

RHQ

Rural Health Quarterly

Spring/Summer
2021

**SPECIAL
ISSUE**



2019 U.S. Rural Health Report Card



RHQ

Rural Health Quarterly

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The Future in the Past: Data Trends from 2019 to Now

Optimistic isn't a strong enough word for what the view looks like to me these days. This issue of the RHQ is our annual "Report Card" Issue. What many people don't realize is that while it is early 2021, we are only working with complete data sets for the year 2019. That is true of almost any trend type report and that is why we focus on those



BILLY U. PHILIPS, JR.

PUBLISHER

Executive Director, F. Marie Hall Institute for Rural and Community Health at the Texas Tech University Health Sciences Center

trends in our index of rural health in this issue. Please don't think we are behind or looking in the review mirror, we are as contemporary as any doing such work, and few are doing what we do with the Report Card Issue of the Rural Health Quarterly. Now that the disclaimer is out there, I want to focus on some positive trends the data is showing us.

Overall in rural America, the trends suggest that there has been improvement in what is defined as "High-Speed Broadband Internet" by the FCC, where homes have access to high speed internet. That has proven essential during the social isolation, remote schooling, and working that has been going on for over a year to limit the spread of COVID-19. Most of us in health care have been excited and somewhat emboldened about the rapid expansion and innovation in telehealth and telemedicine. Of course,

the CARES Act has brought considerable funding, some matched by state funds, to advance priorities from infrastructure to workforce to health care payment reforms. Many states are searching for innovative ways to improve dental care access in rural areas.

We have taken some heat inside our state because of the algorithms and ways in which we scale the report card data. Our approach is solid from a scientific perspective, even indexed to national best practices research sites and highly cited as authoritative. In my case, I pay attention to how Texas fares each year. We have improved, albeit marginally, to a D- grade. That is largely due to the high uninsured or underinsured rates among our population, especially those living in rural areas. That is a very substantial topic of ongoing policy discussions in Texas.

Broadband internet access is another facet of attention, with the Texas Legislature working to improve that in rural areas, most especially in areas in West Texas that present the most formidable challenges of geography, scarcity and disparity. What we see looks very promising.

Watch the nation for three factors and their trends – Quality of Life, Internet Access, and Access to Health Care. Obviously, these are interrelated so let me tease out a way to sharpen your focus.

If I were to ask you to rate your quality of life, you likely would tell me about your perceptions; but think about what factors you might consider. Most such measures represent a sense of well-being that has importance in physical, mental, social and emotional health factors.

The community you live in would reflect your perception and influence what it is at the same time.

If you must work virtually due to a pandemic like COVID-19, and you do not have internet access, that would be a big influence on your sense of the quality of your life. It would have impact on operational matters as well – entertainment, financial transactions, shopping and curb-side pickup; similar things that have become utilities of life in social isolation. Some might say these are more than conveniences. Layer over that having access to health information on how to avoid COVID-19, or where to obtain vaccines, or how to see your primary care provider, and one can see how each of these is impacted by the other.

Watch carefully how things go in your state on things like broadband, which provides internet access and thus health care access. Monitor things like livable neighborhoods with green spaces that are safe to use. Follow the development of more food sources, not just grocery stores or markets, but capacity to actually produce some of your own staples in your own garden. Many rural areas are fresh food deserts, even though they are places that produce food, fuel and fiber for the rest of the country.

Homelessness rates and iterance are important features as these are like the "canary-in-the-coal-mine" for how equipped your community is in safety net programs. How regulated are things like scopes of practice for various health care providers, since that is a limiting factor for primary care provisions.

Watch for things that impact mental health – things like commute times, affordable housing, job availability, living wages, tax structures, city and county ordinances, and programs that serve vulnerable groups such as youth, elderly or veterans. These might look like social services, school-based care, or rural clinics, urgent care or hospital availability.

As you read these examples you probably are thinking how does a "report card" accurately scale these things in a few measures? That is a matter of using root cause analysis and social determinants theory to inform choices of factors that matter. Still, no system is perfect and noise in the system is our hardest challenge to overcome.

We have worked diligently over the years to develop an approach and a methodology that serves fairly well. Think of a weather vane – it shows the direction of the wind and something of its velocity even though it may not measure the water vapor or the allergens or the smells it carries. It is the same with our approach. It's a beginning; to try to understand better the rural health situation in America.

We invite you to do what we do in the F. Marie Hall Institute for West Texas, and that is to "drill down;" to uncover more about the things we can change to improve the lives of the people we serve, by working together to understand, engage, and work collaboratively to create the innovations that will lead to better health outcomes. It is a great adventure and we invite you to join us. Start by reading this issue of the Rural Health Quarterly. ●



RURAL REPORTS

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

What's news in your neck of the woods? Let us know!

Email: Email your rural health news to RHQ at RHQ@ttuhsc.edu

U.S. Mail: Rural Health Quarterly, F. Marie Hall Institute for Rural & Community Health, 5307 West Loop 289, St. 301 Lubbock, Texas 79414

Voicemail: Prefer to call? Leave us a message at (806) 743-3614

FAX: (806) 743-7953

Web: Find more RHQ contacts at ruralhealthquarterly.com or follow us on Facebook at facebook.com/Rural-HealthQuarterly.

ALABAMA //

The Alabama National Guard set up mobile COVID-19 vaccination clinics in Bullock and Choctaw counties in late March. The clinics were created in order to reach residents in rural communities who are eligible to receive a COVID-19 vaccine.

wsfa.com | 3.31.21

ALASKA //

Healthcare providers in Alaska have accelerated the use of telemedicine and virtual medical visits since the first COVID-19 outbreak. With case numbers steadily dropping, providers try to bridge the gap between virtual and in-person visits.

adn.com | 8.10.20

ARIZONA //

Project ATLAS, a collaboration between the American Legion and Philips North America, opened a new telehealth site in Wickenburg. Based in the American Legion post, veterans will be able to access their healthcare team without having to travel to the VA in Prescott.

legion.org | 3.25.21

ARKANSAS //

The Arkansas National Guard is working with the state health department to bring COVID-19 vaccinations to rural areas. In Nevada County's one pharmacy, employees are providing vaccinations to more than 8,000 residents.

ksla.com | 03.23.21



CALIFORNIA //

Adventist Health in Roseville, in partnership with COPE Health Solutions, rolled out a workforce development effort in late March.

The program includes a medical assistant school as well as other specialized programs for health professionals.

lakeconews.com | 03.30.21

COLORADO //

Fort Collins Police has created a behavioral health response unit with two officers and community paramedics, in order to separate mental health crises from the criminal justice system.

coloradoan.com | 03.22.21

FLORIDA //

More than \$368 million in grants are being distributed to rural health centers in Florida this year. Part of the American Rescue Plan, the funding is used to support COVID-19 vaccination distribution in underserved areas.

The U.S. Dept. of Health and Human Services disbursed the funding in April 2021.

stateofreform.com | 03.26.21



GEORGIA //

Rural hospitals in Georgia received a hefty donation from Ameris Bank this year.

Giving \$2 million to rural hospitals, Ameris donated cash to keep the hospitals open during the COVID-19 pandemic.

The donation was made as part of Georgia's HEART Hospital Program. Ameris Bank has donated over \$6 million since 2018.

wctv.tv | 3.25.21

HAWAII //

Rural clinics in Hawaii have seen their work double since the COVID-19 pandemic started, but with relaxed healthcare rules, initiatives such as mobile clinics and expanded services have led to better health outcomes.

civilbeat.org | 03.28.21

IDAHO //

Blue Cross of Idaho Foundation of Health will award \$30,000 in grants to start a telehealth pilot program at libraries in Orofino and Weippe. The pilot will offer telehealth to local residents, increasing healthcare access in the rural areas where the libraries are located.

bigcountrynewsconnection.com | 03.30.21



CANADA

The Rural Health Professions Action Plan is contributing \$6 million over three years to train physicians in rural Alberta.

Medical students receiving the funds will complete their residency and practice in rural areas outside Calgary.

thestar.com | 03.31.21

INDIA

Solve.Care has added India to its global telehealth network. A virtual health platform, Solve.Care allows doctors to offer their services to patients around the world.

The telehealth service will let doctors see more patients in less time, and enables rural areas to access healthcare without major travel.

healthcareitnews.com | 04.06.21

GHANA

In 2018, the World Bank reported Ghana had a rural population of almost 44% in 2018. But the country has the highest mobile use in West Africa, sitting at 55% mobile adoption by the end of 2019.

With such a percentage, a study conducted by the University of Ghana showed Ghana could be the next country to adopt telehealth services for rural areas and use it to successfully treat patients.

theconversation.com | 07.08.20

BRAZIL

A team of researchers conducted a study of telehealth services in Brazil, to see if virtual health care was a feasible approach for the rural regions of the country.

The results of the study showed that a family-oriented telehealth service would be a good intervention for rural residents, with reductions in symptom reporting.

pubmed.gov | 03.20.21



FRANCE

Rural mayors in France have warned the government of "medical deserts" in the countryside.

A new study by the AMRF shows a 62% increase in rural districts without a doctor, from 91 to 148 by 2017.

connexionfrance.com | 02.04.21



CHINA

China has vaccinated more than 100 million people against COVID-19 in an effort to build immunity. Officials are working on accelerating vaccine delivery to the rural areas of the country, in order to reach 1 billion vaccinations.

globaltimes.cn | 03.31.21

ILLINOIS //

The Governor of Illinois signed into law an equity healthcare plan designed to invest in underserved, rural communities. The state will invest \$150 million into filling healthcare gaps in Illinois.

myradiolink.com | 03.12.21

INDIANA //

Lawmakers in Indiana are pushing to expand telehealth services in the state after the COVID-19 pandemic. Senate Bill 3, introduced by a bipartisan group of senators, aims to redefine virtual care by broadening access to audio-only telehealth.

healthcareitnews.com | 01.20.21

LOUISIANA //

Ochsner Health, the largest hospital system in the state, is committing \$100 million over the next five years into creating community health centers in underserved areas.

nola.com | 11.13.20

MAINE //

Jackman Community Health Center has partnered with St. Joseph Hospital and Eastern Maine Community College to train Certified Access Integrated Paramedics. The program will provide 24/7 healthcare access to rural areas around Jackman.

newscentermaine.com | 04.01.21



MARYLAND //

The Maryland State Dental Association recently advocated for the state to create an Oral Health Task Force, to study the barriers to dental care in Maryland.

Two bills were passed on the state level this year, creating the task force and authorizing a two year study into analyzing the roadblocks.

times-news.com | 03.29.21

MICHIGAN //

Mason County has purchased two medical buses to transport COVID-19 vaccines to rural areas where locals have trouble accessing existing clinics. The buses are part of a pilot program to help rural communities access the vaccine.

9and10news.com | 3.13.21

MINNESOTA //

Project Rural Experts, a year-long development program for community leaders, is recruiting participants from rural areas of the state.

Training in health policy and leadership is available, as well as a \$12,000 stipend.

brainerddispatch.com | 03.10.21

MISSISSIPPI //

Mississippi recently received digital opportunity funds, allowing electric power companies to build more broadband towers in rural parts of the state.

The final goal is for everyone to be able to access telehealth care.

wjtv.com | 04.02.21

MONTANA //

Frontier Psychiatry, partnered with Eastern Montana Community Mental Health Center, is bringing access to psychiatric treatment to rural areas.

Frontier is providing services to rural hospitals and facilities, offering child and adolescent psychiatry and addiction medicine.

billingsgazette.com | 03.31.21



NEBRASKA //

Nebraska is undertaking a one-of-a-kind project to bring internet access to rural parts of the state. With the Rural Measures project, participants will use a device to measure their internet bandwidth. Once the measures are complete, the data will be used to determine access in rural areas, and how to fix connectivity issues.

unknews.unk.edu | 03.31.21



NEW HAMPSHIRE //

Nurses in the Granite State could see loan relief in the near future. The Student Debt Assistance Plan, proposed in the governor's budget biennium, would allocate \$10 million to support loan repayment in multiple health care fields.

Recipients would be required to reside and work in the state for at least five years after assistance.

manchesterinklink.com | 04.05.21

NEW YORK //

The Workforce Development Board of Herkimer, Madison and Oneida Counties Inc. was recently awarded a \$2.5 million grant from the U.S. Dept. of Labor, to address healthcare workforce shortages in central/northern New York.

uticaod.com | 04.02.21

OKLAHOMA //

Oklahoma doctors practicing in rural areas of the state could be able to qualify for tax credits soon. With HB 2089, rural doctors would receive up to \$25,000 in tax credits directly related to their practice. The bill is currently in the state Senate.

swoknews.com | 03.17.21

OREGON //

A tax credit for rural health providers in Oregon will "sunset" in 2022, unless state lawmakers decide to extend it. The credit gives up to \$5,000 to providers that earn up to \$300,000 a year. Senate Bill 143 would extend the sunset to 2028.

thelundreport.org | 03.22.21

SOUTH DAKOTA //

Sanford Health, located in Sioux Falls, received a \$300 million donation, initiating a program to improve rural access to care. With the donation, Sanford will invest in virtual healthcare.

healthcarefinancenews.com | 03.22.21



TEXAS //

Lynn County Hospital District is using telehealth to improve local access to care.

LCHD applied for grants to create telemedicine hubs at the hospital and surrounding areas.

Currently, ER visits have decreased since implementing the program, and LCHD is working with specialists to further use the system.

healthcareitnews.com | 03.29.21

VERMONT //

The state's only medical school has jumped rankings in the 2021 Best Graduate Schools list, ranking 24th in the nation.

University of Vermont's Larner College of Medicine also ranked 13th in educating physicians who wish to practice in rural areas of the state, according to the U.S. News rankings.

vermontbiz.com | 03.30.21

WASHINGTON //

Newport Hospital and Health Services will implement Epic EHR this year, allowing the healthcare network to enhance operations and connect with more rural patients.

ehrintelligence.com | 03.12.21

WEST VIRGINIA //

Almost 17,000 West Virginians are without health insurance. With an expansion of the Affordable Care Act, they are now eligible for tax credits to help with healthcare costs, starting in spring 2021.

fox6now.com | 04.01.21

WYOMING //

Pinedale, Wyoming has recently voted to bring a hospital to their community, bringing better healthcare access to the rural town. With the state facing budget deficits, rural communities are faced with raising taxes to provide services without state support.

mhealthintelligence.com | 01.13.21



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Rural Health
INFORMATION

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www.ruralhealthinfo.org/visualizations

Offers maps, charts, and tools which illustrate publicly available data in a variety of formats to show how rural areas compare.

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www.ruralhealthinfo.org/case-studies-conversations

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800.270.1898

info@ruralhealthinfo.org



THE STATE OF RURAL HEALTH IN AMERICA



2019

RURAL HEALTH REPORT CARD

RHQ is pleased to present our third annual U.S. Rural Health Report Card.

Each state's individual report card page includes a complete list of all the indicators that went into that state's final score, and also includes a detailed discussion of "What's Good" and "What Needs Work" in the state. We've also continued to grade what has become one of the most important factors in a state's report: Telemedicine access.

With the onset of the coronavirus (COVID-19) pandemic, the widespread expansion of telehealth and telemedicine technology has dominated rural health care discussion. In our Rural Reports section above, you will see many states are investing in and expanding broadband access across rural areas, bringing online health care access to more rural people nationwide.

However, this Report Card will only show 2019's rural health care measures, as that is the only complete data set available to us. 2020 rural health care measures will be available in our next Rural Health Report Card.

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 health disparities. We hope the information we provide 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 expertise and greatly assisted in the creation of the 2019 U.S. Rural Health Report Card, including Billy Philips, Catherine Hudson, Mike Penuliar, Debra Curti, and Miguel Carrasco.

CANDICE CLARK
RHQ MANAGING EDITOR

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 (2012-2018), the percentage of rural residents who reported having poor general health (2017), the number of poor physical health days reported by rural residents in the past 30 days (2017) and the number of poor mental health days reported by rural residents in the past 30 days (2017). 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 2016 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 2016 per 100,000 population, the percentage of uninsured rural residents under 65 years of age in 2016, and the percentage of rural residents with

access to "high-quality" broadband in 2017. Each state's combined Access to Care score accounts for 1/3 of that state's final composite score.

"High-quality" broadband access, a metric added to the report cards in 2018, was defined by Congress 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.

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 2019 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 2019 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.
- 7. Federal Communications Commission, 2019 Broadband Deployment Report.
- 8. SAS Statistical Package 9.4
- 9. Microsoft Excel 2019 16.0 ●

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:

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

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.

TABLE 1: FINAL RURAL HEALTH STATE RANKINGS AND GRADES

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

*DE, NJ, and RI excluded.

FIGURE 1 : RURAL HEALTH RANKING SYSTEM - CATEGORIES AND WEIGHTS

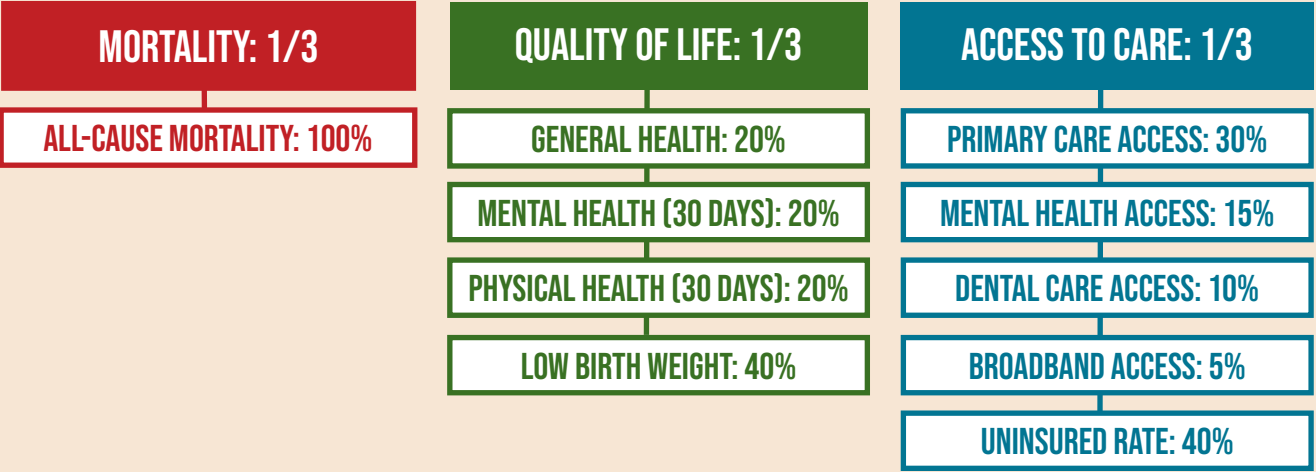


TABLE 2: U.S. RURAL HEALTH RANKINGS BY STATE - ALL CATEGORIES

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. MASSACHUSETTS	2	3	14	9	2	7	6	4	16	1
2. CONNECTICUT	4	1	7	1	10	16	4	1	1	2
3. NEW HAMPSHIRE	8	2	16	10	14	1	1	2	6	17
4. VERMONT	13	4	19	7	15	3	2	13	9	3
5. MINNESOTA	5	5	3	3	3	8	15	20	4	6
6. HAWAII	1	7	13	14	29	5	5	7	7	4
7. NORTH DAKOTA	7	14	2	2	5	28	21	14	3	18
8. WISCONSIN	14	6	9	11	6	11	18	19	26	14
9. IOWA	19	10	5	4	7	22	22	23	12	5
10. COLORADO	3	15	12	12	38	6	19	9	22	28
11. NEBRASKA	12	16	4	5	11	13	37	11	28	22
12. CALIFORNIA	17	19	24	22	9	15	8	5	40	15
13. MONTANA	15	13	10	16	22	9	10	6	19	23
14. SOUTH DAKOTA	20	8	1	6	8	19	16	18	11	27
15. WYOMING	6	9	6	8	32	14	11	8	25	39
16. WASHINGTON	9	26	28	29	4	25	35	17	5	19
17. MAINE	24	12	26	19	19	2	7	22	8	26
18. MARYLAND	21	17	20	13	33	12	3	15	2	16
19. ALASKA	16	25	8	25	1	4	12	3	46	46
20. NEW YORK	18	20	25	18	18	30	9	27	10	8
21. UTAH	10	11	17	17	26	20	43	12	20	31
22. IDAHO	11	21	15	21	12	17	26	16	35	38

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. MICHIGAN	22	18	29	28	17	23	17	21	30	12
24. OREGON	25	23	35	33	13	10	28	10	17	20
25. ILLINOIS	27	22	18	20	24	38	39	34	32	7
26. KANSAS	30	27	11	15	16	21	41	24	18	25
27. PENNSYLVANIA	26	24	32	26	20	26	14	28	21	11
28. OHIO	35	28	31	32	21	35	30	36	13	13
29. NEVADA	23	29	27	30	30	45	47	25	44	35
30. INDIANA	34	31	34	31	23	44	31	35	29	24
31. NEW MEXICO	29	39	33	38	35	24	13	31	41	29
32. VIRGINIA	37	30	23	24	40	37	25	38	31	32
33. ARIZONA	28	40	42	42	27	36	46	30	47	42
34. NORTH CAROLINA	32	32	30	35	42	32	20	32	14	40
35. MISSOURI	36	34	36	40	31	29	33	40	38	36
36. TEXAS	31	37	21	27	28	46	40	44	37	47
37. GEORGIA	38	33	22	23	43	33	23	41	27	43
38. ARKANSAS	40	42	41	41	37	31	44	39	45	21
39. FLORIDA	33	41	39	43	34	47	34	46	39	44
40. WEST VIRGINIA	42	43	47	47	41	18	29	33	23	10
41. KENTUCKY	47	44	45	46	39	27	24	29	15	9
42. SOUTH CAROLINA	39	35	37	34	46	34	38	42	33	37
43. OKLAHOMA	41	36	40	36	25	40	36	26	42	45
44. TENNESSEE	45	38	43	37	36	43	32	43	24	30
45. ALABAMA	44	46	44	44	44	42	42	47	34	33
46. LOUISIANA	43	45	46	45	45	41	45	45	43	34
47. MISSISSIPPI	46	47	38	39	47	39	27	37	36	41

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	1	1	3	1	2	1	1	2	1	3
2. PACIFIC	3	2	5	6	1	2	3	1	5	5
3. WEST NORTH CENTRAL	4	3	1	2	3	4	6	4	3	4
4. MID-ATLANTIC	5	4	6	3	5	6	2	5	2	1
5. MOUNTAIN	2	6	2	4	6	3	4	3	8	7
6. EAST NORTH CENTRAL	6	5	4	5	4	5	7	6	6	2
7. SOUTH ATLANTIC	7	7	7	7	8	7	5	7	4	8
8. WEST SOUTH CENTRAL	8	8	8	8	7	9	9	9	9	9
9. EAST SOUTH CENTRAL	9	9	9	9	9	8	8	8	7	6

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

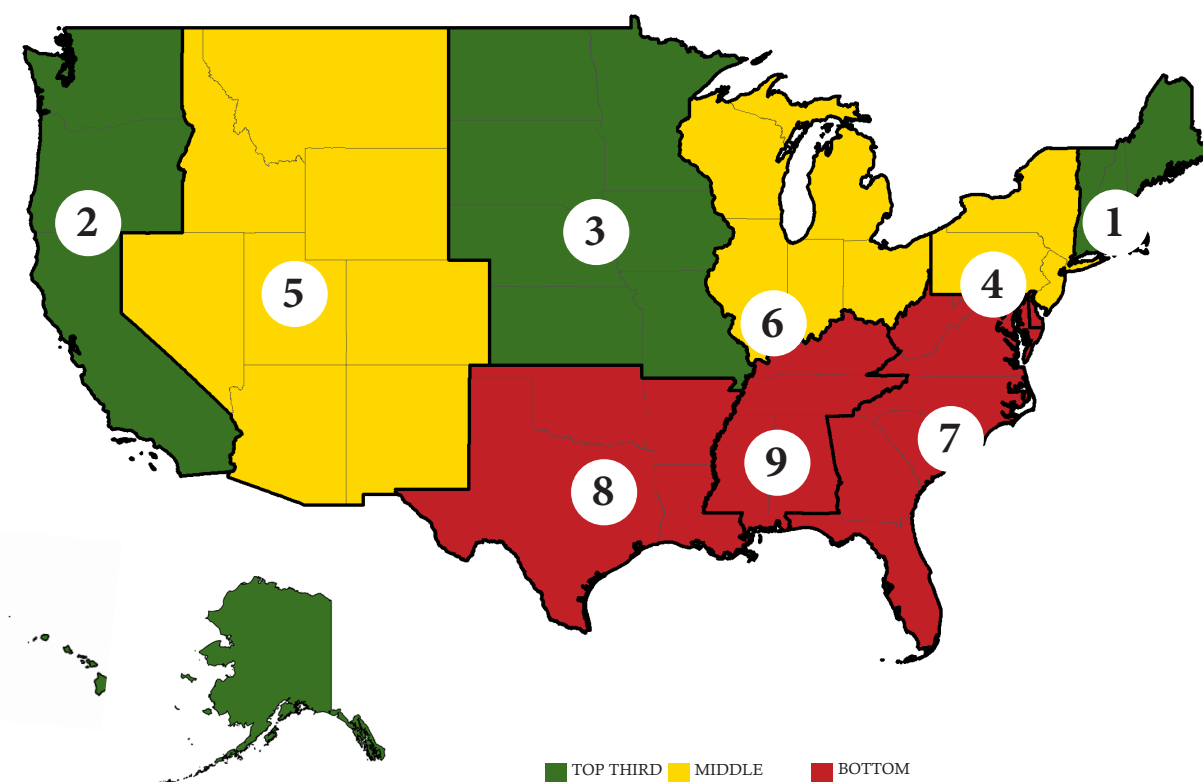
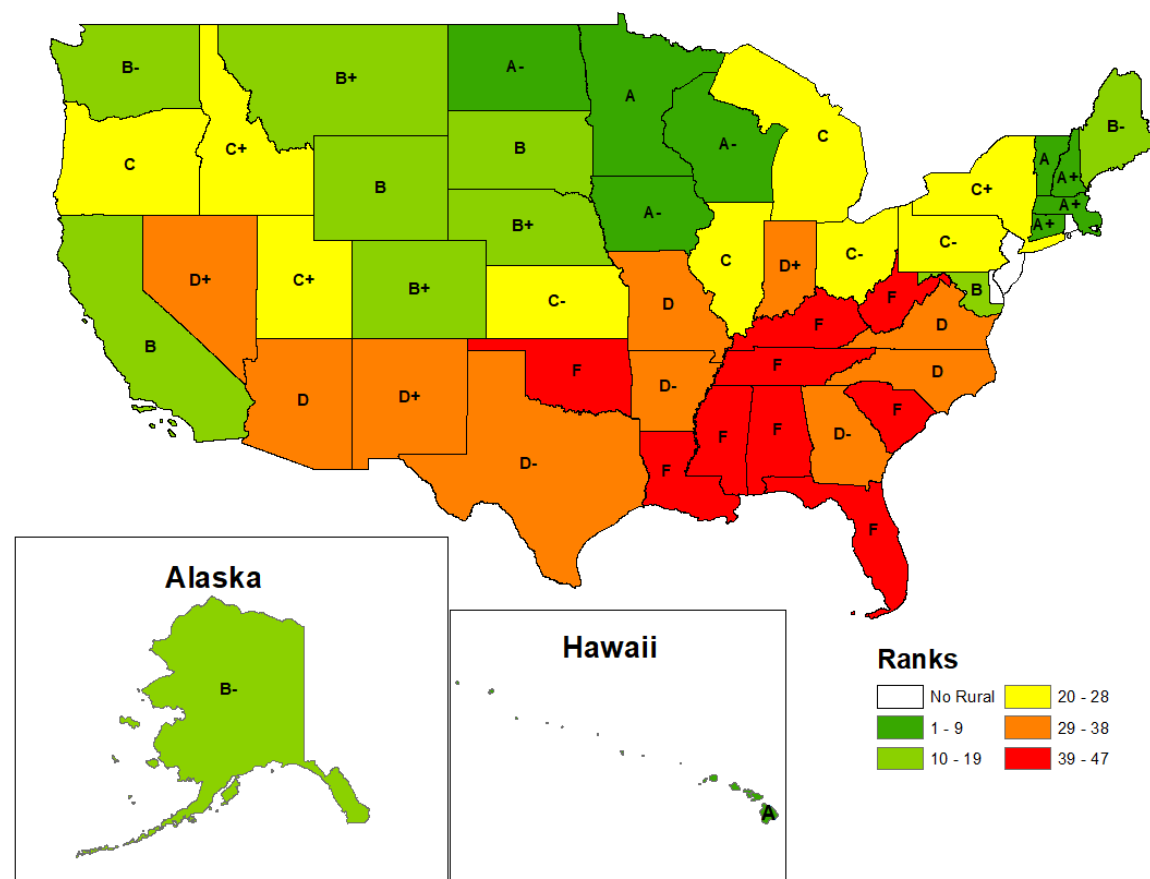


FIGURE 3: FINAL STATE RANKINGS



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

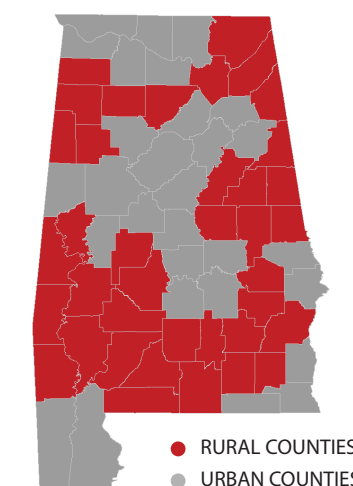
F

45/47

ALABAMA has a population of 4.9 million people, 1.1 million live in the state's 26 rural counties

68.6 percent of rural Alabamans identify as non-Hispanic White, with 23.9 percent identifying as Black/African American. 0.7 percent identify as American Indian/Alaska Native, 0.5 percent identify as Asian, and 4.5 percent identify as Hispanic/Latino.

The poverty rate in rural Alabama is 20.6%, roughly five percent higher than 15.7% urban poverty rate.



WHAT'S GOOD

Most of the Yellowhammer State's health measures did not change for 2019, but Alabama did see a six percent increase in Broadband Access, with 72% of the rural population reporting high speed broadband internet use.

Alabama also rose a spot in rural health access to 45th in the nation.

WHAT NEEDS WORK

Although Alabama's uninsured rate ranking climbed to 33rd this year, it still earns Alabama a D. While Alabama did rank 44th for rural Mortality, it is a repeat of 2017's overall rank and still an F.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Alabama is 9 percent higher than the rate in urban counties. ●

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

Alabama is one of nine states to receive a grade of "F" for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:

Up one spot nationally to 44th (45th in 2018)

44

Quality of Life:

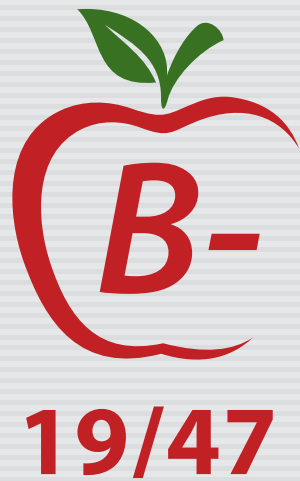
No change in national ranking of 44th for 2018

44

Access to Care:

Up one spot nationally to 39th (40th in 2018)

39



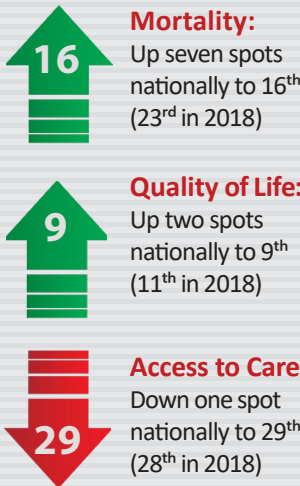
ALASKA

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

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

Alaska is one of three states to receive a grade of “B-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



ALASKA has a population of 731,545 thousand people, 238,379 thousand live in the state’s 26 rural counties

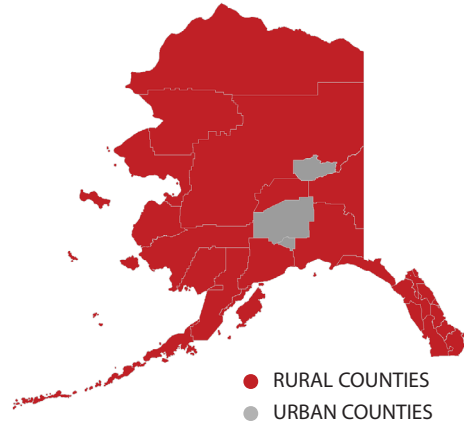
54.9 percent of rural Alaskans identify as non-Hispanic White, with 0.7 percent identifying as Black/African American. 26.7 percent identify as American Indian/Alaska Native, 5.6 percent identify as Asian and 4.8 percent identify as Hispanic/Latino.

Alaska’s urban poverty rate sits at 9.5%, with the rural poverty rate five percent higher at 14.5%.

WHAT’S GOOD

Alaska has made improvements in many areas of healthcare over the past year, ranking 12th in the nation for Access to Mental Health, earning a B+.

The Last Frontier State also jumped two spots in Quality of Life to rank 9th nationally for 2019, and rose seven places to rank 16th in Mortality.



WHAT NEEDS WORK

Alaska ranks second to last this year in rural internet access, with only 51% of rural residents reporting broadband internet use.

Access to Care across rural Alaska dropped a spot from 2018, landing at 29th nationally.

URBAN-RURAL DIVIDE

Compared to urban Alaska, rural Alaska’s age-adjusted Mortality Rate is 8% higher than in the urban areas. ●

ARIZONA

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

ARIZONA has a population of 7.2 million people, with 352,770 thousand living in Arizona’s 7 rural counties.

38.5 percent of the state’s rural population is Non-Hispanic White, 0.7 percent is Black/African-American, 25.2 percent is Hispanic/Latino, 0.6 percent is Asian and 33.1 percent is American Indian/Alaska Native.

The poverty rate in rural Arizona is 26.9%, more than thirteen percent higher than the urban poverty rate of 13.4%.

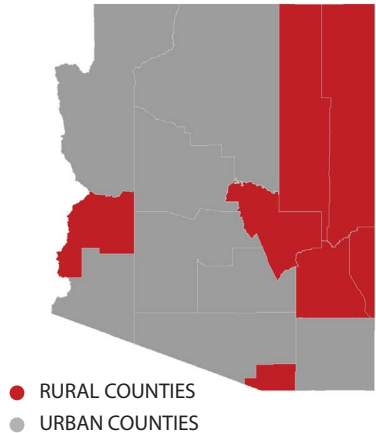
WHAT’S GOOD

Arizona rose in Quality of Life rankings, placing 36th nationally for 2019, an improvement from 39th in 2018.

WHAT NEEDS WORK

The Grand Canyon State ranks last in the nation for rural internet access; only 48% of rural residents report high speed broadband internet use.

Mortality in Arizona dropped a spot from 2018, ranking 43rd nationally.



URBAN-RURAL DIVIDE

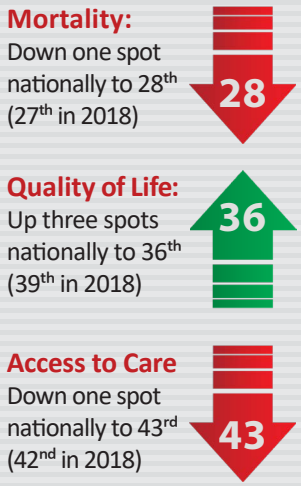
Rural Arizona’s age-adjusted Mortality Rate is 22 percent higher than in the urban counties. ●



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

Arizona is one of four states to receive a grade of “D” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





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

Arkansas is one of three states to receive an overall grade of “D-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

40
Mortality:
No change in national ranking of 40th for 2019

41
Quality of Life:
Up one spot nationally to 41st (42nd for 2018)

32
Access to Care:
No change in national ranking of 32nd for 2019

A **ARKANSAS** has a population of 3 million people, with 1.1 million residents living in Arkansas’s 55 rural counties.

77.5 percent of the state’s rural population is Non-Hispanic White, 14.1 percent is Black/African-American and 5.3 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 19.5 percent, almost five percent higher than the urban poverty rate of 15.2%.

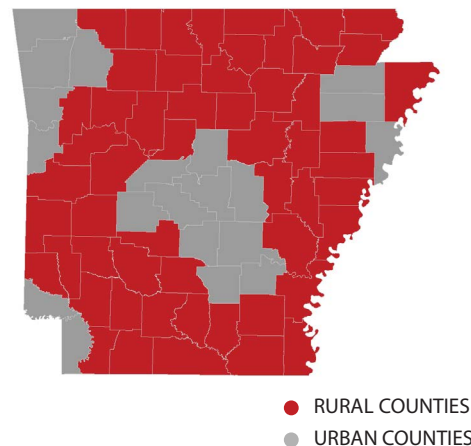
WHAT’S GOOD

Arkansas jumped a rank in Quality of Life, placing 41st nationally for 2019.

WHAT NEEDS WORK

The Natural State keeps its ranks for Mortality and Access to Care for 2019, with little change in other indicators from 2018.

Arkansas ranks 45th out of 47th nationally in rural internet access, with 58% having high speed broadband internet.



URBAN-RURAL DIVIDE

Rural Arkansas’s age-adjusted Mortality Rate is 11% higher than in the urban areas of the state. ●

CALIFORNIA

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

C **CALIFORNIA** has a population of 39.5 million people, 837,284 thousand live in the state’s 21 rural counties.

72.8 percent of the state’s rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 17.6 percent is Hispanic/Latino and 1.7 percent is Asian, 2.6 percent is American Indian/Alaska Native.

The poverty rate in rural California is 15.7 percent, compared with 12.8 percent in urban areas of the state.

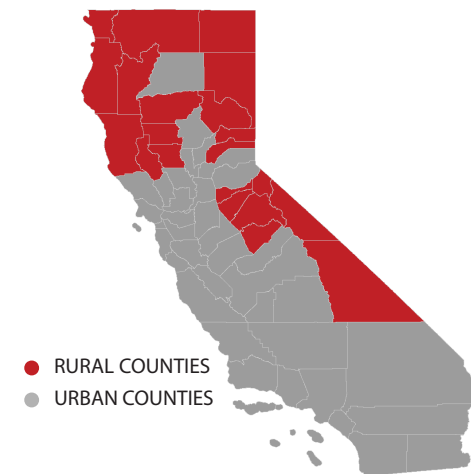
WHAT’S GOOD

The Golden State ranked 9th this year for overall Access to Care, jumping up a spot to stay in the top ten nationally.

California ranked 15th for 2019’s Uninsured Rate, with 7.9% of rural residents having no health insurance.

WHAT NEEDS WORK

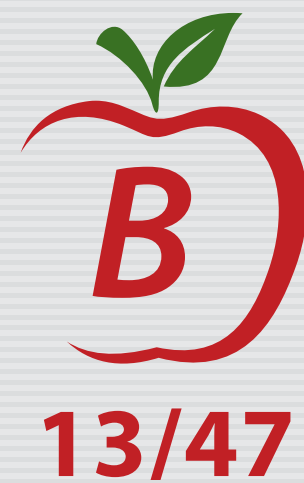
California earns an F for internet access, ranking 40th with 69% of rural residents having high speed broadband.



California also dipped a little in Mental Health Access, ranking 8th and earning a C for 2019, a drop from 2018’s C+ at 39th (F).

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural California is 22 percent higher than the rate in urban counties. ●



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

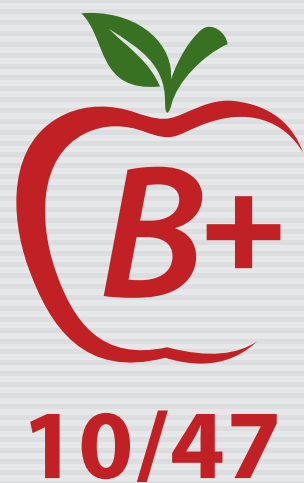
California is one of four states to receive a grade of “B” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:
Up two spots nationally to 17th (19th in 2018)

Quality of Life:
Down one spot nationally to 15th (14th in 2018)

Access to Care
Up one spot nationally to 9th (10th in 2018)



COLORADO ranks 10th 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 2019.

2019 STATE RURAL HEALTH RANKINGS

3
Mortality:
No change in national ranking of 3rd for 2019

24
Quality of Life:
Down one spot nationally to 24th (23rd in 2018)

15
Access to Care:
Down one spot nationally to 15th (14th in 2018)

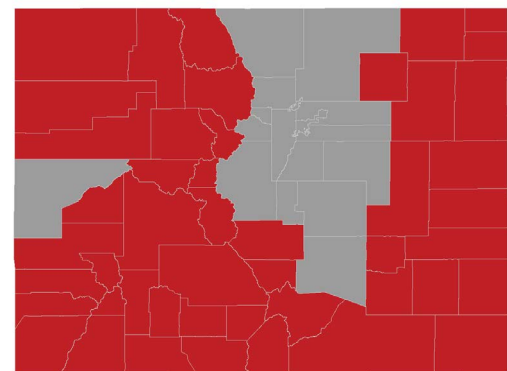
COLORADO

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)	B+	Broadband Access	C+
Low Birth Weight	D-	Uninsured Rate	C-

COLORADO has a population of 5.7 million people, 715,485 live in Colorado’s 47 rural counties.

73 percent of the state’s rural population is Non-Hispanic White, 1.2 percent is Black/African-American, 21.8 percent is Hispanic/Latino and 1.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.

While the urban areas of Colorado have a 9.3% poverty rate, the poverty rate in rural Colorado is 12.3%, a three percent increase.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT’S GOOD

For the second year in a row the Centennial State keeps its B+ grade for rural health access and outcomes, with only slight decreases in General Health and Physical Health.

Like many of the other states Colorado saw an increase in rural access to the internet, with almost 80% of the rural population reporting access, according to the FCC.

WHAT NEEDS WORK

11.6% of Coloradans have no health insurance, and while the Uninsured Rate is lower than most states, it still earns Colorado

For the second year in a row Low Birth Weight is still a concern for rural Colorado, dropping from 2018’s 36th to 2019’s 38th and a grade of D-.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Colorado is 2% lower than in the urban areas of the state. ●

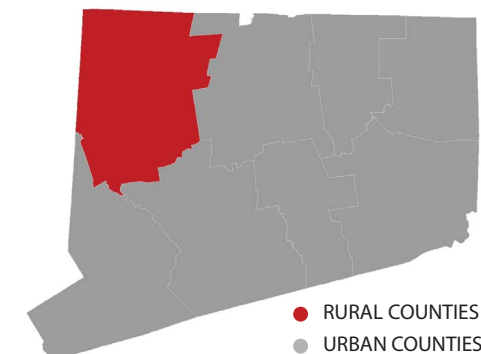
CONNECTICUT

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, with 180,333 residents in Connecticut’s one rural county.

89 percent of the state’s rural population is Non-Hispanic White, 1.6 percent is Black/African-American, 6 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 1.8 percent is Asian.

Connecticut’s rural poverty rate is 6.9%, more than a three percent decrease from the urban poverty rate of 10.5%.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT’S GOOD

Connecticut ranked 2nd in 2019 for the Uninsured Rate, with only 4.6% uninsured residents.

Connecticut is in the top spot for rural internet access, ranking 1st with 99.8% of rural residents reporting and earning the state an A+.

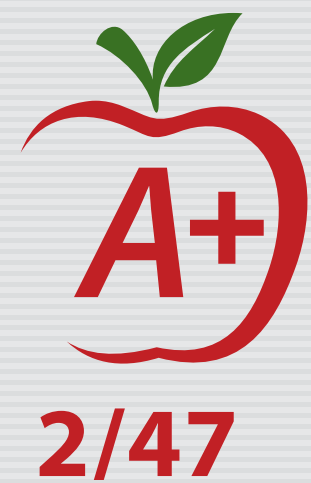
WHAT NEEDS WORK

The Constitution State dropped two spots in Mortality, ranking 4th in 2019 from 2nd in 2018.

Rural Access to Care dipped a spot to 5th, with the rest of the measures staying the more or less the same for 2019.

URBAN-RURAL DIVIDE

Rural Connecticut’s age-adjusted Mortality Rate is just 2% higher than the urban areas. ●



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

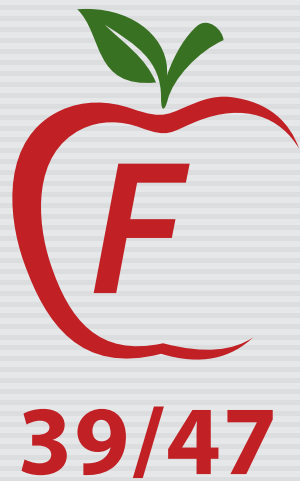
Connecticut is one of three states to receive a grade of “A+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:
Down two spots nationally to 4th (2nd in 2018)

Quality of Life:
No change in national ranking of 2nd for 2019

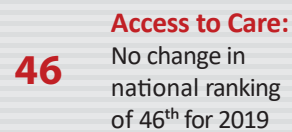
Access to Care:
Down one spot nationally to 5th (4th in 2018)



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

Florida is one of nine states to receive a grade of “F” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



FLORIDA

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

F **LORIDA** has a population of 21.4 million people, 718,588 live in Florida’s 23 rural counties.

67.2 percent of the state’s rural population is Non-Hispanic White, 14.7 percent is Black/African-American and 15 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Florida’s rural poverty rate is 20.2%, an almost seven percent increase from the urban poverty rate of 13.4%.

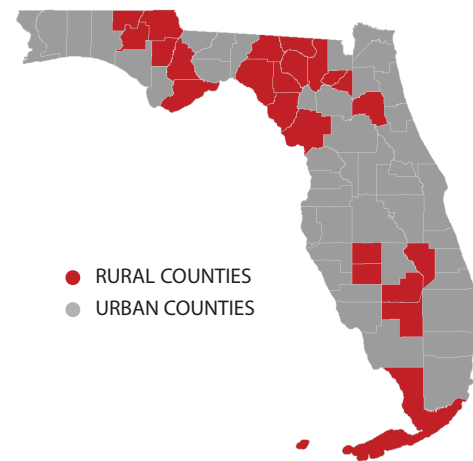
WHAT’S GOOD

Florida’s healthcare measures did not greatly fluctuate for 2019, leaving all access grades the same.

WHAT NEEDS WORK

The Sunshine State saw a drop in Mortality (33rd, D) and Quality of Life (40th, F).

Access to Care did not change from 2018’s rank of 46th, leaving Florida ranked second to last nationally for the second year in a row.



URBAN-RURAL DIVIDE

Rural Florida’s age-adjusted Mortality Rate is 29% higher than in the urban areas of the state. ●

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)	C	Broadband Access	C-
Low Birth Weight	F	Uninsured Rate	F

G **EORGIA** has a population of 10.6 million people, 1.8 million live in Georgia’s 85 rural counties.

65.2 percent of the state’s rural population is Non-Hispanic White, 25.4 percent is Black/African-American, 6.7 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.8 percent is Asian.

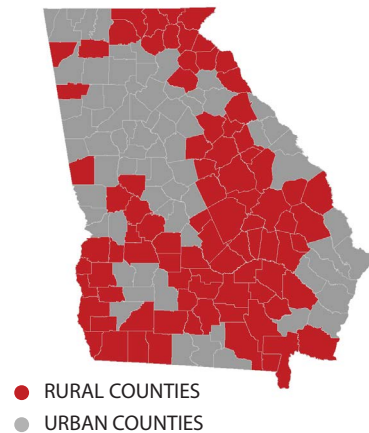
Georgia’s rural poverty rate is 20.9%, a more than seven percent increase from the urban poverty rate of 13.2%.

WHAT’S GOOD

The Peach State saw an increase in Quality of Life, rising to 35th nationally from 2018’s 38th rank.

Georgia also improved rural access to the internet, with 77 percent of residents using high speed broadband.

Mental Health Access earned a C+ for 2019, ranking 22nd nationally.



WHAT NEEDS WORK

Georgia dropped back down to 2017’s 44th rank for Access to Care, with Mortality keeping the 38th rank for 2019.

The Uninsured Rate holds at 16.9 percent, ranking 43rd nationally.

URBAN-RURAL DIVIDE

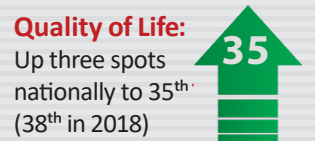
Georgia’s age-adjusted rural Mortality Rate is 21% higher than in the urban areas of the state. ●

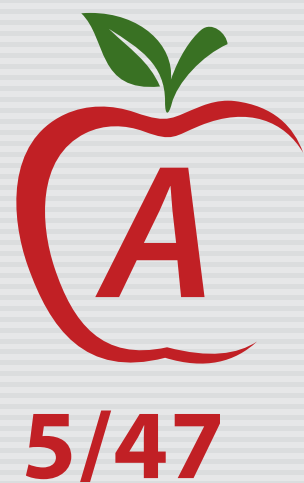


GEORGIA ranks 37th in the nation for rural health out of 47 states with rural counties.

Georgia is one of three states to receive a grade of “D-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





HAWAII

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

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

Hawaii is one of three states to receive a grade of “A” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



HAWAII has a population of 1.4 million people, 273,806 thousand live in one of Hawaii’s 2 rural counties.

30.1 percent of the state’s rural population is Non-Hispanic White, 0.6 percent is Black/ African-American, 12.2 percent is Hispanic/ Latino, 0.2 percent is American Indian/ Alaska Native, 24.4 percent is Asian and 10.3 percent is Native Hawaiian/Other Pacific Islander.

Hawaii’s rural poverty rate is 13.7%, a six percent increase from the urban poverty rate of 7.8%.

WHAT’S GOOD

Hawaii keeps 1st place for Mortality from 2018 and went up a spot for Access to Care, ranking 4th nationally.

88 percent of rural Hawaii uses high speed internet, earning the state an A- in internet access.

WHAT NEEDS WORK

The Aloha State is ranked 6th overall out of the 47 states this year, dropping two spots from 2018’s 4th rank.



Quality of Life also decreased to 19th nation ally from 2018’s 17th, with Low Birth Weight measures dropping from C- to this year’s D+.

URBAN-RURAL DIVIDE

Hawaii’s age-adjusted rural Mortality Rate is 13% higher than the urban rate. ●

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	D
Low Birth Weight	B+	Uninsured Rate	D-

IDAHO has a population of 1.7 million people, 578,544 thousand live in Idaho’s 33 rural counties.

80.5 percent of the state’s rural population is Non-Hispanic White, 0.4 percent is Black/ African-American, 14.7 percent is Hispanic/ Latino, 1.3 percent is American Indian/Alaska Native and 0.9 percent is Asian.

Idaho’s rural poverty rate is 13.7%, a three percent increase from the urban poverty rate of 10.7%.

WHAT’S GOOD

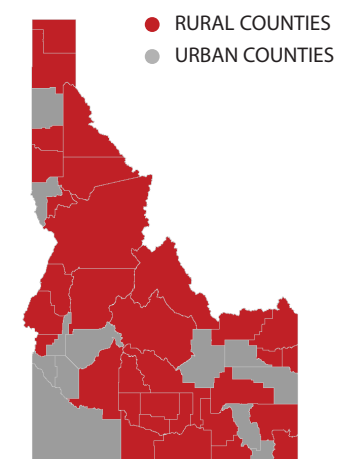
Idaho made significant improvements in health care measures, with Quality of Life jumping to 14th nationally from 2018’s 18th rank.

The Gem State earned a D- in the rural Uninsured Rate, a major leap from last year’s F grade. The state now ranks 38th out of 47

Mental Health Access also increased to rank 15th, giving Idaho a B for 2019.

WHAT NEEDS WORK

Rural Access to Care decreased two spots to

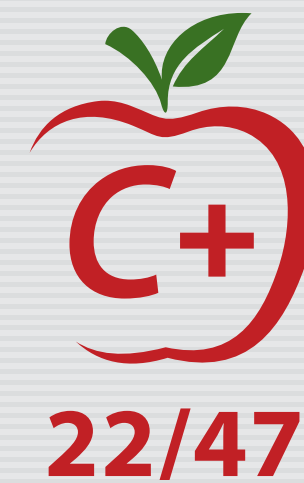


31st from 2018’s 29th.

Idaho also decreased in Broadband Access to 35th rank, with 72% of rural residents having access to the internet.

URBAN-RURAL DIVIDE

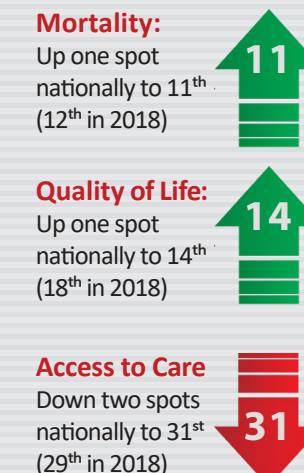
The age-adjusted Mortality Rate for rural Idaho is 2% lower than in the urban areas of the state. ●

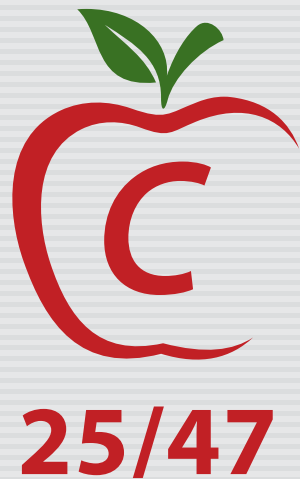


IDAHO ranks 22nd in the nation for rural health out of 47 states with rural counties.

Idaho is one of three states to receive a grade of “C+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





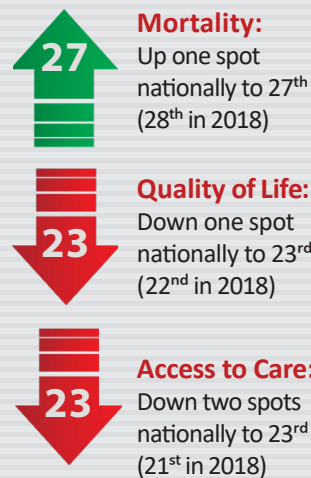
ILLINOIS

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

ILLINOIS ranks 25th 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 2019.

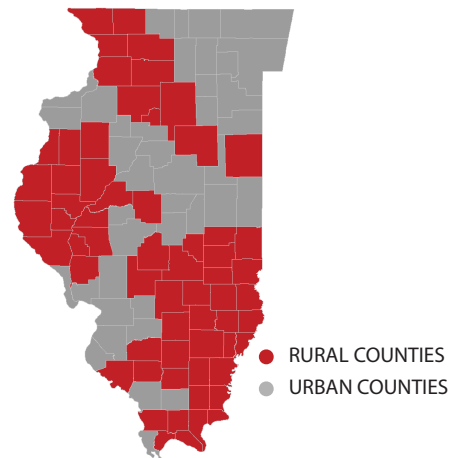
2019 STATE RURAL HEALTH RANKINGS



ILLINOIS has a population of 12.6 million people, 1.4 million live in Illinois’s 62 rural counties.

89.8 percent of the state’s rural population is Non-Hispanic White, 3.6 percent is Black/African-American, 4.2 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Illinois’s rural poverty rate is 13.6%, a 1.6 percent increase from the urban poverty rate of 12%.



WHAT’S GOOD

Illinois earns a D- in rural Primary Care Access for 2019, an improvement from 2018’s F grade. The state is now ranked 38th nationally.

5.9% are uninsured in rural Illinois, one of the lowest numbers in the 47 states with rural counties, and earns the state an A- and 7th rank.

WHAT NEEDS WORK

Illinois’ rural Access to Care measure decreased two spots to 23rd from 2018’s 21st, with Low Birth Weight dropping to a C from 2018’s C+

The Prairie State dropped down in Broadband Access to a grade of D from last year’s C, as only 73% of rural residents in the state have internet access.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Illinois is 15% higher than in the urban areas of the state. ●

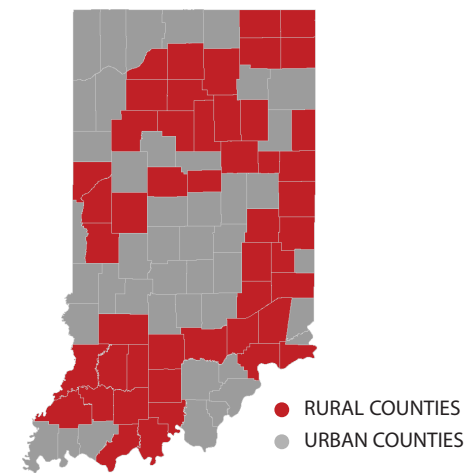
INDIANA

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

INDIANA has a population of 6.7 million people, 1.4 million live in Indiana’s 48 rural counties.

91.9 percent of the state’s rural population is Non-Hispanic White, 1.5 percent is Black/African-American, 4.3 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Indiana’s rural poverty rate is 12.3%, a 1.1 percent decrease from the urban poverty rate of 13.2%.



WHAT’S GOOD

Indiana rose a spot for rural Access to Care, ranking 33rd nationally and earning a grade of D.

All other rural healthcare measures stayed relatively the same for 2019.

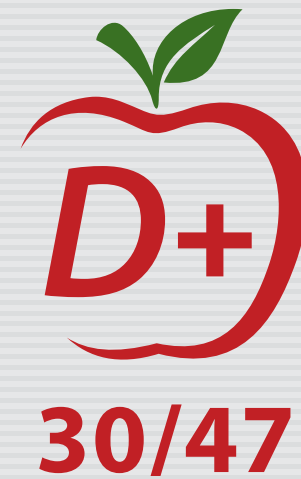
WHAT NEEDS WORK

For the second year in a row the Hoosier State gets an F in rural Primary Care Access, ranking 44th out of 47.

The Quality of Life measure dropped two spots to 29th from 2018’s 27th, giving another D to Indiana’s overall grade.

URBAN-RURAL DIVIDE

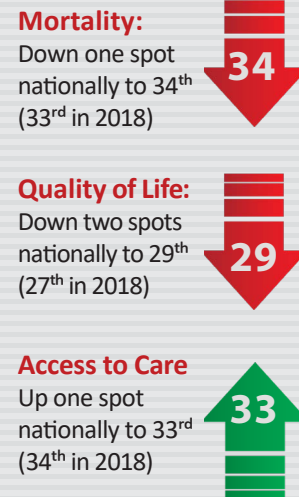
The age-adjusted Mortality Rate for rural Indiana is only 4% higher than the urban area rate. ●

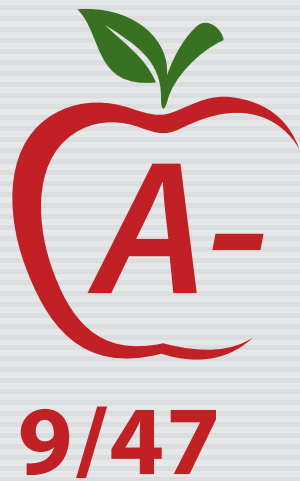


INDIANA ranks 30th in the nation for rural health out of 47 states with rural counties.

Indiana is one of three states to receive a grade of “D+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





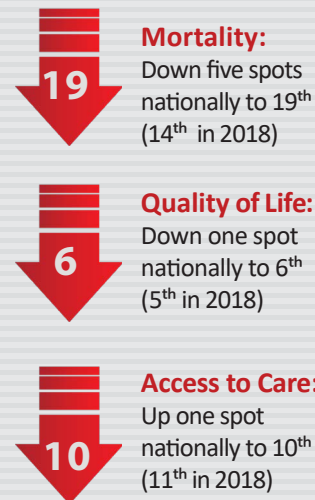
IOWA

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

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

Iowa is one of three states to receive a grade of “A-” for rural health access and outcomes in 2019.

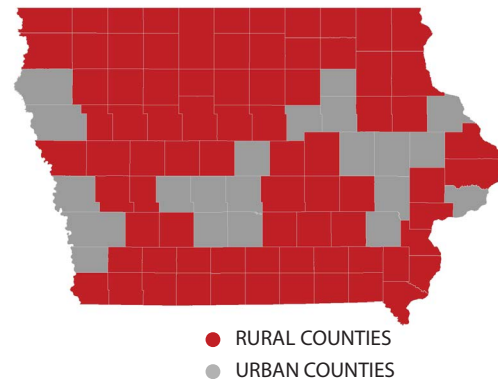
2019 STATE RURAL HEALTH RANKINGS



IOWA has a population of 3.1 million people 1.2 million live in Iowa’s 78 rural counties.

90.1 percent of the state’s rural population is Non-Hispanic White, 1.4 percent is Black/ African-American, 5.5 percent is Hispanic/ Latino, 0.3 percent is American Indian/Alaska Native and 1 percent is Asian.

Iowa’s rural poverty rate is 11.5%, a 0.4 percent decrease from the urban poverty rate of 11.9%.



WHAT’S GOOD

For 2019 Iowa ranks 12th nationally for rural access to the internet, with 85% reporting use of broadband.

The Hawkeye State saw an increase in rural Access to Care, ranking in the top ten nationally with a grade of B+.

WHAT NEEDS WORK

A few of the rural health measures from last year have decreased, notably Mortality, slipping five spots to rank 19th nationally.

Iowa also lost ground in Primary Care Access, earning a C+ below 2018’s B-, and ranking 22nd out of 47.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Iowa is 5% higher than the urban area rate. ●

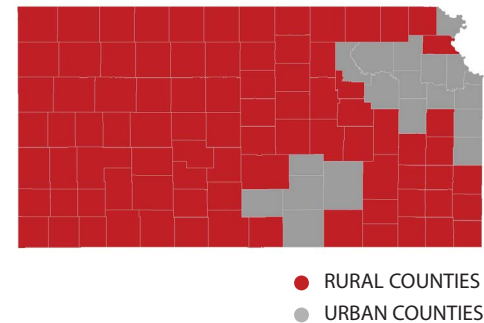
KANSAS

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

KANSAS has a population of 2.9 million people, 911,973 thousand live in Kansas’s 86 rural counties.

79.2 percent of the state’s rural population is Non-Hispanic White, 2.6 percent is Black/ African-American, 13.4 percent is Hispanic/ Latino, 1.1 percent is Asian and 0.7 percent is American Indian/Alaska Native.

Kansas’s rural poverty rate is 13.2%, an almost two percent increase from the urban poverty rate of 11.4%.



WHAT’S GOOD

Kansas saw an increase in rural internet access, ranking 12th with 80% using high speed broadband.

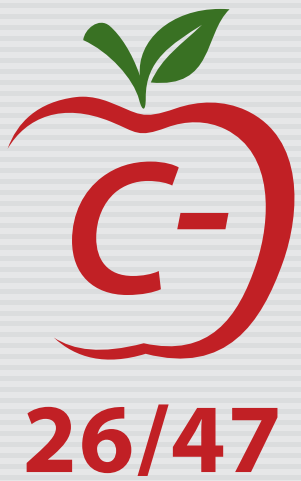
WHAT NEEDS WORK

Kansas’s rural health measures decreased across the board, with Mental Health Access earning an F for the second year in a row.

The Sunflower State also slid down in Mortality (-4, D+) Quality of Life (-4, B+) and Access to Care (-1, C-).

URBAN-RURAL DIVIDE

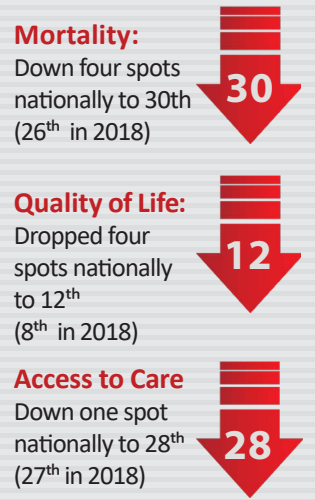
The age-adjusted rural Mortality Rate is 13% higher than the urban rate in Kansas. ●

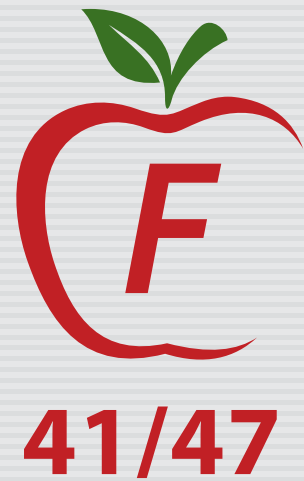


KANSAS ranks 26th in the nation for rural health out of 47 states with rural counties.

Kansas is one of three states to receive a grade of “C-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





KENTUCKY ranks 41st 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 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 47th for 2019

Quality of Life:
Down two spots nationally to 43rd (41st in 2018)

Access to Care:
No change in national ranking of 18th for 2019

KENTUCKY

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

KENTUCKY has a population of 4.4 million people, 1.8 million people live in one of Kentucky’s 85 rural counties.

92.3 percent of the state’s rural population is Non-Hispanic White, 3.3 percent is Black/African-American and 2 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.5 percent is Asian.

Kentucky’s rural poverty rate is 21.1%, an almost eight percent increase from the urban poverty rate of 13.7%.

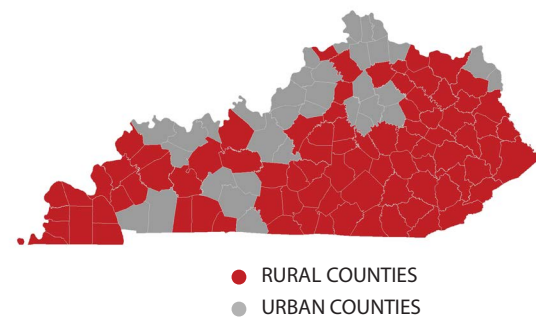
WHAT’S GOOD

The Bluegrass State saw an increase in rural internet access, with 84% reporting the use of broadband. Kentucky earns a 2019 grade of B, an improvement from 2018’s C.

For the second year in a row Kentucky gets an A- for their Uninsured Rate, with 6.5% uninsured, one of the lowest percentages in the 47 states with rural counties.

WHAT NEEDS WORK

Most of Kentucky’s rural health measures stayed the same for 2019, with five out of the ten measures earning Fs for another year.



Access to Care and Mortality kept their ranks from 2018, but Quality of Life dropped two spots to land at 43rd nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Kentucky is 19% higher than the urban rate. ●

LOUISIANA

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	F
Low Birth Weight	F	Uninsured Rate	D

LOUISIANA has a population of 4.6 million people, 742,352 thousand live in one of Louisiana’s 29 rural parishes.

62.3 percent of the state’s rural population is Non-Hispanic White, 31.1 percent is Black/African-American, 3.1 percent is Hispanic/Latino, 0.7 percent is American Indian/Alaska Native and 0.5 percent is Asian.

Louisiana’s rural poverty rate is 25.2%, an almost eight percent increase from the urban poverty rate of 17.5%.

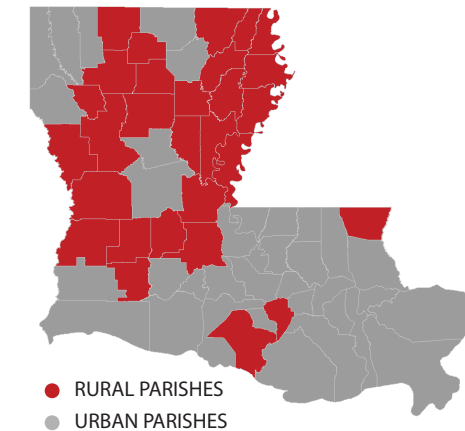
WHAT’S GOOD

Louisiana’s rural Uninsured Rate made an improvement for 2019, earning a D from 2018’s F and ranking 34th out of 47.

Access to Care rose four spots to 40th, earning another F but still an increase from 2018’s 44th rank.

WHAT NEEDS WORK

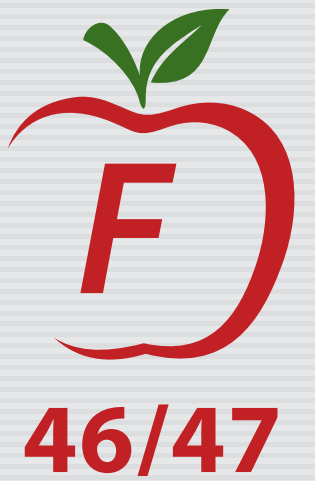
Most of the Pelican State’s rural health measures stayed the same for 2019, with nine out of the ten measures earning Fs for another year.



Both Mental Health Access and Physical Health Access dropped to Fs from 2018’s D-, ranking 45th and 41st respectively.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Louisiana is 14% higher than the urban rate. ●



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

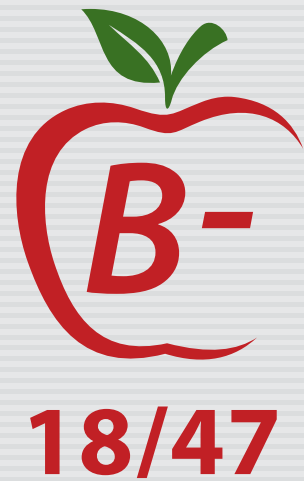
Louisiana is one of nine states to receive a grade of “F” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 43rd for 2019

Quality of Life:
Down three spots nationally to 46th (43rd in 2018)

Access to Care:
Up four spots nationally to 40th (44th in 2018)



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	A-
Low Birth Weight	B-	Uninsured Rate	C-

MAINE ranks 18th 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 2019.

2019 STATE RURAL HEALTH RANKINGS



Mortality: Down two spots nationally to 24th (22nd in 2018)

6

Quality of Life: No change in national ranking of 6th for 2019



Access to Care: Down one spot nationally to 7th (6th in 2018)

MAINE has a population of 1.3 million people, 545,287 thousand live in Maine’s 11 rural counties.

94.8 percent of the state’s rural population is Non-Hispanic White, 0.6 percent is Black/African-American, 1.3 percent is Hispanic/Latino, 0.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Maine’s rural poverty rate is 13.7%, a more than three percent increase from the urban poverty rate of 10.2%.

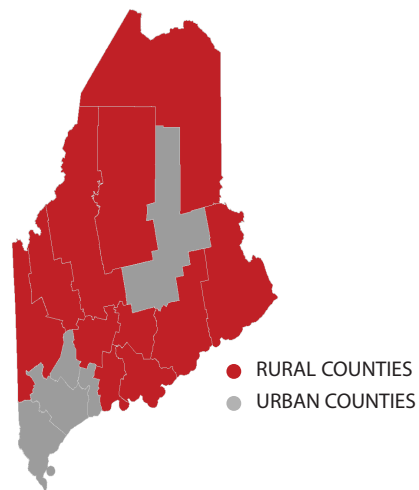
WHAT’S GOOD

Maine’s rural internet access earns an A- for 2019, a jump up from last year’s B. The state now ranks 8th out of 47.

The Pine Tree State’s Primary Care Access keeps an A+ for the second year in a row, ranking 2nd nationally.

WHAT NEEDS WORK

Some of Maine’s rural health measures decreased for 2019, with Mortality dropping two spots to 24th.



Mental Health dropped to a C-, ranking 26th nationally from 2018’s C+.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Maine is 7% higher than the urban rate. ●

MARYLAND

All-Cause Mortality	C+	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, 150,952 thousand live in Maryland’s 5 rural counties.

77.9 percent of the state’s rural population is Non-Hispanic White, 13.3 percent is Black/African-American, 5 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.9 percent is Asian.

Maryland’s rural poverty rate is 12.4%, a more than three percent increase from the urban poverty rate of 9%.

WHAT’S GOOD

The Old Line State’s rural Broadband Access measure earns another A+ for 2019, ranking 2nd nationally.

Maryland’s rural Dental Care Access does the same, with a grade of B for the second year in a row and earning a rank of 15th out of 47.

WHAT NEEDS WORK

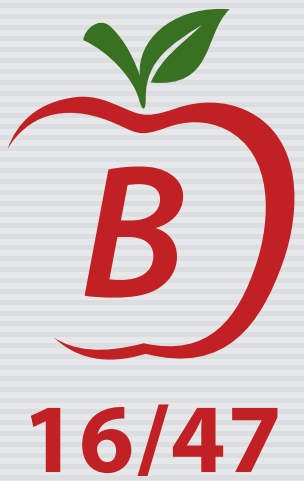
A few of Maryland’s rural health measures dropped for 2019, with Mortality slipping five spots to 21st and a grade of C+.



Low Birth Weight earns another D for 2019, for the second year in a row.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Maryland is 7% higher than the urban rate. ●



MARYLAND ranks 16th 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 2019.

2019 STATE RURAL HEALTH RANKINGS



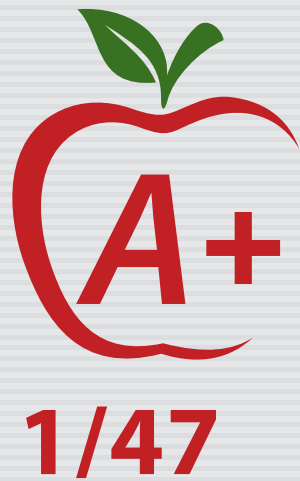
Mortality: Down five spots nationally to 21st (16th in 2018)



Quality of Life: Up four spots nationally to 25th (29th in 2018)



Access to Care: Up two spots nationally to 6th (8th in 2018)



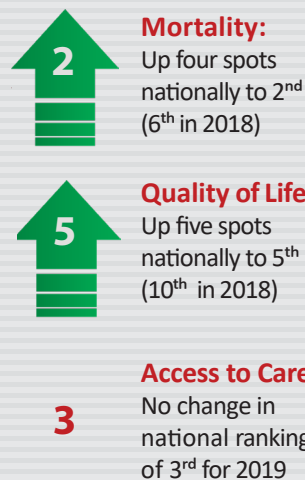
MASSACHUSETTS

All-Cause Mortality	A+	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	B
Low Birth Weight	A+	Uninsured Rate	A+

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

Massachusetts is one of three states to receive a grade of “A+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



MASSACHUSETTS has a population of 6.9 million people, 99,642 live in Massachusetts’s 3 rural counties.

89.3 percent of the state’s rural population is Non-Hispanic White, 2.1 percent is Black/African-American, 3.9 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 1.3 percent is Asian.

Massachusetts’s rural poverty rate is 14.8%, a more than four percent increase from the urban poverty rate of 10.4%.

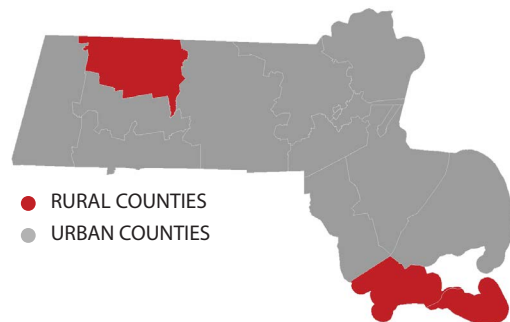
WHAT’S GOOD

Some of Massachusetts’ rural health measures made strides in 2019, with Mental Health earning a B and a rank of 6th nationally, from 2018’s D grade.

Mortality jumped four spots to 2nd nationally, earning another A+ for the state.

WHAT NEEDS WORK

Massachusetts’s rural Access to Care stayed the same for 2019, ranking 3rd nationally.



The Bay State’s Broadband Access slipped to a B, down from 2018’s B+. 84% of Massachusetts rural residents report high speed internet use.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Massachusetts is 4% lower than the urban rate. ●

MICHIGAN

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

MICHIGAN has a population of 9.9 million people, 1.7 million live in Michigan’s 57 rural counties.

90.7 percent of the state’s rural population is Non-Hispanic White, 1.6 percent is Black/African-American, 3.6 percent is Hispanic/Latino, 1.2 percent is American Indian/Alaska Native and 0.5 percent is Asian.

Michigan’s rural poverty rate is 13.7%, an almost one percent increase from the urban poverty rate of 14.1%.

WHAT’S GOOD

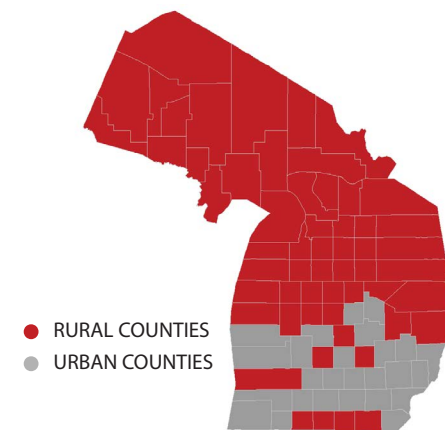
Quality of Life increased for Michigan, ranking 22nd nationally from 2018’s 25th.

The Great Lakes State also jumped up in rural General Health, earning a B from last year’s C+.

WHAT NEEDS WORK

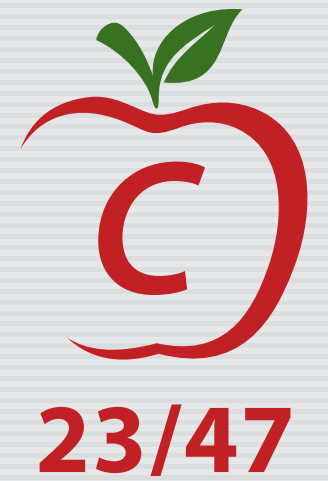
Dental Care dropped to a C+, ranking 21st, a decrease from 2018’s B-.

Michigan’s Broadband Access stayed the same with a grade of D+, with 75% of rural residents using high speed internet.



URBAN-RURAL DIVIDE

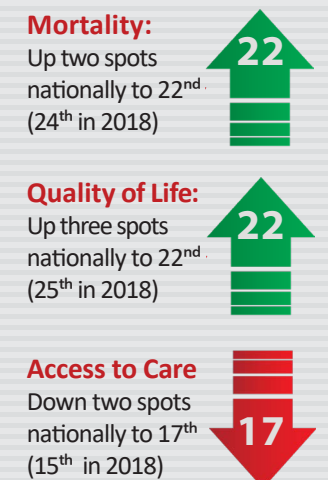
The age-adjusted Mortality Rate for rural Michigan is equal to the urban rate. ●

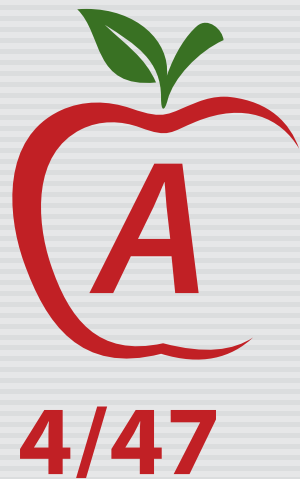


MICHIGAN ranks 23rd in the nation for rural health out of 47 states with rural counties.

Michigan is one of three states to receive a grade of “C” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





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 ranks 4th 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 2019.

2019 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot nationally to 5th (4th in 2018)

1

Quality of Life:
No change in national ranking of 1st for 2019



Access to Care:
Down one spot nationally to 8th (7th in 2018)

MINNESOTA has a population of 5.6 million people, 1.2 million live in one of Minnesota’s 60 rural counties.

88.4 percent of the state’s rural population is Non-Hispanic White, 1.4 percent is Black/African-American and 4.9 percent is Hispanic/Latino, 2.2 percent is American Indian/Alaska Native and 1.1 percent is Asian.

Minnesota’s rural poverty rate is 10.9%, an almost two percent increase from the urban poverty rate of 9.1%.

WHAT’S GOOD

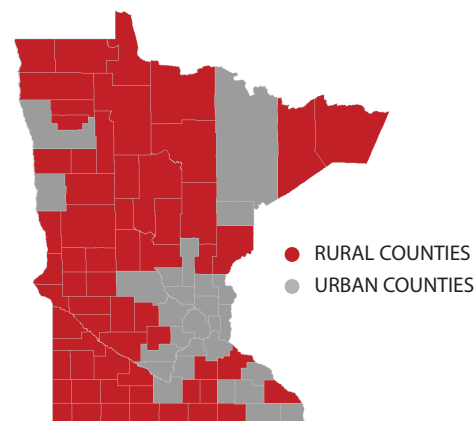
For the second year in a row Minnesota ranks 1st nationally for rural Quality of Life, earning an A+.

Physical Health increased to an A+ from 2018’s A, giving Minnesota a rank of 8th out of 47.

WHAT NEEDS WORK

The North Star State’s rural Mortality and Access to Care measures dropped a spot to 5th and 8th respectively.

Dental Care Access keeps a C+ for 2019, ranking 20th nationally.



URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Minnesota is 7% higher than the urban rate. ●

MISSISSIPPI

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

MISSISSIPPI has a population of 2.9 million people, 1.5 million live in the state’s 65 rural counties.

56.3 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.

Mississippi’s rural poverty rate is 22.6%, an almost seven percent increase from the urban poverty rate of 15.9%.

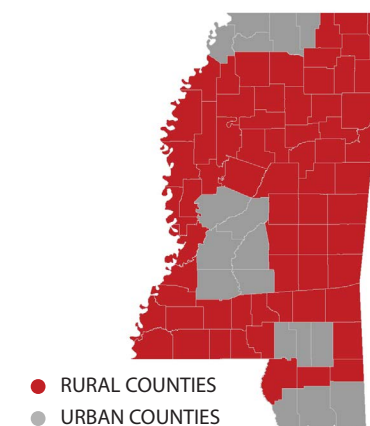
WHAT’S GOOD

The Magnolia State increased rural access to the internet, earning a D- from 2018’s F, ranking 36th out of 47 with 71% using high speed broadband.

WHAT NEEDS WORK

Mississippi’s rural health measures decreased significantly for 2019, with Mental Health and Physical Health sliding down to D- and F, respectively.

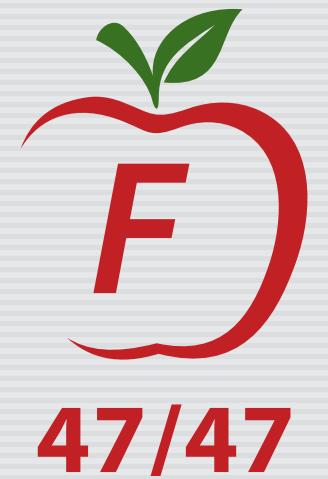
14% of rural residents are uninsured as well, earning a 41st rank for the state.



Mortality, Quality of Life and Access to Care kept their ranks for 2019.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Mississippi is 12% higher than the urban rate. ●



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

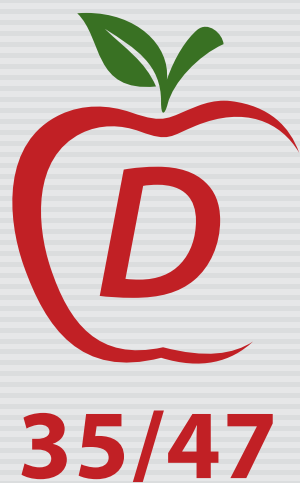
Mississippi is one of nine states to receive a grade of “F” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 46th for 2019

Quality of Life:
No change in national ranking of 47th for 2019

Access to Care
No change in national ranking of 41st for 2019



MISSOURI

All-Cause Mortality	D-	Primary Care Access	D+
General Health	D	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	D-

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

Missouri is one of four states to receive a grade of “D” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

36
Mortality:
No change in national ranking of 36th for 2019

34
Quality of Life:
Down one spot nationally to 34th (33rd in 2018)

37
Access to Care:
Up one spot nationally to 37th (38th in 2018)

MISSOURI has a population of 6.1 million people, 1.5 million live in Missouri’s 81 rural counties.

90 percent of the state’s rural population is Non-Hispanic White, 3.4 percent is Black/African-American, 3.2 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Missouri’s rural poverty rate is 17.4%, an almost six percent increase from the urban poverty rate of 11.8%.

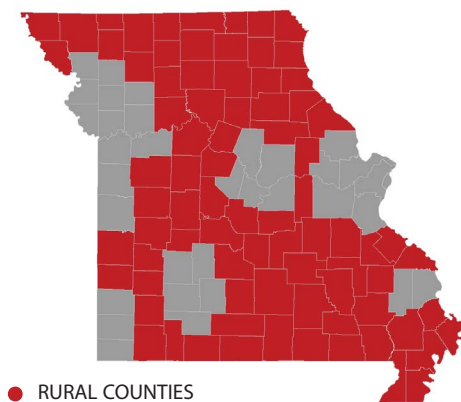
WHAT’S GOOD

The Show-Me State’s rural Mental Health measure jumped to a D- from 2018’s F, ranking 33rd nationally.

Like many of the other states Missouri also increased rural resident’s internet access, earning a D- from 2018’s F and ranking 38th out of 47.

WHAT NEEDS WORK

Some of Missouri’s rural health measures slid downwards for 2019, with General Health and Low Birth Weight earning lower grades than 2018’s report card.



● RURAL COUNTIES
● URBAN COUNTIES

Dental Care Access earns another F and rank of 40th for the state, the second year in a row.

Mortality kept its 36th rank for 2019, but Quality of Life went down a rank to 34th from 2018’s 33rd.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Missouri is 10% higher than the urban rate. ●

MONTANA

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

MONTANA has a population of 1 million people, 694,966 live in one of Montana’s 51 rural counties.

85 percent of the state’s rural population is Non-Hispanic White, 0.2 percent is Black/African-American, 3.4 percent is Hispanic/Latino, 8.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Montana’s rural poverty rate is 13.4%, an almost one percent increase from the urban poverty rate of 12.1%.

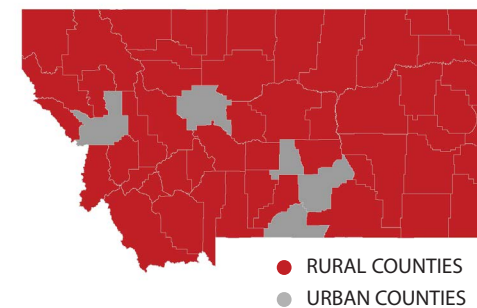
WHAT’S GOOD

Montana’s rural Access to Care measure made a leap to rank 12th nationally for 2019, a big increase from 2018’s 23rd rank.

The Treasure State also made improvements in rural Broadband Access and the Uninsured Rate, ranking 19th and 23rd, respectively.

WHAT NEEDS WORK

Montana’s Mortality measure decreased two spots to rank 15th nationally from 2018’s 13th.

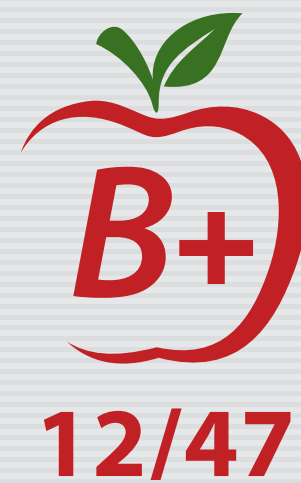


● RURAL COUNTIES
● URBAN COUNTIES

Rural Mental Health also slid to a grade of B+ from 2018’s A-.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Montana is 4% lower than the urban rate. ●



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

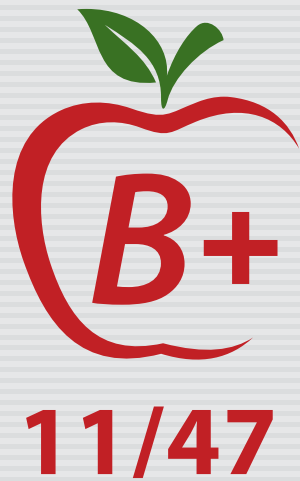
Montana is one of four states to receive a grade of “B+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

15
Mortality:
Down two spots nationally to 15th (13th in 2018)

13
Quality of Life:
No change in national ranking of 13th for 2019

12
Access to Care:
Up eleven spots nationally to 12th (23rd in 2018)



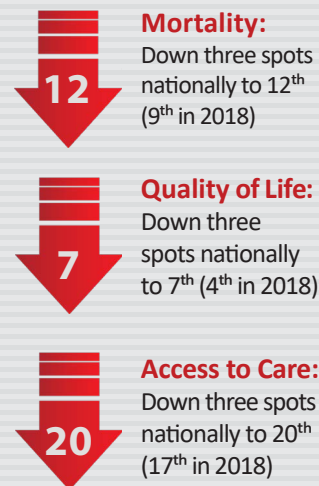
NEBRASKA

All-Cause Mortality	B+	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	B+	Uninsured Rate	C+

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

Nebraska is one of three states to receive a grade of “B+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



NEBRASKA has a population of 1.9 million people, 660,417 live in one of Nebraska’s 80 rural counties.

84.2 percent of the state’s rural population is Non-Hispanic White, 1 percent is Black/ African-American, 11.1 percent is Hispanic/ Latino, 1.5 percent is American Indian/Alaska Native and 0.7 percent is Asian.

Nebraska’s rural poverty rate is 11.5%, an almost one percent increase from the urban poverty rate of 10.7%.

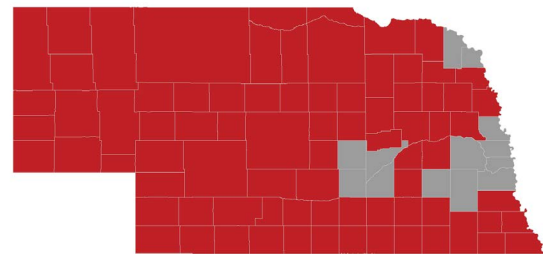
WHAT’S GOOD

Nebraska’s rural Mental Health keeps a grade of A for the second year in a row, with a rank of 37th nationally.

Dental Care Access also keeps a B+ for this year, ranking 11th out of 47.

WHAT NEEDS WORK

Some of the Cornhusker State’s rural health measures dipped for 2019, with Access to Care dropping three spots to 20th from 2018’s 17th.



● RURAL COUNTIES
● URBAN COUNTIES

The Uninsured Rate earns a C+ for the second year in a row as well, as 10% of rural Nebraskans have no health insurance.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Nebraska is 1% higher than the urban rate. ●

NEVADA

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

NEVADA has a population of 3 million people, 281,883 live in one of Nevada’s 13 rural counties.

73.8 percent of the state’s rural population is Non-Hispanic White, 1.3 percent is Black/ African-American, 17.5 percent is Hispanic/ Latino, 3.2 percent is American Indian/Alaska Native and 1.3 percent is Asian.

Nevada’s rural poverty rate is 10.9%, an over three percent decrease from the urban poverty rate of 13.2%.

WHAT’S GOOD

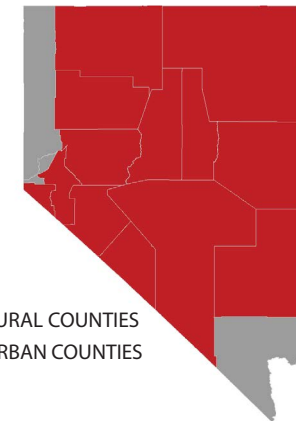
Nevada’s Mortality measure ranks 23rd for 2019, a jump from 2018’s 29th.

The Silver State’s rural Mental Health measure improved with a grade of C- from 2018’s D+, ranking 30th nationally.

Dental Care Access also rose, earning a C from last year’s D+.

WHAT NEEDS WORK

Nevada’s rural Broadband Access dropped significantly, earning an F from last year’s C. The state now ranks 44th out of 47, as 60%



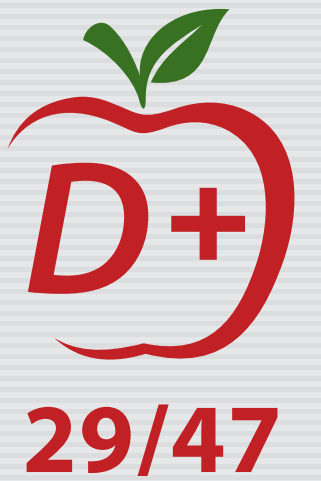
● RURAL COUNTIES
● URBAN COUNTIES

have high speed internet access.

Mental Health Access earns another F for the second year in a row, ranking 27th nationally.

URBAN-RURAL DIVIDE

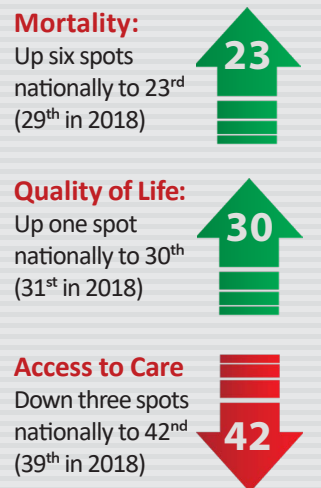
The age-adjusted Mortality Rate for rural Nevada is 3% higher than the urban rate. ●

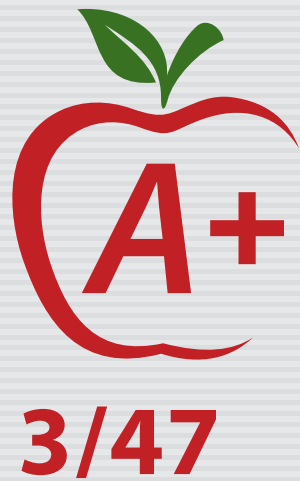


NEVADA ranks 29th in the nation for rural health out of 47 states with rural counties.

Nevada is one of three states to receive a grade of “D+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





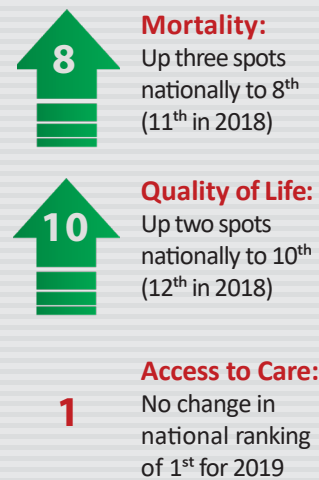
NEW HAMPSHIRE

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

NEW HAMPSHIRE ranks 3rd 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 2019.

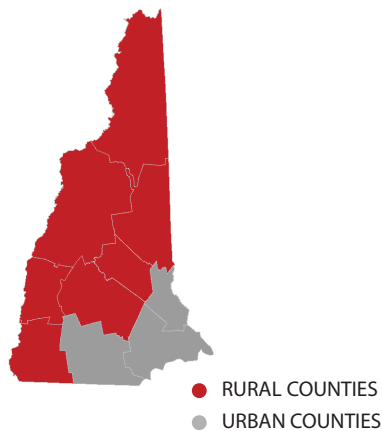
2019 STATE RURAL HEALTH RANKINGS



NEW HAMPSHIRE has a population of 1.3 million people, 502,284 live in New Hampshire’s 7 rural counties.

93.3 percent of the state’s rural population is Non-Hispanic White, 1 percent is Black/African-American, 1.9 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 1.7 percent is Asian.

New Hampshire’s rural poverty rate is 8.8%, an almost two percent increase from the urban poverty rate of 7%.



WHAT’S GOOD

The Granite State ranks 1st nationally for rural Access to Care, earning an A+ for the second year in a row.

New Hampshire gets another A for rural Broadband Access, with 88% using high speed broadband internet.

WHAT NEEDS WORK

Physical Health dropped to a B+ from last year’s A-, giving New Hampshire 10th rank nationally.

The Uninsured Rate for the state slid to a B- from 2018’s B, with a new rank of 17th. 8% of rural New Hampshire lacked health insurance for 2019.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural New Hampshire is 1% higher than the urban rate. ●

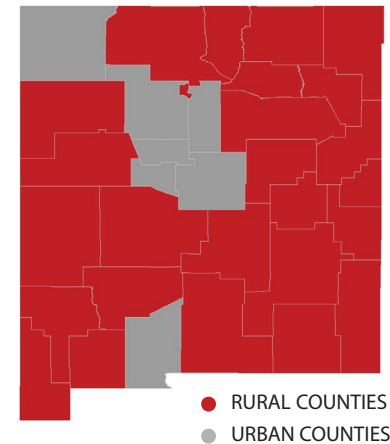
NEW MEXICO

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 million people, 686,300 live in New Mexico’s 26 rural counties.

37 percent of the state’s rural population is Non-Hispanic White, 1.7 percent is Black/African-American, 46.4 percent is Hispanic/Latino, 12.2 percent is American Indian/Alaska Native and 0.8 percent is Asian.

New Mexico’s rural poverty rate is 21.4%, an almost four percent increase from the urban poverty rate of 17.7%.



WHAT’S GOOD

New Mexico jumps a spot for Mortality, ranking 29th with a grade of D+.

The Land of Enchantment also keeps its rank for rural Access to Care, ranking 30th nationally for 2019.

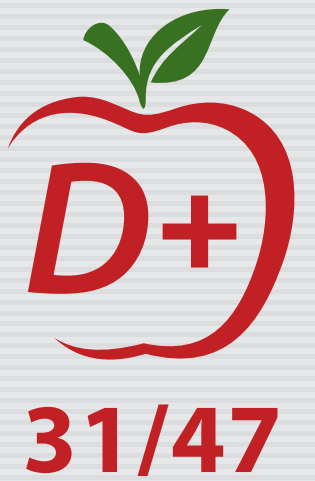
WHAT NEEDS WORK

Quality of Life dropped to 38th rank from 2018’s 35th, earning New Mexico a grade of D-.

Broadband Access earns another F for 2019, with 67% reporting internet access in rural New Mexico.

URBAN-RURAL DIVIDE

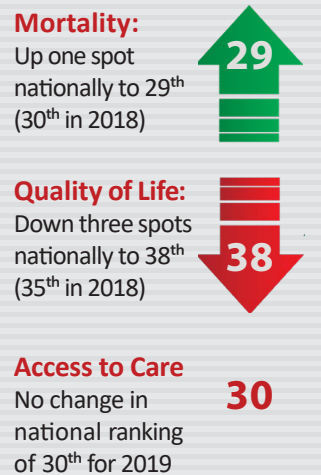
The age-adjusted Mortality Rate for rural New Mexico is 14% higher than the urban rate. ●

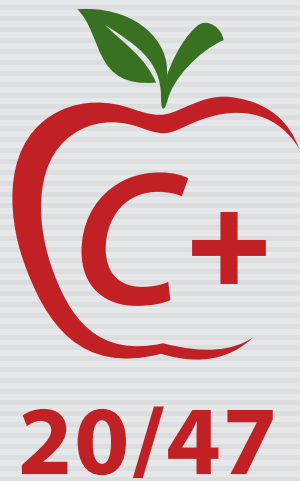


NEW MEXICO ranks 31st in the nation for rural health out of 47 states with rural counties.

New Mexico is one of three states to receive a grade of “D+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





NEW YORK

All-Cause Mortality	B-	Primary Care Access	D+
General Health	C+	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	A-

NEW YORK ranks 20th 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 “C+” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot nationally to 18th (17th in 2018)



Quality of Life:
Up four spots nationally to 20th (24th in 2018)



Access to Care:
Down one spot nationally to 14th (13th in 2018)

NEW YORK has a population of 19.4 million people, 1.3 million live in one of New York’s 24 rural counties.

89.2 percent of the state’s rural population is Non-Hispanic White, 2.9 percent is Black/African-American, 4.4 percent is Hispanic/Latino, 0.7 percent is American Indian/Alaska Native and 0.9 percent is Asian.

New York’s rural poverty rate is 14.4%, an almost one percent increase from the urban poverty rate of 13.6%.

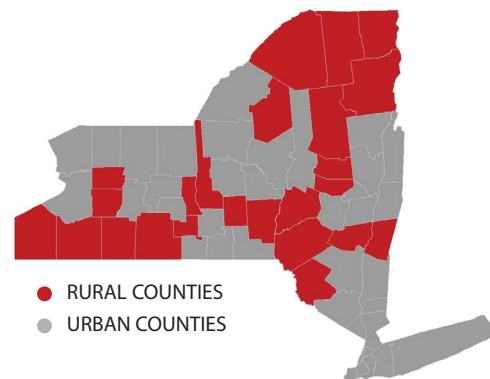
WHAT’S GOOD

New York’s rural Physical Health measure improved significantly for 2019, earning a grade of B- from 2018’s C-. The state now ranks 18th nationally.

New York also keeps its rural Uninsured Rate grade of A- for the second year in a row, ranking 8th for 2019.

WHAT NEEDS WORK

A few of the Empire State’s rural health measures dropped this year, with Primary Care Access earning a D- and a rank of 30th from last year’s C-.



● RURAL COUNTIES
● URBAN COUNTIES

Rural Broadband Access slipped as well to a B+ from 2018’s A-, with 86% reporting internet usage.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural New York is 24% higher than the urban rate. ●

NORTH CAROLINA

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

NORTH CAROLINA has a population of 10.4 million people, 2.2 million live in North Carolina’s 54 rural counties.

64.5 percent of the state’s rural population is Non-Hispanic White, 21.5 percent is Black/African-American, 7.5 percent is Hispanic/Latino, 3.6 percent is American Indian/Alaska Native and 0.7 percent is Asian.

North Carolina’s rural poverty rate is 18.3%, an almost six percent increase from the urban poverty rate of 12.9%.

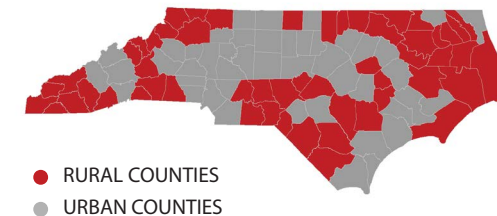
WHAT’S GOOD

North Carolina’s rural Mental Health measure earned a D+ for 2019, an improvement from 2018’s D-. The state now ranks 30th nationally.

The Tar Heel State did slide a bit in its Broadband Access rank, but 84% of rural North Carolina reports high speed internet use, earning a grade of B.

WHAT NEEDS WORK

14% of rural North Carolina is uninsured, dropping the state’s Uninsured Rate to an F from 2018’s D-.



● RURAL COUNTIES
● URBAN COUNTIES

The state’s rural General Health stayed the same for 2019, earning another D and a rank of 32nd.

URBAN-RURAL DIVIDE

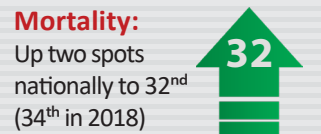
The age-adjusted Mortality Rate for rural North Carolina is 12% higher than the urban rate. ●



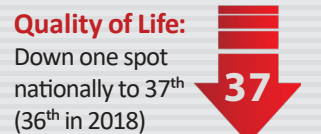
NORTH CAROLINA ranks 34th in the nation for rural health out of 47 states with rural counties.

North Carolina is one of four states to receive a grade of “D” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



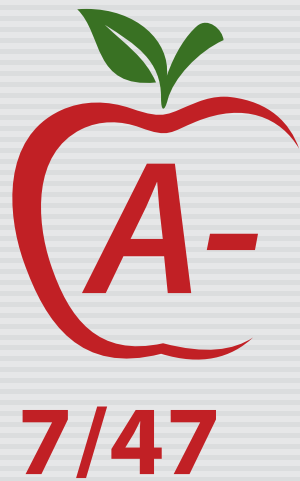
Mortality:
Up two spots nationally to 32nd (34th in 2018)



Quality of Life:
Down one spot nationally to 37th (36th in 2018)



Access to Care:
Down one spot nationally to 36th (35th in 2018)



NORTH DAKOTA

All-Cause Mortality	A	Primary Care Access	C-
General Health	B	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 ranks 7th in the nation for rural health out of 47 states with rural counties.

North Dakota is one of three states to receive a grade of “A-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

7 **Mortality:** No change in national ranking of 7th for 2019

3 **Quality of Life:** No change in national ranking of 3rd for 2019

21 **Access to Care:** Up one spot nationally to 21st (22nd in 2018)

NORTH DAKOTA has a population of 762,062 people, 377, 509 live in North Dakota’s 47 rural counties.

81.4 percent of the state’s rural population is Non-Hispanic White, 1.9 percent is Black/ African-American, 4.6 percent is Hispanic/ Latino, 8.5 percent is American Indian/Alaska Native and 0.8 percent is Asian.

North Dakota’s rural poverty rate is 11.1%, an almost one percent increase from the urban poverty rate of 10.3%.

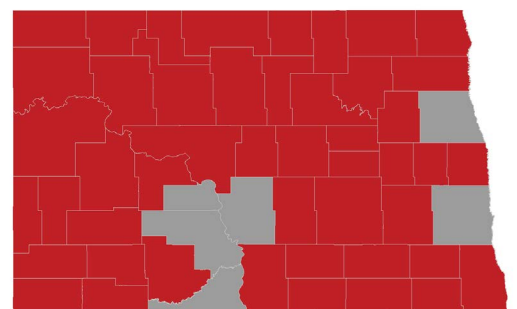
WHAT’S GOOD

North Dakota’s rural Broadband Access earns an A+ for 2019, a jump up from 2018’s A. The state now ranks 3rd nationally.

Mental Health and Physical Health for rural North Dakota keep their grades of A+ for another year, both measures ranking 2nd nationally.

WHAT NEEDS WORK

North Dakota lost ground in 2018 in rural Mental Health Access earns a C+ for the second year in a row, ranking 21st nationally.



● RURAL COUNTIES
● URBAN COUNTIES

North Dakota’s rural General Health dropped to a B from 2018’s A-, earning a rank of 14th.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural North Dakota is 8% higher than the urban rate. ●

OHIO

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

OHIO has a population of 11.6 million people, 2.3 million live in one of Ohio’s 50 rural counties.

92.6 percent of the state’s rural population is Non-Hispanic White, 2 percent is Black/ African-American, 2.6 percent is Hispanic/ Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

Ohio’s rural poverty rate is 13.6%, almost equal to the urban poverty rate of 13.9%.

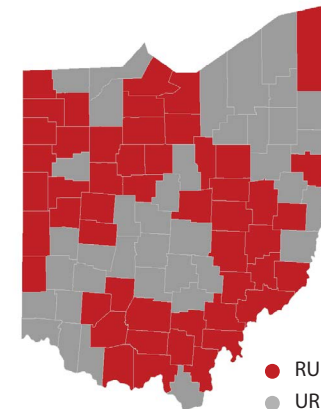
WHAT’S GOOD

The Buckeye State’s rural Access to Care went up a spot for 2019, ranking 24th and earning a grade of C.

Rural Broadband Access keeps a B for 2019, with 84% reporting use of high speed internet.

WHAT NEEDS WORK

Most of Ohio’s rural health measures stayed the same or slightly decreased for 2019, with the state’s rural Mental Health decreasing the most, from 2018’s C to 2019’s D+. The state now ranks 31st nationally.



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Ohio is 4% higher than the urban rate. ●



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

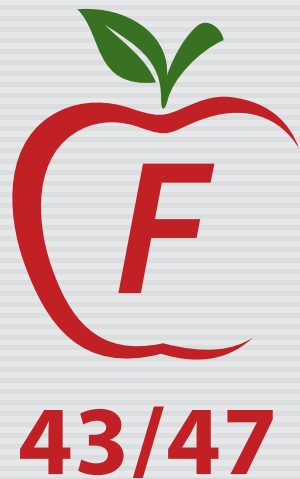
Ohio is one of three states to receive a grade of “C-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality: No change in national ranking of 35th for 2019 **35**

Quality of Life: No change in national ranking of 28th for 2019 **28**

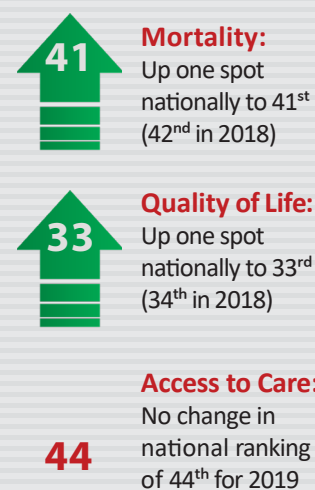
Access to Care Up one spot nationally to 24th (25th in 2018) **24**



OKLAHOMA ranks 43rd 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 2019.

2019 STATE RURAL HEALTH RANKINGS



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)	D-	Broadband Access	F
Low Birth Weight	C	Uninsured Rate	F

OKLAHOMA has a population of 3.9 million people, 1.3 million live in one of Oklahoma’s 59 rural counties.

68.3 percent of the state’s rural population is Non-Hispanic White, 3.4 percent is Black/ African-American, 8.2 percent is Hispanic/ Latino, 11.3 percent is American Indian/ Alaska Native and 0.9 percent is Asian.

Oklahoma’s rural poverty rate is 17.9%, a more than three percent increase from the urban poverty rate of 14.4%.

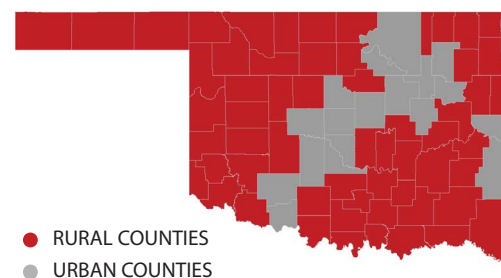
WHAT’S GOOD

Oklahoma’s rural Physical Health measure improved for 2019, earning a grade of D- from 2018’s F.

The Sooner State keeps a C for Low Birth Weight, ranking 25th out of 47.

WHAT NEEDS WORK

Almost all of Oklahoma’s rural health measures decreased for 2019, with the Uninsured Rate receiving an F for the third year in a row.



Broadband Access also earned an F, with 66% of rural Oklahomans using high speed internet.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Oklahoma is 12% higher than the urban rate. ●

OREGON

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

OREGON has a population of 4.2 million people, 680,754 live in Oregon’s 23 rural counties.

79.6 percent of the state’s rural population is Non-Hispanic White, 0.5 percent is Black/ African-American, 13.1 percent is Hispanic/ Latino, 2.2 percent is American Indian/Alaska Native and 0.9 percent is Asian.

Oregon’s rural poverty rate is 15.1%, a three percent increase from the urban poverty rate of 12.1%.

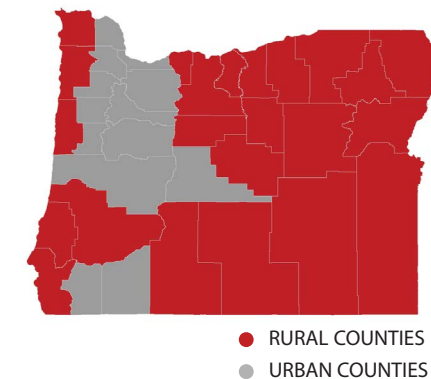
WHAT’S GOOD

The Beaver State’s rural Mental Health Access earns another C for 2019, ranking 28th nationally.

Oregon’s rural General Health also keeps its C, earning a rank of 23rd.

WHAT NEEDS WORK

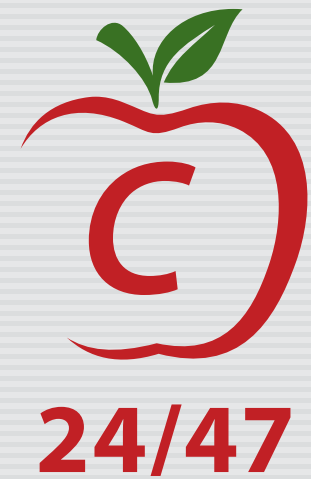
The rest of Oregon’s rural health measures made declines for 2019, with Primary Care Access sliding down to a B+ from 2018’s A-.



The Uninsured Rate dropped to a C+, with 8% of rural residents carrying no health insurance.

URBAN-RURAL DIVIDE

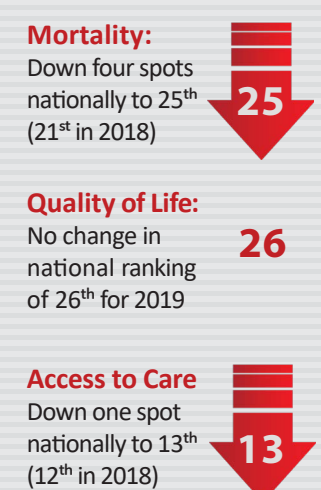
The age-adjusted Mortality Rate for rural Oregon is 15% higher than the urban rate. ●

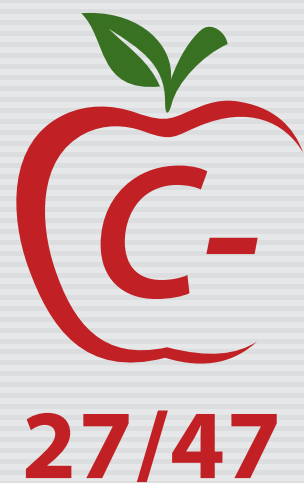


OREGON ranks 24th in the nation for rural health out of 47 states with rural counties.

Oregon is one of three states to receive a grade of “C” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

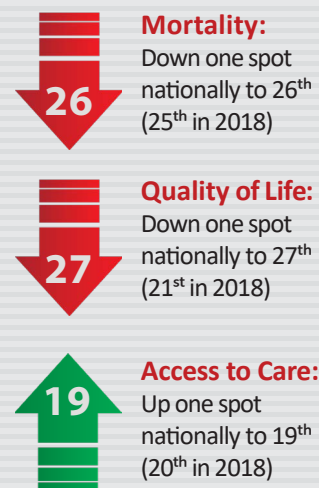




PENNSYLVANIA ranks 27th in the nation for rural health out of 47 states with rural counties.

Pennsylvania is one of three states to receive a grade of “C-” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



PENNSYLVANIA

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

PENNSYLVANIA has a population of 12.8 million people, 1.4 million live in one of Pennsylvania’s 30 rural counties.

93.7 percent of the state’s rural population is Non-Hispanic White, 2.1 percent is Black/African-American, 2.1 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

Pennsylvania’s rural poverty rate is 13.6%, more than a one percent increase from the urban poverty rate of 12.1%.

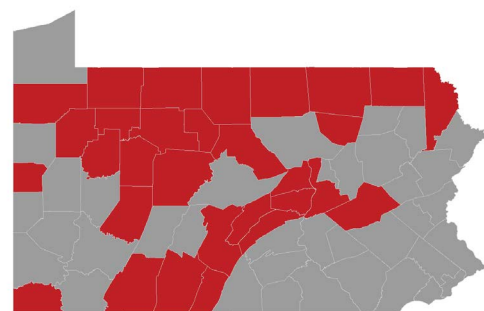
WHAT’S GOOD

The Keystone State’s rural Uninsured Rate holds steady at 7%, earning a B+ for the third year in a row.

WHAT NEEDS WORK

Pennsylvania’s Quality of Life measure dove to 27th rank for 2019, a significant drop from 2018’s 21st.

The rest of the state’s rural health measures fared worse for 2019, with General Health dropping from a B to a C, ranking 24th nationally.



- RURAL COUNTIES
- URBAN COUNTIES

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Pennsylvania is 5% higher than the urban rate. ●

SOUTH CAROLINA

All-Cause Mortality	F	Primary Care Access	D
General Health	D	Mental Health Access	D-
Mental Health (30 Days)	D-	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 5.1 million people, 743,306 live in South Carolina’s 20 rural counties.

54.2 percent of the state’s rural population is Non-Hispanic White, 39.4 percent is Black/African-American, 3.6 percent is Hispanic/Latino, 0.4 percent is American Indian/Alaska Native and 0.5 percent is Asian.

South Carolina’s rural poverty rate is 21.8%, a more than seven percent increase from the urban poverty rate of 14%.

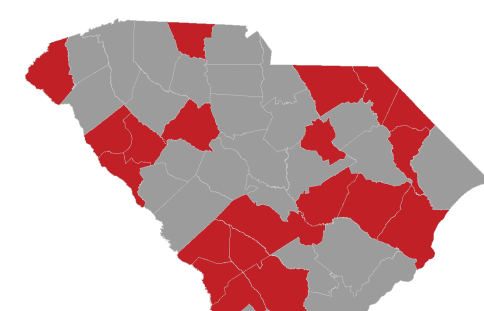
WHAT’S GOOD

South Carolina’s rural Mental Health measure made an improvement for 2019, earning a D- from 2018’s F. The state now ranks 37th.

Rural Broadband Access improved as well, with 71% reporting high speed internet use for a grade of D.

WHAT NEEDS WORK

The Palmetto State’s rural Quality of Life measure dropped to 42nd from 2018’s 35th, earning an F for the state.



- RURAL COUNTIES
- URBAN COUNTIES

Dental Care Access is still a cause of concern for rural South Carolina, earning another F for the third year in a row and ranking 42nd nationally.

URBAN-RURAL DIVIDE

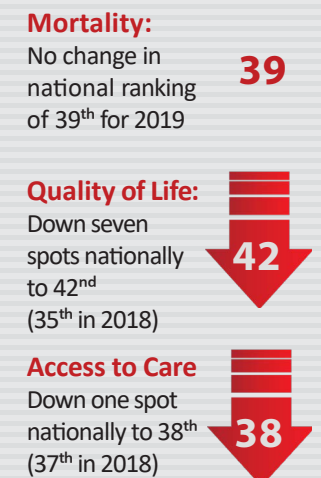
The age-adjusted Mortality Rate for rural South Carolina is 15% higher than the urban rate. ●

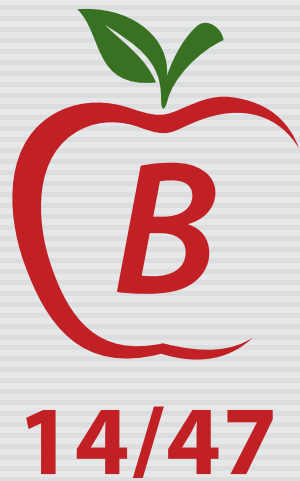


SOUTH CAROLINA ranks 42nd in the nation for rural health out of 47 states with rural counties.

South Carolina is one of nine states to receive a grade of “F” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





SOUTH DAKOTA

All-Cause Mortality	C+	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 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 2019.

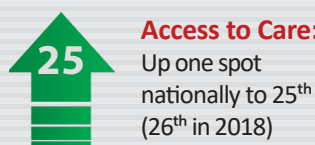
2019 STATE RURAL HEALTH RANKINGS



Mortality:
Down two spots nationally to 20th (18th in 2018)



Quality of Life:
Up two spots nationally to 4th (6th in 2018)



Access to Care:
Up one spot nationally to 25th (26th in 2018)

SOUTH DAKOTA has a population of 884,659 people, 449,416 live in South Dakota’s 58 rural counties.

83.3 percent of the state’s rural population is Non-Hispanic White, 0.9 percent is Black/African-American, 3.2 percent is Hispanic/Latino, 8.7 percent is American Indian/Alaska Native and 1.6 percent is Asian.

South Dakota’s rural poverty rate is 16%, a little less than twice the urban poverty rate of 8.5%.

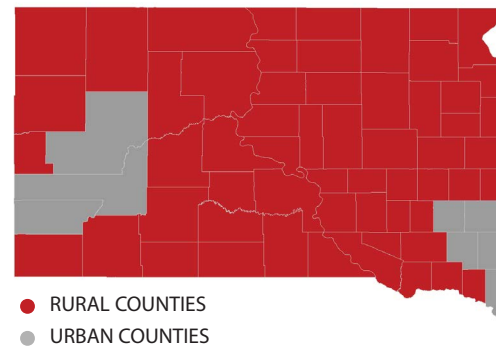
WHAT’S GOOD

Almost all of the Mount Rushmore State’s rural health measures stayed in good shape for 2019, with the rural Quality of Life ranking 4th nationally, a step up from 2018’s 6th.

Rural Mental Health earned another A+ for the third year in a row, ranking 1st nationally.

WHAT NEEDS WORK

South Dakota’s Mortality measure dropped to 20th from 2018’s 18th, earning a C+ for the state.



● RURAL COUNTIES
● URBAN COUNTIES

The rural Uninsured Rate earned another C+, ranking 27th with 11% of South Dakotans uninsured.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural South Dakota is 8% higher than the urban rate. ●

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)	D-	Broadband Access	C
Low Birth Weight	D-	Uninsured Rate	D+

TENNESSEE has a population of 6.8 million people, 1.5 million live in one of Tennessee’s 53 rural counties.

87.5 percent of the state’s rural population is Non-Hispanic White, 6 percent is Black/African-American, 3.6 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.4 percent is Asian.

Tennessee’s rural poverty rate is 17.4%, an almost three percent increase from the urban poverty rate of 14.6%.

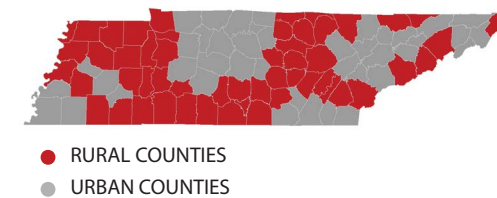
WHAT’S GOOD

Tennessee’s rural Physical Health improved for 2019 with a D-, ranking 37th nationally.

The Volunteer State’s Access to Care and Quality of Life measures went up a rank to 35th and 39th respectively, earning a D for both.

WHAT NEEDS WORK

Tennessee’s rural Broadband Access earned a C for 2019, with 78% reporting high speed internet access.



● RURAL COUNTIES
● URBAN COUNTIES

The state’s rural Uninsured Rate dropped to a D+ from 2018’s C-, ranking 30th out of 47.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Tennessee is 14% higher than the urban rate. ●



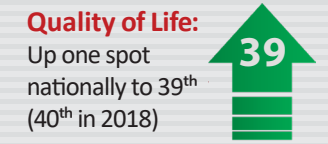
TENNESSEE ranks 44th in the nation for rural health out of 47 states with rural counties.

Tennessee is one of nine states to receive a grade of “F” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot nationally to 45th (44th in 2018)



Quality of Life:
Up one spot nationally to 39th (40th in 2018)



Access to Care:
Up one spot nationally to 35th (36th in 2018)



TEXAS

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

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 2019.

2019 STATE RURAL HEALTH RANKINGS

- 31

Mortality:
No change in national ranking of 31st for 2019
- 30

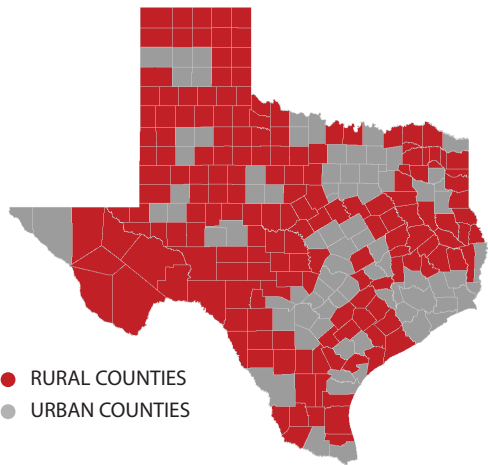
Quality of Life:
No change in national ranking of 30th for 2019
- 47

Access to Care:
No change in national ranking of 47th for 2019

TEXAS has a population of 28.9 million people, 3.1 million live in Texas’s 172 rural counties.

55.8 percent of the state’s rural population is Non-Hispanic White, 7.8 percent is Black/African-American, 33.8 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.7 percent is Asian.

The poverty rate in rural Texas is 18.1%, a three percent increase from the urban poverty rate of 15.3%.



WHAT’S GOOD

For 2019, Texas saw a slight increase in rural access to high speed broadband, with 70% of the rural population reporting internet access.

Rural Low Birth Weight improved as well, earning a C- and a rank of 28th from 2018’s D+.

WHAT NEEDS WORK

For the third year in a row Texas gets an F for rural Access to Care, coming in last out of the 47 states with rural counties.

21% of rural Texans have no health insurance, earning the Lone Star State an F for their Uninsured Rate.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Texas is 19% higher than the urban rate. ●

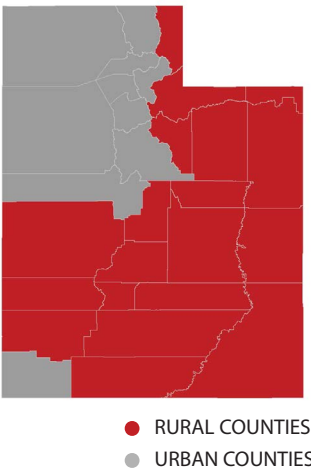
UTAH

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

UTAH has a population of 3.2 million people, 335,301 live in Utah’s 19 rural counties.

83.3 percent of the state’s rural population is Non-Hispanic White, 0.4 percent is Black/African-American, 9.4 percent is Hispanic/Latino, 4.3 percent is American Indian/Alaska Native and 0.7 percent is Asian.

Utah’s rural poverty rate is 11.6%, an almost three percent increase from the urban poverty rate of 8.8%.



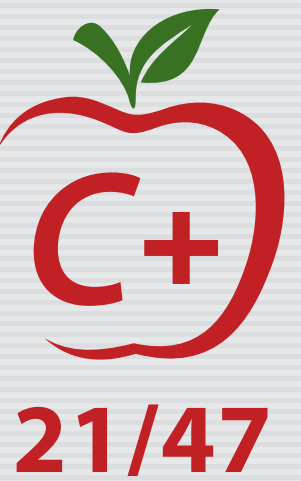
WHAT’S GOOD

The Beehive State’s Mortality measure jumped ten spots to land at 10th rank for 2019, earning a B+ for Utah.

Utah’s rural Uninsured Rate made a slight improvement, grading at a D+ with 11% uninsured.

WHAT NEEDS WORK

Utah’s Broadband Access dropped to a C+ from 2018’s B-, with 80% of rural Utah using high speed internet.



UTAH ranks 21st 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 2019.

2019 STATE RURAL HEALTH RANKINGS

- Mortality:

Up ten spots nationally to 10th (20th in 2018)

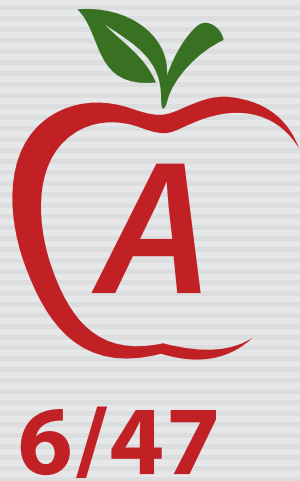
10
- Quality of Life:

Down two spots nationally to 21st (19th in 2018)

21
- Access to Care

Up four spots nationally to 27th (31st in 2018)

27



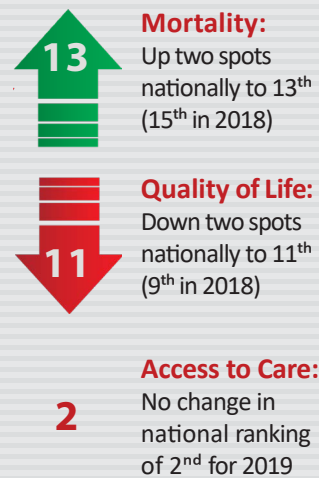
VERMONT

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

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

Vermont is one of three states to receive a grade of “A” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



VERMONT has a population of 623,989 people, 403,578 live in Vermont’s 11 rural counties.

94.5 percent of the state’s rural population is Non-Hispanic White, 0.8 percent is Black/ African-American, 1.7 percent is Hispanic/ Latino, 0.3 percent is American Indian/Alaska Native and 0.8 percent is Asian.

Vermont’s rural poverty rate is 10.9%, roughly on par with the urban poverty rate of 10.5%.

WHAT’S GOOD

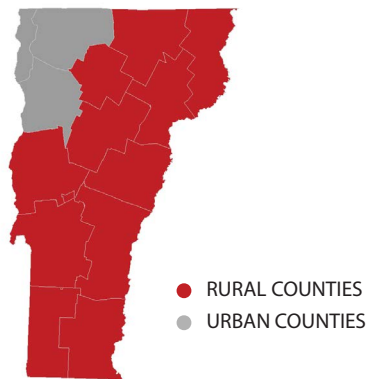
Vermont’s rural Access to Care measure ranks 2nd again for 2019, earning an A+ for the second year in a row.

The Green Mountain State’s Uninsured Rate earns another A+ as well, with only 4% of rural Vermonters having no health insurance.

WHAT NEEDS WORK

Vermont’s Low Birth Weight dropped to a B, with a new rank of 15th nationally.

Rural Quality of Life dropped to 11th rank for 2019, pushing Vermont out of the top ten and earning a grade of B+.



URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Vermont is 10% higher than the urban rate. ●

VIRGINIA

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

VIRGINIA has a population of 8.5 million people, 1 million live in Virginia’s 53 rural counties.

75.2 percent of the state’s rural population is Non-Hispanic White, 18.7 percent is Black/ African-American, 3.2 percent is Hispanic/ Latino, 0.2 percent is American Indian/Alaska Native and 0.6 percent is Asian.

Virginia’s rural poverty rate is 17.2%, an almost eight percent increase from the urban poverty rate of 9.8%.

WHAT’S GOOD

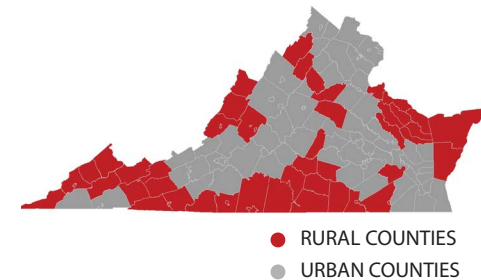
Some of Virginia’s rural health measures stayed the same for 2019, with Mental Health Access earning another C and a rank of 25th overall.

Rural Dental Care Access earns another D-, ranking 38th nationally.

WHAT NEEDS WORK

Old Dominion’s Low Birth Weight received another F for the third year in a row, ranking 40th out of 47.

Rural Access to Care dropped a spot to 34th from 2018’s 33rd, earning a grade of D.



URBAN-RURAL DIVIDE

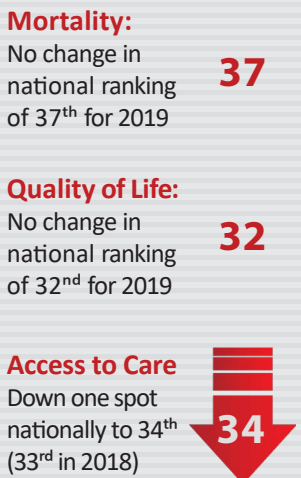
The age-adjusted Mortality Rate for rural Virginia is 30% higher than the urban rate. ●

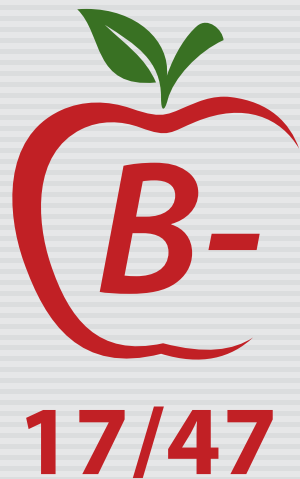


VIRGINIA ranks 32nd in the nation for rural health out of 47 states with rural counties.

Virginia is one of four states to receive a grade of “D” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS





WASHINGTON

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

WASHINGTON ranks 17th 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 2019.

2019 STATE RURAL HEALTH RANKINGS



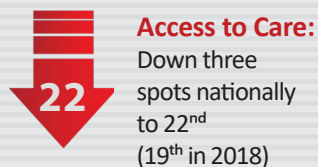
Mortality:

Down four spots nationally to 9th (5th in 2018)



Quality of Life:

Down three spots nationally to 18th (15th in 2018)



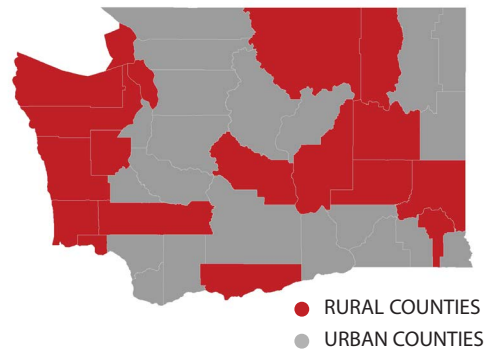
Access to Care:

Down three spots nationally to 22nd (19th in 2018)

WASHINGTON has a population of 7.6 million people, 762,984 live in one of Washington’s 18 rural counties.

76.2 percent of the state’s rural population is Non-Hispanic White, 1 percent is Black/ African-American, 14.5 percent is Hispanic/ Latino, 2.3 percent is American Indian/Alaska Native and 2.1 percent is Asian.

Washington’s rural poverty rate is 14%, an almost five percent increase from the urban poverty rate of 9.9%.



WHAT’S GOOD

The Evergreen State’s Uninsured Rate held steady with a B- for the second year in a row, with 8% of rural residents having no health insurance.

Broadband Access did slip to an A for 2019, but 88% of rural Washington reported high speed internet access, one of the higher percentages among the 47 states with rural counties.

WHAT NEEDS WORK

Washington slipped a bit in the 2018 rank- Washington’s rural Mortality dropped four spots to 9th nationally, with Access to Care dropping to 22nd from 2018’s 19th.

Rural General Health earned a C- for 2019, a significant drop from 2018’s B-. The state now ranks 26th nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Washington is 6% higher than the urban rate. ●

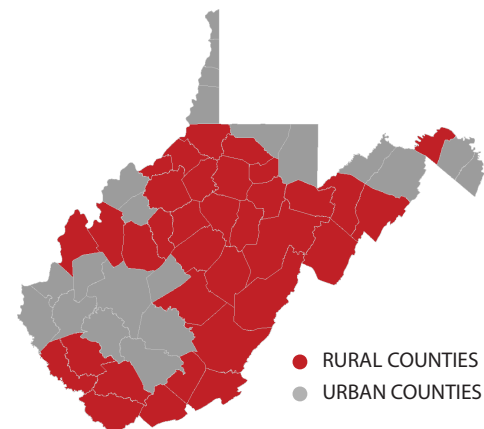
WEST VIRGINIA

All-Cause Mortality	F	Primary Care Access	B-
General Health	F	Mental Health Access	D+
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 1.7 million people, 682,651 live in West Virginia’s 34 rural counties.

94.6 percent of the state’s rural population is Non-Hispanic White, 2.2 percent is Black/African-American, 1 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.3 percent is Asian.

West Virginia’s rural poverty rate is 19.3%, a three percent increase from the urban poverty rate of 16.3%.



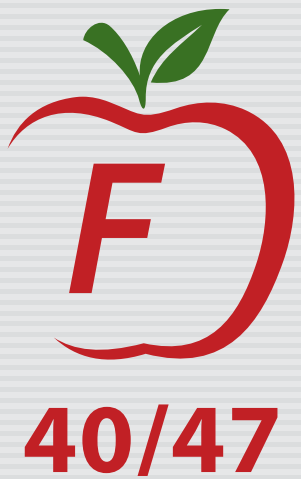
WHAT’S GOOD

West Virginia’s rural Primary Care Access earns a B- for the second year in a row, ranking 18th nationally.

The Mountain State’s Uninsured Rate kept a B+ for 2019, with 6% of rural residents having no insurance.

WHAT NEEDS WORK

Five of West Virginia’s rural health measures earned an F for the second year in a row, with Physical Health ranking last in the 47 states with rural counties.



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

West Virginia is one of nine states to receive a grade of “F” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot nationally to 42nd (41st in 2018)



Quality of Life:

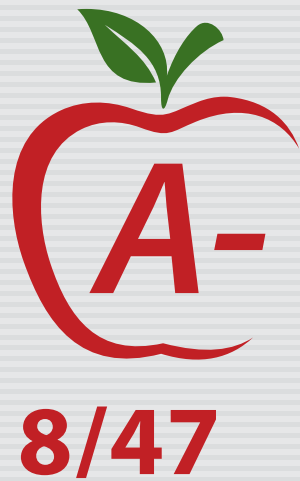
Up one spot nationally to 45th (46th in 2018)



Access to Care

No change in national ranking of 16th for 2019

16



WISCONSIN

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)	B+	Broadband Access	C-
Low Birth Weight	A	Uninsured Rate	B

WISCONSIN ranks 8th 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 2019.

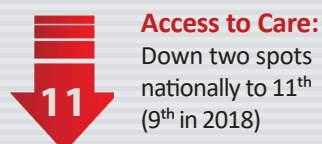
2019 STATE RURAL HEALTH RANKINGS



Mortality:
Down four spots nationally to 14th (10th in 2018)



Quality of Life:
Down one spot nationally to 8th (7th in 2018)



Access to Care:
Down two spots nationally to 11th (9th in 2018)

WISCONSIN has a population of 5.8 million people, 1.5 million live in one of Wisconsin’s 46 rural counties.

91.4 percent of the state’s rural population is Non-Hispanic White, 0.9 percent is Black/African-American, 3.8 percent is Hispanic/Latino, 1.3 percent is American Indian/Alaska Native and 0.9 percent is Asian.

Wisconsin’s rural poverty rate is 11%, almost equal to the urban poverty rate of 11.1%.

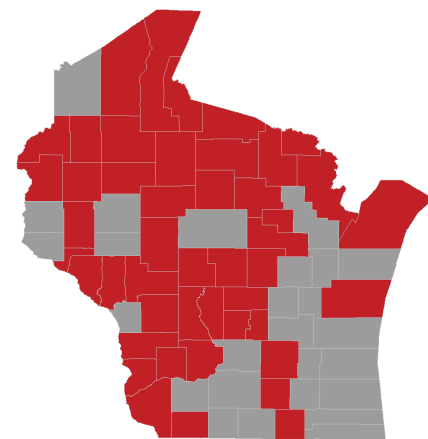
WHAT’S GOOD

Most of the Badger State’s rural health measures stayed the same for 2019, with Low Birth Weight earning an A for the third year in a row, ranking 6th nationally.

Broadband Access rose to C- from 2018’s D, with 77% of rural residents using high speed internet.

WHAT NEEDS WORK

Rural Mortality (B), Quality of Life (A-), and Access to Care (B+) all dropped spots for 2019, with Mortality dropping the most to 14th from 2018’s 10th.



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Wisconsin is 4% higher than the urban rate. ●

WYOMING

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

WYOMING has a population of 578,759 people, 399,401 live in one of Wyoming’s 21 rural counties.

84.7 percent of the state’s rural population is Non-Hispanic White, 0.4 percent is Black/African-American, 9 percent is Hispanic/Latino, 2.8 percent is American Indian/Alaska Native and 0.7 percent is Asian.

Wyoming’s rural poverty rate is 11.2%, an almost three percent increase from the urban poverty rate of 9.5%.

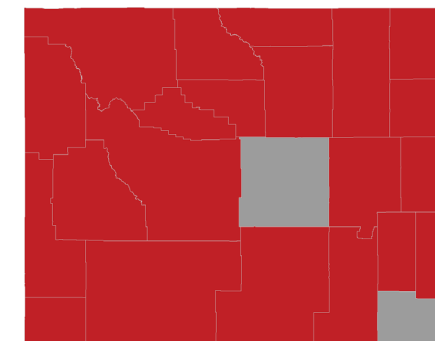
WHAT’S GOOD

Some of Wyoming’s rural health measures improved for 2019, with rural General Health rising to an A- from 2018’s B+.

The Equality State’s rural Mental Health Access kept a B+ for the second year in a row, ranking 11th nationally.

WHAT NEEDS WORK

14% of rural Wyoming residents have no health insurance, dropping the state to an F and a rank of 39th nationally.

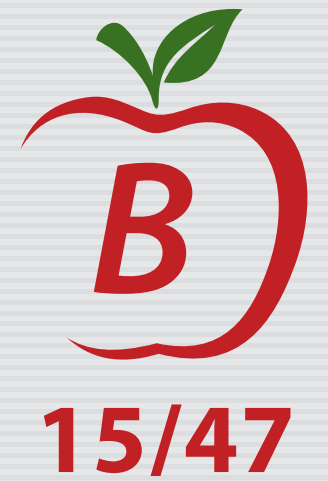


● RURAL COUNTIES
● URBAN COUNTIES

Primary Care Access dropped to a B from 2018’s B+, ranking 14th out of 47.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Wyoming is 6% lower than the urban rate. ●



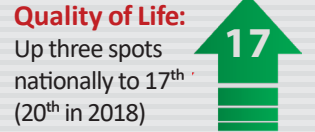
WYOMING ranks 15th in the nation for rural health out of 47 states with rural counties.

Wyoming is one of four states to receive a grade of “B” for rural health access and outcomes in 2019.

2019 STATE RURAL HEALTH RANKINGS



Mortality:
Up two spots nationally to 6th (8th in 2018)



Quality of Life:
Up three spots nationally to 17th (20th in 2018)



Access to Care:
Down two spots nationally to 26th (24th in 2018)

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 at RHQ@ttuhsc.edu.

2021 Dakota Conference on Rural and Public Health
June 2-4, 2021
Virtual
ruralhealth.und.edu

2021 Wisconsin Rural Health Conference
June 3, 2021
Virtual
www.wha.org/Rural

MAP Rural Telehealth Workgroup
June 8, 2021
Webinar
qualityforum.org

2021 Annual Michigan Rural Health Conference
June 8-10, 2021
Webinar
mcrh.msu.edu

2021 Rural Health Leaders Conference
June 9-10, 2021
Pierre, South Dakota
sdaho.org

2021 Annual California Assoc. of Rural Health Clinics Conference
June 21-23, 2021
Lake Natoma Inn, Folsom, CA
carhc.org

2021 Rural Health Careers Camp
June 21-24, 2021
Rockford University, Rockford, IL
ncrhp.uic.edu/programs

2021 Region A SORH Regional Partnership Meeting
June 22-24, 2021
nosorh.org

2021 Annual Michigan Health & Hospital Assoc. Meeting
June 24, 2021
Webinar
www.mha.org

2021 Biennial National AHEC Org. Conference
June 29-July 2, 2021
Virtual
nationalahec.org



2021 Annual SRHA Leadership Conference
July 13-14, 2021
In Person
ruralhealthweb.org

46th Annual National Institute for Social Work and Human Services in Rural Areas Conference
July 14-16, 2021
Virtual
ruralsocialwork.org

2021 Annual Texas Assoc. of Rural Health Clinics Conference & Trade Show
July 20-23, 2021
Downtown Omni Hotel, Austin, TX
tarhc.org

AHA Leadership Summit and Virtual Conference
July 22-24, 2021
Nashville Music City Center
Nashville, TN
aha.org

2021 Region C SORH Regional Partnership Meeting
July 27-29, 2021
nosorh.org

2021 Annual Assoc. of Clinicians for the Underserved Conference
August 1-4, 2021
Mandarin Oriental, Washington, D.C.
clinicians.org

14th Annual Arizona Rural Policy Forum
August 4-6, 2021
In Person
localfirstaz.com/events

6th Annual Rural Women's Health Symposium
August 5-6, 2021
In Person
azrwhn.org

32nd Annual Illinois Rural Health Assoc. Educational Conference
August 11-12, 2021
I-Hotel, Champaign, IL
iruralhealth.org

2021 Annual Nevada Hospital Assoc. Meeting
Sept. 1-2, 2021
Hyatt Regency Lake Tahoe Resort, Spa & Casino. Incline Village, NV
nvha.net

2021 Annual Wyoming Hospital Assoc. Meeting and Convention
Sept. 8-9, 2021
Clarion Inn, Casper, WY
wyohospitals.com

2021 TORCH Fall Conference
Sept. 9, 2021
In Person/Webinar
Kalahari Resort & Spa
Round Rock, TX
torchnet.org

RHQ CONFERENCE CALENDAR

2021 Annual Michigan Primary Care Assoc. Conference
Sept. 19-21, 2021
Detroit Marriott at the Renaissance Center
Detroit, MI
mpca.net

2021 Montana Healthcare Conference
Sept. 20-24, 2021
DoubleTree by Hilton & Northern Hotel
Billings, MT
mtha.org

19th Annual Rural Health Clinic Conference
Sept. 21-22, 2021
Sheraton Kansas City Hotel at Crown Center
Kansas City, MO
ruralhealthweb.org

17th Annual Mobile Health Clinics Conference
Sept. 22-24, 2021
Virtual
mobilehca.org

20th Annual Critical Access Hospital Conference
Sept. 22-24, 2021
Sheraton Kansas City Hotel at Crown Center
Kansas City, MO
ruralhealthweb.org

2nd Annual Rural ACEs Virtual Summit
Sept. 29-30, 2021
northernaces.org

2021 Annual Idaho Hospital Assoc. Convention
Oct. 4-7, 2021
Sun Valley Resort
Sun Valley, ID
teamiha.org

Wisconsin Rural Health Promotion Workshop
Oct. 6, 2021
Virtual
uwlax.edu

90th Annual Arkansas Hospital Assoc. Meeting and Trade Show
Oct. 6-7, 2021
Little Rock Marriott
Little Rock, AR
arkhospitals.org

2021 Annual Florida Hospital Assoc. Meeting
Oct. 6-8, 2021
Ritz-Carlton Orlando Grande Lakes
Orlando, FL
fha.org

2021 Community Health Worker Fall Conference Series
Oct. 13, 2021
Virtual
harrisburg.temple.edu ●

Did we miss one? Let us know at RHQ@ttuhsc.edu





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