MONTANA	13	15	8	14	21	8	10	6	35	38
17. MARYLAND	16	19	23	13	34	19	3	17	3	15
18. WYOMING	8	13	9	11	32	13	11	8	28	33
19. NEW YORK	17	24	24	27	19	27	9	28	9	8
20. IDAHO	12	26	18	21	12	16	26	15	21	39
21. OREGON	21	25	37	26	13	10	28	9	16	20
22. KANSAS	26	23	7	6	14	21	41	24	20	24

STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
23. ALASKA	23	30	14	30	1	4	12	1	46	46
24. MICHIGAN	24	21	30	31	15	22	17	20	32	12
25. PENNSYLVANIA	25	17	29	19	20	28	14	29	19	13
26. UTAH	20	7	13	18	28	24	43	12	18	36
27. ILLINOIS	28	20	15	24	23	39	39	3	25	6
28. OHIO	35	29	26	28	22	36	30	36	17	14
29. INDIANA	33	28	27	22	24	44	31	35	33	25
30. NEVADA	29	27	32	33	30	45	47	30	24	30
31. NEW MEXICO	30	39	39	31	38	23	13	32	43	32
32. VIRGINIA	37	31	17	23	40	35	25	38	29	27
33. ARIZONA	27	47	43	47	25	37	46	27	47	41
34. NORTH CAROLINA	34	34	33	36	32	31	20	34	13	37
35. MISSOURI	36	33	32	39	41	29	33	40	44	35
36. TEXAS	31	36	16	25	31	46	40	43	31	47
37. FLORIDA	32	41	35	40	35	47	34	46	37	45
38. WEST VIRGINIA	41	44	47	46	41	18	29	31	22	11
39. GEORGIA	38	35	28	35	43	33	23	42	30	43
40. ARKANSAS	40	45	46	43	38	30	44	39	42	23
41. OKLAHOMA	42	34	42	39	26	40	36	26	40	44
42. KENTUCKY	47	41	42	40	45	26	24	25	26	10
43. SOUTH CAROLINA	39	38	41	37	46	34	38	44	36	34
44. TENNESSEE	44	37	45	44	37	42	32	41	15	28
45. LOUISIANA	43	40	38	36	45	41	45	45	45	40
46. ALABAMA	45	46	44	42	44	43	42	47	38	31
47. MISSISSIPPI	46	43	33	34	47	38	27	37	41	42

TABLE 3: U.S. RURAL HEALTH RANKINGS BY U.S. CENSUS REGIONAL DIVISION - ALL CATEGORIES

CENSUS DIVISION	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. NEW ENGLAND	2	1	4	1	3	1	1	2	1	2
2. PACIFIC	1	4	5	5	1	2	3	1	4	5
3. WEST NORTH CENTRAL	4	2	1	2	2	4	6	4	3	4
4. MID-ATLANTIC	5	3	6	3	5	6	2	6	2	1
5. MOUNTAIN	3	6	2	6	6	3	4	3	8	7
6. EAST NORTH CENTRAL	6	5	3	4	4	5	7	5	6	3
7. SOUTH ATLANTIC	7	7	8	7	8	7	5	8	5	8
8. WEST SOUTH CENTRAL	8	8	7	8	7	9	9	9	9	9
9. EAST SOUTH CENTRAL	9	9	9	9	9	8	8	7	7	6

FIGURE 2: U.S. CENSUS REGIONAL DIVISIONS (RANKED AVERAGES)

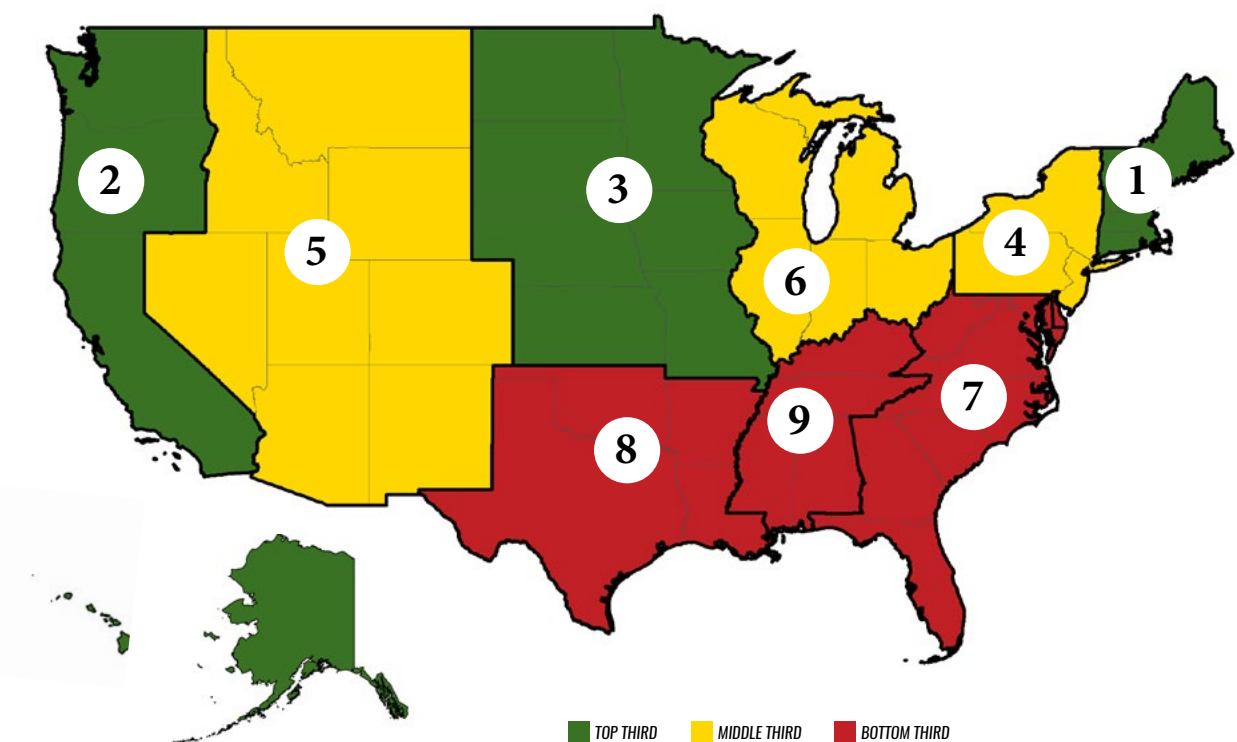
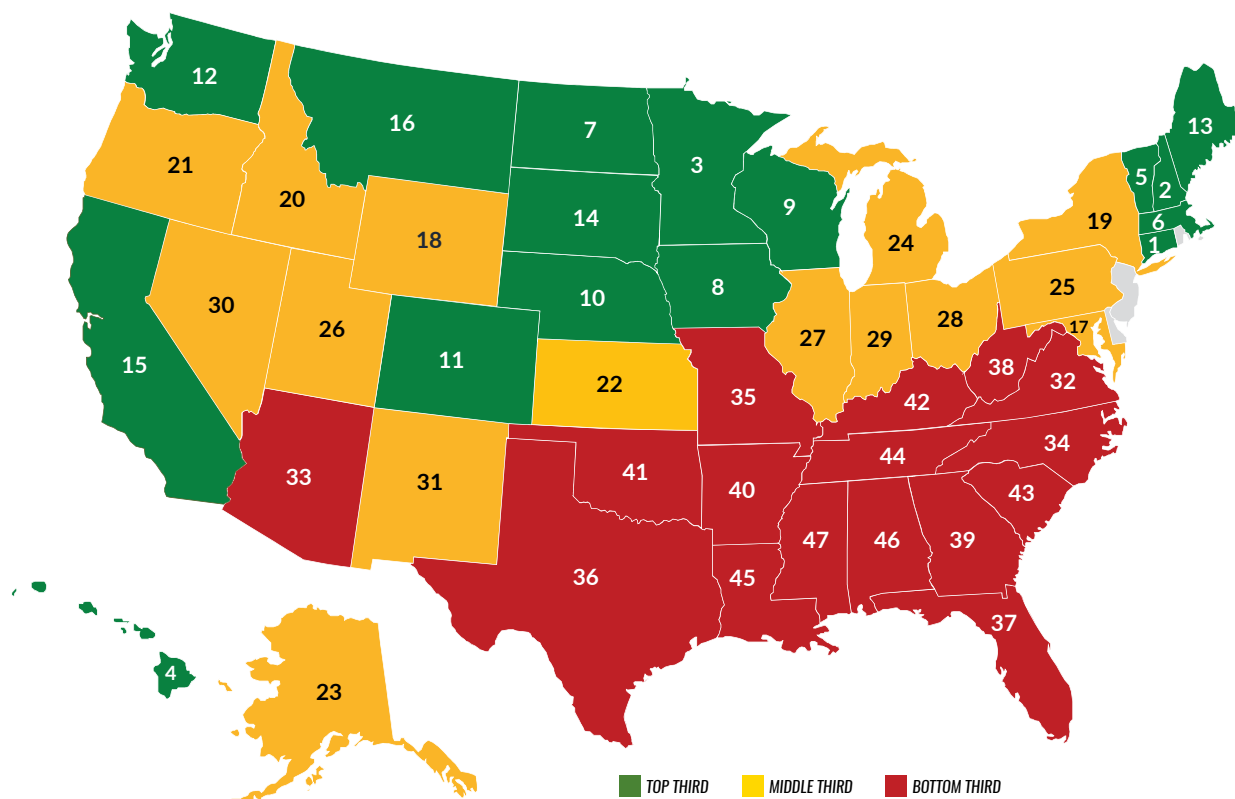


FIGURE 3: FINAL STATE RANKINGS





ALABAMA

All-Cause Mortality	F	Primary Care Access	F
General Health	F	Mental Health Access	F
Mental Health (30 Days)	F	Dental Care Access	F
Physical Health (30 Days)	F	Broadband Access	D-
Low Birth Weight	F	Uninsured Rate	D+

ALABAMA has a population of 4.9 million people, and 23.7 percent live in one of the state's 38 rural counties.

68.9 percent of Alabama's rural population identifies as Non-Hispanic White, while 72.1 percent of the statewide is White. 24.1 percent is Black/African-American, 4.3 percent is Hispanic/Latino, 0.7 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Alabama is 23 percent, compared with 17.1 percent in urban areas.

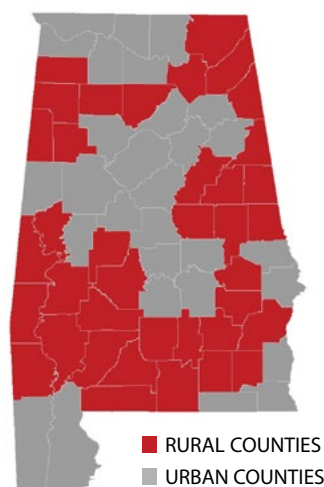
WHAT'S GOOD

While Alabama lost ground in many report card categories in 2018, the Yellowhammer State saw modest improvement in its Mental Health Access ranking, moving up from 44th in the nation (F) to 42nd (F).

WHAT NEEDS WORK

Alabama dropped one final ranking position in 2018 from 45th out of 47 states to 46th, or next to last in the nation for overall rural health.

In 2018, Alabama saw a precipitous drop in its ranking for Accidental Death in rural counties, from 22nd (C+) in 2017 to 33rd (D).



Alabama also saw a significant drop in its national ranking for rural Cancer Mortality — from 34th (D) in 2017 to 38th (D-). The state's General Health ranking also declined from 43rd (F) to 46th (F), and the ranking for the states Uninsured Rate fell from 29th (C-) to 31st (D+).

URBAN-RURAL DIVIDE

Alabama ranks 24th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Alabama is 8.6 percent higher than the rate in urban counties. ■



ALABAMA ranks 46th in the nation for rural health out of 47 states with rural counties.

Alabama is one of nine states to receive a failing grade of "F" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot nationally to 45th (44th in 2017)



Quality of Life:

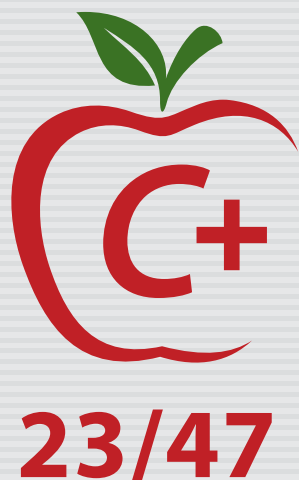
No change in national ranking of 44th for 2018

44

Access to Care:

No change in national ranking of 40th for 2018

40



ALASKA ranks 23rd in the nation for rural health out of 47 states with rural counties.

Alaska is one of three states to receive a grade of “C+” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Down one spot nationally to 23rd (22nd in 2017)

Quality of Life:
Down two spots nationally to 11th (9th in 2017)

Access to Care:
Down three spots nationally to 28th (25th in 2017)

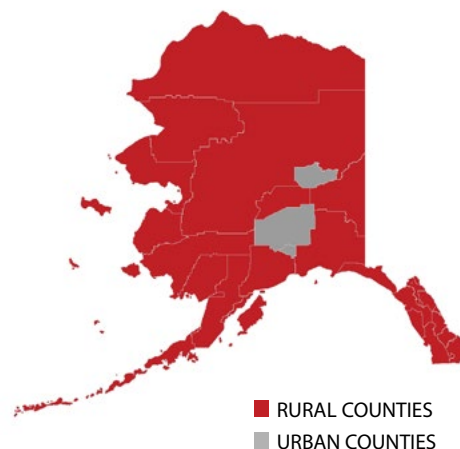
ALASKA

All-Cause Mortality	C+	Primary Care Access	A
General Health	D+	Mental Health Access	B+
Mental Health (30 Days)	B	Dental Care Access	A+
Physical Health (30 Days)	D+	Broadband Access	F
Low Birth Weight	A+	Uninsured Rate	F

A LASKA has an estimated population of 742,000 people, and 32.2 percent live in one of Alaska’s 26 rural counties.

68.9 percent of the state’s rural population is Non-Hispanic White, 0.9 percent is Black/African-American, 4.5 percent is Hispanic/Latino, 5.4 percent Asian and 26.9 percent American Indian/Alaska Native.

The poverty rate in rural Alaska is 23 percent, compared with 7.7 percent in urban areas of the state.



WHAT’S GOOD

The Last Frontier State saw substantial improvement in its 2018 Cancer Mortality ranking for rural counties — 17th (B) in 2018, up from 28th (C-) in 2017 — and modest improvement in its Heart Disease Mortality ranking, up from 25th (C) in 2017 to 21st (C+) in 2018.

WHAT NEEDS WORK

Alaska saw declines in all of its major report card category rankings in 2018 — Mortality, Quality of Life, and Access to Care — and the state dropped one final ranking position in 2018 from 22nd out of 47 states to 23rd.

Alaska also saw a substantial drop in its national ranking for rural CLRD Mortality — from 7th (A) in 2017 to 19th (B-) in 2018. The state’s rankings also declined in General Health (-8), Mental Health (30 Days) (-4) and Physical Health (30 Days) (-6). Rural Broadband Access is among the worst in the nation at 46th (F), along with the rural Uninsured Rate (46, F).

URBAN-RURAL DIVIDE

Alaska ranks 22nd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Alaska is nine percent higher than the rate in urban counties. ■



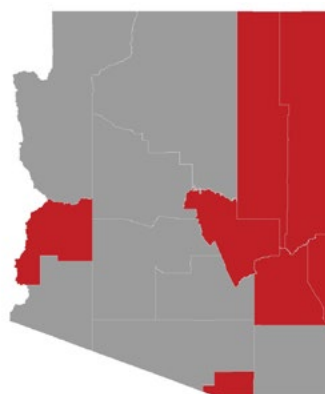
ARIZONA

All-Cause Mortality	C-	Primary Care Access	D-
General Health	F	Mental Health Access	F
Mental Health (30 Days)	F	Dental Care Access	C-
Physical Health (30 Days)	F	Broadband Access	F
Low Birth Weight	C	Uninsured Rate	F

ARIZONA has a population of 6.9 million people, and 5 percent live in one of Arizona's 7 rural counties.

39.4 percent of the state's rural population is Non-Hispanic White, 0.7 percent is Black/African-American, 25 percent is Hispanic/Latino, 0.6 percent is Asian and 32.8 percent is American Indian/Alaska Native.

The poverty rate in rural Arizona is 26.2 percent, compared with 15.8 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Grand Canyon State saw modest improvement in its 2018 Heart Disease Mortality ranking for rural counties — 9th (A-) in 2018, up from 12th (B+) in 2017 — and in its Cancer Mortality ranking, up from 4th (A) in 2017 to 1st (A+) in 2018, the best in the nation.

WHAT NEEDS WORK

Arizona saw no change in its final report card grade from 2017 to 2018 (D), but it did lose ground along several key indicators.

Arizona's All-Cause Mortality rank fell 4 points to 27th in the nation in 2018. For the second

year in a row, Arizona ranked last in the nation for its rural Accident Mortality rate (47th, F). The state also came in last place for rural Broadband Access (47th, F).

The state's Dental Care Access ranking saw a substantial drop as well, from 17th (B) in 2017 to 27th (C-) in 2018.

URBAN-RURAL DIVIDE

Arizona ranks 44th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Arizona is 21 percent higher than the rate in urban counties. ■



ARIZONA ranks 33rd in the nation for rural health out of 47 states with rural counties.

Arizona is one of three states to receive a grade of "D" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down four spots nationally to 27th (23rd in 2017)



Quality of Life:

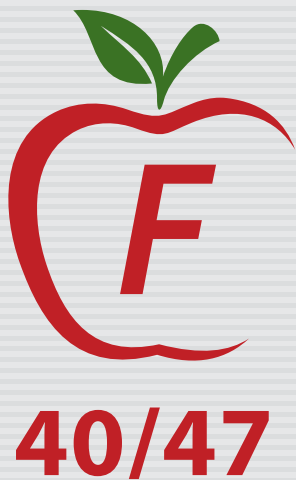
No change in national ranking of 39th for 2018

39

Access to Care

Down one spot nationally to 42nd (41st in 2017)





ARKANSAS

All-Cause Mortality	F	Primary Care Access	D+
General Health	F	Mental Health Access	F
Mental Health (30 Days)	F	Dental Care Access	F
Physical Health (30 Days)	F	Broadband Access	F
Low Birth Weight	D-	Uninsured Rate	C+

ARKANSAS ranks 40th in the nation for rural health out of 47 states with rural counties.

Arkansas is one of nine states to receive a failing grade of “F” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

40 **Mortality:**
No change in national ranking of 40th for 2018

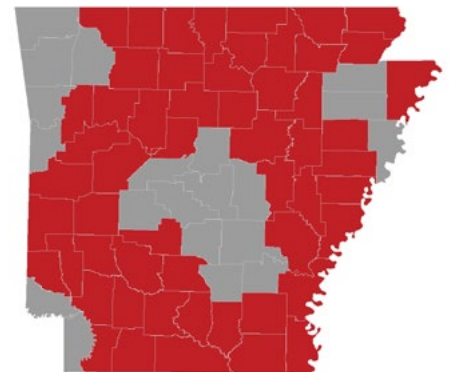
42 **Quality of Life:**
Down two spots nationally to 42nd (40th in 2017)

32 **Access to Care:**
Up five spots nationally to 32nd (37th in 2017)

A **ARKANSAS** has a population of 3 million people, and 38 percent live in one of Arkansas’s 55 rural counties.

78 percent of the state’s rural population is Non-Hispanic White, 14.4 percent is Black/ African-American and 5 percent is Hispanic/ Latino, 0.4 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Arkansas is 18.9 percent, compared with 16.2 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Natural State saw improvement in its 2018 Access to Care ranking for rural counties, up five points to 32nd (D+), due largely to improvements in the state’s rural Uninsured Rate — 23rd (C+) in 2018, up from 31st (D+) in 2017.

WHAT NEEDS WORK

Arkansas slipped slightly in a number of other categories in 2018 and dropped two final spots for the year from 38th (D-) in 2017 to 40th (F).

In addition to earning a failing grade in all

but one Quality of Life measure (a D- for Low Birth Weight), Arkansas dropped seven spots in the national ranking for self-reported Mental Health (46, F).

Arkansas also dropped two positions year-over-year for both Cancer Mortality (45, F) and Stroke Mortality (40, F).

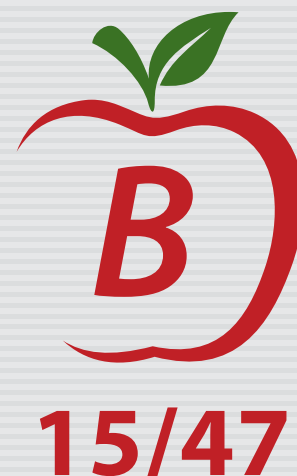
URBAN-RURAL DIVIDE

Arkansas ranks 24th out of 47 states for urban/ rural difference in mortality. The age-adjusted mortality rate in rural Arkansas is 9 percent higher than the rate in urban counties. ■



CALIFORNIA

All-Cause Mortality	B-	Primary Care Access	B+
General Health	C+	Mental Health Access	A-
Mental Health (30 Days)	C+	Dental Care Access	A
Physical Health (30 Days)	B-	Broadband Access	F
Low Birth Weight	A	Uninsured Rate	B



CALIFORNIA has a population of 39 million people, and 2.1 percent live in one of California's 21 rural counties.

73.9 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 16.8 percent is Hispanic/Latino and 1.7 percent is Asian, 2.8 percent is American Indian/Alaska Native.

The poverty rate in rural California is 17.1 percent, compared with 14.3 percent in urban areas of the state.

WHAT'S GOOD

The Golden State saw no change in its final report card grade from 2017 to 2018 (B), but it did see significant improvements for several key indicators. California improved its rural Mortality rates for three of the leading causes of death in the U.S. — Heart Disease (+4, B), CLRD (+8, C-), and Stroke (+9, C) — and the state also saw improvements in its rural Uninsured Rate rank — 17th (B) in 2018, up from 28th (C-) in 2017.

California also saw impressive improvements in self-reported Mental Health (+7, C+) and self-reported Physical Health (+9, B-) in rural counties.



WHAT NEEDS WORK

California saw a modest decline in its rankings for rural Cancer Mortality (-3, B) and Accident Mortality (-3, D-) in 2018. Remarkably, California is also among those states with the poorest rural Broadband Access in the nation at 39th (F).

URBAN-RURAL DIVIDE

California ranks 45th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural California is 25 percent higher than the rate in urban counties. ■

CALIFORNIA ranks 15th in the nation for rural health out of 47 states with rural counties.

California is one of four states to receive a grade of "B" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

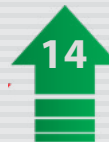
Mortality:

Down three spots nationally to 19th (16th in 2017)



Quality of Life:

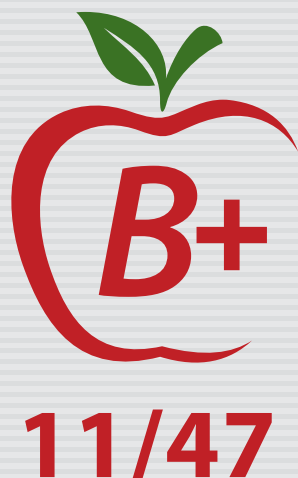
Up three spots nationally to 14th (17th in 2017)



Access to Care

Up one spot nationally to 10th (11th in 2017)





COLORADO ranks 11th in the nation for rural health out of 47 states with rural counties.

Colorado is one of three states to receive a grade of “B+” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

3 **Mortality:**
No change in national ranking of 3rd for 2018

23 **Quality of Life:**
Up two spots nationally to 23rd (25th in 2017)

14 **Access to Care:**
Up three spots nationally to 14th (17th in 2017)

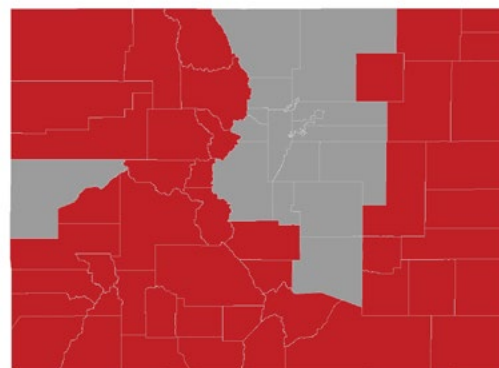
COLORADO

All-Cause Mortality	A+	Primary Care Access	A
General Health	B+	Mental Health Access	B-
Mental Health (30 Days)	B+	Dental Care Access	A-
Physical Health (30 Days)	A-	Broadband Access	C-
Low Birth Weight	D-	Uninsured Rate	C

COLORADO has a population of 5.5 million people, and 12.7 percent live in one of Colorado’s 47 rural counties.

73.6 percent of the state’s rural population is Non-Hispanic White, 1.3 percent is Black/African-American, 21.4 percent is Hispanic/Latino and 1.4 percent is American Indian/Alaska Native and 0.7 percent is Asian.

The poverty rate in rural Colorado is 13.6 percent, compared with 10.7 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Centennial State saw no change in its final report card grade from 2017 to 2018 (B+), but it did see significant improvements in a couple of key indicators. In 2018, Colorado improved its rural mortality rank for CLRD (+10, B-), and the state also saw a sharp decline in its rural Uninsured Rate — ranked 26th (C) in 2018, up from 39th (F) in 2017. Colorado ranks second in the nation for both Heart Disease Mortality and Cancer Mortality in rural counties.

WHAT NEEDS WORK

Colorado lost considerable ground in 2018 in its ranking for rural Accident Mortality (-13, C-),

and the state slipped a bit in its stellar rural ranking for rural Stroke Mortality (-4, A-).

Low Birth Weight continues to be cause for concern in rural Colorado (36th, D-), and self-reported Mental Health (-4, B+) declined slightly in 2018 alongside the state’s rural Mental Health Access ranking (-2, B-).

URBAN-RURAL DIVIDE

Colorado ranks 3rd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Connecticut is one percent lower than the rate in urban counties. ■



CONNECTICUT

All-Cause Mortality	A+	Primary Care Access	B
General Health	A+	Mental Health Access	A
Mental Health (30 Days)	A	Dental Care Access	A+
Physical Health (30 Days)	A+	Broadband Access	A+
Low Birth Weight	B	Uninsured Rate	A+

CONNECTICUT has a population of 3.5 million people, and 5.1 percent live in Connecticut's one rural county.

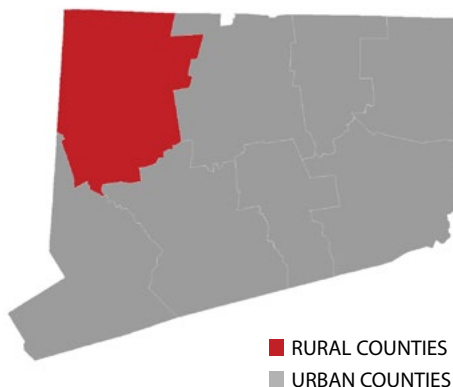
90.2 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 5.2 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 1.8 percent is Asian.

The poverty rate in rural Connecticut is 6.8 percent, compared with 9.9 percent in urban areas of the state.

WHAT'S GOOD

The Constitution State saw no change in its final report card grade from 2017 (A+), but climbed to 1st place in the national rankings from 3rd place in 2017, passing New Hampshire and Vermont to claim the top spot. The state's overall ranking for Quality of Life measures jumped six spots year over year to finish second in nation.

Connecticut did see marked improvement in its ranking for self-reported Mental Health in 2018 (+10, A) and in its ranking for Accident Mortality (up 17 points from 2017 to 10th place overall (A). Connecticut also leads the nation in its rural health rankings for



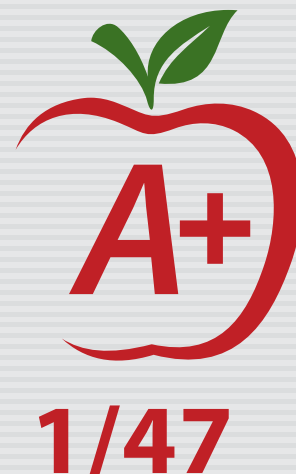
General Health (A+), Stroke Mortality (A+) and Broadband Access (A+).

WHAT NEEDS WORK

Connecticut faded in its 2018 ranking for rural Heart Disease Mortality (-3, A-) and for rural Cancer Mortality (-3, A-).

URBAN-RURAL DIVIDE

Connecticut ranks 8th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Connecticut is one percent higher than the rate in urban counties. ■



CONNECTICUT ranks 1st in the nation for rural health out of 47 states with rural counties.

Connecticut is one of three states to receive a grade of "A+" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 2nd for 2018

2

Quality of Life:

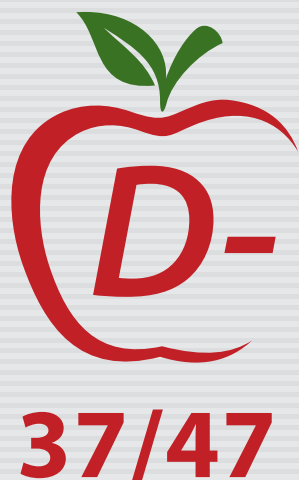
Up six spots nationally to 2nd (8th in 2017)

2

Access to Care

No change in national ranking of 4th for 2018

4



FLORIDA ranks 37th in the nation for rural health out of 47 states with rural counties.

Florida is one of three states to receive a grade of "D-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Up two spots nationally to 32nd (34th in 2017)

Quality of Life:
Down three spots nationally to 37th (34th in 2017)

Access to Care:
No change in national ranking of 46th for 2018

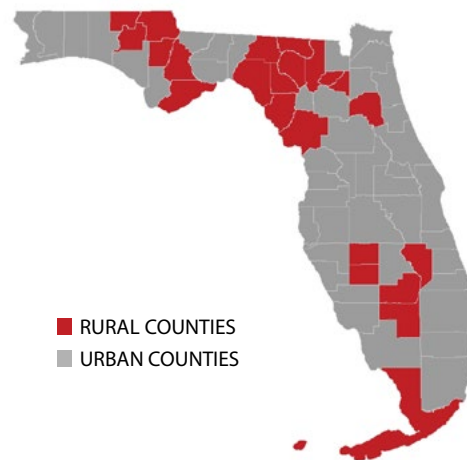
FLORIDA

All-Cause Mortality	D+	Primary Care Access	F
General Health	F	Mental Health Access	D
Mental Health (30 Days)	D	Dental Care Access	F
Physical Health (30 Days)	F	Broadband Access	D-
Low Birth Weight	D	Uninsured Rate	F

F **LORIDA** has a population of 20.6 million people, and 3.4 percent live in one of Florida's 23 rural counties.

67.9 percent of the state's rural population is Non-Hispanic White, 15 percent is Black/African-American and 14.3 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Florida is 23 percent, compared with 17.1 percent in urban areas of the state.



WHAT'S GOOD

The Sunshine State saw a slight improvement in its 2018 Mortality ranking for rural counties, up two points to 32nd (D+), as well as a strong jump in its ranking for rural Stroke Mortality (+8, B-).

WHAT NEEDS WORK

For the second consecutive year, Florida ranks last in the nation for Primary Care Access in rural counties. Rural Dental Care Access also declined considerably (-5 points) to 46th overall (F) in 2018.

Florida also lost ground in the rankings for

General Health in rural counties (-9, F) and self-reported Physical Health (-8, F). The state's rank for Low Birth Weight also slipped in 2018 (-2, D).

Florida's rural Uninsured Rate (45, F) remains among the highest in the country.

URBAN-RURAL DIVIDE

Florida ranks 46th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Florida is 29 percent higher than the rate in urban counties. ■

GEORGIA

All-Cause Mortality	D-	Primary Care Access	D
General Health	D	Mental Health Access	C+
Mental Health (30 Days)	C-	Dental Care Access	F
Physical Health (30 Days)	D	Broadband Access	D+
Low Birth Weight	F	Uninsured Rate	F

G EORGIA has a population of 10 million people, and 17.2 percent live in one of Georgia's 85 rural counties.

65.5 percent of the state's rural population is Non-Hispanic White, 25.8 percent is Black/African-American, 6.4 percent is Hispanic/Latin, 0.2 percent is American Indian/Alaska Native and 0.8 percent is Asian.

The poverty rate in rural Georgia is 22.1 percent, compared with 14.7 percent in urban areas of the state.

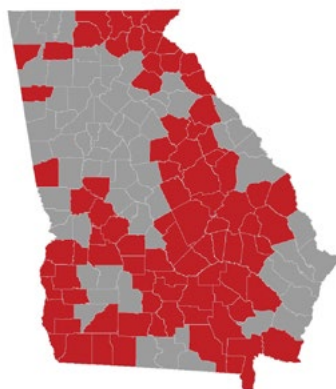
WHAT'S GOOD

The Peach State saw modest improvement in its 2018 Cancer Mortality ranking for rural counties — 34th (D) in 2018, up from 37th (D-) in 2017 — and in its ranking for Dental Care Access, up from 45th (F) in 2017 to 42nd (F) in 2018.

Self-reported Mental Health also improved year over year (+5, C-).

WHAT NEEDS WORK

Georgia saw little change in its national ranking overall in 2018, but most of the modest changes resulted in small declines in rank.



■ RURAL COUNTIES
■ URBAN COUNTIES

Heart Disease Mortality dropped to 39th (F) from 37th (D-) in 2017. Self-reported Physical Health dropped one spot to 35th (D).

Georgia also has one of the highest mortality rates in the country for Stroke (43rd, F) and is near the bottom for Low Birth Weight as well (43rd, F).

URBAN-RURAL DIVIDE

Georgia ranks 42nd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Georgia is 19 percent higher than the rate in urban counties. ■



GEORGIA ranks 39th in the nation for rural health out of 47 states with rural counties.

Georgia is one of nine states to receive a failing grade of "F" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 38th for 2018

38

Quality of Life:

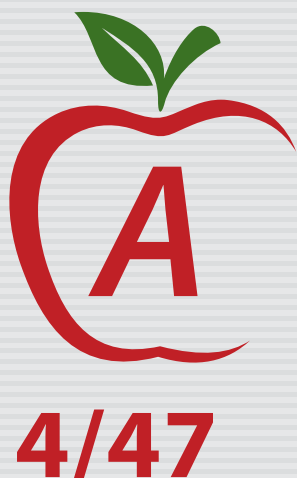
No change in national ranking of 38th for 2018

38

Access to Care

Up one spot nationally to 43rd (44th in 2017)





HAWAII ranks 4th in the nation for rural health out of 47 states with rural counties.

Hawaii is one of four states to receive a grade of “A” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

1

Mortality:

No change in national ranking of 1st for 2018



Quality of Life:

Down six spots nationally to 17th (11th in 2017)

5

Access to Care:

No change in national ranking of 5th for 2018

HAWAII

All-Cause Mortality	A+	Primary Care Access	A
General Health	B	Mental Health Access	A
Mental Health (30 Days)	A-	Dental Care Access	A
Physical Health (30 Days)	B	Broadband Access	A
Low Birth Weight	C-	Uninsured Rate	A

HAWAII has a population of 1.5 million people, and 18.9 percent live in one of Hawaii’s 2 rural counties.

30.6 percent of the state’s rural population is Non-Hispanic White, 0.6 percent is Black/African-American, 11.8 percent is Hispanic/Latino, 24.7 percent is Asian and 10.5 percent is Native Hawaiian and Other Pacific Islander.

The poverty rate in rural Hawaii is 12.9 percent, compared with 8.5 percent in urban areas of the state.

WHAT’S GOOD

The Aloha State saw no change in its final report card grade from 2017 (4th, A), but Hawaii’s ranking for rural Stroke Mortality climbed an impressive 20 points to move from 42nd (F) to 22nd (C+).

Hawaii’s All-Cause Mortality ranking for rural Counties leads the nation (1st). Hawaii also leads for rural CLRD Mortality (1st) and for Accident Mortality (1st). The state also performs well for rural Heart Disease Mortality (4th, A) and rural Cancer Mortality (5th, A).

Hawaii also earns straight A’s for all Access to Care measures in rural counties.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT NEEDS WORK

Hawaii slipped a bit in its 2018 rankings for Quality of Life measures. The state saw rural rankings decline for General Health (-3, B), self-reported Mental Health (-5, A-), and self-reported Physical Health (-10, B).

URBAN-RURAL DIVIDE

Hawaii ranks 30th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Hawaii is 12 percent higher than the rate in urban counties. ■



IDAHO

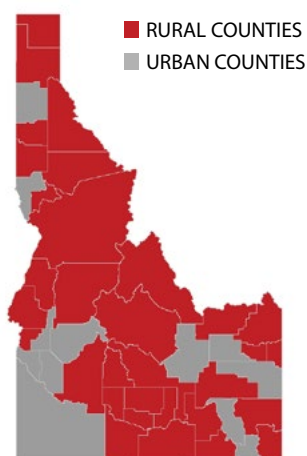
All-Cause Mortality	B+	Primary Care Access	B
General Health	C	Mental Health Access	C
Mental Health (30 Days)	B-	Dental Care Access	B
Physical Health (30 Days)	C+	Broadband Access	C+
Low Birth Weight	B+	Uninsured Rate	F



IDAHO has a population of 1.7 million people, and 33.1 percent live in one of Idaho's 33 rural counties.

81.8 percent of the state's rural population is Non-Hispanic White, 0.4 percent is Black/African-American, 13.8 percent is Hispanic/Latino, 1.3 percent is American Indian/Alaska Native and 0.9 percent is Asian.

The poverty rate in rural Idaho is 16.5 percent, compared with 13.3 percent in urban areas of the state.



WHAT'S GOOD

The Gem State improved in all major report card category rankings in 2018 — Mortality, Quality of Life, and Access to Care — and Idaho saw significant improvement in its ranking for Heart Disease Mortality (+9, A) and self-reported Physical Health (+4, C+).

The state also improved marginally in its rankings for Primary Care Access (+2, B-) and Mental Health Access (+2, C).

WHAT NEEDS WORK

Idaho lost ground in 2018 in its rankings for rural Accident Mortality (-8, C) and rural Stroke

Mortality (-7, C). Self-reported Mental Health rank also slipped in rural counties (-4, B-)

Idaho received a failing grade for its rural Uninsured Rate in 2018, falling to 39th in the nation.

URBAN-RURAL DIVIDE

Idaho ranks 7th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Idaho is one percent higher than the rate in urban counties. ■

IDAHO ranks 20th in the nation for rural health out of 47 states with rural counties.

Idaho is one of three states to receive a grade of "B-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

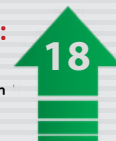
Mortality:

Up one spot nationally to 12th (13th in 2017)



Quality of Life:

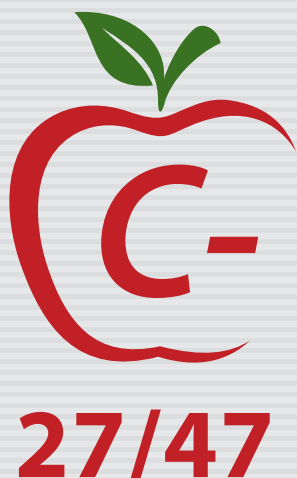
Up one spot nationally to 18th (19th in 2017)



Access to Care

Up one spot nationally to 29th (30th in 2017)





ILLINOIS ranks 27th in the nation for rural health out of 47 states with rural counties.

Illinois is one of three states to receive a grade of "C-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up two spots nationally to 28th (30th in 2017)

22

Quality of Life:
No change in national ranking of 22nd for 2018



Access to Care:
Up one spot nationally to 21st (22nd in 2017)

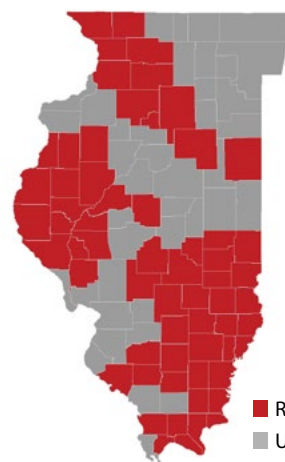
ILLINOIS

All-Cause Mortality	C-	Primary Care Access	F
General Health	B-	Mental Health Access	F
Mental Health (30 Days)	B	Dental Care Access	D
Physical Health (30 Days)	C	Broadband Access	C
Low Birth Weight	C+	Uninsured Rate	A

ILLINOIS has a population of 12.8 million people, and 11.5 percent live in one of Illinois's 62 rural counties.

90.1 percent of the state's rural population is Non-Hispanic White, 3.8 percent is Black/African-American, 4 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Illinois is 14.5 percent, compared with 12.8 percent in urban areas of the state.



WHAT'S GOOD

The Prairie State saw real improvement in its 2018 Heart Disease Mortality ranking for rural counties — 27th (C-) in 2018, up from 30th (C-) in 2017 — and in its All-Cause Mortality ranking (+2, C-).

Illinois's rural Mental Health Access ranking also improved (+3, F) alongside the state's self-reported Mental Health in rural counties (+5, B).

Illinois also improved its already impressive ranking for rural Uninsured rate, moving from 9th (A-) in the nation in 2017 to 6th (A) in 2018.

WHAT NEEDS WORK

Illinois saw a drop in its national ranking for rural Stroke Mortality in 2018 —from 25th (C) in 2017 to 32nd (D+). The state's self-reported Physical Health ranking declined as well (-4, C). The state earned failing grades for rural access to both Primary and Mental Health Care.

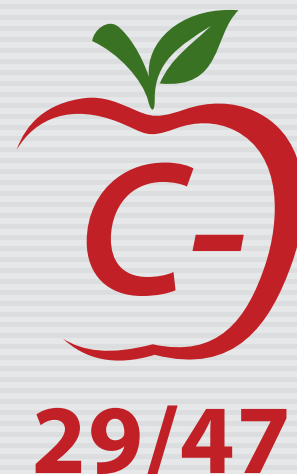
URBAN-RURAL DIVIDE

Illinois ranks 35th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Illinois is 15 percent higher than the rate in urban counties. ■



INDIANA

All-Cause Mortality	D	Primary Care Access	F
General Health	C-	Mental Health Access	D+
Mental Health (30 Days)	C-	Dental Care Access	D
Physical Health (30 Days)	C+	Broadband Access	D
Low Birth Weight	C	Uninsured Rate	C



INDIANA ranks 29th in the nation for rural health out of 47 states with rural counties.

Indiana is one of three states to receive a grade of “C-” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 33rd for 2018

33

Quality of Life:

Down one spot nationally to 27th (26th in 2017)

27

Access to Care

No change in national ranking of 34th for 2018

34

INDIANA has a population of 6.6 million people, and 22.1 percent live in one of Indiana’s 48 rural counties.

92.5 percent of the state’s rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 4.1 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Indiana is 13.4 percent, compared with 14.3 percent in urban areas of the state.

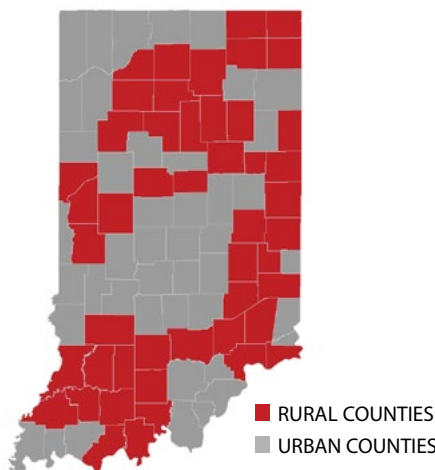
WHAT’S GOOD

The Hoosier State improved in its 2018 rankings for self-reported Physical Health (+4, C+) and self-reported Mental Health (+3, C-) in rural counties.

The state also improved in its rural CLRD Mortality ranking (+3, D-).

WHAT NEEDS WORK

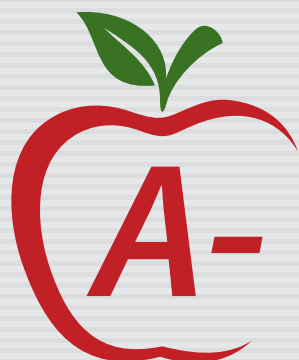
Indiana continues to be among the lowest ranked states in the nation for rural access to Primary Care, placing 44th (F) in both 2017 and 2018, and the state’s national ranking for rural Uninsured Rates actually fell in 2018 (25th, C).



Indiana also dropped in the rankings for rural Cancer Mortality (-2, D), rural Heart Disease Mortality (-4, D+) and for rural Stroke Mortality (-5, D-). The state’s ranking for Mental Health Access in rural counties also fell in 2018 (-5, D+).

URBAN-RURAL DIVIDE

Indiana ranks 13th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Illinois is three percent higher than the rate in urban counties. ■



8/47

IOWA ranks 8th in the nation for rural health out of 47 states with rural counties.

Iowa is one of four states to receive a grade of "A-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up one spot nationally to 14th (15th in 2017)

5

Quality of Life:
No change in national ranking of 5th for 2018



Access to Care:
Down one spot nationally to 11th (10th in 2017)

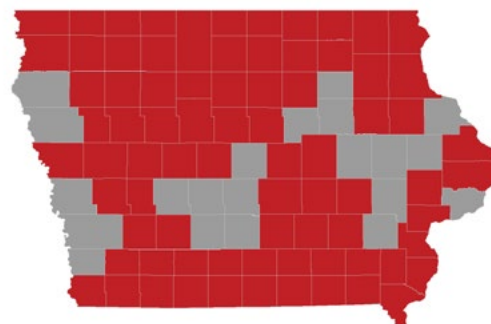
IOWA

All-Cause Mortality	B	Primary Care Access	B-
General Health	A	Mental Health Access	C+
Mental Health (30 Days)	A	Dental Care Access	C+
Physical Health (30 Days)	A+	Broadband Access	A
Low Birth Weight	A-	Uninsured Rate	A

IOWA has a population of 3.1 million people and 40.7 percent live in one of Iowa's 78 rural counties.

91.1 percent of the state's rural population is Non-Hispanic White, 1.3 percent is Black/African-American, 5.1 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.9 percent is Asian.

The poverty rate in rural Iowa is 23 percent, compared with 17.1 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Hawkeye State ranks among the top states in the nation for General Health (6th, A), self-reported Mental Health (5th, A) and self-reported Physical Health (3rd, A+).

Iowa improved its Mortality rankings in 2018, including its Cancer Mortality ranking for rural counties — 19th (B-) in 2018, up from 24th (C) in 2017. The state also improved its CLRD Mortality ranking (+3, B).

Iowa also earns high marks for rural Broadband Access (6th, A) rural Low Birth Weight (9th, A-) and the rural Uninsured Rate (7th, A).

WHAT NEEDS WORK

Iowa saw a slight drop in its national ranking for Access to Care in 2018, including rural Primary Care Access (-3, B-) and rural Mental Care Access (-1, C+).

The state's rural Stroke Mortality ranking also dropped in 2018 (-5, B-).

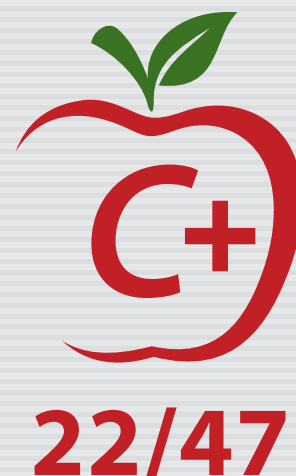
URBAN-RURAL DIVIDE

Iowa ranks 16th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Iowa is four percent higher than the rate in urban counties. ■



KANSAS

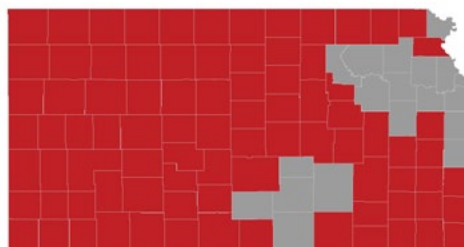
All-Cause Mortality	C	Primary Care Access	C+
General Health	C+	Mental Health Access	F
Mental Health (30 Days)	A	Dental Care Access	C
Physical Health (30 Days)	A	Broadband Access	B-
Low Birth Weight	B	Uninsured Rate	C



KANSAS has a population of 2.9 million people, and 32.1 percent live in one of Kansas's 86 rural counties.

80.9 percent of the state's rural population is Non-Hispanic White, 2.4 percent is Black/African-American, 12.4 percent is Hispanic/Latino, 1.1 percent is Asian and 0.8 percent is American Indian/Alaska Native.

The poverty rate in rural Kansas is 23 percent, compared with 17.1 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Sunflower State ranks among the top states in the nation for self-reported Physical Health (6th, A) and self-reported Mental Health (7th, A). The state's General Health rank also rose in 2018 (+5, C+), and its Low Birth Weight ranking improved, as well (+3, 14).

Kansas also improved its 2018 Mortality ranking (+1), including its Cancer Mortality ranking for rural counties (+4, C+), Accident Mortality (+10, B+) and Stroke Mortality (+3, C+).

WHAT NEEDS WORK

Kansas' overall Access to Care score dropped in

2018 (-4, C-). The state's rural Mental Health Access ranks among the lowest in the nation, and rural Dental Care Access also declined slightly in 2018 (-1, C).

The state's rural CLRD Mortality ranking remains unchanged at 30th (D+).

URBAN-RURAL DIVIDE

Kansas ranks 25th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Kansas is 10 percent higher than the rate in urban counties. ■

KANSAS ranks 22nd in the nation for rural health out of 47 states with rural counties.

Kansas is one of three states to receive a grade of "C+" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Up one spot nationally to 26th (27th in 2017)



Quality of Life:

Up four spots nationally to 8th (12th in 2017)



Access to Care

Down four spots nationally to 27th (23rd in 2017)





42/47

KENTUCKY ranks 42nd in the nation for rural health out of 47 states with rural counties.

Kentucky is one of nine states to receive a grade of “F” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot nationally to 47th (46th in 2017)

41

Quality of Life:
No change in national ranking of 41st for 2018



Access to Care:
Up nine spots nationally to 18th (27th in 2017)

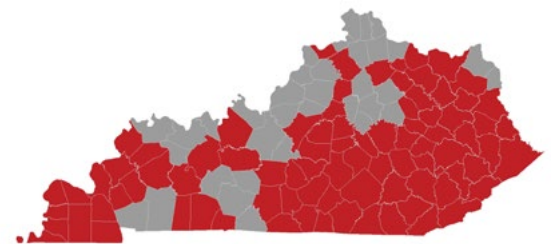
KENTUCKY

All-Cause Mortality	F	Primary Care Access	C
General Health	F	Mental Health Access	C
Mental Health (30 Days)	F	Dental Care Access	C
Physical Health (30 Days)	F	Broadband Access	C
Low Birth Weight	F	Uninsured Rate	A-

KENTUCKY has a population of 4.4 million people, and 41.3 percent live in one of Kentucky’s 85 rural counties.

92.7 percent of the state’s rural population is Non-Hispanic White, 3.4 percent is Black/African-American and 1.8 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.4 percent is Asian.

The poverty rate in rural Kentucky is 23.6 percent, compared with 14.9 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Bluegrass State saw significant improvement in its overall Access to Care ranking in 2018 (+9, B-) due largely to its improved rural Uninsured Rate (+11, A-).

WHAT NEEDS WORK

Kentucky fell to last place in the nation in 2018 for rural All-Cause Mortality (47th, F) and earned low marks for all Quality of Life measures.

The state ranks last in the nation for rural Cancer Mortality (47th, F) and rural CLRD Mortality (47th, F) in both 2017 and 2018, and it

received failing grades for rural Heart Disease Mortality (42nd, F), rural Accident Mortality (44th, F) and rural Stroke Mortality (39th, F).

Kentucky also earned failing grades for rural General Health (42nd, F), self-reported Mental Health (40th, F), self-reported Physical Health (45th, F) and Low Birth Weight (39th, F).

URBAN-RURAL DIVIDE

Kentucky ranks 39th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Kentucky is 18 percent higher than the rate in urban counties. ■



LOUISIANA

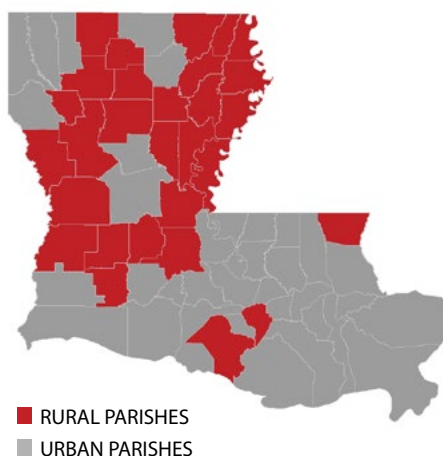
All-Cause Mortality	F	Primary Care Access	F
General Health	F	Mental Health Access	F
Mental Health (30 Days)	D-	Dental Care Access	F
Physical Health (30 Days)	D-	Broadband Access	F
Low Birth Weight	F	Uninsured Rate	F



LOUISIANA has a population of 4.7 million people, and 16.2 percent live in one of Louisiana's 29 rural counties.

62.5 percent of the state's rural population is Non-Hispanic White, 31.4 percent is Black/African-American, 2.9 percent is Hispanic/Latino, 0.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Louisiana is 23 percent, compared with 17.1 percent in urban areas of the state.



WHAT'S GOOD

The Pelican State saw a slight improvement in national ranking in all major categories in 2018, including Mortality (43rd, +2), Quality of Life (43rd, +3), and Access to Care (44th, +1).

Louisiana saw significant improvements in rural General Health (+4, F), self-reported Mental Health (+5, F), and self-reported Physical Health (+5, F).

WHAT NEEDS WORK

The state lost ground in the 2018 rankings for rural Heart Disease Mortality, placing last in the nation (47th, -1).

Louisiana's score for rural CLRD Mortality also fell significantly (33rd, -7) rural Accident Mortality (30th, -8), and rural Cancer Mortality (44th, -3).

The state also is among the lowest ranked states for rural Uninsured Rate (40th, F) and rural Broadband Access (45th, F).

URBAN-RURAL DIVIDE

Louisiana ranks 34th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Louisiana is 15 percent higher than the rate in urban counties. ■

LOUISIANA ranks 45th in the nation for rural health out of 47 states with rural counties.

Louisiana is one of nine states to receive a grade of "F" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Up two spots nationally to 43rd (45th in 2017)



Quality of Life:

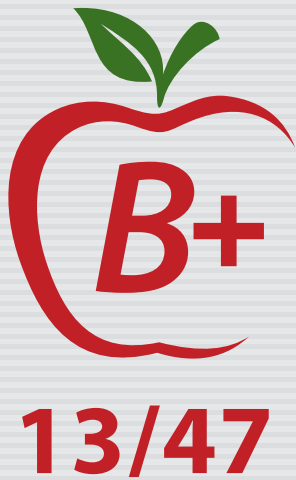
Up three spots nationally to 43rd (46th in 2017)



Access to Care

Up one spot nationally to 44th (45th in 2017)

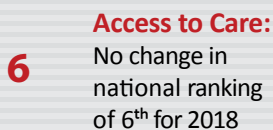
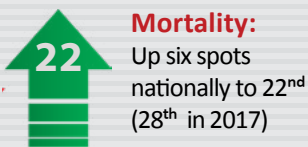




MAINE ranks 13th in the nation for rural health out of 47 states with rural counties.

Maine is one of three states to receive a grade of “B+” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



MAINE

All-Cause Mortality	C+	Primary Care Access	A+
General Health	B	Mental Health Access	A
Mental Health (30 Days)	C+	Dental Care Access	C+
Physical Health (30 Days)	B	Broadband Access	B
Low Birth Weight	B-	Uninsured Rate	C+

MAINE has a population of 1.3 million people, and 40.8 percent live in one of Maine’s 11 rural counties.

95.3 percent of the state’s rural population is Non-Hispanic White, 0.5 percent is Black/African-American, 1.2 percent is Hispanic/Latino, 0.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Maine is 15.1 percent, compared with 11.7 percent in urban areas of the state.

WHAT’S GOOD

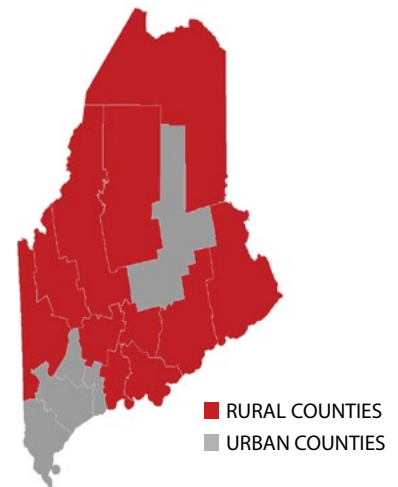
The Pine Tree State saw significant improvement in its All-Cause Mortality rank in 2018 (+6, 22nd).

Maine’s scores improved for rural CLRD Mortality (+10, C), rural Cancer Mortality (+4, D+), and rural Heart Disease Mortality (+2, B-).

Maine also has a strong Rural Broadband Access score for a state with so much rural area (B+, 14th).

WHAT NEEDS WORK

Gains made in other categories of Mortality



were offset somewhat by a sharp decline in the state’s 2018 ranking for Accident Mortality (-15, D-).

Maine’s rural Uninsured Rate ranking also slipped in 2018 from 17th (B) in 2017 to 22nd (C+) in 2018.

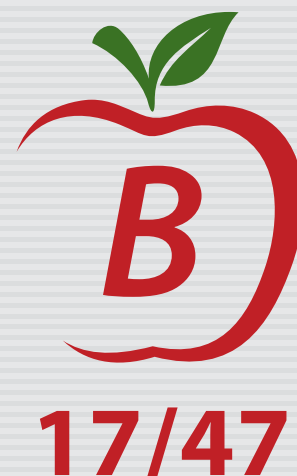
URBAN-RURAL DIVIDE

Maine ranks 20th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Maine is seven percent higher than the rate in urban counties. ■



MARYLAND

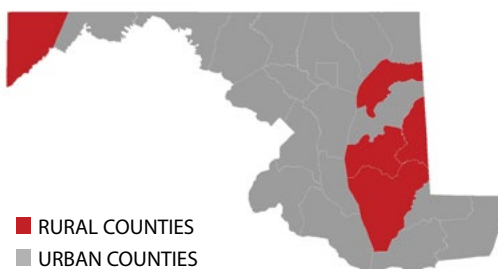
All-Cause Mortality	B	Primary Care Access	B-
General Health	B-	Mental Health Access	A+
Mental Health (30 Days)	C+	Dental Care Access	B
Physical Health (30 Days)	B+	Broadband Access	A+
Low Birth Weight	D	Uninsured Rate	B



MARYLAND has a population of 6 million people, and 2.5 percent live in one of Maryland's 5 rural counties.

78.8 percent of the state's rural population is Non-Hispanic White, 13.8 percent is Black/African-American, 4.4 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.9 percent is Asian.

The poverty rate in rural Maryland is 14.2 percent, compared with 9.5 percent in urban areas of the state.



WHAT'S GOOD

The Old Line State saw a dramatic improvement in its rural Stroke Mortality numbers from 2017 (39th, F), up to 21st (C+, +18).

Maryland also saw minor improvements in its rural rankings for General Health (+2, B-), self-reported Physical Health (+4, B+), and Primary Care (+1, B-) and Mental Health Access (+1, A+).

Maryland's rural Broadband Access is among the best in the country (3rd, A+).

WHAT NEEDS WORK

Maryland lost some ground in its 2018

Quality of Life ranking (-2, C-) and maintained a low score for Low Birth Weight in rural counties (34th, D). Maryland also saw slight declines in rank for rural Heart Disease Mortality (-2, C+)

Maryland's national ranking for rural Uninsured Rate slipped from 11th to 15th (B).

URBAN-RURAL DIVIDE

Maryland ranks 14th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Maryland is three percent higher than the rate in urban counties. ■

MARYLAND ranks 17th in the nation for rural health out of 47 states with rural counties.

Maryland is one of four states to receive a grade of "B" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Up one spot nationally to 16th (17th in 2017)



Quality of Life:

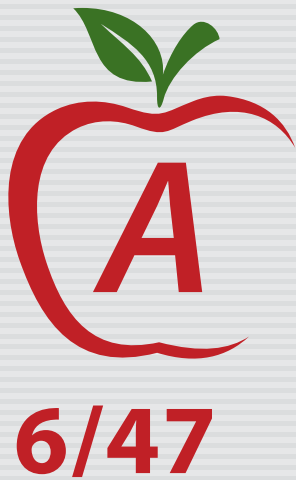
Down two spots nationally to 29th (27th in 2017)



Access to Care

No change in national ranking of 8th for 2018

8



MASSACHUSETTS

Massachusetts ranks 6th in the nation for rural health out of 47 states with rural counties.

Massachusetts is one of four states to receive a grade of “A” for rural health in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:

Down one spot nationally to 6th (5th in 2017)



Quality of Life:

Up three spots nationally to 10th (13th in 2017)

3

Access to Care:

No change in national ranking of 3rd for 2018

MASSACHUSETTS

All-Cause Mortality	A	Primary Care Access	A
General Health	A	Mental Health Access	A
Mental Health (30 Days)	D	Dental Care Access	A
Physical Health (30 Days)	B	Broadband Access	B+
Low Birth Weight	A+	Uninsured Rate	A+

MASSACHUSETTS has a population of 6.8 million people, and 1.4 percent live in one of Massachusetts’s 3 rural counties.

90.1 percent of the state’s rural population is Non-Hispanic White, 2.3 percent is Black/African-American, 3.8 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 1.4 percent is Asian.

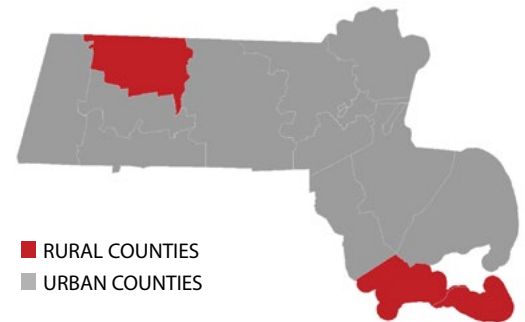
The poverty rate in rural Massachusetts is 14.8 percent, compared with 14.8 percent in urban areas of the state.

WHAT’S GOOD

The Bay State’s scores for rural Quality of Life measures improved over 2017 (10th, +3). The state saw modest improvement in rural General Health (5th, +2) and self-reported Physical Health (15th, +1) in 2018.

Massachusetts saw significant improvement in its rural Low Birth Weight ranking in 2018 (+4, A+).

The state’s rural Access to Care measures are among the best in the country (3rd, A+), and it even saw improvement in rural Dental Care Access in 2018 (5th, +1).



■ RURAL COUNTIES
■ URBAN COUNTIES

Massachusetts has the lowest rural Uninsured Rate in the nation (1st, A+)

WHAT NEEDS WORK

Massachusetts did lose ground in rural Mortality rankings, including rural Cancer Mortality (-21, C), Accident Mortality (-19, C), and Stroke Mortality (-6, B).

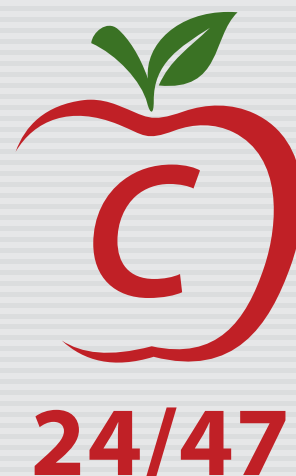
URBAN-RURAL DIVIDE

Massachusetts ranks 15th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Massachusetts is four percent higher than the rate in urban counties. ■



MICHIGAN

All-Cause Mortality	C	Primary Care Access	C+
General Health	C+	Mental Health Access	B
Mental Health (30 Days)	D+	Dental Care Access	B-
Physical Health (30 Days)	D+	Broadband Access	D+
Low Birth Weight	B	Uninsured Rate	B+



MICHIGAN has a population of 4.9 million people, and 18.1 percent live in one of Michigan's 57 rural counties.

91.2 percent of the state's rural population is Non-Hispanic White, 1.6 percent is Black/African-American, 3.4 percent is Hispanic/Latino, 1.3 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Michigan is 15.4 percent, compared with 14.9 percent in urban areas of the state.

WHAT'S GOOD

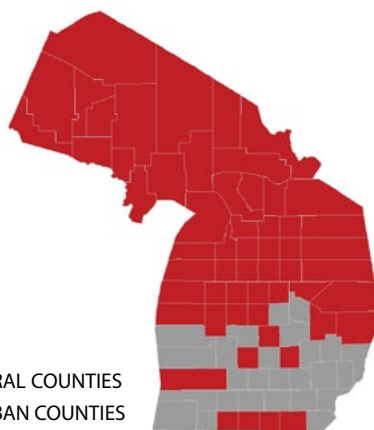
The Great Lakes State saw some improvement in its rural Uninsured Rate in 2018 (+4, B+) and slight upticks in rank for rural Mental Health Access (+1, B) and Dental Care Access (+2, B-).

Michigan maintains one of the best rural rankings for Accident Mortality in the nation (6th, A)

WHAT NEEDS WORK

Michigan lost significant ground in 2018 in its rural rankings for both Mortality and Quality of Life measures.

Michigan's scores dropped for most rural



Mortality categories, including Cancer Mortality (-2, C-), CLRD Mortality (-2, D+), Accident Mortality (-2, C) and Stroke Mortality (-8, C-).

The state's rural Quality of Life Measures also slipped, particularly self-reported Mental Health (-7, D+) and self-reported Physical Health (-9, D+)

URBAN-RURAL DIVIDE

Michigan ranks 5th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Michigan is one percent higher than the rate in urban counties. ■

MICHIGAN ranks 24th in the nation for rural health out of 47 states with rural counties.

Michigan is one of three states to receive a grade of "C" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Down three spots nationally to 24th (21st in 2017)

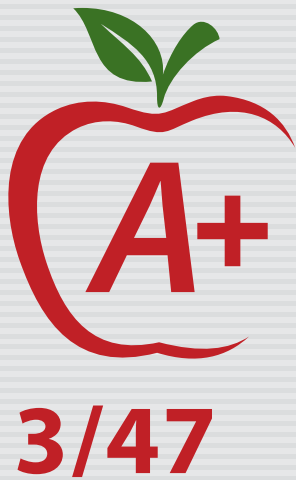


Quality of Life:
Down seven spots nationally to 25th (18th in 2017)



Access to Care
Up one spot nationally to 15th (16th in 2017)





MINNESOTA ranks 3rd in the nation for rural health out of 47 states with rural counties.

Minnesota is one of three states to receive a grade of “A+” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

4

Mortality:

No change in national ranking of 4th for 2018

1

Quality of Life:

Up one spot nationally to 1st (2nd in 2017)

7

Access to Care:

No change in national ranking of 7th for 2018

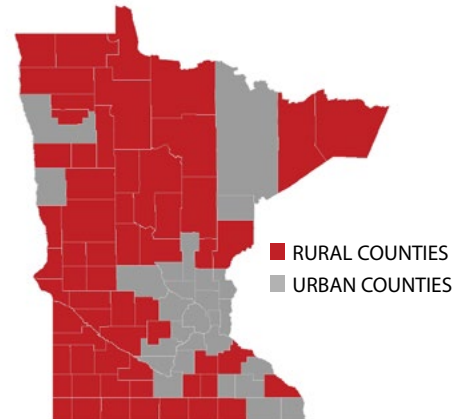
MINNESOTA

All-Cause Mortality	A	Primary Care Access	A-
General Health	A	Mental Health Access	B
Mental Health (30 Days)	A+	Dental Care Access	C+
Physical Health (30 Days)	A	Broadband Access	A-
Low Birth Weight	A+	Uninsured Rate	A

MINNESOTA has a population of 5.5 million people, and 22.4 percent live in one of Minnesota’s 60 rural counties.

89.6 percent of the state’s rural population is Non-Hispanic White, 1.2 percent is Black/African-American and 4.5 percent is Hispanic/Latino, 2.2 percent is American Indian/Alaska Native and 1 percent is Asian.

The poverty rate in rural Minnesota is 11.2 percent, compared with 9.5 percent in urban areas of the state.



WHAT’S GOOD

The North Star State’s overall ranking for rural Quality of Life measures improved over 2017 to place first in the nation. The state saw improvement in rural counties in 2018 in General Health (4th, +2) self-reported Mental Health (3rd, +1) and self-reported Physical Health (4th, +3).

Minnesota also leads the nation for low rural Heart Disease Mortality (1st, A+), and showed significant improvement in its rankings for rural Cancer Mortality (+3, B+) and rural Stroke Mortality (+5, B+). The state also earned A’s for rural CLRD Mortality (5th) and rural Accident Mortality (4th).

WHAT NEEDS WORK

Minnesota lost a little ground in the 2018 rankings for rural Dental Care Access (-1, 21st).

URBAN-RURAL DIVIDE

Minnesota ranks 19th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Minnesota is six percent higher than the rate in urban counties. ■



MISSISSIPPI

All-Cause Mortality	F	Primary Care Access	D-
General Health	F	Mental Health Access	C-
Mental Health (30 Days)	D	Dental Care Access	D-
Physical Health (30 Days)	D	Broadband Access	F
Low Birth Weight	F	Uninsured Rate	F

MISSISSIPPI has a population of 3 million people, and 53.9 percent live in one of Mississippi's 65 rural counties.

56.7 percent of the state's rural population is Non-Hispanic White, 38.9 percent is Black/African-American, 2.4 percent is Hispanic/Latino, 0.6 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Mississippi is 24.3 percent, compared with 16.8 percent in urban areas of the state.

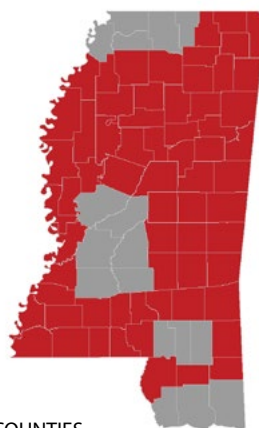
WHAT'S GOOD

The Magnolia State slightly improved its 2017 ranking for All-Cause Mortality (46th, +1), thanks in part to a significant jump in ranking for rural Accident Mortality (+4, D-).

The state also saw improvement in rural Mental Health Access in 2018 (+4, C-) and slight upticks in rank for rural Primary Care Access (+1, D-) and Dental Care Access (+1, D-), as well as for self-reported Mental Health (+4, D) and self-reported Physical Health (+3, D).

WHAT NEEDS WORK

Mississippi placed last in the nation for rural



■ RURAL COUNTIES
■ URBAN COUNTIES

health in both 2017 and 2018. The state also places last again for its rural Low Birth Weight ranking (47th) and its overall Quality of Life ranking (47th). Mississippi's rural Uninsured Rate rank plummeted in 2018 to 42nd (-9, F).

URBAN-RURAL DIVIDE

Mississippi ranks 28th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Mississippi is 12 percent higher than the rate in urban counties. ■



MISSISSIPPI ranks 47th in the nation for rural health out of 47 states with rural counties.

Mississippi is one of nine states to receive a grade of "F" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Up one spot nationally to 46th (47th in 2017)



Quality of Life:

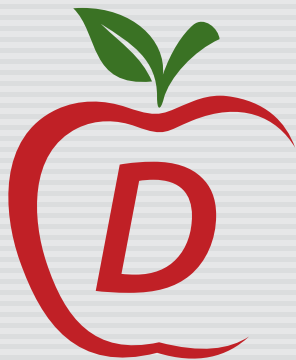
No change in national ranking of 47th for 2018

47

Access to Care

Down two spots nationally to 41st (39th in 2017)





35/47

MISSOURI ranks 35th in the nation for rural health out of 47 states with rural counties.

Missouri is one of three states to receive a grade of “D” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

36 **Mortality:** Up one spot nationally to 36th (37th in 2017)

33 **Quality of Life:** No change in national ranking of 33rd for 2018

38 **Access to Care:** Down five spots nationally to 38th (33rd in 2017)

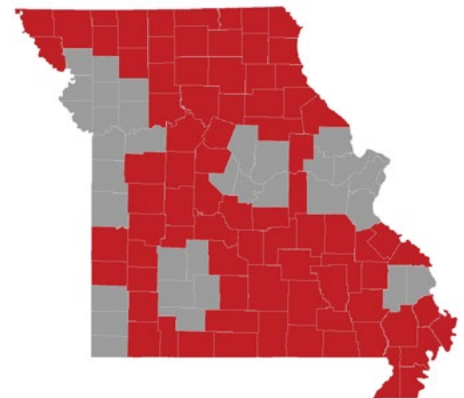
MISSOURI

All-Cause Mortality	D-	Primary Care Access	C-
General Health	D+	Mental Health Access	D
Mental Health (30 Days)	F	Dental Care Access	F
Physical Health (30 Days)	F	Broadband Access	F
Low Birth Weight	C-	Uninsured Rate	D

MISSOURI has a population of 6.1 million people, and 25.4 percent live in one of Missouri’s 81 rural counties.

90.7 percent of the state’s rural population is Non-Hispanic White, 3.3 percent is Black/African-American, 2.9 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Missouri is 23 percent, compared with 17.1 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Show-Me State saw a little improvement in rural Mortality measures in 2018 (+1, D-), including rural Heart Disease Mortality (+1, 40th) and Stroke Mortality (+1, 33rd).

The state’s rural General Health ranking also improved slightly (+1, 32nd), as did self-reported Mental Health (+1, 39th) and rural Primary Care Access (+1, 29th).

Uninsured Rate ranking (-5, D) and an additional small ranking drop in rural Mental Health Access (-1, D).

Rural mortality rankings also dipped for Cancer (-1, D-) and CLRD (-1, F).

URBAN-RURAL DIVIDE

Missouri ranks 32nd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Missouri is 13 percent higher than the rate in urban counties. ■

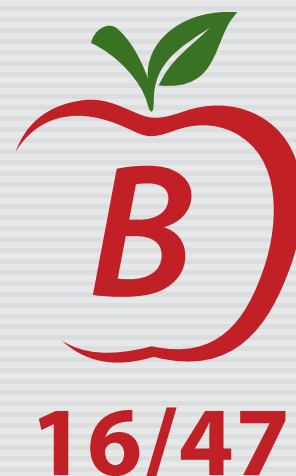
WHAT NEEDS WORK

Missouri’s Access to Care ranking dropped five spots due to sharp declines in the rural



MONTANA

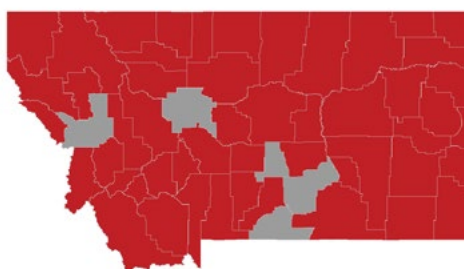
All-Cause Mortality	B+	Primary Care Access	A-
General Health	B	Mental Health Access	A-
Mental Health (30 Days)	A-	Dental Care Access	A
Physical Health (30 Days)	B	Broadband Access	D
Low Birth Weight	C+	Uninsured Rate	D-



MONTANA has a population of 1 million people, and 64.7 percent live in one of Montana's 51 rural counties.

68.9 percent of the state's rural population is Non-Hispanic White, 0.3 percent is Black/African-American, 2.9 percent is Hispanic/Latino, 7.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Montana is 14.1 percent, compared with 11.9 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Treasure State improved significantly in its overall 2017 ranking and final grade for 2018, earning a B (16th) up from a B- (19th) in 2017.

All-Cause Mortality in rural counties improved seven points for the year, (13th, B+), a fact reflected in improved rankings for rural Accident Mortality (+14, C+), Cancer Mortality (+7, A), Heart Disease Mortality (+3, A-), and Stroke Mortality (+4, A).

The state's rural Dental Care Access rank also improved (+4, 6th), as did Primary Care Access (+2, 8th).

WHAT NEEDS WORK

Montana remains among the states with the highest rural Uninsured Rate ranking (38th out of 47) and rural Broadband Access in the state needs further development (35th, D).

URBAN-RURAL DIVIDE

Montana ranks 1st out of 47 states for urban/rural difference in mortality. In fact, the age-adjusted mortality rate in rural Montana is 3 percent lower than the rate in urban counties. Montana is one of only three states with a negative urban/rural difference. ■

MONTANA ranks 16th in the nation for rural health out of 47 states with rural counties.

Montana is one of three states to receive a grade of "B" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Up seven spots nationally to 13th (20th in 2017)



Quality of Life:

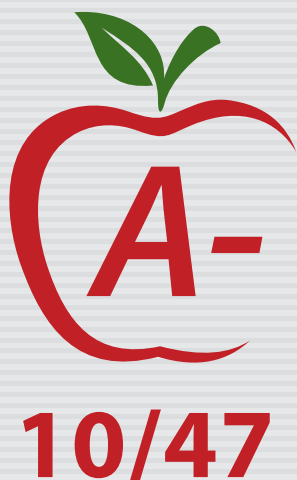
Up one spot nationally to 13th (14th in 2017)



Access to Care

Down three spots nationally to 23rd (20th in 2017)





NEBRASKA

All-Cause Mortality	A-	Primary Care Access	B
General Health	B+	Mental Health Access	D-
Mental Health (30 Days)	A	Dental Care Access	B+
Physical Health (30 Days)	A	Broadband Access	C+
Low Birth Weight	A-	Uninsured Rate	C+

NEBRASKA ranks 10th in the nation for rural health out of 47 states with rural counties.

Nebraska is one of three states to receive a grade of “A-” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up three spots nationally to 9th (12th in 2017)



Quality of Life:
Down one spot nationally to 4th (3rd in 2017)



Access to Care:
Down three spots nationally to 17th (14th in 2017)

NEBRASKA has a population of 1.9 million people, and 35 percent live in one of Nebraska’s 80 rural counties.

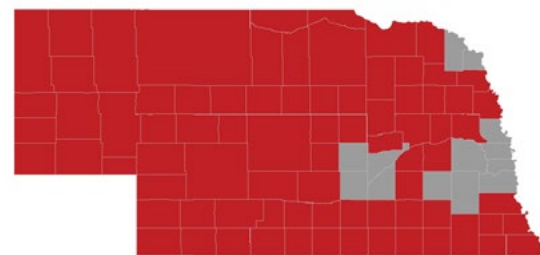
86.6 percent of the state’s rural population is Non-Hispanic White, 0.8 percent is Black/African-American, 9.4 percent is Hispanic/Latino, 1.2 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Nebraska is 23 percent, compared with 17.1 percent in urban areas of the state.

WHAT’S GOOD

The Cornhusker State’s overall ranking for rural All-Cause Mortality climbed three spots over 2017 (12th) to 9th in the nation. The state saw improvement in rural Heart Disease Mortality (+6, B+), CLRD Mortality (+8, B), Accident Mortality (+3, A) and Stroke Mortality (+4, A). The state also earned A’s for rural CLRD Mortality (5th) and rural Accident Mortality (4th).

Nebraska is also among the top states in the nation for self-reported Mental Health (4th, A), self-reported Physical Health (5th, A), and Low Birth Weight (8th, A-) in rural counties in 2018.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT NEEDS WORK

Nebraska lost a little ground in the 2018 rankings for Access to Care in rural counties (-3, 17th), including rural Dental Care Access (-2, 11th) and Mental Health Access (-5, 37th).

Nebraska’s ranking for its rural Uninsured Rate plunged eight points to 21st in the country.

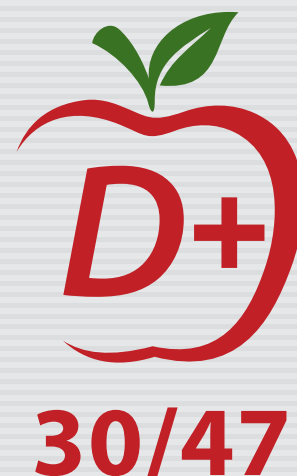
URBAN-RURAL DIVIDE

Nebraska ranks 11th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Nebraska is two percent higher than the rate in urban counties. ■



NEVADA

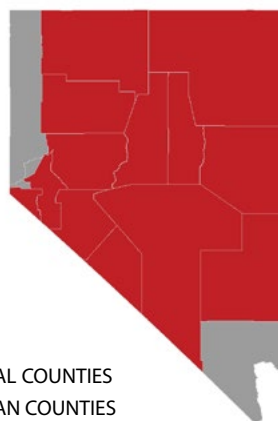
All-Cause Mortality	C-	Primary Care Access	F
General Health	C-	Mental Health Access	F
Mental Health (30 Days)	D+	Dental Care Access	D+
Physical Health (30 Days)	D	Broadband Access	C
Low Birth Weight	D+	Uninsured Rate	D+



NEVADA has a population of 2.9 million people, and 9.3 percent live in one of Nevada's 13 rural counties.

74.6 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 16.8 percent is Hispanic/Latino, 3.4 percent is American Indian/Alaska Native and 1.3 percent is Asian.

The poverty rate in rural Nevada is 13.5 percent, compared with 13.8 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Silver State improved on its 2017 ranking for Access to Care in rural counties (+3, 39th), but it still earned a failing grade. Rural Dental Care Access improved a bit in its ranking (+2, 30th), and the state's rural Uninsured Rate ranking made real progress, climbing seven points to 30th (D+) in the nation.

Nevada also improved in its rankings for rural Accident Mortality (+7, C+) and Stroke Mortality (+11, A).

WHAT NEEDS WORK

Nevada saw the sharpest declines in 2018 in

Rural All-Cause Mortality (-4). Heart Disease Mortality (37th, D-) lost six points year over year, and rural CLRD Mortality slipped from 43rd (F) in 2017 to 45th (F) in 2018.

Rural Access to Primary Care (45th, F) and Mental Health (47th, F) remain among the worst in the country.

URBAN-RURAL DIVIDE

Nevada ranks 21st out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Nevada is eight percent higher than the rate in urban counties. ■

NEVADA ranks 30th in the nation for rural health out of 47 states with rural counties.

Nevada is one of three states to receive a grade of "D+" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down four spots nationally to 29th (25th in 2017)



Quality of Life:

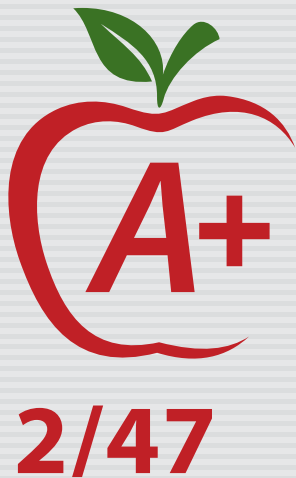
Down one spot nationally to 31st (30th in 2017)



Access to Care

Up three spots nationally to 39th (42nd in 2017)





NEW HAMPSHIRE ranks 2nd in the nation for rural health out of 47 states with rural counties.

New Hampshire is one of three states to receive a grade of “A+” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Down four spots nationally to 11th (7th in 2017)

Quality of Life:
Down two spots nationally to 12th (10th in 2017)

Access to Care:
No change in national ranking of 1st for 2018

NEW HAMPSHIRE

All-Cause Mortality	B+	Primary Care Access	A+
General Health	A+	Mental Health Access	A+
Mental Health (30 Days)	B-	Dental Care Access	A+
Physical Health (30 Days)	A-	Broadband Access	A
Low Birth Weight	B	Uninsured Rate	B

NEW HAMPSHIRE has a population of 1.3 million people, and 37.2 percent live in one of New Hampshire’s 7 rural counties.

94.1 percent of the state’s rural population is Non-Hispanic White, 0.8 percent is Black/African-American, 1.7 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 1.5 percent is Asian.

The poverty rate in rural New Hampshire is 9.2 percent, compared with 6.2 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Granite State leads the nation for Access to Care in rural counties (1st, A+) with A's across the board in all categories except Uninsured Rate (16th, B). New Hampshire takes the number one spot for rural Primary Care Access and Mental Health Access. Rural Dental Care Access ranks third, and Rural Broadband Access is fifth.

WHAT NEEDS WORK

New Hampshire lost substantial ground in the 2018 rankings for rural Heart Disease Mortality (-5, B+) and Cancer Mortality, (-8, C). The state also slipped a bit in the rankings for CLRD

Mortality (-2, B+) and Accident Mortality (-1, B-).

New Hampshire also dropped a spot in the 2018 rankings for self-reported Physical Health (9th, A-) and Low Birth Weight (16th, B) in rural counties.

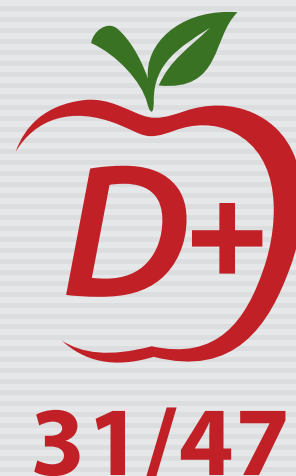
URBAN-RURAL DIVIDE

New Hampshire ranks 12th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural New Hampshire is two percent higher than the rate in urban counties. ■



NEW MEXICO

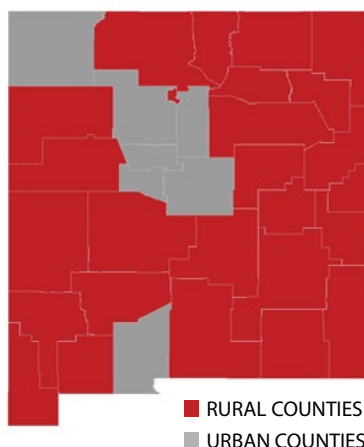
All-Cause Mortality	D+	Primary Care Access	C+
General Health	F	Mental Health Access	B+
Mental Health (30 Days)	D+	Dental Care Access	D+
Physical Health (30 Days)	D-	Broadband Access	F
Low Birth Weight	D	Uninsured Rate	D+



NEW MEXICO has a population of 2.1 million people, and 33.3 percent live in one of New Mexico's 26 rural counties.

38.9 percent of the state's rural population is Non-Hispanic White, 1.8 percent is Black/African-American, 45.3 percent is Hispanic/Latino, 11.6 percent is American Indian/Alaska Native and 0.8 percent is Asian.

The poverty rate in rural New Mexico is 23.3 percent, compared with 18.1 percent in urban areas of the state.



WHAT'S GOOD

The Land of Enchantment improved on its 2017 ranking for Access to Care in rural counties (+1, 30th) thanks in part to an improved ranking for its rural Uninsured Rate (+8, 32nd).

New Mexico also improved its Quality of Life ranking (+1, 35th) with a better score for Low Birth Weight in rural counties (+3, D).

WHAT NEEDS WORK

New Mexico's All-Cause Mortality score dropped in 2018 (-1, 30th). The state's rural Heart Disease Mortality ranking declined nine points (26th, C), CLRD Mortality fell 12 points

(32nd, D+), and Stroke Mortality fell 14 points (17th, B).

The state's ranking for Dental Care Access also declined in 2018 (-6, 32nd), as did rural Primary Care Access (-2, 23rd) and Mental Health Access (-1, 13th).

URBAN-RURAL DIVIDE

New Mexico ranks 41st out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural New Mexico is 19 percent higher than the rate in urban counties. ■

NEW MEXICO ranks 31st in the nation for rural health out of 47 states with rural counties.

New Mexico is one of three states to receive a grade of "D+" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot nationally to 30th (29th in 2017)



Quality of Life:

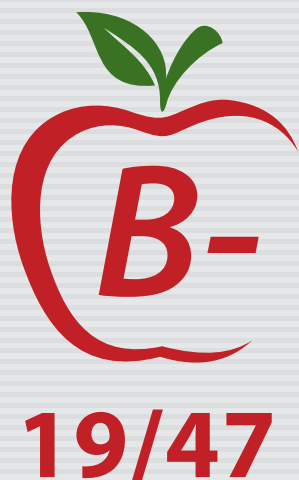
Up one spot nationally to 35th (36th in 2017)



Access to Care

Up one spot nationally to 30th (31st in 2017)





NEW YORK

All-Cause Mortality	B	Primary Care Access	C-
General Health	C	Mental Health Access	A-
Mental Health (30 Days)	C	Dental Care Access	C-
Physical Health (30 Days)	C-	Broadband Access	A-
Low Birth Weight	B-	Uninsured Rate	A-

NEW YORK ranks 19th in the nation for rural health out of 47 states with rural counties.

New York is one of three states to receive a grade of “B-” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Up two spot nationally to 17th (19th in 2017)

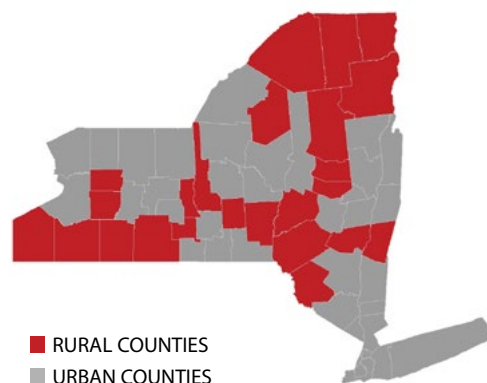
Quality of Life:
Down one spot nationally to 24th (23rd in 2017)

Access to Care:
Down one spot nationally to 13th (12th in 2017)

NEW YORK has a population of 19.7 million people, and 7 percent live in one of New York’s 24 rural counties.

89.8 percent of the state’s rural population is Non-Hispanic White, 2.9 percent is Black/African-American, 4.1 percent is Hispanic/Latino, 0.7 percent is American Indian/Alaska Native and 0.9 percent is Asian.

The poverty rate in rural New York is 15.5 percent, compared with 14.7 percent in urban areas of the state.



WHAT’S GOOD

The Empire State improved its ranking in 2018 for All-Cause Mortality in rural counties (17th, +2) and saw particular progress in its ranking for Heart Disease Mortality (+6, C-). The state also saw slight improvements in rank for rural CLRD Mortality (+1, B-) and Stroke Mortality (+1, A). New York’s ranking for rural Accident Mortality remains among the best in the nation (3rd, A+), and New York is among the top ten states for rural Broadband Access and rural Mental Health Access.

WHAT NEEDS WORK

New York’s 2018 Quality of Life ranking

slipped a bit for rural counties (-1), with notable drops for rural General Health (-7, 24th), self-reported Mental Health (-10 36th) and Physical Health (-4, 27th).

New York’s rural Mental Health Access ranking also dropped a bit (-2, A-), as did the state’s rural Uninsured Rate ranking (-1, A-).

URBAN-RURAL DIVIDE

New York ranks 43rd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural New York is 20 percent higher than the rate in urban counties. ■



NORTH CAROLINA

All-Cause Mortality	D	Primary Care Access	D+
General Health	D	Mental Health Access	B-
Mental Health (30 Days)	D-	Dental Care Access	D
Physical Health (30 Days)	D+	Broadband Access	B+
Low Birth Weight	F	Uninsured Rate	D-



NORTH CAROLINA has a population of 10.1 million people, and 21.7 percent live in one of North Carolina's 54 rural counties.

64.9 percent of the state's rural population is Non-Hispanic White, 21.8 percent is Black/African-American, 7.2 percent is Hispanic/Latino, 3.5 percent is American Indian/Alaska Native and 0.7 percent is Asian.

The poverty rate in rural North Carolina is 19.2 percent, compared with 14.3 percent in urban areas of the state.

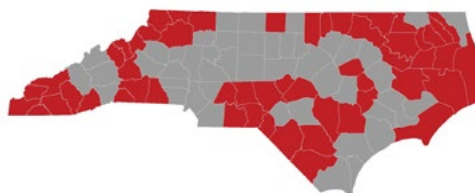
WHAT'S GOOD

The Tar Heel State saw slight improvement in 2018 in its rankings for rural Primary Care Access (+1, D+) and rural Dental Care Access (+2, D).

The state also slightly improved its ranking for rural Heart Disease Mortality (+2, C).

WHAT NEEDS WORK

North Carolina lost considerable ground in 2018 in other Mortality categories, including rural CLRD Mortality (-7, C), Cancer Mortality (-2, C-), Accident Mortality (-5, D+) and Stroke



■ RURAL COUNTIES
■ URBAN COUNTIES

Mortality (-5, D-). North Carolina's Low Birth Weight score for rural counties continues to be cause for concern, falling to 42nd in the nation (F).

The states rural Uninsured Rate score also slipped in 2018 (-2, D-).

URBAN-RURAL DIVIDE

North Carolina ranks 29th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural North Carolina is 12 percent higher than the rate in urban counties. ■

NORTH CAROLINA ranks 34th in the nation for rural health out of 47 states with rural counties.

North Carolina is one of three states to receive a grade of "D" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Down three spots nationally to 34th (31st in 2017)

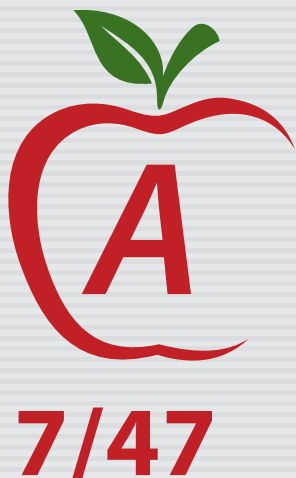


Quality of Life:
Up one spot nationally to 36th (37th in 2017)



Access to Care
No change in national ranking of 35th for 2018

35



NORTH DAKOTA ranks 7th in the nation for rural health out of 47 states with rural counties.

North Dakota is one of four states to receive a grade of “A” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up two spots nationally to 7th (9th in 2017)



Quality of Life:
Up one spot nationally to 3rd (4th in 2017)



Access to Care:
Down four spots nationally to 22nd (18th in 2017)

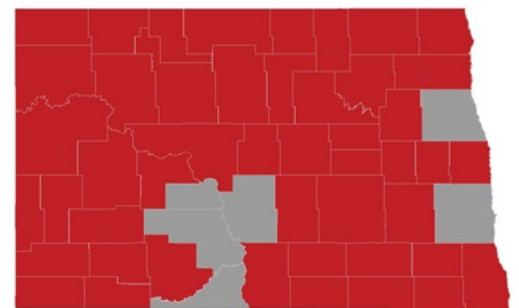
NORTH DAKOTA

All-Cause Mortality	A	Primary Care Access	D+
General Health	A-	Mental Health Access	C+
Mental Health (30 Days)	A+	Dental Care Access	B
Physical Health (30 Days)	A+	Broadband Access	A
Low Birth Weight	A-	Uninsured Rate	B-

NORTH DAKOTA has a population of 758,000 people, and 50.1 percent live in one of North Dakota’s 47 rural counties.

85.9 percent of the state’s rural population is Non-Hispanic White, 1.1 percent is Black/African-American, 3.2 percent is Hispanic/Latino, 7.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural North Dakota is 9.9 percent, compared with 11.6 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Peace Garden State improved in 2018 in its ranking for rural All-Cause Mortality (+2, A), and jumped in rank for rural Heart Disease Mortality (+8, A), Cancer Mortality (+9, A), CLRD Mortality (+5, A+) and Accident Mortality (+5, A-).

North Dakota leads the nation in its rural ranking for self-reported Mental Health (1st, A+), ranks second for self-reported Physical Health and earns A’s in both rural General Health (8th) and rural Low Birth Weight (10th).

North Dakota is among the top states for rural Broadband Access (4th, A).

WHAT NEEDS WORK

North Dakota lost ground in 2018 in rural Stroke Mortality (-9, B), and dropped four spots in rural Access to Care measures (22nd, C+). The state slipped one position for both rural Primary Care Access (32nd, D+) and Mental Health Access (21st, C+). The rural Uninsured Rate rank fell eight points to 18th in the nation (B-).

URBAN-RURAL DIVIDE

North Dakota ranks 9th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural North Dakota is two percent higher than the rate in urban counties. ■



OHIO

All-Cause Mortality	D	Primary Care Access	D-
General Health	C-	Mental Health Access	D+
Mental Health (30 Days)	C	Dental Care Access	D-
Physical Health (30 Days)	C-	Broadband Access	B
Low Birth Weight	C+	Uninsured Rate	B

O HIO has a population of 11.6 million people, and 20.3 percent live in one of Ohio's 50 rural counties.

93.1 percent of the state's rural population is Non-Hispanic White, 2 percent is Black/African-American, 2.5 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Ohio is 14.3 percent, compared with 14.6 percent in urban areas of the state.

WHAT'S GOOD

The Buckeye State improved its ranking in 2018 for Access to Care in rural counties (25th, +1) and saw a slight uptick in its rural Uninsured Rate ranking (14th, +1).

Rural Broadband Access in Ohio is ranked a respectable 17th in the nation (B).

WHAT NEEDS WORK

Ohio's 2018 Mortality ranking fell three spots in 2018. While the state's rural Heart Disease Mortality ranking improved slightly (+1, D), the Cancer Mortality rank for rural areas fell five points (35th, D), Accident Mortality fell



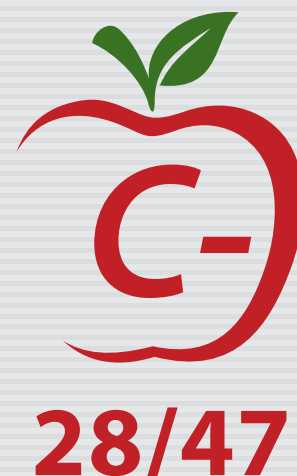
■ RURAL COUNTIES
■ URBAN COUNTIES

10 points (35th, D) and Stroke Mortality fell seven points (34th, D). Ohio's rural CLRD Mortality ranking held steady at 35th (D).

Primary Care Access in rural Ohio remains well below average (36th, D-), as does Dental Care Access (36th, D-).

URBAN-RURAL DIVIDE

Ohio ranks 18th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Ohio is five percent higher than the rate in urban counties. ■



OHIO ranks 28th in the nation for rural health out of 47 states with rural counties.

Ohio is one of three states to receive a grade of "C-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down three spots nationally to 35th (32nd in 2017)



Quality of Life:

No change in national ranking of 28th for 2018

28

Access to Care

Up one spot nationally to 25th (26th in 2017)





41/47

OKLAHOMA ranks 41st in the nation for rural health out of 47 states with rural counties.

Oklahoma is one of nine states to receive a grade of “F” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

42

Mortality:
No change in national ranking of 42nd for 2018



Quality of Life:
Up one spot nationally to 34th (35th in 2017)



Access to Care:
Down two spots nationally to 45th (43rd in 2017)

OKLAHOMA

All-Cause Mortality	F	Primary Care Access	F
General Health	D	Mental Health Access	D-
Mental Health (30 Days)	F	Dental Care Access	C
Physical Health (30 Days)	F	Broadband Access	F
Low Birth Weight	C	Uninsured Rate	F

O **KLAHOMA** has a population of 3.9 million people, and 34.3 percent live in one of Oklahoma’s 59 rural counties.

69.8 percent of the state’s rural population is Non-Hispanic White, 3.3 percent is Black/ African-American, 7.7 percent is Hispanic/ Latino, 10.5 percent is American Indian/ Alaska Native and 0.8 percent is Asian.

The poverty rate in rural Oklahoma is 19 percent, compared with 15 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Sooner State saw some improvement in 2018 in its ranking for rural Quality of Life measures (+1, D), including rural General Health (+4, D) and rural Low Birth Weight (+4, C).

The state also significantly improved its ranking for rural Cancer Mortality (+4, F) and rural Stroke Mortality (+2, D).

WHAT NEEDS WORK

Oklahoma lost ground in 2018 in its rankings for rural Access to Care measures (-2, F), including both rural Primary Care Access (-2, 40th)

and rural Mental Health Access (-1, 36th). The state also saw declines in ranking for rural self-reported Mental Health (-7, 42nd).

Oklahoma also earned failing grades for its rural Uninsured Rate ranking (44th, F) and for rural Broadband Access (40th, F).

URBAN-RURAL DIVIDE

Oklahoma ranks 31st out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Oklahoma is 13 percent higher than the rate in urban counties. ■



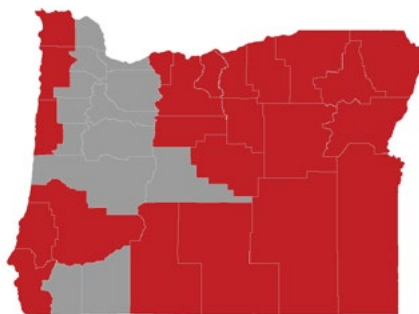
OREGON

All-Cause Mortality	C+	Primary Care Access	A-
General Health	C	Mental Health Access	C-
Mental Health (30 Days)	D-	Dental Care Access	A-
Physical Health (30 Days)	C	Broadband Access	B
Low Birth Weight	B+	Uninsured Rate	B-

OREGON has a population of 4 million people, and 16.2 percent live in one of Oregon's 23 rural counties.

80.6 percent of the state's rural population is Non-Hispanic White, 0.5 percent is Black/African-American, 12.5 percent is Hispanic/Latino, 2.2 percent is American Indian/Alaska Native and 0.9 percent is Asian.

The poverty rate in rural Oregon is 15.4 percent, compared with 13 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Beaver State strongly improved on its 2017 ranking for rural All-Cause Mortality (+5), Quality of Life (+3) and Access to Care (+3). Oregon is tied with Washington for most improved state in RHQ's 2018 U.S. Rural Health Report Card.

Oregon made significant gains in its rankings for rural Cancer Mortality (+2, D+), CLRD Mortality (+5, C-), Accident Mortality (+15, B) and Stroke Mortality (+5, C-).

The state also improved in rank for General Health (+5, C), self-reported Mental Health (+5, D-) and self-reported Physical Health (+10, C).

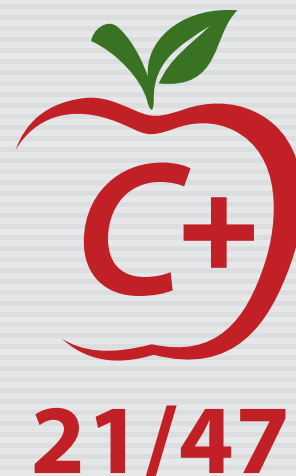
Oregon's rural Uninsured Rate ranking improved seven points to 20th in the nation (B+).

WHAT NEEDS WORK

Oregon slipped significantly in the 2018 rankings for rural Heart Disease Mortality (-5, B+) and in rural Dental Care Access (-5, A-).

URBAN-RURAL DIVIDE

Oregon ranks 33rd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Oregon is 14 percent higher than the rate in urban counties. ■



OREGON ranks 21st in the nation for rural health out of 47 states with rural counties.

Oregon is one of three states to receive a grade of "C+" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Up five spots nationally to 21st (26th in 2017)



Quality of Life:

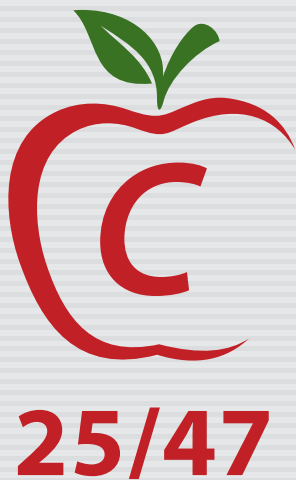
Up three spots nationally to 26th (29th in 2017)



Access to Care

Up three spots nationally to 12th (15th in 2017)





PENNSYLVANIA ranks 25th in the nation for rural health out of 47 states with rural counties.

Pennsylvania is one of three states to receive a grade of “C” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:
Down one spot nationally to 25th (24th in 2017)

Quality of Life:
Down one spot nationally to 21st (20th in 2017)

Access to Care:
Down one spot nationally to 20th (19th in 2017)

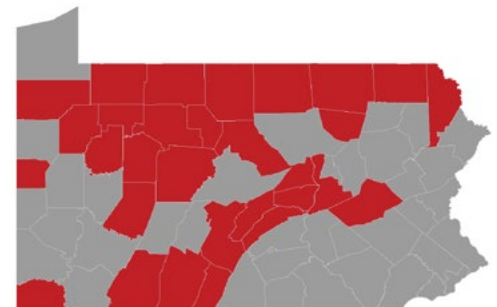
PENNSYLVANIA

All-Cause Mortality	C	Primary Care Access	C-
General Health	B	Mental Health Access	B
Mental Health (30 Days)	C-	Dental Care Access	C-
Physical Health (30 Days)	B-	Broadband Access	B-
Low Birth Weight	B-	Uninsured Rate	B+

PENNSYLVANIA has a population of 12.8 million people, and 11.5 percent live in one of Pennsylvania’s 30 rural counties.

94 percent of the state’s rural population is Non-Hispanic White, 2.2 percent is Black/African-American, 2 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Pennsylvania is 13.8 percent, compared with 12.8 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Keystone State improved significantly in 2018 in its rankings for rural CLRD Mortality (+7, A-) and rural Stroke Mortality (+3, B).

The state also saw slight improvements in rank for rural General Health (+1, B) and rural Low Birth Weight (+1, B-).

The rural Uninsured Rate in Pennsylvania is ranked a respectable 13th in the nation (B+).

WHAT NEEDS WORK

Pennsylvania saw a slight decline in national rankings in all major categories in 2018,

including Mortality (25th, -1), Quality of Life (21st, -1), and Access to Care (20th, -1).

Pennsylvania’s largest declines in rural ranking were for Heart Disease Mortality (-5, D), Accident Mortality (-5, D) self-reported Mental Health (-5, C-) and Physical Health (-4, B-).

URBAN-RURAL DIVIDE

Pennsylvania ranks 17th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Pennsylvania is five percent higher than the rate in urban counties. ■



SOUTH CAROLINA

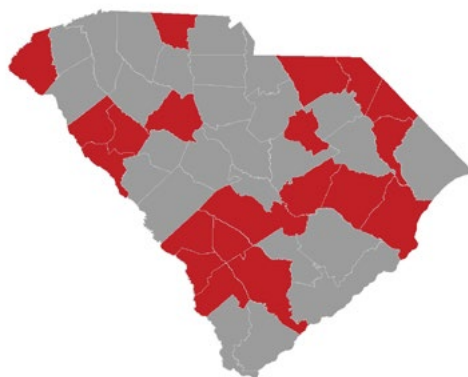
All-Cause Mortality	F	Primary Care Access	D
General Health	D-	Mental Health Access	D-
Mental Health (30 Days)	F	Dental Care Access	F
Physical Health (30 Days)	D-	Broadband Access	D-
Low Birth Weight	F	Uninsured Rate	D



SOUTH CAROLINA has a population of 4.8 million people, and 23.7 percent live in one of South Carolina's 20 rural counties.

54.2 percent of the state's rural population is Non-Hispanic White, 39.9 percent is Black/African-American, 3.5 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural South Carolina is 20.4 percent, compared with 14.4 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Palmetto State saw slight improvement in 2018 in its rankings for rural Cancer Mortality (+2, D-), rural Heart Disease Mortality (+1, D-), and overall Access to Care (+1, D-).

WHAT NEEDS WORK

South Carolina earned a failing grade for rural All-Cause Mortality in both 2017 and 2018. Rural Stroke Mortality in the state again ranks among the worst in the country (45th, F), and the state saw declines in ranking for rural CLRD Mortality (-3, C+) and rural Accident Mortality (-1, C-).

The state also saw declines in ranking for rural General Health (-2, D-) as well as in rural access to Primary Care (-1, D), Mental Health (-2, D-) and Dental Care (-1, F).

South Carolina's low rural ranking for Low Birth Weight remains a cause for concern (46th, F).

URBAN-RURAL DIVIDE

South Carolina ranks 36th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural South Carolina is 15 percent higher than the rate in urban counties. ■

SOUTH CAROLINA ranks 43rd in the nation for rural health out of 47 states with rural counties.

South Carolina is one of nine states to receive a grade of "F" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 39th for 2018

39

Quality of Life:

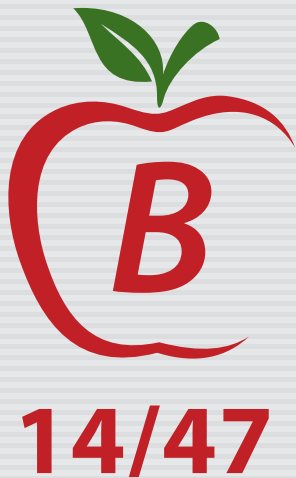
No change in national ranking of 45th for 2018

45

Access to Care

Up one spot nationally to 37th (38th in 2017)





SOUTH DAKOTA ranks 14th in the nation for rural health out of 47 states with rural counties.

South Dakota is one of four states to receive a grade of “B” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



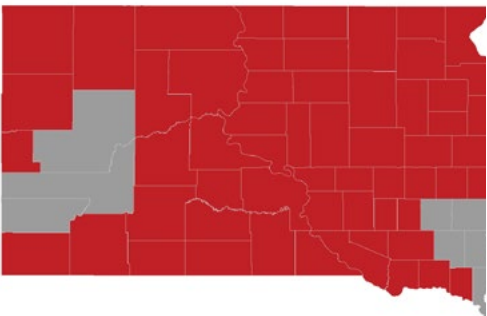
SOUTH DAKOTA

All-Cause Mortality	B-	Primary Care Access	B
General Health	A-	Mental Health Access	B
Mental Health (30 Days)	A+	Dental Care Access	B-
Physical Health (30 Days)	A	Broadband Access	B+
Low Birth Weight	A	Uninsured Rate	C-

SOUTH DAKOTA has a population of 865,000 people, and 51.9 percent live in one of South Dakota’s 58 rural counties.

80.9 percent of the state’s rural population is Non-Hispanic White, 0.7 percent is Black/ African-American, 2.6 percent is Hispanic/ Latino, 12.6 percent is American Indian/ Alaska Native and 1.1 percent is Asian.

The poverty rate in rural South Dakota is 15.3 percent, compared with 11 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Mount Rushmore State’s ranking for rural Uninsured Rate improved considerably in 2018, rising 10 points from 2017 to 29th (C-). South Dakota also improved its rural ranking for Mental Health Access (+9, A+) and Dental Care Access (+3, B-). The state’s ranking for rural CLRD Mortality also improved in 2018 (+5, A-).

South Dakota is among the top performing states for rural Low Birth Weight (7th, A).

WHAT NEEDS WORK

South Dakota lost significant ground in 2018 in both Quality of Life (-5) and Access to Care (-5)

measures. The state’s ranking for rural Stroke Mortality fell 17 points, and the ranking for rural Uninsured Rate fell 10 points.

South Dakota also declined significantly in the rural rankings for Cancer Mortality (-7, 18th), Accident Mortality (-8, 32nd) and Stroke Mortality (-16, 30th).

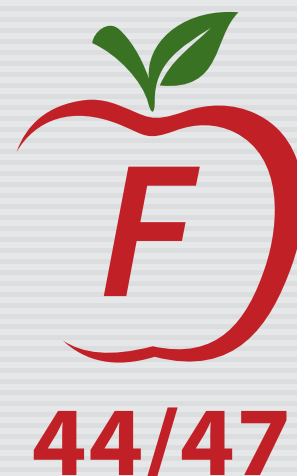
URBAN-RURAL DIVIDE

South Dakota ranks 37th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural South Dakota is 15 percent higher than the rate in urban counties. ■



TENNESSEE

All-Cause Mortality	F	Primary Care Access	F
General Health	D-	Mental Health Access	D+
Mental Health (30 Days)	F	Dental Care Access	F
Physical Health (30 Days)	F	Broadband Access	B
Low Birth Weight	D-	Uninsured Rate	C-



TENNESSEE has a population of 6.7 million people, and 22.6 percent live in one of Tennessee's 53 rural counties.

87.9 percent of the state's rural population is Non-Hispanic White, 6.1 percent is Black/African-American, 3.3 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Tennessee is 18.7 percent, compared with 14.9 percent in urban areas of the state.

WHAT'S GOOD

The Volunteer State saw significant improvement in the rankings for Mental Health Access in rural counties in 2018 (+5, D+).

Tennessee has an above average rank of 15th (B) for rural Broadband Access.

WHAT NEEDS WORK

Tennessee's national ranking for rural All-Cause Mortality declined in 2018 (-1, 44th), and the state earned failing grades in rural counties for all of the top five causes of death in the U.S.: Heart Disease Mortality (44th, F), Cancer Mortality (46th, F), CLRD Mortality (39th, F),



■ RURAL COUNTIES
■ URBAN COUNTIES

Accident Mortality (41st, F) and Stroke Mortality (44th, F).

Tennessee also declined significantly in the rankings for rural Uninsured Rate (-4, C-), as well as for General Health (-3, D-) and self-reported Physical Health (-3, F).

URBAN-RURAL DIVIDE

Tennessee ranks 38th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Tennessee is 16 percent higher than the rate in urban counties. ■

TENNESSEE ranks 44th in the nation for rural health out of 47 states with rural counties.

Tennessee is one of nine states to receive a grade of "F" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot nationally to 44th (43rd in 2017)



Quality of Life:

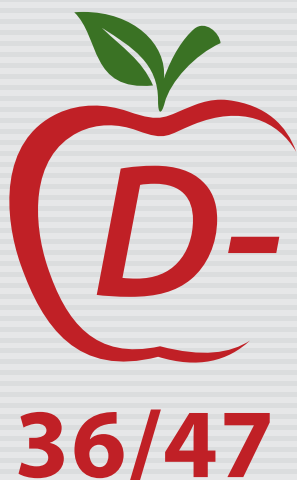
Up two spots nationally to 40th (42nd in 2017)



Access to Care

No change in national ranking of 36th for 2018

36



TEXAS ranks 36th in the nation for rural health out of 47 states with rural counties.

Texas is one of three states to receive a grade of “D-” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up four spots nationally to 31st (35th in 2017)



Quality of Life:
Up two spots nationally to 30th (32nd in 2017)

47

Access to Care:
No change in national ranking of 47th for 2018

TEXAS

All-Cause Mortality	D+	Primary Care Access	F
General Health	D-	Mental Health Access	F
Mental Health (30 Days)	B	Dental Care Access	F
Physical Health (30 Days)	C	Broadband Access	D+
Low Birth Weight	D+	Uninsured Rate	F

TEXAS has a population of 27.9 million people, and 11 percent live in one of Texas’s 172 rural counties.

57 percent of the state’s rural population is Non-Hispanic White, 7.9 percent is Black/African-American, 32.9 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.5 percent is Asian.

The poverty rate in rural Texas is 18.1 percent, compared with 15.3 percent in urban areas of the state.

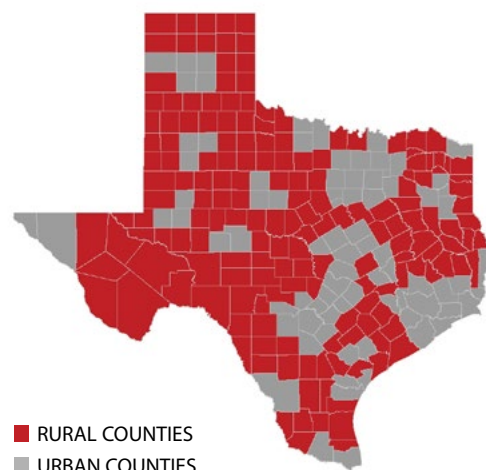
WHAT’S GOOD

In 2018, rural Texas saw modest improvements in its heart disease mortality grade (+3, D) and its CLRD mortality grade (+3, C-).

The Accident Mortality rate ranking in rural Texas is better than average (11th, B+), as is the self-reported Mental Health ranking in rural counties (16th, B).

WHAT NEEDS WORK

For the second straight year, Texas ranks last in the nation for Access to Care in rural counties (47th, F), a measure which includes Primary Care Access (46th, F), Mental Health



Access (40th, F), Dental Care Access (43rd, F), rural Uninsured Rates (47th, F) and rural Broadband Access (31st, D+).

Texas also declined significantly in the rural rankings for Cancer Mortality (-4, 23rd) and Stroke Mortality (-2, 40th).

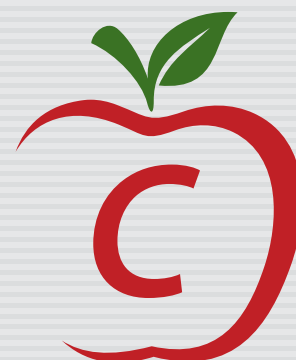
URBAN-RURAL DIVIDE

Texas ranks 40th out of 47 states for urban/rural difference in mortality. The all-cause mortality rate in rural Texas is 19 percent higher than the rate in urban counties. ■



UTAH

All-Cause Mortality	B-	Primary Care Access	C
General Health	A	Mental Health Access	F
Mental Health (30 Days)	B+	Dental Care Access	B+
Physical Health (30 Days)	B-	Broadband Access	B-
Low Birth Weight	C-	Uninsured Rate	D-

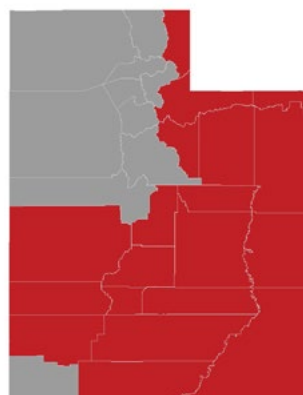


26/47

UTAH has a population of 3.1 million people, and 10.6 percent live in one of Utah's 19 rural counties.

84.2 percent of the state's rural population is Non-Hispanic White, 0.4 percent is Black/African-American, 9 percent is Hispanic/Latino, 4.1 percent is American Indian/Alaska Native and 0.8 percent is Asian.

The poverty rate in rural Utah is 13.9 percent, compared with 9.8 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Beehive State saw significant improvements in its rural Quality of Life ranking in 2018 (+2, B-). General Health climbed nine points (7th, A) and self reported mental Health improved two points (13th, B+).

The state's ranking for rural Accident Mortality climbed seventeen points and moved from a D in 2017 to a B in 2018.

WHAT NEEDS WORK

Utah's final grade dropped a bit in 2018, falling three points to 26th (C) from 23rd (C+) in 2017. The state lost significant ground in 2018 in

both rural All-Cause Mortality (-6, B-), Heart Disease Mortality (-6, B) and CLRD Mortality (-13, B). The state's Mental Health Access ranking also fell (-4, F), as did its rank for rural Uninsured Rate (-4, D-).

URBAN-RURAL DIVIDE

Utah ranks 23rd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Utah is 9 percent higher than the rate in urban counties. ■

UTAH ranks 26th in the nation for rural health out of 47 states with rural counties.

Utah is one of three states to receive a grade of "C" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down six spots nationally to 20th (14th in 2017)



Quality of Life:

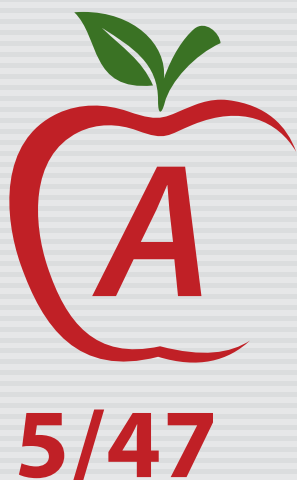
Up two spots nationally to 19th (21st in 2017)



Access to Care

Down two spots nationally to 31st (29th in 2017)





VERMONT ranks 5th in the nation for rural health out of 47 states with rural counties.

Vermont is one of four states to receive a grade of "A" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Down five spots nationally to 15th (10th in 2017)



Quality of Life:
Down three spots nationally to 9th (6th in 2017)

2

Access to Care:
No change in national ranking of 2nd for 2018

VERMONT

All-Cause Mortality	B	Primary Care Access	A+
General Health	A+	Mental Health Access	A+
Mental Health (30 Days)	C	Dental Care Access	B+
Physical Health (30 Days)	A-	Broadband Access	A-
Low Birth Weight	B+	Uninsured Rate	A+

VERMONT has a population of 625,000 people, and 65.1 percent live in one of Vermont's 11 rural counties.

94.9 percent of the state's rural population is Non-Hispanic White, 0.7 percent is Black/African-American, 1.6 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.8 percent is Asian.

The poverty rate in rural Vermont is 12.7 percent, compared with 10.3 percent in urban areas of the state.

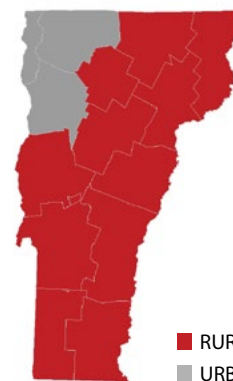
WHAT'S GOOD

The Green Mountain State's rankings for rural Access to Care measures are among the nation's best (2nd, A+). Vermont earns an A+ for rural Primary Care Access (3rd), Mental Health Access (2nd) and Uninsured Rate (2nd), and it is among the top 10 states for rural Broadband Access (10th).

In addition, Vermont ranks second nationally for rural General Health (A+), and it improved impressively in 2018 in its national ranking for rural Stroke Mortality (+17, A+).

WHAT NEEDS WORK

Vermont's final grade dropped a bit in 2018,



■ RURAL COUNTIES
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falling three points to 5th (A) from 2nd (A+) in 2017. The state lost significant ground in rural All-Cause Mortality (-5, B) and Heart Disease Mortality (-5, B-), and the state saw a major decline its national ranking for rural Accident Mortality (-16, C).

Self-reported Mental Health in rural counties also fell off considerably (-12, C).

URBAN-RURAL DIVIDE

Vermont ranks 26th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Vermont is 11 percent higher than the rate in urban counties. ■



VIRGINIA

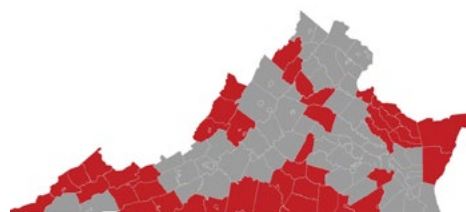
All-Cause Mortality	D-	Primary Care Access	D
General Health	D+	Mental Health Access	C
Mental Health (30 Days)	B	Dental Care Access	D-
Physical Health (30 Days)	C+	Broadband Access	C-
Low Birth Weight	F	Uninsured Rate	C-



VIRGINIA has a population of 8.4 million people, and 12.4 percent live in one of Virginia's 53 rural counties.

75.9 percent of the state's rural population is Non-Hispanic White, 19 percent is Black/African-American, 2.8 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

The poverty rate in rural Virginia is 16.7 percent, compared with 10.2 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

Old Dominion's rankings improved in 2018 for rural CLRD Mortality (+6, C+) and for rural Accident Mortality (+9, C-).

Virginia also continues to rank above the national average for self-reported Mental Health (17th, B).

WHAT NEEDS WORK

Virginia saw a slight decline in national rankings in all major categories in 2018, including Mortality (37th, -1), Quality of Life (32nd, -1), and Access to Care (33rd, -1). Virginia's largest declines in rural ranking were

for rural Stroke Mortality (-7, D-), self-reported Physical Health (-2, C+) and the Uninsured Rate (-2, C-). The state also saw slight declines in rank for rural Dental Care Access (-1, D-) and self-reported Physical Health (-2, C+).

Virginia continues to earn low marks in 2018 for its Low Birth Weight ranking in rural counties (40th, F).

URBAN-RURAL DIVIDE

Virginia ranks last (highest) in the nation (47th out of 47 states) for urban/rural difference in mortality. The age-adjusted mortality rate in rural Virginia is 30 percent higher than the rate in urban counties. ■

VIRGINIA ranks 32nd in the nation for rural health out of 47 states with rural counties.

Virginia is one of three states to receive a grade of "D+" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot nationally to 37th (36th in 2017)



Quality of Life:

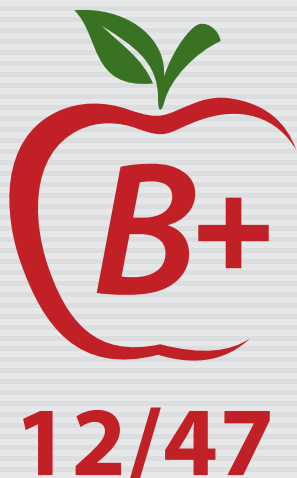
Down one spot nationally to 32nd (31st in 2017)



Access to Care

Down one spot nationally to 33rd (32nd in 2017)





WASHINGTON ranks 12th in the nation for rural health out of 47 states with rural counties.

Washington is one of three states to receive a grade of “B+” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up three spots nationally to 5th (8th in 2017)



Quality of Life:
Up one spot nationally to 15th (16th in 2017)



Access to Care:
Up nine spots nationally to 19th (28th in 2017)

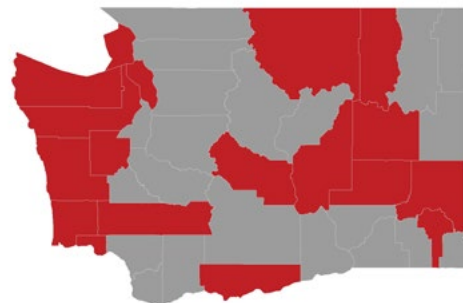
WASHINGTON

All-Cause Mortality	A	Primary Care Access	C
General Health	B-	Mental Health Access	D
Mental Health (30 Days)	B-	Dental Care Access	B
Physical Health (30 Days)	C-	Broadband Access	A+
Low Birth Weight	A	Uninsured Rate	B-

WASHINGTON has a population of 7.3 million people, and 10 percent live in one of Washington’s 18 rural counties.

77.3 percent of the state’s rural population is Non-Hispanic White, 1.1 percent is Black/African-American, 13.7 percent is Hispanic/Latino, 2.4 percent is American Indian/Alaska Native and 2.1 percent is Asian.

The poverty rate in rural Washington is 16.4 percent, compared with 10.7 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT’S GOOD

The Evergreen State strongly improved on its 2017 ranking for rural Access to Care (+9, B-) and saw modest improvements in All-Cause Mortality (+3, A) and Quality of Life (+1, B). Washington is tied with Oregon for most improved state in RHQ’s 2018 U.S. Rural Health Report Card.

Washington made significant gains in its rankings for rural Cancer Mortality (+9, A), Heart Disease Mortality (+6, A+), Accident Mortality (+4, A) and Stroke Mortality (+5, B-).

Washington’s rural Uninsured Rate ranking

improved seven points to 19th nationally (B-).

WHAT NEEDS WORK

Washington slipped a bit in the 2018 rankings for rural Dental Care Access (-3, B) and Mental Health Access (-2, D).

URBAN-RURAL DIVIDE

Washington ranks 10th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Washington is two percent higher than the rate in urban counties. ■



WEST VIRGINIA

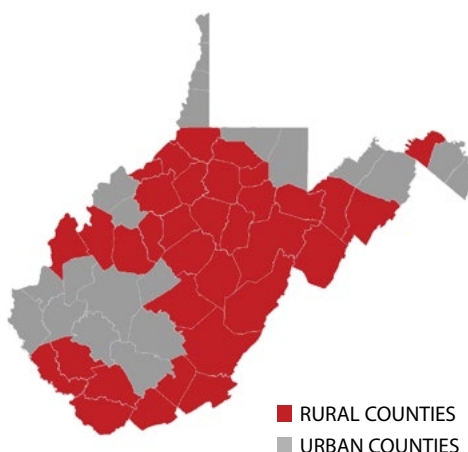
All-Cause Mortality	F	Primary Care Access	B-
General Health	F	Mental Health Access	C-
Mental Health (30 Days)	F	Dental Care Access	D+
Physical Health (30 Days)	F	Broadband Access	C+
Low Birth Weight	F	Uninsured Rate	B+



WEST VIRGINIA has a population of 1.8 million people, and 38.2 percent live in one of West Virginia's 34 rural counties.

95 percent of the state's rural population is Non-Hispanic White, 2.2 percent is Black/African-American, 1 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.3 percent is Asian.

The poverty rate in rural West Virginia is 18.7 percent, compared with 17.4 percent in urban areas of the state.



WHAT'S GOOD

The Mountain State's rankings for rural Access to Care rose impressively year over year (+8, B) thanks largely to its improved rural Uninsured Rate (+9, B+).

WHAT NEEDS WORK

While West Virginia's rural Cancer Mortality ranking improved by five points in 2018, it continues to earn a failing grade (39th, F). The state also failed for rural CLRD Mortality (46th, F) and rural Accident Mortality (45th, F).

West Virginia's rural ranking for Quality of Life

measures declined in 2018 (-3, F), including those for General Health (-2, F), self-reported Mental Health (-1, F) and self-reported Physical Health (-1, C).

West Virginia's rank for rural Low Birth Weight improved slightly (+1) but still earned an F.

URBAN-RURAL DIVIDE

West Virginia ranks 4th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural West Virginia is virtually even with the rate in urban counties. ■

WEST VIRGINIA ranks 38th in the nation for rural health out of 47 states with rural counties.

West Virginia is one of three states to receive a grade of "D-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 41st for 2018

41

Quality of Life:

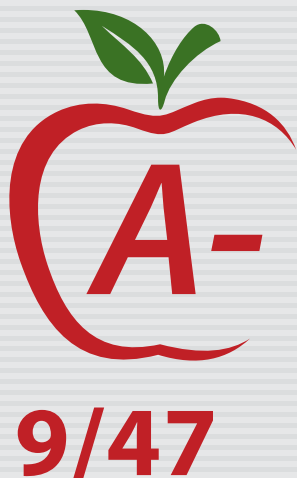
Down three spots nationally to 46th (43rd in 2017)

46

Access to Care

Up eight spots nationally to 16th (24th in 2017)

16



WISCONSIN ranks 9th in the nation for rural health out of 47 states with rural counties.

Wisconsin is one of three states to receive a grade of “A-” for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS



Mortality:
Up one spot nationally to 10th (11th in 2017)

7

Quality of Life:
No change in national ranking of 7th for 2018

9

Access to Care:
No change in national ranking of 9th for 2018

WISCONSIN

All-Cause Mortality	A-	Primary Care Access	B+
General Health	A-	Mental Health Access	B-
Mental Health (30 Days)	B+	Dental Care Access	B-
Physical Health (30 Days)	B+	Broadband Access	D
Low Birth Weight	A	Uninsured Rate	A-

WISCONSIN has a population of 5.8 million people, and 25.9 percent live in one of Wisconsin’s 46 rural counties.

91.8 percent of the state’s rural population is Non-Hispanic White, 0.8 percent is Black/African-American, 3.6 percent is Hispanic/Latino, 1.6 percent is American Indian/Alaska Native and 0.9 percent is Asian.

The poverty rate in rural Wisconsin is 11.3 percent, compared with 11.9 percent in urban areas of the state.

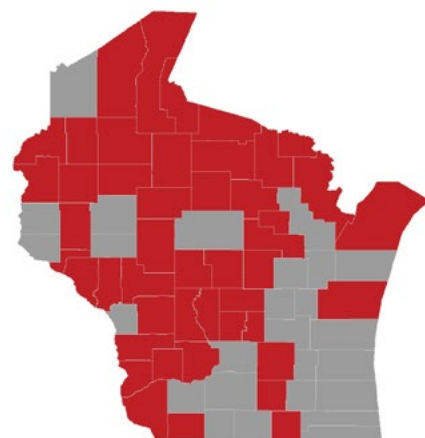
WHAT’S GOOD

The Badger State improved on its 2017 ranking for rural All-Cause Mortality (+1, A-) and saw specific improvements in rural Heart Disease Mortality (+3, B), CLRD Mortality (+4, A), and Stroke Mortality (+10, B+).

Wisconsin also made significant gains in its rankings for rural General Health (+3, A-) and rural Low Birth Weight (+2, A). The state’s rural Uninsured Rate ranking remains among the nation’s top 10 (9th, A-).

WHAT NEEDS WORK

Wisconsin slipped two points in its final



■ RURAL COUNTIES
■ URBAN COUNTIES

grade in 2018, and saw a slight dip in rankings for rural Mental Health Access (-2, B-) and rural Dental Care Access (-1, B-). Rural Broadband Access in Wisconsin ranks well below the national average (34th, D).

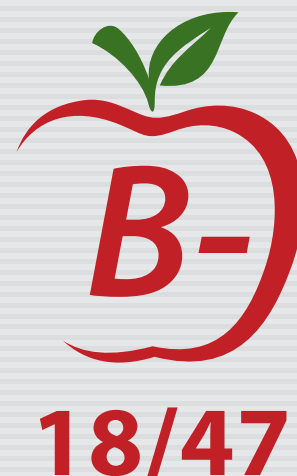
URBAN-RURAL DIVIDE

Wisconsin ranks 6th out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Wisconsin is 1 percent higher than the rate in urban counties. ■



WYOMING

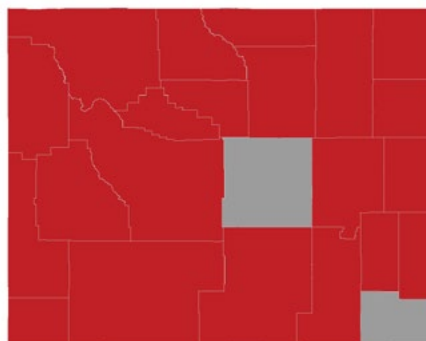
All-Cause Mortality	A-	Primary Care Access	B+
General Health	B+	Mental Health Access	B+
Mental Health (30 Days)	A-	Dental Care Access	A-
Physical Health (30 Days)	B+	Broadband Access	C-
Low Birth Weight	D+	Uninsured Rate	D



WYOMING has a population of 586,000 people, and 69.4 percent live in one of Wyoming's 21 rural counties.

85.2 percent of the state's rural population is Non-Hispanic White, 0.6 percent is Black/African-American, 8.9 percent is Hispanic/Latino, 2.4 percent is American Indian/Alaska Native and 0.8 percent is Asian.

The poverty rate in rural Wyoming is 12.1 percent, compared with 9.5 percent in urban areas of the state.



■ RURAL COUNTIES
■ URBAN COUNTIES

WHAT'S GOOD

The Equality State saw significant improvements in its rural Quality of Life ranking in 2018 (+4, B-). Rural General Health improved two points (13th, B+) and self-reported Physical Health improved three points (11th, B+).

The state's ranking for rural Cancer Mortality is among the best in the nation (4th, A).

Access made some gains (+4, A-), the state's ranking for its rural Uninsured Rate fell 11 points (33rd, D). Unlike many of its neighbors, Wyoming has not adopted Medicaid expansion as offered under the Affordable Care Act.

Wyoming's rural Accident Mortality ranking remains among the nation's highest (39th, F).

WHAT NEEDS WORK

Wyoming's final grade dropped from a B to a B- in 2018, thanks in part to a steep drop in ranking for Access to Care measures in the state. While Wyoming's rural Dental Care

URBAN-RURAL DIVIDE

Wyoming ranks 2nd out of 47 states for urban/rural difference in mortality. The age-adjusted mortality rate in rural Wyoming is 2 percent lower than the rate in urban counties. ■

WYOMING ranks 18th in the nation for rural health out of 47 states with rural counties.

Wyoming is one of three states to receive a grade of "B-" for rural health access and outcomes in 2018.

2018 STATE RURAL HEALTH RANKINGS

Mortality:

Down two spots nationally to 8th (6th in 2017)



Quality of Life:

Up four spots nationally to 20th (24th in 2017)



Access to Care

Down 11 spots nationally to 24th (13th in 2017)



RHQ CONFERENCE CALENDAR

Check out our list of rural health conferences, and let us know if you're hosting one so we can help spread the word. Email us the details at RHQ@ttuhsc.edu.

Nebraska Rural Health Conference

April 24-25, 2019
Younes Conference Center, 416 W Talmadge Rd.
Kearney, NE
nebraskaruralhealth.org

Michigan Rural Health Conference

April 25-26, 2019
Soaring Eagle Casino and Resort,
6800 Soaring Eagle Blvd.
Mount Pleasant, MI
www.mcrh.msu.edu/index.html

Alabama Rural Health Conference

April 25-26, 2019
Montgomery Marriot Prattville Hotel,
2500 Legends Circle
Prattville, AL
www.arhaonline.org

Mississippi Rural Health Clinic Conference

May 3, 2019
Jackson Hilton, 1001 County Line Rd.
Jackson, MS
msrha.org

Rural Hospital Innovation Summit

May 7-10, 2019
Atlanta Marriot Marquis, 265
Peachtree Center Ave NE
Atlanta, GA
www.ruralhealthweb.org

Health Equity Conference

May 7, 2019
Atlanta Marriot Marquis, 265
Peachtree Center Ave NE
Atlanta, GA
www.ruralhealthweb.org

Rural Medical Education Conference

May 7, 2019
Atlanta Marriot Marquis, 265
Peachtree Center Ave NE
Atlanta, GA
www.ruralhealthweb.org

NRHA Annual Rural Health Conference

May 7-10, 2019
Atlanta Marriot Marquis, 265
Peachtree Center Ave NE
Atlanta, GA
www.ruralhealthweb.org



Iowa Association of Rural Health Clinics Conference

May 7-8, 2019
Holiday Inn Des Moines Airport
Conference Center, 6111 Fleur
Drive
Des Moines, IA
iarhc.org

Telehealth at the Crossroads

May 23-24, 2019
Hyatt Regency Lost Pines Resort
Austin, TX
www.crossroadsconference.us

Oklahoma Rural Health Conference

May 29, 2019
Embassy Suites Norman Hotel and
Conference Center, 2501 Conference Dr.
Norman, OK 73069
www.rhao.org

Dakota Conference on Rural and Public Health

June 11, 2019
Clarion Hotel and Convention
Center, 2200 E. Burdick Expy
Minot, ND
ruralhealth.und.edu/dakota-conference

Wisconsin Rural Health Conference

July 12 - 14, 2019
Glacier Canyon Lodge at the Wilderness
Resort, 45 Hillman Road
Wisconsin Dells, WI
www.wha.org

Minnesota Rural Health Conference

June 17-18, 2019
Duluth Entertainment Convention
Center, 350 Harbor Drive
Duluth, MN
minnesotaruralhealthconference.org

California Rural Health Conference

June 17-19, 2019
Lake Natoma Inn, 702 Gold Lake
Drive
Folsom, CA
www.carhc.org

Indiana Rural Health Conference

June 18-19, 2019
French Lick Springs Hotel, 8670 West
State Road 56
French Lick, IN
www.indianaruralhealth.org

State Rural Health Association Leadership Conference

July 9-10, 2019
Warwick Hotel, 1776 Grant St.
Denver, CO
www.ruralhealthweb.org

National Association of Rural Health Clinics Fall 2018 Institute

October 23 - 25, 2018
Hyatt Regency Lake Tahoe, 111
Country Club Drive
Incline Village, NV
narhc.org ■



TEXAS
RURAL HEALTH
ASSOCIATION

Making a Healthy Difference for Rural Texans



SERVING THE TEXAS RURAL HEALTH COMMUNITY

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. The Texas Rural Health Association (TRHA) is a nonprofit organization whose primary goal is to improve the health of rural Texans. Since 1984, individuals and organizations of TRHA have been dedicated to providing leadership on rural health care issues through advocacy, communication, and education.



THE TRHA MISSION

- ✪ Promote rural health as a distinct concern in Texas.
- ✪ Serve as a strong and unifying voice for concerned citizens, community leaders, public officials, and health care providers and organizations working to improve rural health in Texas.
- ✪ Advocate for rural health and promote an enhanced status and improved health system for rural Texans.
- ✪ Provide a forum for exchange and distribution of information and ideas related to improvement of rural health.
- ✪ Encourage the development of appropriate health resources to all rural areas of Texas.



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